



Conference Committee on
House Health Care Appropriations/
Senate Health and Human Services
Appropriations

House Offer #1—Implementing Bill

Wednesday, April 23, 2014
9:30 PM
Webster Hall

**House Health Care Appropriations / Senate Health and Human Services Appropriations
FY 2014-15 Implementing Bill
House Offer #1**

Line #	House Section	Senate Section	History	Description	House Offer #1
1	3	9	2013-41(6), 2012-119(6) 2011-47(9)	LOW INCOME POOL. Incorporates by reference document entitled "Medicaid Supplemental Hospital Funding Programs" for the purpose of displaying the calculations used by the legislature in making appropriations for the Low-Income Pool, Disproportionate Share Hospital, and Hospital Exemptions Programs.	Identical
2	4	10	2013-41(8), 2012-119(5) 2011-47(7) 2010-153(14)	DOH / ONSITE SEWAGE NITROGEN REDUCTIONS STRATEGIES STUDY. Provides requirements to govern the completion of the Department of Health's Florida Onsite Sewage Nitrogen Strategies Study.	House
3	5		New	NURSING HOME. Requires AHCA to perform a reconciliation of the days used to calculate the quality assessment on nursing home facility providers, as delineated in s. 409.9082, F.S., to determine the fiscal impact related to the reporting of resident days used to calculate the quality assessment payment due versus the reporting of resident days as reported annually in the Medicaid cost report used to calculate the Medicaid reimbursement rates for nursing home facility providers for Fiscal Year 2008-09 through Fiscal Year 2012-13. In the event the reconciliation shows the nursing home facility providers received more total funds using the reported quality assessment days than the projected quality assessment days from the cost reports, the Agency shall require the nursing home facility providers to remit the difference to the Agency over a six-month period. The Agency shall submit an invoice to the nursing home facility providers indicating the amount of required funds that are due. In the event any nursing home facility provider fails to remit the required funds, the Agency shall withhold any medical assistance reimbursement payments until such a time as the funds are recovered.	Senate No Language
4	6	11	IB House-Senate	MEDICAID HOME AND COMMUNITY-BASED WAIVER. Provides for priority of individuals on the Medicaid home and community-based waiver programs wait list to be offered a slot on the waiver. <i>Senate bill</i> requires APD to allow an individual who meets eligibility requirements to receive home and community based services in this state if the individual's parent or legal guardian is an active-duty military service member and, at the time of the service member's transfer to Florida, the individual was receiving home and community-based services in another state.	Senate
5		12	2013-41(7)	DCF PROVIDER NETWORK PROCUREMENTS. Provides that behavioral health managing entities contracting with DCF pursuant to s. 394.9082, F.S. may not conduct provider network procurements during the fiscal year. DCF will be required to amend its contracts with each managing entity if necessary to remove contractual provisions that have the effect of requiring a managing entity to conduct a provider network procurement during the fiscal year. Allows for additional providers when funds are available.	Senate Modified
6		New		DVA PERSONAL NEEDS ALLOWANCE INCREASE. Provides that the provisions of s. 296.37(1), F.S., be waived for the 2014-2015 fiscal year to increase the income disregard for the contribution of care from \$35 to \$70 per month for residents of State Veterans' Nursing Homes. This will maintain parity in the amount of income that all residents are allowed to keep for incidental expenses not covered by room and board.	Bump
7	New			NURSING HOME TRANSITION TO LONG TERM CARE WAIVER. Requires the Agency for Health Care Administration to ensure that nursing facility residents eligible for funds to transition to home and community based services waivers must first have resided in a skilled nursing facility for at least 60 consecutive days.	House New Language

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8	New			LONG TERM CARE WAIVER ENROLLMENT. Requires the Agency for Health Care Administration and the Department of Elder Affairs to prioritize individuals for enrollment in the Long Term Care waiver using a frailty based screening instrument resulting in a prioritization score and shall enroll individuals in the Long Term Care waiver in accordance with the assigned priority score as funds are available. The Agency may adopt rules, pursuant to s. 409.919, F.S. and enter into interagency agreements necessary to administer s. 409.979(3), F.S. Any rules or interagency agreements adopted by the Agency relating to the Scoring Process may delegate to the Department of Elder Affairs, pursuant to 409.978, F.S., responsibility for implementing and administering the Scoring Process, providing notice of Medicaid fair hearing rights, and responsibility for defending, as needed, the scores assigned to persons on the Long Term Care waiver waitlist in any resulting Medicaid fair hearings. The Department of Elder Affairs may delegate the provision of notice of Medicaid fair hearing rights to its contractors.	House New Language
9	New			CONSULTANT SERVICES RELATED TO DIAGNOSTIC RELATED GROUPS. Permits the Agency for Health Care Administration to extend the current contract for consultant services related to DRGs for Medicaid hospital inpatient services until June 30, 2015.	House New Language
10	New			STATEWIDE MEDICAID MANAGED CARE REALIGNMENT. Requires the Agency for Health Care Administration to submit a budget amendment pursuant to chapter 216 to realign funding based on the implementation of the Managed Medical Assistance component of the Statewide Medicaid Managed Care program as authorized in Chapter 2011-134, Laws of Florida. The funding realignment shall reflect the actual enrollment changes due to the transfer of beneficiaries from fee-for-service to capitated managed care plans for medical assistance services. Notwithstanding s. 216.177, Florida Statutes, if the chair or vice chair of the Legislative Budget Commission or the President of the Senate or the Speaker of the House of Representatives timely advises the Executive Office of the Governor, in writing, that the budget amendment exceeds the delegated authority of the Executive Office of the Governor or is contrary to legislative policy or intent, the Executive Office of the Governor shall void the action.	House New Language
11	New			STATE AND LOCAL MEDICAID PARTNERSHIPS. Requires the Agency for Health Care Administration to notwithstand s. 409.97, Florida Statutes, for the 2015-2016 fiscal year.	House New Language