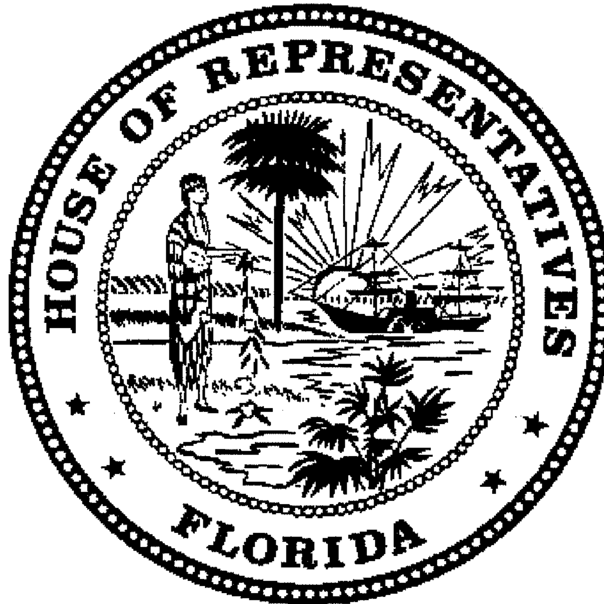


Health & Family Services Policy Council

Thursday, January 21, 2010
10:30 AM - 12:00 PM
Webster Hall (212 Knott)

REVISED

Larry Cretul
Speaker

Ed Homan
Chair

Council Meeting Notice

HOUSE OF REPRESENTATIVES

Health & Family Services Policy Council

Start Date and Time: Thursday, January 21, 2010 10:30 am

End Date and Time: Thursday, January 21, 2010 12:00 pm

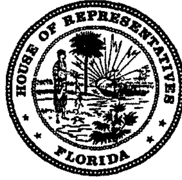
Location: Webster Hall (212 Knott)
Duration: 1.50 hrs

Consideration of the following bill(s):

CS/HB 315 Adoption by Health Care Services Policy Committee, Horner

Workshop on Medical Homes

NOTICE FINALIZED on 01/14/2010 15:34 by Alison.Cindy



The Florida House of Representatives
Health & Family Services Policy Council

AGENDA

January 21, 2010
10:30 AM – 12:00 PM
Webster Hall (212 Knott)

I. Opening Remarks by Chair Homan

II. Consideration of the following bill(s):

CS/HB 315 – Adoption by Health Care Services Policy Committee and Rep. Horner

III. Workshop on Medical Homes

Panel Presentations

Chris Osterlund, Assistant Deputy Secretary for Medicaid Operations
Agency for Health Care Administration

Coy Irvin, M.D.
Florida Medical Association

John Kaelin, Senior Vice President
United Health Group

John Fogarty, M.D.
Florida State University Medical School

Mark O'Bryant, CEO
Tallahassee Memorial Hospital

Jim Burkhart, CEO
Shands Hospital Jacksonville

Public Comments

Council Discussion

IV. Closing Remarks

V. Adjournment

1302 The Capitol, 402 South Monroe Street, Tallahassee, Florida 32399-1300
(850) 414-6692

CS/HB 315

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 315 Adoption
SPONSOR(S): Health Care Services Policy Committee; Horner and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 530

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	Health Care Services Policy Committee	14 Y, 0 N, As CS	Schoonover	Schoolfield
2)	Health & Family Services Policy Council		Quinn-Gato	Gormley
3)				
4)				
5)				

SUMMARY ANALYSIS

The bill amends ch. 63, F.S., to prohibit an adoption agency or entity, whether public or private, from making adoption suitability determinations based on the lawful possession, storage, or use of a firearm or ammunition. The bill also prohibits an adoption agency or entity from requiring the adoptive parent or prospective adoptive parent to disclose such firearm and ammunition information. Further the bill restricts the adoption agency or entity from restricting the lawful possession, storage, or use of a firearm or ammunition as a condition for a person to adopt. The bill also requires, as a condition of licensure, that child placing agencies comply with statutory requirements relating to the regulation of firearms and increases the Department of Children and Families' ("DCF") authority to deny, suspend or revoke a license of a child placing agency based on failure to comply with these sections of law. Finally, CS/HB 315 requires DCF to adopt a form on which prospective adoptive parents will acknowledge the receipt of verbatim statutory language relating to the safe storage of firearms.

The bill does not appear to have a fiscal impact on state or local governments.

The bill is effective upon becoming law.

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Background

Adoption
Ch. 63, F.S., known as the Florida Adoption Act, applies to all adoptions, both public and private, involving the following entities: Department of Children and Families (DCF); child-caring agencies registered under s. 409.176; an intermediary such as an attorney; or a child-placing agency licensed in another state which is qualified by DCF to place children in Florida.

The Legislature's intent is to provide stable and permanent homes for adoptive children in a prompt manner, to prevent the disruption of adoptive placement, and to hold parents accountable for meeting the needs of children.[1] It is also the intent of the Legislature that in every adoption, the child's best interest should govern the court's determination in placement, with the court making specific findings as to those best interests.[2] The Legislature also intends to protect and promote the well-being of the persons being adopted.[3] Safeguards are established to ensure that that the minor is legally free for adoption, that the required persons consent to the adoption, or that the parent-child relationship is terminated by judgment of the court.[4]

DCF promulgated several administrative rules related to the recruitment, screening, application, and evaluation process of adoptive parents.[5] Prospective adoptive parents are required to execute an adoption application – either DCF form CF-FSP 5071, which is incorporated by reference in DCF rules, or an adoption application in a format created by a community based care provider that contains "all of the elements of CF-FSP 5071."[6] Form CF-FSP 5071 requests necessary identifying information from prospective adoptive parents, but does not request any information regarding the prospective adoptive parents' ownership or possession of firearms or ammunition. Additionally, while DCF rules address firearm and ammunition storage requirements for licensed out-of-home caregivers,[7] Chapter 65C-16 of

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[1] s. 63.022(1)(a), F. S.
[2] s. 63.022(2), F.S.
[3] s. 63.022(3), F.S.
[4] s. 63.022(4), F.S.
[5] 65C-16.001 - 65C-16.007, F.A.C.
[6] 65C-16.004(5), F.A.C.
[7] 65C-13.030(5)(h)(6), F.A.C. This rule is addressed more fully in the "Firearms and Ammunition" section of this analysis.

the Florida Administrative Code does not provide for the evaluation of prospective adoptive parents' ownership of firearms or ammunition by adoption agencies.[8] However, some adoption agencies in Florida have added questions regarding prospective adoptive parents' possession and storage of firearms and ammunition to the adoptive home study evaluation process.[9]

A preliminary home study to determine the suitability of the intended adoptive parents is required prior to placing the minor into an intended home, and may be completed prior to identifying a prospective adoptive minor.[10] The preliminary home study must be performed by a licensed child-placing agency, a registered child-caring agency, a licensed professional, or an agency described in s.61.20(2), F.S.[11] The preliminary home study must include, at a minimum, the following:[12]

- Interview with the intended adoptive parents
- Records checks of DCF's central abuse hotline
- Criminal history check through FDLE and FBI
- Assessment of the physical environment of the home
- Determination of the financial security of the intended adoptive parents
- Proof of adoptive parent counseling and education
- Proof that information on adoption and the adoption process has been provided
- Proof that information on support services available has been provided
- Copy of each signed acknowledgement of receipt of adoption entity disclosure forms

A favorable home study is valid for one year after the date of its completion.[13]

Following a favorable preliminary home study, a minor may be placed in the home pending entry of the judgment of adoption by the court. If the home study is unfavorable, placement shall not occur and the adoption entity, within 20 days of receiving the written recommendation, may petition the court to determine the suitability of adoption.[14]

In order to ascertain whether the adoptive home is a suitable home for the minor and is in the best interest of the child, a final home investigation must be conducted before the adoption is concluded. The investigation is conducted in the same manner as the preliminary home study.[15] Within 90 days after placement of the child, a written report of the final home investigation must be filed with the court and the petitioner.[16] The report must contain an evaluation of the placement with a recommendation on the granting of the petition for adoption.[17]

The final home investigation must include:[18]

- Information from preliminary home study
- Following the minor's placement, two scheduled visits with the minor and the minor's adoptive parent or parents. One visit must be in the home to determine suitability of the placement
- Family social and medical history
- Other information relevant to suitability of placement
- Information required by rules promulgated by DCF

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[8] 65C-16.005, F.A.C.
[9] On 11-11-2009, Children's Home Society of Florida, a licensed adoption agency, issued a memo instructing staff to no longer make nor keep any list, record, or registry of privately owned firearms or any list, record, or registry of the owners of those firearms.
[10] s. 63.092(3), F.S. Unless good cause is shown, a home study is not required for adult adoptions or when the petitioner for adoption is a stepparent or a relative.
[11] *Id.* DCF performs the preliminary home study if there are no such entities in the county where the prospective adoptive parents reside.
[12] *Id.*
[13] *Id.*
[14] *Id.*
[15] s. 63.125(1), F.S.
[16] s. 63.125(2), F.S.
[17] s.63.125(3), F.S.
[18] s. 63.125(5), F.S.

Firearms and Ammunition

Current law requires anyone who owns or stores a loaded firearm to keep it safely stored away from any minor who may access it without permission. Specifically, s. 790.174(1), F.S. states:

> A person who stores or leaves, on a premise under his or her control, a loaded firearm, as defined in s. 790.001, and who knows or reasonably should know that a minor is likely to gain access to the firearm without the lawful permission of the minor's parent or the person having charge of the minor, or without the supervision required by law, shall keep the firearm in a securely locked box or container or in a location which a reasonable person would believe to be secure or shall secure it with a trigger lock, except when the person is carrying the firearm on his or her body or within such close proximity thereto that he or she can retrieve and use it as easily and quickly as if he or she carried it on his or her body.

Further, except as otherwise provided, Florida law prohibits a state governmental agency and its agents, both public and private, from maintaining a list or record of firearms and/or their owners.[19] Specifically, s. 790.335(2), F.S., states:

> No state governmental agency or local government, special district, or other political subdivision or official, agent, or employee of such state or other governmental entity or any other person, public or private, shall knowingly and willfully keep or cause to be kept any list, record, or registry of privately owned firearms or any list, record of registry of the owners of those firearms.

In addition to criminal sanctions, violation of s. 790.335, F.S., may result in the assessment of a fine up to $5 million for governmental entities under specified circumstances.[20]

With limited exceptions, the Legislature occupies the "whole field of regulation of firearms and ammunition," including ownership and possession.[21] Therefore, a state governmental agency and its agents, without proper statutory authority from the Legislature, cannot regulate the storage, use, and possession of firearms and ammunition.

Current statutory law relating to the regulation of firearms and ammunition, while applicable to the adoption process, does not expressly cross-reference adoption statutes; nor are the regulation of firearms and ammunition requirements cross-referenced in adoption statutes. However, DCF promulgated a rule, Rule 65C-13.030(5)(h)(6), Florida Administrative Code, relating to licensed out-of-home care safety and the location of firearms and ammunition, which provides:

> Dangerous weapons shall be secured in a location inaccessible to children. Storage of guns shall comply with the requirements in Section 790.174, F.S. Weapons and ammunition shall be locked and stored separately, and in a place inaccessible to children.

On December 1, 2009, DCF published a memorandum acknowledging that it lacked the current statutory authority for this rule. The memorandum states that DCF has eliminated the requirement and will ensure that it is removed from the Florida Administrative Code.[22]

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[19] Exceptions are provided for in s. 790.335(3), F.S.

[20] s. 790.335(4)(c), F.S.

[21] s. 790.33, F.S.

[22] Memorandum from DCF General Counsel and Director of Children's Legal Services to the Director of the Office of Family Safety (Dec.1, 2009) (on file with FL House of Representatives Health Care Services Policy Committee).

Effect of Proposed Changes

This bill creates s. 63.0422, F.S., to prohibit adoption entities from conditioning adoption decisions on the lawful possession of firearms by prospective adoptive parents. Specifically, the bill prohibits adoption agencies or entities, whether public or private, from making adoption suitability determinations based on the lawful possession, storage, or use of a firearm or ammunition by any member of the adoptive home. The policies created by this bill are consistent with existing laws regulating firearms.

Additionally, the bill prohibits an adoption agency or entity, whether public or private, from requiring an adoptive parent or prospective parent to disclose information relating to a person's lawful possession, storage, or use of a firearm or ammunition as a condition to adopt. The effect of this change clarifies the applicability of s. 790.335, F.S. to adoptions and ensures that adoption agencies or entities are not keeping, or causing to be kept, any list, record, or registry or firearm ownership.[23]

The bill also prohibits an adoption agency or entity from restricting the lawful possession, storage, or use of a firearm or ammunition as a condition for a person to adopt. The effect of this change reiterates in the adoption statutes the prohibition against regulation of firearm possession, storage, or use by anyone other than the Legislature.[24]

The bill requires as a condition of licensure, that child placing agencies comply with the requirements of ss. 63.0422 and 790.335. The effect of this change will increase accountability on child placing agencies by making it a condition of licensure that they comply with laws related to firearm regulation.

The bill increases the DCF's authority to deny, suspend or revoke a license of a child placing agency based on failure to comply with ss. 63.0422 and 790,335, relating to adoption and registration of firearms. The effect of this change will enhance accountability for child placing agencies that fail to abide by laws related to firearm regulation.

Finally this bill will require prospective adoptive parents to acknowledge in writing the receipt of verbatim statutory language relating to the safe storage of firearms. The effect of this change will ensure that prospective adoptive parents are aware of the current laws that require the safe storage of firearms and the penalties for failure to abide by such safe storage laws.

B. SECTION DIRECTORY:

Section 1. Creates s. 63.0422, relating to adoption.

Section 2. Amends s. 409.175, relating to licensure of family foster homes, residential child-caring agencies, and child-placing agencies; public records exemption.

Section 3. Provides an effective date of upon becoming law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   None.

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[23] s. 790.335, F.S.
[24] s. 790.33, F.S.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   The bill does not appear to require counties or municipalities to spend funds or take any action requiring the expenditure of funds; reduce the authority that municipalities or counties have to raise revenue in the aggregate; or reduce the percentage of a state tax shared with counties or municipalities.

2. Other:

   None.

B. RULE-MAKING AUTHORITY:

The bill requires DCF to promulgate a form by rule.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

On January 12, 2010, two amendments were adopted by the Health Care Services Policy Committee.

- The first amendment clarifies in law that an adoption agency may not base the suitability of persons to adopt a child based on their lawful possession, storage, or use of firearms or ammunition.
- The second amendment increases accountability on child placing agencies to ensure that they follow the provisions of adoption that this bill would create and also the prohibitions against registration of firearms. The amendment also requires that prospective adoptive parents receive and acknowledge in writing the receipt of a copy of the section of law relating to the safe storage of firearms.

1 A bill to be entitled
2 An act relating to adoption; creating s. 63.0422, F.S.;
3 prohibiting an adoption agency or entity from making
4 suitability determinations based on, requiring disclosure
5 relating to, or restricting the lawful possession,
6 storage, or use of a firearm or ammunition; amending s.
7 409.175, F.S.; providing additional requirements for
8 child-placing agencies; providing additional rulemaking
9 requirements for the Department of Children and Family
10 Services; creating additional grounds for denial,
11 suspension, or revocation of a license; providing an
12 effective date.
13
14 Be It Enacted by the Legislature of the State of Florida:
15
16 Section 1. Section 63.0422, Florida Statutes, is created
17 to read:
18 63.0422 Prohibited conditions on adoptions; firearms and
19 ammunition.—An adoption agency or entity, whether public or
20 private, may not:
21 (1) Make a determination that a person is unsuitable to
22 adopt based on the lawful possession, storage, or use of a
23 firearm or ammunition by any member of the adoptive home.
24 (2) Require an adoptive parent or prospective adoptive
25 parent to disclose information relating to a person's lawful
26 possession, storage, or use of a firearm or ammunition as a
27 condition to adopt.

28 (3) Restrict the lawful possession, storage, or use of a
29 firearm or ammunition as a condition for a person to adopt.
30 Section 2. Subsections (5) and (9) of section 409.175,
31 Florida Statutes, are amended to read:
32 409.175 Licensure of family foster homes, residential
33 child-caring agencies, and child-placing agencies; public
34 records exemption.—
35 (5)(a) The department shall adopt and amend licensing
36 rules for family foster homes, residential child-caring
37 agencies, and child-placing agencies. The department may also
38 adopt rules relating to the screening requirements for summer
39 day camps and summer 24-hour camps. The requirements for
40 licensure and operation of family foster homes, residential
41 child-caring agencies, and child-placing agencies shall include:
42 1. The operation, conduct, and maintenance of these homes
43 and agencies and the responsibility which they assume for
44 children served and the evidence of need for that service.
45 2. The provision of food, clothing, educational
46 opportunities, services, equipment, and individual supplies to
47 assure the healthy physical, emotional, and mental development
48 of the children served.
49 3. The appropriateness, safety, cleanliness, and general
50 adequacy of the premises, including fire prevention and health
51 standards, to provide for the physical comfort, care, and well-
52 being of the children served.
53 4. The ratio of staff to children required to provide
54 adequate care and supervision of the children served and, in the
55 case of foster homes, the maximum number of children in the

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56 home.
57 5. The good moral character based upon screening,
58 education, training, and experience requirements for personnel.
59 6. The department may grant exemptions from
60 disqualification from working with children or the
61 developmentally disabled as provided in s. 435.07.
62 7. The provision of preservice and inservice training for
63 all foster parents and agency staff.
64 8. Satisfactory evidence of financial ability to provide
65 care for the children in compliance with licensing requirements.
66 9. The maintenance by the agency of records pertaining to
67 admission, progress, health, and discharge of children served,
68 including written case plans and reports to the department.
69 10. The provision for parental involvement to encourage
70 preservation and strengthening of a child's relationship with
71 the family.
72 11. The transportation safety of children served.
73 12. The provisions for safeguarding the cultural,
74 religious, and ethnic values of a child.
75 13. Provisions to safeguard the legal rights of children
76 served.
77 (b) The requirements for the licensure and operation of a
78 child-placing agency shall also include compliance with the
79 requirements of ss. 63.0422 and 790.335.
80 (c) ~~(b)~~ In promulgating licensing rules pursuant to this
81 section, the department may make distinctions among types of
82 care; numbers of children served; and the physical, mental,
83 emotional, and educational needs of the children to be served by

84 a home or agency.
85 (d) ~~(c)~~ The department shall not adopt rules which
86 interfere with the free exercise of religion or which regulate
87 religious instruction or teachings in any child-caring or child-
88 placing home or agency; however, nothing herein shall be
89 construed to allow religious instruction or teachings that are
90 inconsistent with the health, safety, or well-being of any
91 child; with public morality; or with the religious freedom of
92 children, parents, or legal guardians who place their children
93 in such homes or agencies.
94 (e) The department's rules shall include adoption of a
95 form to be used by child-placing agencies during an adoption
96 home study that requires all prospective adoptive applicants to
97 acknowledge in writing the receipt of a document containing
98 solely and exclusively the language provided for in s. 790.174
99 verbatim.
100 (9)(a) The department may deny, suspend, or revoke a
101 license.
102 (b) Any of the following actions by a home or agency or
103 its personnel is a ground for denial, suspension, or revocation
104 of a license:
105 1. An intentional or negligent act materially affecting
106 the health or safety of children in the home or agency.
107 2. A violation of the provisions of this section or of
108 licensing rules promulgated pursuant to this section.
109 3. Noncompliance with the requirements for good moral
110 character as specified in paragraph (5)(a).
111 4. Failure to dismiss personnel found in noncompliance

112 with requirements for good moral character.

113 5. Failure to comply with the requirements of ss. 63.0422

114 and 790.335.

115 Section 3. This act shall take effect upon becoming a law.

Medical Homes

1 A bill to be entitled
2 An act relating to medical homes; providing an effective
3 date.
4
5 Be It Enacted by the Legislature of the State of Florida:
6
7 Section 1. Section 409.91207, Florida Statutes, is amended
8 to read:
9 409.91207 Medical Home Pilot Project.—
10 (1) PURPOSE AND PRINCIPLES.—The agency shall establish an
11 enhanced primary care case management program to test a medical
12 home model for coordinated and cost-effective care in a fee-for-
13 service environment and to compare performance of the medical
14 home model with other forms of managed care. The agency is
15 authorized to test alternative payment rates and methods for
16 designated medical homes meeting quality and efficiency
17 guidelines established by the agency. The medical home is
18 intended to modify the processes and patterns of health care
19 service delivery by applying the following principles:
20 (a) A personal medical provider leads an interdisciplinary
21 team of professionals who share the responsibility for ongoing
22 care to a specific panel of patients.
23 (b) The personal medical provider identifies a patient's
24 health care needs and responds to those needs either through
25 direct care or arrangements with other qualified providers.
26 (c) Care is coordinated or integrated across all areas of
27 health service delivery.

28 (d) Information technology is integrated into delivery
29 systems to enhance clinical performance and monitor patient
30 outcomes.
31 (2) DEFINITIONS.—As used in this section, the term,
32 (a) "Agency" means the Agency for Health Care
33 Administration.
34 (b) "Community network" means a group of primary care
35 providers and other health professionals and facilities who
36 agree to cooperate with one another in order to coordinate care
37 for Medicaid beneficiaries assigned to primary care providers in
38 the medical home network.
39 (c) "Primary care provider" means a federally qualified
40 health center or a health professional practicing in the field
41 of family medicine, general internal medicine, geriatric
42 medicine or pediatric medicine and licensed as a physician in
43 accordance with Chapter 458 or 459, or a physician's assistant
44 performing services delegated by a supervising physician
45 pursuant to s. 458.347, or a registered nurse certified as a
46 nurse practitioner performing services pursuant to a protocol
47 established with a supervising physician in accordance with s.
48 464.012.
49 (d) "Principal network provider" means a member of a
50 community network who serves as the principal liaison between
51 the agency and that network, and accepts responsibility for
52 communicating the agency's directives concerning the program to
53 all other network members .

54 (e) "Tier 1 Medical Home" means a primary care provider
55 designated by the agency as meeting the service capabilities
56 established in subsection (4)(a).
57 (f) "Tier 2 Medical Home" means a primary care provider
58 designated by the agency as meeting the service capabilities
59 established in subsection (4)(b).
60 (g) "Tier 3 Medical Home" means a primary care provider
61 designated by the Agency for Health Care Administration as
62 meeting the service capabilities established in subsection
63 (4)(c).
64 (3) ORGANIZATION.—
65 (a) Each participating primary care provider shall be a
66 member of a community network and shall be designated by the
67 agency as a Tier 1, Tier 2, or Tier 3 medical home upon
68 certification by the provider of compliance with the service
69 capabilities for that Tier.
70 (b) The members of each community network shall designate
71 a principal network provider who shall be responsible for
72 maintaining an accurate list of participating providers;
73 forwarding this list to the agency and updating the list as
74 requested by the agency; and facilitating communication between
75 the agency and the participating providers.
76 (4) SERVICE CAPABILITIES.—A medical home network shall
77 provide primary care; coordinate services to control chronic
78 illnesses; provide or arrange for pharmacy services; provide or
79 arrange for outpatient diagnostic and specialty physician
80 services; and provide for or coordinate with inpatient
81 facilities and rehabilitative service providers.

82 (a) Tier 1 medical homes shall have the following
83 capabilities:
84 1. Supply all medically necessary primary and preventive
85 services and provide all scheduled immunizations.
86 2. Organize clinical data in paper or electronic form using
87 a patient-centered charting system.
88 3. Maintain and update patients' medication lists and review
89 all medications during each office visit.
90 4. Maintain a system to track diagnostic tests and provide
91 follow-up on test results.
92 5. Maintain a system to track referrals including self-
93 referrals by members.
94 6. Supply care coordination and continuity of care through
95 proactive contact with members and encourage family
96 participation in care.
97 7. Supply education and support utilizing various materials
98 and processes appropriate for individual patient needs.
99 (b) Tier 2 medical homes shall have all of the
100 capabilities of a Tier 1 medical home and, in addition, shall
101 have the following capabilities:
102 1. Accept electronic communication.
103 2. Supply voice-to-voice telephone coverage to panel members
104 24 hours per day, seven days per week, enabling patients
105 to speak to a licensed health professional who triages
106 and forwards calls as appropriate.
107 3. Maintain a written copy of the mutual agreement between
108 the medical home and patient in the patient's record.

109 4. Maintain an office schedule of at least 30 scheduled
110 hours per week.
111 5. Use scheduling processes to promote continuity with
112 clinicians, including accommodation for walk-in, routine,
113 and urgent care visits.
114 6. Implement and document behavioral health/substance abuse
115 screening procedures and make referrals as needed.
116 7. Use data to identify and track patients' health and
117 service utilization patterns.
118 8. Coordinate care and follow-up for patients receiving
119 services in inpatient and outpatient facilities.
120 9. Implement processes to promote access to care and member
121 communication.
122 (c) Tier 3 medical homes shall have all of the
123 capabilities of Tiers 1 and 2 and, in addition, shall have the
124 following capabilities:
125 1. Utilize electronic medical records.
126 2. Develop a health care team that provides ongoing support,
127 oversight and guidance for all medical care received by
128 the patient and documents contact with specialist and
129 other health care providers caring for the patient.
130 3. Supply post-visit follow-up for patients.
131 4. Implement specific evidence-based clinical practice
132 guidelines for preventive and chronic care.
133 5. Implement a medication reconciliation procedure to avoid
134 interactions or duplications.

135 6. Use personalized screening, brief intervention, and
136 referral to treatment procedures for appropriate patients
137 requiring specialty treatment.
138 7. Offer at least 4 hours per week of after-hours care to
139 patients.
140 8. Use health assessment tools to identify patient needs and
141 risks.
142 (5) TASK FORCE; ADVISORY PANEL. --
143 (a) The Secretary of Health Care Administration shall
144 appoint a task force by August 1, 2009, to assist the agency in
145 the development and implementation of the medical home pilot
146 project. The task force must include, but is not limited to,
147 representatives of providers who could potentially participate
148 in a medical home network, Medicaid recipients, and existing
149 MediPass and managed care providers. Members of the task force
150 shall serve without compensation but are entitled to
151 reimbursement for per diem and travel expenses as provided in s.
152 112.061. When the statewide advisory panel created pursuant to
153 subsection (5)(b) has been appointed, the task force shall
154 dissolve.
155 (b) A statewide advisory panel shall be established to
156 advise the agency on the development and implementation of the
157 medical home model program and to promote communication among
158 community networks. The panel shall consist of seven members
159 including a Florida licensed primary care physician and a
160 representative of a hospital licensed pursuant to chapter 395
161 appointed by the Speaker of the House of Representatives; a
162 Florida licensed specialty physician and a representative of a

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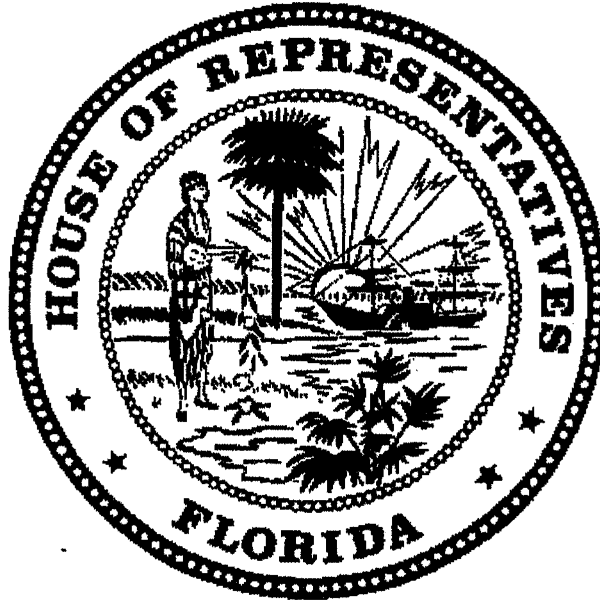
163 Florida medical school appointed by the President of the Senate;
164 a representative of a Florida licensed insurer or HMO and a
165 representative of Medicaid consumers appointed by the Governor;
166 and the Secretary of the Agency for Health Care Administration
167 or his or her designee. Members of the statewide advisory
168 committee shall serve without compensation but are entitled to
169 reimbursement for per diem and travel expenses as provided in s.
170 112.061.
171 (6) ENROLLMENT.—Each Medipass beneficiary served by a
172 designated Tier 1, Tier 2, or Tier 3 medical home shall be given
173 a choice to enroll in the medical home program. Enrollment
174 shall be effective upon the agency's receipt of a participation
175 agreement signed by the patient.
176 (7) PRIORITY AREAS.—The agency is authorized to designate
177 medical home providers anywhere in the state where Medipass
178 operates and shall identify priority areas for medical home
179 development based on an analysis of emergency department
180 utilization and rates of hospitalization for ambulatory care
181 sensitive conditions. In these priority areas, the agency shall
182 conduct outreach to Medicaid primary care providers to explain
183 the medical home model and encourage their participation in the
184 project. At least one medical home shall be designated in each
185 priority area by October 1, 2010.
186 (8) FINANCING.—
187 (a) Subject to a specific appropriation provided for in the
188 General Appropriations Act, medical home members shall be
189 eligible to receive an enhanced case management fee. The Tier 1
190 medical homes shall receive a base fee equal to 1.1 percent of

191 the standard Medipass case management fee. Tier 2 medical homes
192 shall receive a base fee equal to 1.2 percent of the enhanced
193 fee for Tier 1 medical homes. Tier 3 medical homes shall
194 receive a base fee equal to 1.5 percent of the enhanced fee for
195 Tier 1 medical homes. The base fee for each Tier shall be
196 adjusted based on age, gender, and eligibility category.
197 (b) Services provided by a medical home network shall be
198 reimbursed based on claims filed for Medicaid fee-for-service
199 payments.
200 (c) Any hospital as defined in s. 395.002(12) participating
201 in medical home networks and employing case managers for the
202 network shall be eligible to receive a credit against the tax
203 imposed by s. 395.701.
204 1. The credit shall be $75,000 for each full time
205 equivalent case manager and the total credit not to exceed
206 $450,000 for any hospital for any state fiscal year. Should a
207 hospital employ less than six full time equivalent case managers
208 during any state fiscal year, the remaining balance up to the
209 $450,000 cap may be used to compensate principal network
210 providers.
211 2. To qualify for the credit the hospital must employ each
212 full time equivalent case manager for the entire hospital fiscal
213 year for which the credit is claimed.
214 3. The hospital must certify the number of full time
215 equivalent case managers for which it is entitled to a credit
216 with the certification required by s. 395.701(2)(a).

217 4. The agency shall calculate the amount of the credit and
218 reduce the certified assessment for the hospital by the amount
219 of the credit.
220 (d) Subject to a specific appropriation in the General
221 Appropriations Act, a managed care organization designated as a
222 medical home network may receive capitated rates that reflect
223 enhanced payments to fee-for-service medical home networks. The
224 enhanced payments to medical home providers shall not affect the
225 calculation of capitated rates in any other provision of this
226 chapter.
227 (9) AGENCY DUTIES; RULEMAKING AUTHORITY.-
228 (a) The agency shall perform the following duties in
229 furtherance of this section:
230 (i) Designate primary care providers as Tier 1, Tier 2 or
231 Tier 3 medical homes consistent with the principles and
232 applicable service capabilities of the primary care provider as
233 provided for in subsections (1) and (4).
234 (ii) Develop a standard form relative to the principles
235 and service capabilities of each medical home Tier as provided
236 for in subsections (1) and (4) to be executed by primary care
237 providers in certifying to the agency that they meet the
238 necessary principles and service capabilities for the Tier in
239 which they seek to be designated.
240 (iii) Base any alternative payment rates and methods that
241 may be established for medical homes on quality indicators
242 demonstrating improved patient outcomes as compared to Medicaid
243 fee-for-service, such as reductions in hospitalizations due to
244 preventable causes, readmission rates or emergency department

245 utilization rates; and efficiencies in the form of savings
246 associated with these quality indicators.
247 (iv) Develop a process for designating as Tier 1, Tier 2
248 or Tier 3 medical homes managed care organizations that
249 establish policies and procedures consistent with the principles
250 and corresponding service capabilities provided for in
251 subsections (1) and (4) and provide documentation that such
252 policies and procedures have been implemented.
253 (v) Establish a participation agreement to be executed by
254 Medipass recipients who choose to participate in the medical
255 home program.
256 (vi) Analyze spending for enrolled medical home network
257 patients compared to capitation rates that would have been paid
258 for these medical home patients if they had been assigned to a
259 prepaid health plan. The agency shall report the aggregated
260 results of this comparison as part of the Social Services
261 Estimating Conference.
262 (vii) Report community network performance on a quarterly
263 basis. The agency shall contract with the University of Florida
264 to comprehensively evaluate the medical home pilot created under
265 this section, including a comparison of the medical home network
266 to other models of managed care. An initial assessment shall be
267 submitted to the Legislature by March 1, 2011. A final
268 evaluation shall cover a 60-month period after designation of
269 the first medical home and submitted to the Legislature prior to
270 the next regular session following that period.
271 (b) The agency shall adopt any rules necessary for the
272 implementation and administration of this section.

273 (10) SHARED SAVINGS.— Each medical home network that
274 achieves savings equal to or greater than the spending that
275 would have occurred if their enrollees participated in prepaid
276 health plans is eligible to share the identified savings
277 pursuant to a specific appropriation provided for in the General
278 Appropriations Act. The savings shall be distributed as a
279 multiplier to Medicaid fees paid to network providers during the
280 period of the earned savings.
281 (11) COLLABORATION WITH PRIVATE INSURERS.—To enable
282 Florida to participate in federal gainsharing initiatives, the
283 agency shall work with the Office of Insurance Regulation to
284 encourage Florida licensed insurers to utilize medical home
285 principles in the design of their individual and employment-
286 based plans. The Department of Management Services is directed
287 to develop a medical home option in the state group insurance
288 program.
289 (12) QUALITY ASSURANCE AND ACCOUNTABILITY.—Each provider
290 participating in a medical home network shall maintain medical
291 records and clinical data necessary to assess the utilization,
292 cost, and outcome of services provided to enrollees.
293 Section 2. This act shall take effect July 1, 2010.



Health & Family Services Policy Council

Thursday, January 21, 2010
10:30 AM - 12:00 PM
Webster Hall (212 Knott)

Amendment

Larry Cretul
Speaker

Ed Homan
Chair

Presentation to the

House Health & Family Services Policy Council

Jim Burkhart, President
Shands Jacksonville Medical Center

Presentation Outline

I. Define Safety Net Hospital Alliance
II. Hospital fee-for-service Medicaid is NOT the Problem
III. Safety Net hospitals promote Patient-Centered Solutions v. Profit Driven Models
IV. Comments on Medical Home & Recommendations from HMO's

Safety Net Hospital Alliance of FL

As not-for-profit organizations, we reinvest all earnings back into our programs, equipment and facilities to ensure we continue to support those who need us now and in the future.

...Teaching Hospitals	*...Public Hospitals*	*...Children's Hospitals*
Jackson Health System *	Bay Medical Center	All Children's Hospital *
Mount Sinai Medical Center *	Halifax Medical Center *	Miami Children's Hospital *
Orlando Regional Healthcare *	Lee Memorial Health System, Inc.	*...Regional Perinatal Intensive Care Centers*
Shands Healthcare – Gainesville *	Memorial Healthcare System	
Shands Jacksonville *	North Broward Hospital District *	Sacred Heart Health System *
Tampa General Hospital *	Sarasota Memorial Hospital	
		* Denotes hospitals with residency programs

Safety Net Hospital Alliance

We're only 10 % of the state's hospitals,
but we provide:

- ✓ **49%** of all Charity care days
- ✓ **43%** of all Medicaid days
- ✓ **80%** of the GME student training
- ✓ **75%** of Regional Perinatal Intensive Care Centers
- ✓ **66%** of trauma center admissions
- ✓ **66%** of transplants
- ✓ **99%** of burn care admissions

Fee-for-Service Patient-Centered Coordinated Care
Provider Service Network's in Medicaid Reform Pilot …

Provider Service Networks

- Safety Net success: Analyses of Medicaid Reform Pilot shows Provider Service Network result in greater cost-savings and enrollee satisfaction than HMOs
- Keys to success are:
  - Sufficient number of enrollees (at least 50,000)
  - Integrated case management
  - Sufficient providers to care for the population
  - Medicaid Reform PSN's embraced high-risk populations and still returned positive results
  - Risk-adjusted bench-marking so that true comparisons can be made
  - State support of infrastructure start-up costs

FFS Coordinated Care Models

- What works…
- What could work better…
- Obstacles inherent in other models …

Medicaid Hospital Funding

- Hospital fee-for-service reimbursement is NOT the cause of the General Revenue demands on Medicaid.
- Hospital "Sick Tax" & Local Taxes basically underwrite Florida Medicaid
- 68% of Medicaid hospital funding comes from the Federal government - $1.754B
- 13% of Medicaid hospital funding comes for state and local governments - $327M
- 11% comes from the hospital sick tax (PMATF)
- General Revenue only pays for 5% of Medicaid Fee-for-service hospital payments -$146 M
- 3% comes from the cigarette tax

Summary

- Managing care is a good thing – there are many ways this can be done effectively, including with medical homes as the Homan bill envisions
- Provider service networks with shared cost savings have demonstrated better savings and patient satisfaction and outcomes than HMOs
- Experience shows -- it is important to diversify. Do not place all Medicaid persons in HMOs or “capitated, at-risk” plans.
- One size does not fit all.
- Fee-for-service, *patient-centered* managed care - like Provider Service Networks and Medical Homes - have a significant role to play
- Hospital fee-for-service reimbursement is NOT the cause of the General Revenue demands on Medicaid

SNHA
Safety Net
Hospital Alliance
of Florida