

Senate Bill sb1924

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Florida Senate - 2006

SB 1924

By Senator Peadar

2-1177-06

See HB

1 A bill to be entitled
2 An act relating to long-term care coverage;
3 amending s. 409.905, F.S.; revising conditions
4 for eligibility for nursing and rehabilitative
5 services; repealing s. 409.905(8), F.S., as
6 amended, to delete a conflicting provision
7 relating to eligibility for nursing and
8 rehabilitative services that was contingent
9 upon amendment to the Social Security Act;
10 reenacting and amending s. 409.9102, F.S.;
11 directing the Agency for Health Care
12 Administration to amend the Medicaid state plan
13 that established the Florida Long-term Care
14 Partnership Program for purposes of compliance
15 with provisions of the Social Security Act;
16 revising conditions for qualification for
17 coverage; requiring consultation with the
18 Department of Children and Family Services;
19 amending s. 4, ch. 2005-252, Laws of Florida,
20 to delete a contingency in an effective date;
21 providing an effective date.

22

23 Be It Enacted by the Legislature of the State of Florida:

24

25 Section 1. Subsection (8) of section 409.905, Florida
26 Statutes, is amended to read:

27 409.905 Mandatory Medicaid services.--The agency may
28 make payments for the following services, which are required
29 of the state by Title XIX of the Social Security Act,
30 furnished by Medicaid providers to recipients who are
31 determined to be eligible on the dates on which the services

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1 were provided. Any service under this section shall be
2 provided only when medically necessary and in accordance with
3 state and federal law. Mandatory services rendered by
4 providers in mobile units to Medicaid recipients may be
5 restricted by the agency. Nothing in this section shall be
6 construed to prevent or limit the agency from adjusting fees,
7 reimbursement rates, lengths of stay, number of visits, number
8 of services, or any other adjustments necessary to comply with
9 the availability of moneys and any limitations or directions
10 provided for in the General Appropriations Act or chapter 216.

11 (8) NURSING FACILITY SERVICES.--The agency shall pay

12 for 24-hour-a-day nursing and rehabilitative services for a
13 recipient in a nursing facility licensed under part II of
14 chapter 400 or in a rural hospital, as defined in s. 395.602,
15 or in a Medicare certified skilled nursing facility operated
16 by a hospital, as defined by s. 395.002(11), that is licensed
17 under part I of chapter 395, and in accordance with provisions
18 set forth in s. 409.908(2)(a), which services are ordered by
19 and provided under the direction of a licensed physician.
20 However, if a nursing facility has been destroyed or otherwise
21 made uninhabitable by natural disaster or other emergency and
22 another nursing facility is not available, the agency must pay
23 for similar services temporarily in a hospital licensed under
24 part I of chapter 395 provided federal funding is approved and
25 available. The agency shall pay only for bed-hold days if the
26 facility has an occupancy rate of 95 percent or greater. The
27 agency is authorized to seek any federal waivers to implement
28 this policy. When determining eligibility for nursing and
29 rehabilitative services, if the individual is a beneficiary of
30 a Florida long-term care partnership program policy and has
31 exhausted the benefits of the policy, the total countable

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1 assets of the individual shall be reduced by an amount equal

2 to the insurance benefit payments that are made to or on
3 behalf of the individual.

4 Section 2. Subsection (8) of section [409.905](#), Florida
5 Statutes, as amended by chapter 2005-252, Laws of Florida, is
6 repealed:

7 [409.905](#) Mandatory Medicaid services.--The agency may
8 make payments for the following services, which are required
9 of the state by Title XIX of the Social Security Act,
10 furnished by Medicaid providers to recipients who are
11 determined to be eligible on the dates on which the services
12 were provided. Any service under this section shall be
13 provided only when medically necessary and in accordance with
14 state and federal law. Mandatory services rendered by
15 providers in mobile units to Medicaid recipients may be
16 restricted by the agency. Nothing in this section shall be
17 construed to prevent or limit the agency from adjusting fees,
18 reimbursement rates, lengths of stay, number of visits, number
19 of services, or any other adjustments necessary to comply with
20 the availability of moneys and any limitations or directions
21 provided for in the General Appropriations Act or chapter 216.

22 ~~(8) NURSING FACILITY SERVICES.--The agency shall pay~~
23 ~~for 24-hour-a-day nursing and rehabilitative services for a~~
24 ~~recipient in a nursing facility licensed under part II of~~
25 ~~chapter 400 or in a rural hospital, as defined in s. [395.602](#),~~
26 ~~or in a Medicare certified skilled nursing facility operated~~
27 ~~by a hospital, as defined by s. [395.002](#)(11), that is licensed~~
28 ~~under part I of chapter 395, and in accordance with provisions~~
29 ~~set forth in s. [409.908](#)(2)(a), which services are ordered by~~
30 ~~and provided under the direction of a licensed physician.~~

31 ~~However, if a nursing facility has been destroyed or otherwise~~

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1 ~~made uninhabitable by natural disaster or other emergency and~~
2 ~~another nursing facility is not available, the agency must pay~~
3 ~~for similar services temporarily in a hospital licensed under~~
4 ~~part I of chapter 395 provided federal funding is approved and~~
5 ~~available. The agency shall pay only for bed-hold days if the~~
6 ~~facility has an occupancy rate of 95 percent or greater. When~~
7 ~~determining eligibility for nursing and rehabilitative~~
8 ~~services, if the individual is a beneficiary of an approved~~
9 ~~long-term care partnership program policy and has exhausted~~
10 ~~the benefits of the policy, the total countable assets of the~~
11 ~~individual shall be reduced by \$1 for each \$1 of benefits paid~~
12 ~~out under the individual's approved long-term care partnership~~
13 ~~program policy. The agency is authorized to seek any federal~~
14 ~~waivers to implement this policy.~~

15 Section 3. Section [409.9102](#), Florida Statutes, as
16 created by chapter 2005-252, Laws of Florida, is reenacted and
17 amended to read:

18 [409.9102](#) Florida Long-term Care Partnership
19 Program.--The Agency for Health Care Administration is
20 directed to amend the Medicaid state plan establishing

21 ~~establish~~ the Florida Long-term Care Partnership Program, in
22 compliance with the requirements of s. 1921(b) of the Social
23 Security Act, as amended, which shall:

24 (1) Provide incentives for an individual to obtain
25 insurance to cover the costs of long-term care.

26 (2) Establish standards for long-term care insurance
27 policies for designation as approved long-term care
28 partnership program policies in consultation with the Office
29 of Insurance Regulation.

30 (3) Provide a mechanism to qualify for coverage of the
31 costs of long-term care needs under Medicaid without first

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1 being required to substantially exhaust his or her resources,
2 including a provision for the disregard of any assets or
3 resources in an amount equal to the insurance benefit payments
4 that are made to or on behalf of an individual who is a
5 beneficiary under a Florida long-term care partnership program
6 policy ~~reduction of the individual's asset valuation by \$1 for~~
7 ~~each \$1 of benefits paid out under the individual's approved~~
8 ~~long-term care partnership program policy~~ as a determination
9 of Medicaid eligibility, in consultation with the Department
10 of Children and Family Services.

11 (4) Provide and approve long-term care partnership
12 plan information distributed to individuals through insurance
13 companies offering approved partnership policies.

14 (5) Alleviate the financial burden on the state's
15 medical assistance program by encouraging the pursuit of
16 private initiatives.

17 Section 4. Section 4 of chapter 2005-252, Laws of
18 Florida, is amended to read:

19 Section 4. This act shall take effect upon becoming a
20 law, ~~except that the amendments to section 409.905, Florida~~
21 ~~Statutes, and the newly created section 409.9102, Florida~~
22 ~~Statutes, provided in this act shall take effect contingent~~
23 ~~upon amendment to section 1917(b)(1)(c) of the Social Security~~
24 ~~Act by the United States Congress to delete the "May 14,~~
25 ~~1993," deadline for approval by states of long-term care~~
26 ~~partnership plans.~~

27 Section 5. This act shall take effect July 1, 2006.

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