

**MEDICAID IMPACT CONFERENCE AGENDA
MARCH 6, 2006**

Item #	Issue	Action
A	Discussion of Medically Needy caseloads	Continues the discussion from the caseload estimating conference to finalize the estimate for Medically Needy cases. This item is part of the regular estimating conference and is not an impact issue.
Medicaid Impact Conference Issues		
1	Nursing Home Bed Hold Reimbursement	Reduces the amount of reimbursement to a nursing home provider for bed hold days. Please provide an estimate of 50% and 75% and provide legislative staff a calculation mechanism to adjust the percentage and reflect savings.
2	Federal Budget Deficit Reduction Act	Provide an estimate of savings generated by the changes adopted in the federal budget. This would include the issues presented by Tom Arnold in the Senate HHS Appropriations meeting on January 26, 2006. Please list all issues separately.
3	KidCare BNET Funding	Provide an analysis of the ACTUAL current cost of BNET services.
4	Presumptive Eligibility for Children	Provide an estimate of potential savings if Presumptive Eligibility for Children was eliminated.
5	Continuous Eligibility for Children	Provide an estimate of potential savings if continuous eligibility for children was eliminated.
6	Mail Order Prescriptions	Provide an estimate of savings if recipients were allowed to obtain their prescriptions through mail order directly from the manufacturer.
7	Behavioral Health Medical Loss Ratio	Provide an estimate of the savings by increasing the medical loss ratio of the behavioral health component from 80 to 82.5%.
8	Disabled in Nursing Homes	Provide an estimate of the savings by removing all disabled individuals that do not require skilled nursing services from nursing homes. Recipients can transfer to the appropriate Home and Community Based waivers.
9	Adult Vision	Provide an estimate to fully fund Adult Vision services.
10	Adult Hearing	Provide an estimate to fully fund Adult Hearing services.
11	Adult Partial Dentures	Provide an estimate to fund Adult Partial Dentures.
12	Home Health Fee Increase	Provide an estimate to increase home health services reimbursement rates up to Medicare rates. Also provide a calculation mechanism that will allow legislative staff to calculate the amount of additional funding needed based on certain percentage increases to the current rates. i.e. increase current rates by 5%, or 10% equals \$\$\$\$ etc...
13	Medically Needy Program	Provide a new expenditure estimate of the Medically Needy program, based on the most recent caseloads i.e. January and February 2006.
14	Automated Point of Service Verification System	Provide an estimate of savings that may be generated by requiring in-home Medicaid providers to use a toll-free phone number to record check-in/check-out times and to document the services that have been provided. This is currently being done in South Carolina and Michigan. The Legislature was provided a presentation on this service by Authenticare/ First Data Government Solutions. Their presentation resulted in a five-year savings of approximately \$82 million.
15	Assistive Care Services Rate Increase	Provide an estimate based on the white paper proposal and assumptions submitted to AHCA by email on February 2, 2006.
16	Nursing Home Staffing Ratio	Provide an estimate of the amount of savings by eliminating the increase to 2.9 hrs of direct patient care per day.
17	PPEC Rate Increase	Provide legislative staff with a calculation mechanism that will allow estimates of expenditures based on certain percentage increase in rates. i.e. to increase current rates by 5%, or 10% equals \$\$\$ etc...
18	MEDS AD Behavioral Health Care	Provide an estimate of expenditures to add back the 5,900 individuals to the MEDS AD waiver that Bob Sharpe discussed in the Senate HHS Appropriations Committee.
19	Nursing Home Diversion	Calculate an estimate of savings by increasing the Nursing Home Diversion program by 1,000 slots.
20	Nursing Home Rate Increase	Provide an estimate by rate component of the expenditures to rebase nursing home targets to the ceiling level.
21	Nursing Home Rate Increase	Provide an estimate to restore FY 2005-06 Nursing Home reimbursement rate cuts.

**MEDICAID IMPACT CONFERENCE AGENDA
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Item #	Issue	Action
22	Medicaid Reform Savings	Provide an estimate of the savings from Medicaid reform as listed in the Governors 2006-07 budget recommendations.
23	Adding PACE to Nursing Home Diversion	Provide an estimate of the savings of taking 1620 member months from Nursing Home Services and adding them to Capitated Nursing Home Diversion through the PACE program in Fort Meyers, Martin and St. Lucie Counties.
24	PACE Expansion	Provide an estimate to expand the program into Lee county. 300 slots.
25	Chains ingredient cost	Provide an estimate of savings as a result of reimbursing chain pharmacies AWP - 17% or the WAC equivalent. Chains for this exercise will be corporations with 5 or more stores in Florida.
26	Ingredient Cost	Provide an estimate of savings as a result of paying pharmacies AMP plus an \$8.00 dispensing fee.
27	MCO actual Hospital Experience	Provide an estimate of the savings as a result of creating a retrospective rate adjustment to Managed Care Organizations based on their actual Medicaid Inpatient Hospital Days.
28	Increase Managed Care Enrollment	Provide an estimate of the savings that will result if s. 409.9122(2) is amended to increase the current Managed Care assignment to 70% in non-Medicaid reform areas for <u>all managed care plans (prepaid and other)</u> . Provide the estimate by percentage point until 70% is reached.
28a	Increase Managed Care Enrollment	Provide an estimate of the percentage of statewide managed care enrollment (prepaid and other) based on Item # 28 above by month from July 1, 2006 to June 30, 2007. Include a comparison of the number of estimated additional recipients that would be enrolled in managed care plans under this change versus current enrollment strategy.
29	Increase Managed Care Enrollment	Provide an estimate of the saving that will result if s. 409.9122(2) is amended to increase the current managed care assignment to 70% in non-Medicaid reform areas for <u>Prepaid Managed Care Plans only</u> . Provide the estimate by percentage point until 70% is reached.
30	KidCare Enrollment	Provide an expenditure and caseload estimate of the additional children that would utilize Florida Healthy Kids program if the income requirement were increased from 200% to 225%, 250%, 275% and 300% FPL. Include the number of potential eligibles and the number of individuals that may actually utilize the program within each of the income parameters.
31	Physician Fee Increase for Rural Health Networks	Provide an estimate of the additional funding required to increase Medicaid physician reimbursement rates by 5% to physicians in "Physician Scarcity Areas" who are members of rural health networks and who are providing care to Medicaid recipients who are residents of rural areas. Include a calculation mechanism to allow legislative staff to determine the additional funding needed based on incremental percentage increases.

MEDICAID IMPACT CONFERENCE

MARCH 6, 2006

***PREPARED BY AHCA
MEDICAID PROGRAM ANALYSIS***

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #1

Proposal Name:	NURSING HOME BED HOLD REIMBURSEMENT
Brief Description of Proposal:	REDUCES THE AMOUNT OF REIMBURSEMENT TO A NURSING HOME PROVIDER FOR BED HOLD DAYS. PLEASE PROVIDE AN ESTIMATE OF 50% AND 75% AND PROVIDE LEGISLATIVE STAFF A CALCULATION MECHANISM TO ADJUST THE PERCENTAGE AND REFLECT SAVINGS.
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	1/1/2007
Total (Savings)/Cost Expected: 50% 1A	(\$3,574,330)
Total (Savings)/Cost Expected: 75% 1B	(\$1,787,165)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.01 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	AMENDMENTS TO THE REIMBURSEMENT METHODOLOGY WILL HAVE TO BE COMPLETED.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

Medicaid Impact Conference Issues

March 06, 2006

<p>Language Provided In the Governors Recommendations</p>	<p>FUNDS IN SPECIFIC APPROPRIATION 243 REFLECT A REDUCTION OF \$2,945,248 FROM GENERAL REVENUE FUND AND \$4,203,412 FROM THE MEDICAL CARE TRUST FUND AS A RESULT OF REDUCING REIMBURSEMENT FOR NURSING HOME BED HOLD DAYS BY 50 PERCENT.</p>
<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>CONTRACT MANAGEMENT STATES THAT ACS WILL HAVE THE ABILITY TO PROGRAM THIS CHANGE WITH VERY LITTLE EFFORT AND NO ADDITIONAL COST. HOWEVER, DUE TO THE REQUIRED SYSTEM CHANGES, IMPLEMENTATION IS ANTICIPATED JANUARY 1, 2007.</p> <p>IN ADDITION, CONSIDERATION TO THE CURRENT METHODOLOGY SHOULD BE CONSIDERED PRIOR TO IMPLEMENTING THIS POLICY. CURRENTLY BED HOLD DAYS ARE INCLUDED IN THE COUNT USED TO GENERATE THE AVERAGE COST PER BED. IF THERE IS A REDUCTION TO THE AMOUNT PAID FOR A NON OCCUPIED BED, THE RESULT IS A LOWER AVERAGE BED REIMBURSEMENT.</p>

Program Analysis:

Lead Analyst:		
Secondary Analyst:		
Comment:	Calculations based on SSEC held 02/24/06	
Date Completed:	3/3/06	
	1A: Analysis of 50% Reduction	1B: Analysis of 75% Reduction
Total (Savings) Cost of Proposal:	(\$3,574,330)	(\$1,787,165)
General Revenue:	(\$1,474,054)	(\$737,027)
Administrative Trust Fund:		
Medical Health Care Trust Fund:	(\$2,100,276)	(\$1,050,138)
Refugee Assistance Trust Fund:		
Tobacco Settlement Trust Fund:		
Grants and Donation Trust Fund:		
Public Medical Assistance Trust Fund:		
Other State Funds:		

Medicaid Impact Conference Issues

March 06, 2006

Work Papers:

Reduce Medicaid Nursing Home Bed Hold Day Reimbursement by 50% & 75%

Governor's Recs

SFY 2006-07

Type of Institution	Estimated Total Medicaid Days	Estimated Total Medicaid Hold Days	Estimated Total Medicaid Payments (based on total per diem, not accounting for patient responsibility)	Estimated Total Medicaid Reserve and Hold Payments	Estimated	Estimated
					Medicaid Savings Paying at 50%	Medicaid Savings Paying at 75%
FYE 2003-2004					Annual	Annual
Statistics for Recs	16,840,000	92,894	2,591,200,000	14,297,320	7,148,660	3,574,330
Percentage to Total		0.5516%			6mnth delay 3,574,330	6mnth delay 1,787,165
Average Medicaid Per Diem Per This Analysis			153.91			
Total Medicaid Savings					\$ 3,574,330	\$ 1,787,165
General Revenue					\$ 1,474,054	\$ 737,027
Medical Care Trust Fund (Federal)					\$ 2,100,276	\$ 1,050,138

Source of Reference Data: Medicaid Cost Reports for fiscal periods in 2003 and 2004

Note: Hold days projected above are lower than actual historical levels. Due to reduction in allowable bed hold days implemented by Medicaid During SFY 2004-05, fewer hold days are anticipated than reported during 2003 and 2004. Medicaid bed hold day policy was changed effective July 1, 2004, allowing bed hold days for only those facilities with 95% or greater occupancy.

Medicaid Impact Conference Issues

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Proposal: Issue #2 (1 OF 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	FEDERAL UPPER PAYMENT LIMIT- ESTABLISH FUL AT 250% OF AVERAGE MANUFACTURER PRICE (AMP), REPLACING CURRENT FUL AT 150% OF LOWEST AVERAGE WHOLESALE PRICE (AWP). THIS IS SIMILAR TO THE POLICY ADOPTED LAST YEAR IN ESTABLISHING STATE MAC PRICING. AWP IS THE PRICE MANUFACTURERS SUGGEST WHOLESALERS SHOULD CHARGE RETAIL PHARMACIES AND FOR MULTI-SOURCE DRUGS IS SUBSTANTIALLY OVERSTATED. AMP IS THE AVERAGE PRICE CHARGED BY THE MANUFACTURER FOR SALES TO THE RETAIL CLASS OF TRADE AND IS SIGNIFICANTLY LESS THAN AWP. AMP, BY VIRTUE OF HAVING A STATUTORY DEFINITION, IS MORE RELIABLE THAN AWP FOR MULTI-SOURCE DRUGS.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total (Savings) Expected:	(\$6,100,000)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.02 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	AMEND THE STATE PLAN TO ADOPT THE REVISED FEDERAL UPPER LIMIT.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	

Medicaid Impact Conference Issues

March 06, 2006

Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	(B) CURRENT FEDERAL UPPER LIMIT PRICING IS ESTABLISHED BY CMS AT 150% OF THE LOWEST AWP WHERE THREE OR MORE SUPPLIERS MARKET THE DRUG. ESTIMATED SAVINGS FOR MEDICAID IS \$6.1 MILLION.	

Program Analysis:

Lead Analyst:	Tim Graves
Secondary Analyst:	Pharmacy Services
Comment:	Coordinated with Michele Hudson and Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$6,100,000)
General Revenue:	(\$2,515,640)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$3,584,360)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (2 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	INCREASED TRANSPARENCY- REQUIRES MANUFACTURERS TO PROVIDE MONTHLY AMP DATA TO CMS AND STATES FOR MULTI-SOURCE DRUGS. IT IS ASSUMED MULTI-SOURCE AND SINGLE SOURCE DRUGS WILL BE SUBJECT TO THIS AMP REPORTING CHANGE.
Proposed State Fiscal Year:	2005/06
Proposed Start Date:	2/8/2006
Total Cost/(Savings) Expected:	N/A
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.03 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	THIS PROVISION REQUIRES THE MANUFACTURES TO PROVIDE AMP DATA TO THE STATE. THIS CHANGE IN LAW ITSELF DOES NOT GENERATE ANY SAVINGS. IF THE STATE CHOOSES TO UTILIZE THE DATA FOR PHARMACY REIMBURSEMENT COST SAVINGS INITATIVES, THAN SAVINGS ARE POSSIBLE.
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Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	N/A
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (3 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	BEST PRICE (340B) - EXPANDS THE NUMBER OF "QUALIFIED ENTITIES" TO INCLUDE ICF-DD (MENTALLY RETARDED), STATE OWNED NURSING FACILITIES AND OTHERS SO THEY CAN ACCESS 340B PRICING CONTRACTS.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	1/1/2007
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.04 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>(B) CURRENTLY, THE ONLY QUALIFIED ENTITIES (FEDERAL STATUTE) ARE ENTITIES THAT RECEIVE GRANTS FROM FEDERAL PROGRAMS SUCH AS COMMUNITY HEALTH CENTERS AND DSH HOSPITALS. NO FISCAL IMPACT IS EXPECTED BECAUSE OF COST REIMBURSEMENT RATE LIMITATIONS PLACED ON PROVIDERS.</p>
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Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (4 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	AUTHORIZED GENERICS- REMOVES THE DEFINITION OF ‘AUTHORIZED GENERICS’ FROM FEDERAL STATUTES AND BASES PRICES/REBATES ON ALL DRUGS SOLD UNDER THE NDA (NEW DRUG APPLICATION). THIS WILL REDUCE THE NUMBER OF MARKETED PRODUCTS FROM THREE TO TWO FOR THE PRODUCT TO BE SUBJECT TO FEDERAL UPPER LIMIT PRICING.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	1/1/2007
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.05 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

Medicaid Impact Conference Issues

March 06, 2006

Language Provided In the Governors Recommendations	
<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>THIS IS A FEDERAL DEFINITION, NOT STATE. THE PREVIOUS DEFINITION PREVENTED PRICING CONTROLS FROM BEING APPLIED TO SOME MULTI-SOURCE PRODUCTS. FLORIDA RECENTLY EXPANDED THE STATE MAC PROGRAM AND MODIFIED THE PDL. THE STATE MAC PROGRAM GENERATED SAVINGS FOR GENERIC DRUGS SUBJECT TO UPPER PRICING LIMITS. MODIFIED PDL INCREASED THE SUPPLEMENTAL REBATES AND TARGETED LOWER PRICE NEGOTIATIONS. THIS FEDERAL CHANGE HAS THE POTENTIAL TO GENERATE ADDITIONAL SAVINGS, HOWEVER DUE TO THE STRUCTURE OF FLORIDA'S PHARMACY PROGRAM, ADDITIONAL SAVINGS WILL BE MINIMAL. NEW FEDERAL UPPER LIMITS (FUL) MAYBE ESTABLISHED, HOWEVER ADDITIONAL ANALYSES WILL HAVE TO BE CONDUCTED FOR THOSE DRUGS WHEN THE LIMIT IS APPLIED TO IDENTIFY SAVINGS, BECAUSE FLORIDA MAY HAVE ALREADY NEGOTIATED A BETTER PRICE THROUGH REBATES OR THE STATE MAC PROGRAM.</p>

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (5 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	<p>(B) REFORM ASSET TRANSFER RULES- THESE PROVISIONS APPLY MORE STRINGENT STANDARDS FOR HOW AN INDIVIDUAL'S ASSETS ARE CONSIDERED WHEN A PERSON IS APPLYING FOR MEDICAID. THE PROVISIONS ARE:</p> <p>(C) -INCREASES THE LOOK-BACK PERIOD FROM THREE TO FIVE YEARS BY CHANGING THE BEGINNING DATE FOR PERIOD OF INELIGIBILITY.</p> <p>(D) -PENALTY PERIODS WILL BEGIN AT TIME OF APPLICATION. CURRENTLY ELIGIBILITY PENALTY PERIODS BEGIN AT THE POINT THE ASSETS WERE TRANSFERRED.</p> <p>(E) -SETS THE HOME EQUITY LIMIT AT \$500,000.</p> <p>(F) -REQUIRES THAT PARTIAL MONTHS OF INELIGIBILITY BE IMPOSED.</p> <p>(G) -INCLUDES THE HARDSHIP WAIVER PROCESS IN ASSET TRANSFER PENALTIES.</p> <p>(H) -MAINTAINS BROAD DEFINITION OF ASSETS INCLUDING ANNUITIES.</p> <p>(I) -REQUIRES ALL NEW APPLICANTS TO DECLARE ALL INTEREST IN ANNUITIES AND TO NAME THE STATE AS THE REMAINDER BENEFICIARY.</p> <p>(J) -REQUIRES STATES TO USE THE "INCOME FIRST" RULE.</p> <p>(K) -CLARIFIES THAT CONTINUING CARE RETIREMENT COMMUNITIES (CCRC) ARE COUNTABLE RESOURCES.</p> <p>(L) -ALLOWS CCRCs THAT ARE MEDICAID CERTIFIED TO REQUIRE APPLICANTS TO DECLARE THAT THEY WILL SPEND THEIR OWN ASSETS ON THEIR CARE BEFORE APPLYING FOR MEDICAID.</p> <p>(M) -ALLOWS THE CCRC ENTRANCE FEE TO BE CONSIDERED A COUNTABLE RESOURCE FOR MEDICAID ELIGIBILITY IN CERTAIN CIRCUMSTANCES.</p> <p>(N) GIVES STATES THE AUTHORITY TO ACCUMULATE MULTIPLE TRANSFERS INTO ONE PENALTY PERIOD.</p> <p>-INCLUDES CERTAIN NOTES AND LOANS, AS WELL AS TRANSFERS TO PURCHASE LIFE ESTATES, UNDER ASSET TRANSFER RULES.</p>
Proposed State Fiscal Year:	2005/06
Proposed Start Date:	2/8/2006
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.06 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	

Medicaid Impact Conference Issues

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<p>Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.</p>	<p>YES</p>	<p>MEDICAID WOULD AMEND ITS STATE PLAN TO CLARIFY ELIGIBILITY STANDARDS.</p>
<p>Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.</p>	<p>YES</p>	<p>DEPARTMENT OF CHILDREN AND FAMILIES WOULD AMEND ADMINISTRATIVE RULES PERTAINING TO ELIGIBILITY.</p>
<p>Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications</p>	<p>NO</p>	
<p>Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?</p>	<p>YES</p>	<p>DEPARTMENT OF CHILDREN AND FAMILIES WOULD HAVE TO REVIEW TWO ADDITIONAL YEARS OF APPLICANTS' FINANCIAL RECORDS.</p>
<p>Language Provided In the Governors Recommendations</p>		
<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>THESE PROVISIONS COULD POTENTIALLY REDUCE MEDICAID SPENDING BY REDUCING THE NUMBER OF INDIVIDUALS ELIGIBLE FOR MEDICAID OR DELAYING THEIR ELIGIBILITY BY FORCING THEM TO UTILIZE THEIR OWN ASSETS FOR LONG TERM CARE BEFORE QUALIFYING FOR MEDICAID. HOWEVER, GIVEN THE RECENT DECREASE IN MEDICAID FTEs IN NURSING HOMES, STABILIZATION IN NURSING HOME OCCUPANCY RATES, THE CONTINUED MORATORIUM ON ADDITIONAL NURSING HOME BEDS, AND THE INCREASE IN NURSING HOME DIVERSION SLOTS, THE AGENCY DOES NOT BELIEVE ANY DECREASE IN THE NUMBER OF ELIGIBLES IN FY 2006-07 WILL RESULT IN FEWER MEDICAID RECIPIENTS IN NURSING HOMES IN FY 2006-07 THAN CURRENTLY BUDGETED.</p>	

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (6 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	LONG TERM CARE PARTNERSHIP - GIVES AN INCENTIVE TO INDIVIDUALS TO PURCHASE PRIVATE LONG TERM CARE INSURANCE BY ALLOWING THEM TO KEEP MORE ASSETS AND STILL QUALIFY FOR MEDICAID.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.07 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	NEED STATUTORY AUTHORITY FO DCF, OIR AND AHCA TO PROMULGATE RULES NECESSARY TO IMPLEMENT THE PARTNERSHIP PROGRAM.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	MEDICAID MUST SUBMIT A STATE PLAN AMENDMENT TO RECEIVE AUTHORITY TO IMPLEMENT A PARTNERSHIP PROGRAM.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	DCF AND OIR WILL LIKELY NEED TO PROMULAGE RULES TO IMPLEMENT THIS PROGRAM.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>FLORIDA DOES NOT CURRENTLY HAVE A PARTNERSHIP PROGRAM, BUT IS IN THE PROCESS OF DEVELOPING A PLAN FOR A PROGRAM BASED ON A MANDATE IN LEGISLATION PASSED DURING THE 2005 SESSION. ALTHOUGH STATES MAY ELECT TO PARTICIPATE IN THE PARTNERSHIP PROGRAM, FOR FLORIDA, THE EFFECT OF THIS IS MANDATORY. LEGISLATION PASSED IN 2005 MANDATED THAT AHCA IMPLEMENT A PARTNERSHIP PROGRAM IF THE FEDERAL GOVERNMENT LIFTED ITS RESTRICTION ON NEW PARTNERSHIP PROGRAMS. IN ADDITION, ALLOWING THE PURCHASE OF LONG TERM CARE INSURANCE IN FISCAL YEAR 2006-07 WOULD NOT DELAY NURSING HOME ADMISSIONS UNTIL AFTER FISCAL YEAR 2006-07. THERE IS NO FISCAL IMPACT FOR FISCAL YEAR 2006-07.</p>
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Program Analysis:

Manager	Glenda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (7 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	HOME AND COMMUNITY BASED SERVICES- PROVIDES HCBS SERVICES THROUGH THE STATE PLAN RATHER THAN THROUGH A WAIVER. IN ADDITION, REQUIRES STATE TO MAINTAIN MUCH OF THE SAME CRITERIA AS USED IN CURRENT WAIVERS, AND ALLOWS STATES TO CREATE NEEDS BASED CRITERIA WHICH WILL LIMIT THE NUMBER OF INDIVIDUALS RECEIVING CARE UNDER THE STATE PLAN AMENDMENT.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	1/1/2007
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.08 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>PROVIDING HOME AND COMMUNITY BASED SERVICES THROUGH THE STATE MEDICAID PLAN RATHER THAN A WAIVER COULD CREATE AN ENTITLEMENT ISSUE.</p>
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Program Analysis:

Manager	Glenda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (8 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	CHOICE OF SELF-DIRECTION OF PERSONAL ASSISTANCE SERVICES - PROVIDES, AT EACH STATE'S OPTION, THE ABILITY TO OFFER CASH AND COUNSELING SERVICES. ALLOWS INDIVIDUALS RECEIVING MEDICAID LONG TERM CARE PERSONAL ASSISTANCE SERVICES (E.G., ASSISTANCE WITH BATHING, DRESSING, EATING) TO USE THE CASH VALUE OF THOSE SERVICES TO HIRE DIRECT PERSONAL ASSISTANCE WORKERS OF THEIR CHOICE
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	1/1/2007
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.09 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	IF ELECTING THE STATE PLAN OPTION
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	TO CHANGE HANDBOOKS FOR EXISTING SERVICES TO DELINEATE GUIDELINES FOR A SELF-DIRECTED OPTION.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have.</p>	<p>FLORIDA WAS ONE OF THE THREE ORIGINAL STATES CHOSEN TO PILOT CASH AND COUNSELING IN THE MID-1990'S. FLORIDA'S PROGRAM, CALLED CONSUMER-DIRECTED CARE, SERVES APPROXIMATELY 1000 ELDERS, ADULTS WITH PHYSICAL DISABILITIES, AND ADULTS AND CHILDREN WITH DEVELOPMENTAL DISABILITIES. INDIVIDUALS "CASH OUT" PERSONAL ASSISTANCE SERVICES, AS WELL AS MANY OTHER SERVICES.</p>
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Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (9 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	MEDICAID INTEGRITY PROGRAM- THIS PROVISION PROVIDES FOR THE CREATION OF A FEDERAL INTEGRITY PROGRAM WITH ADDITIONAL FTE'S AND FUNDING TO HHS FOR ENHANCEMENT OF THIS FEDERAL PROGRAM. IN ADDITION, EXPANDS THE MEDICARE-MEDICAID DATA MATCH PROGRAM, IN WHICH FLORIDA CURRENTLY PARTICIPATES.
Proposed State Fiscal Year:	2005/06
Proposed Start Date:	2/8/2006
Total Cost/(Savings) Expected:	N/A
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.10 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	N/A
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (10 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	ENHANCEMENT OF STATE FALSE CLAIMS ACT PROVIDES FINANCIAL INCENTIVES TO STATES WHO ENACT FALSE CLAIMS ACTS THAT MEET CERTAIN REQUIREMENTS
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total (Savings) Expected:	(\$0)
Bureau(s) Responsible for Administration:	PROGRAM INTEGRITY

Administrator Questions:

Section 1.11 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	
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Program Analysis:

Lead Analyst:	Tim Graves
Secondary Analyst:	
Comment:	Calculations based on collections from the "Annual Report on The State's Efforts to Control Medicaid Fraud and Abuse FY 2004-2005", page 44, January 2006
Date Completed:	3/2/06
Total (Savings) Cost of Proposal:	(\$0)
General Revenue:	(\$0)
Administrative Trust Fund:	
Medical Health Care Trust Fund	(\$0)
Refugee Assistance Trust Fund:	(\$0)
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (11 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	EMPLOYEE EDUCATION ABOUT FALSE CLAIMS RECOVERY - PROVIDES THAT ANY ENTITY THAT RECEIVES OR MAKES ANNUAL PAYMENTS UNDER THE STATE PLAN OF AT LEAST \$5 MILLION SHALL HAVE WRITTEN POLICIES FOR ALL EMPLOYEES, CONTRACTORS AND AGENTS RELATING TO FEDERAL AND STATE FALSE CLAIMS.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total Cost/(Savings) Expected:	N/A
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.12 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>MEDICAID PROVIDERS AND CONTRACTORS MAY HAVE INCREASED ADMINISTRATIVE EXPENDITURES; HOWEVER MEDICAID EXPENDITURES ARE NOT EXPECTED TO INCREASE.</p>
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Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	N/A
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (12 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	ENHANCED THIRD PARTY IDENTIFICATION AND PAYMENT -REQUIRES THIRD PARTIES TO RECEIVE AND PROCESS FOR SUROGATION CLAIMS SUBMITTED NO LATTER THAN THREE YEARS AFTER THE DATE OF SERVICE
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total (Savings) Expected:	(\$3,724,675)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS THIRD PARTY

Administrator Questions:

Section 1.13 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	THE ADDITIONAL RECOVERIES WILL BE INCLUDED IN THE CURRENT OR FUTURE THIRD PARTY CONTRACT. THE CURRENT VENDOR WILL CHARGE 4.85% OF TOTAL RECOVERIES FOR THIS FUNCTION
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		THE VENDOR WILL CHARGE 4.85% OF THE RECOVERIES, INCREASINGTHE CONTRACT NEED BY \$189,855.

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Lead Analyst:	Tim Graves
Secondary Analyst:	
Comment:	Calculations based on current vendor's analysis of estimated amount of claims denied due to timely billing.
Date Completed:	3/2/06
Total (Savings) Cost of Proposal:	(\$3,724,675)
General Revenue:	(\$0)
Administrative Trust Fund: (FSI 2)	\$94,927
Administrative Trust Fund: (FSI 3)	\$94,928
Medical Health Care Trust Fund (FSI 2)	(\$1,614,352)
Medical Health Care Trust Fund (FSI 3)	(\$2,300,178)
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (13 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	<p>(B) PREMIUMS AND COST SHARING- PROVIDES INCREASED PREMIUMS AND COST SHARING, HIGHER THAN THE CURRENT NOMINAL LIMITS FOR CERTAIN BENEFICIARIES SUCH AS PARENTS WITH INCOMES GREATER THEN 150% OF FPL. HOWEVER, MANY GROUPS ARE EXEMPT FROM COST-SHARING:</p> <p>(C) -CHILDREN UNDER AGE 18, (D) -PREGNANT WOMEN, (E) -INDIVIDUALS RECEIVING HOSPICE, AND (F) -INSTITUTIONALIZED INDIVIDUALS, INCLUDING HOSPITAL SERVICES. (G) THESE PROVISIONS PROVIDE FOR INDEXING OF NOMINAL CO-PAY AMOUNTS BEGINNING AT \$3, BUT NO GREATER THEN 5 PERCENT OF FAMILY INCOME. THESE PROVISIONS ALLOW PROVIDERS TO DENY SERVICES FOR NON-PAYMENT. IN ADDITION, GIVES STATES ADDITIONAL FLEXIBILITY IN STRUCTURING COST SHARING FOR PRESCRIBED DRUGS TO CREATE A TIERED SYSTEM FOR PDL AND NON-PDL COVERED DRUGS. THESE PROVISIONS ALLOW AN OPTION TO DETER NON-EMERGENCY USE OF THE ER; REQUIRES HOSPITALS TO INFORM PATIENTS OF THE AVAILABILITY OF ALTERNATIVE SOURCES OF CARE AND ALLOWS THE STATE TO APPLY CURRENT NOMINAL COST-SHARING REQUIREMENTS TO TRADITIONALLY EXEMPTED GROUPS SUCH AS CHILDREN.</p>
Proposed State Fiscal Year:	2005/06
Proposed Start Date:	3/31/2006
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Medicaid Impact Conference Issues

March 06, 2006

Administrator Questions:

Section 1.14 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	AMENDMENT TO SECTION 409.9081 FLORIDA STATUTES TO ALLOW FOR HIGHER COST-SHARING PROVISIONS.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	REFLECT ANY CHANGES IN COST-SHARING AMOUNTS AND ENFORCEABILITY REQUIREMENTS.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		GRANTS FLORIDA ADDITIONAL FLEXIBILITY REGARDING COST-SHARING ARRANGEMENTS. SPECIFIC PROPOSALS FOR INCREASEING COST-SHARING MUST BE IDENTIFIED IN ORDER TO DETERMINE ANY FISCAL IMPACT TO MEDICAID. NO SUCH PROPOSALS HAVE BEEN IDENTIFIED.

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (14 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	BENEFITS PACKAGE FLEXIBILITY- PROVIDES FLEXIBILITY TO OFFER BENCHMARK COVERAGE TO CERTAIN BENEFICIARIES AT THE STATE'S OPTION. THE BENCHMARK PACKAGES ARE: FEDERAL EMPLOYEES HEALTH BENEFIT PLAN; STATE EMPLOYEES HEALTH BENEFIT PLAN; THE LARGEST COMMERCIAL INSURER OR AN ACTUARIAL EQUIVALENT PACKAGE. FOR ANY CHILD UNDER THE AGE OF 19 IN ONE OF THE MAJOR MANDATORY AND OPTIONAL ELIGIBILITY GROUPS, WRAP-AROUND BENEFITS TO THE BENCHMARK COVERAGE CONSISTS OF EPSDT SERVICES AS DEFINED UNDER CURRENT MEDICAID LAW. THE AGREEMENT INCLUDES A LIST OF SPECIFIC GROUPS THAT WOULD BE EXEMPTED FROM BENCHMARK COVERAGE.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	1/1/2007
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.15 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

Medicaid Impact Conference Issues

March 06, 2006

Language Provided In the Governors Recommendations	
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	THE FISCAL IMPACT IS \$0 UNTIL A CHANGE IN A BENCHMARK PLAN IS IMPLEMENTED. THE AGENCY IS NOT AWARE OF ANY PROPOSED CHANGES TO EPSDT SERVICES.

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (15 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	MANAGED CARE ORGANIZATION TAX REFORM
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	1/1/2007
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.16 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		(b) NO CHANGE IS REQUIRED AS FLORIDA DOES NOT USE ANY OF THE ASSESSMENT FUNDS FOR FEDERAL MATCH.

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (16 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	<p>(C) TARGETED CASE MANAGEMENT - PROHIBITS CERTAIN FOSTER CARE SERVICES FROM BEING COVERED BY MEDICAID'S TARGETED CASE MANAGEMENT BENEFIT.</p> <p>(D) EXAMPLES INCLUDE: SERVING LEGAL PAPERS, PROVIDING TRANSPORTATION, ADMINISTERING FOSTER CARE SUBSIDIES AND MAKING PLACEMENT ARRANGEMENTS. THE PROVISIONS PROVIDE A DEFINITION OF CASE MANAGEMENT AND TARGETED CASE MANAGEMENT. CASE MANAGEMENT IS DEFINED AS SERVICES THAT WILL ASSIST MEDICAID ELIGIBLE INDIVIDUALS IN GAINING ACCESS TO NEEDED MEDICAID, SOCIAL, EDUCATIONAL, AND OTHER SERVICES.</p> <p>TARGETED CASE MANAGEMENT IS DEFINED AS CASE MANAGEMENT SERVICES THAT ARE PROVIDED TO SPECIFIC CLASSES OF INDIVIDUALS OR TO INDIVIDUALS WHO RESIDE IN SPECIFIC AREAS. LIMITS FEDERAL FINANCIAL PARTICIPATION FOR CASE MANAGEMENT AND TARGETED CASE MANAGEMENT SERVICES WHEN A THIRD PARTY WOULD ALSO BE LIABLE TO PAY FOR THESE SERVICES.</p>
Proposed State Fiscal Year:	2005/06
Proposed Start Date:	1/1/2006
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.17 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	AMENDMENT TO THE STATE PLAN MAY BE REQUIRED.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	

Medicaid Impact Conference Issues

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<p>Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?</p>	NO	
<p>Language Provided In the Governors Recommendations</p>		
<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>(b) FLORIDA MEDICAID CURRENTLY HAS FIVE TARGET GROUPS FOR TCM: ADULT AND CHILDREN'S MENTAL HEALTH, CHILD HEALTH SERVICES (CHILDREN'S MEDICAL SERVICES), CHILD WELFARE, AND TARGETED CASE MANAGEMENT FOR CHILDREN AT RISK OF ABUSE OR NEGLECT.</p>	

Program Analysis:

Manager	Glenda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (17 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	FEDERAL MEDICAL ASSISTANCE PERCENTAGE CALCULATION
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	2/8/2006
Total Cost/(Savings) Expected:	N/A
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.18 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		HAS NO EFFECT ON FLORIDA. EFFECTS ALASKA AND KATRINA EVACUEES ONLY.

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	N/A
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (18 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	FAMILY OPPORTUNITY ACT- PROVIDES THE STATE WITH THE OPTION TO OFFER FAMILIES OF DISABLED CHILDREN THE ABILITY TO PURCHASE MEDICAID COVERAGE FOR THOSE CHILDREN. DEFINES “QUALIFYING CHILDREN” AS THOSE CONSIDERED DISABLED UNDER THE SSI PROGRAM WITHOUT ANY REGARD TO ANY INCOME REQUIREMENTS THAT APPLY UNDER SSI, AND WHOSE FAMILIES DO NOT EXCEED 300% FPL. IN ADDITION, ALLOWS THE STATE TO IMPOSE INCOME-RELATED PREMIUMS.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	1/1/2007
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.19 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	YES	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

Medicaid Impact Conference Issues

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Language Provided In the Governors Recommendations	
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	THE AGENCY ESTIMATED NO FISCAL IMPACT AS THE FLEXIBILITY FOR ENACTING THIS PROVISION DOES NOT MEAN THE STATE PLANS TO EXPAND MEDICAID COVERAGE UNDER THIS PROVISION.

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (19 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	HCBS ALTERNATIVES TO PSYCHIATRIC TREATMENT FACILITIES FOR CHILDREN - AUTHORIZES THE HHS SECRETARY TO CONDUCT COMPETITIVELY BID DEMONSTRATION PROJECTS IN UP TO TEN STATES DURING THE PERIOD FROM FY 2007 THROUGH FY 2011 TO TEST THE EFFECTIVENESS OF IMPROVING OR MAINTAINING A CHILD'S FUNCTIONAL LEVEL, AND COST-EFFECTIVENESS OF HCBS AS OPPOSED TO RESIDENTIAL PSYCHIATRIC FACILITIES. THIS PROVISION IS AN INCENTIVE BY THE HHS SECRETARY TO ENCOURAGE STATES TO TEST THE COST-EFFECTIVENESS OF HCBS FOR CHILDREN RECEIVING PSYCHIATRIC TREATMENT.
Proposed State Fiscal Year:	2005/06
Proposed Start Date:	2/8/2006
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.20 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	MEDICAID WOULD NEED AUTHORITY TO IMPLEMENT A WAIVER PROGRAM IF SELECTED AS A DEMONSTRATION SITE. FUNDS WOULD NEED TO BE ALLOCATED TO A NEW WAIVER PROGRAM.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A WAIVER HANDBOOK WOULD HAVE TO BE DEVELOPED AND PROMULGATED.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

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Language Provided In the Governors Recommendations	
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	THE AGENCY HAS NO DIRECTION TO PURSE SUCH A WAIVER AT THIS TIME.

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (20 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	(B) EMERGENCY SERVICES IN MANAGED CARE- CREATES A NEW FEDERAL PROVISION REGARDING PAYMENT OF NON-CONTRACTED PROVIDERS WHO RENDER EMERGENCY SERVICES TO MANAGED CARE ENROLLEES. SPECIFICALLY, IT STATES, THAT THE NON-CONTRACTED PROVIDER MUST ACCEPT NO MORE THAN THE AMOUNTS THAT IT WOULD COLLECT UNDER MEDICAID FEE-FOR-SERVICE, BUT CAN RECEIVE LESS THAN THE MEDICAID RATE.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	1/1/2007
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.21 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors		

Medicaid Impact Conference Issues

March 06, 2006

Recommendations	
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (21 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	(B) MEDICAID ELIGIBILITY FOR SSI BENEFICIARIES- THIS PROVISION EXTENDS MEDICAID ELIGIBILITY TO THOSE UNDER THE AGE OF 21 AND ELIGIBLE FOR SSI ON THE LATER OF A) THE DATE THE APPLICATION WAS FILED, OR B) THE DATE SSI ELIGIBILITY WAS GRANTED.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	2/8/2007
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.22 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

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Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	NO FISCAL IMPACT
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Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (22 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	(B) MONEY FOLLOWS THE PERSON- THIS PROVISION AUTHORIZES MEDICAID DEMONSTRATION PROJECTS IN STATES TO INCREASE THE USE OF HOME AND COMMUNITY BASED SERVICES (HCBS) INSTEAD OF INSTITUTIONS. IN ORDER TO BE ELIGIBLE, THE INDIVIDUAL MUST REQUIRE THE LEVEL OF CARE IN AN INSTITUTION. STATES AWARDED A DEMONSTRATION WOULD RECEIVE AN ENHANCED FMAP RATE FOR THE COSTS OF HOME AND COMMUNITY-BASED, LONG-TERM CARE SERVICES FOR 12 MONTHS FOLLOWING A DEMONSTRATION PARTICIPANT'S TRANSITION FROM AN INSTITUTION INTO THE COMMUNITY. IN A GIVEN FISCAL YEAR, FUNDING WOULD BE CAPPED AT THE AMOUNT OF A STATE'S GRANT AWARD. AFTER THE 12 MONTHS OF GRANT FUNDING, THE STATE WOULD BE REQUIRED TO CONTINUE PROVIDING SERVICES THROUGH A MEDICAID HOME AND COMMUNITY-BASED WAIVER PROGRAM.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	1/1/2007
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.23 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	

Medicaid Impact Conference Issues

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Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	IF THE STATE SUCCESSFULLY TRANSITIONS INDIVIDUALS OUT OF INSTITUTIONS, THERE COULD BE A SAVINGS IF THE COST OF THEIR ONGOING CARE IN THE COMMUNITY IS LESS THAN THEIR CARE IN THE INSTITUTION.	

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (23 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	<p>(B) MEDICAID TRANSFORMATION GRANTS- THIS PROVISION PROVIDES FOR ADDITIONAL PAYMENT TO STATES FOR THE ADOPTION OF INNOVATIVE METHODS TO IMPROVE THE EFFECTIVENESS AND EFFICIENCY IN PROVIDING MEDICAID. EXAMPLES INCLUDE:</p> <p>(I) METHODS FOR REDUCING PATIENT ERROR RATES THROUGH THE USE OF ELECTRONIC HEALTH RECORDS, ELECTRONIC CLINICAL DECISION SUPPORT TOOLS, OR E-PRESCRIBING,</p> <p>(II) METHODS FOR IMPROVING RATES OF COLLECTION FROM ESTATES,</p> <p>(III) METHODS TO REDUCE WASTE, FRAUD, AND ABUSE UNDER MEDICAID, AND</p> <p>METHODS FOR IMPROVING ACCESS TO PRIMARY AND SPECIALTY PHYSICIAN CARE FOR THE UNINSURED USING INTEGRATED UNIVERSITY-BASED HOSPITAL CLINIC SYSTEMS.</p>
Proposed State Fiscal Year:	2005/06
Proposed Start Date:	2/8/2006
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.24 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	

Medicaid Impact Conference Issues

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Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	ANY FISCAL IMPACT WOULD BE DEPENDENT UPON THE STATE ALLOCATION AND NUMBER OF AWARDEES BY THE FEDERAL GOVERNMENT.	

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (24 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	IMPROVED ENFORCEMENT OF DOCUMENTATION REQUIREMENTS- THIS PROVISION REQUIRES STATES TO DOCUMENT PROOF OF CITIZENSHIP PRIOR TO APPROVING MEDICAID ELIGIBILITY.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.25 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

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<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>FLORIDA MEDICAID ACCEPTS SELF-DECLARATION OF CITIZENSHIP FOR ANYONE BORN IN THE UNITED STATES OR U.S. TERRITORIES. DOCUMENTATION IS REQUIRED FOR NATURALIZED CITIZENS. THIS PROVISION COULD INCREASE THE ADMINISTRATIVE DUTIES FOR THE DEPARTMENT OF CHILDREN AND FAMILIES. DELAYS IN MEDICAID ELIGIBILITY APPROVALS WILL OCCUR AND LOSS OF MEDICAID ELIGIBILITY COULD OCCUR AT REDETERMINATIONS FOR INDIVIDUALS UNABLE TO PROVIDE DOCUMENTATION OF CITIZENSHIP. IN ADDITION, THE DEPARTMENT OF CHILDREN AND FAMILIES HAS PROJECTED NO DECREASE IN MEDICAID ELIGIBILITY FOR FISCAL YEAR 2006-07</p>
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Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (25 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	<p>(B) HEALTH OPPORTUNITY ACCOUNT- ESTABLISHES A DEMONSTRATION PROGRAM FOR THE CREATION OF QUALIFIED ALTERNATIVE BENEFITS AND HEALTH OPPORTUNITY ACCOUNTS TO ENCOURAGE INDIVIDUALS TO OBTAIN PREVENTIVE CARE.</p> <p>(C) THE SECRETARY MAY APPROVE UP TO 10 DEMONSTRATIONS IN THE FIRST 5 YEARS THAT MEET SPECIFIED REQUIREMENTS. FEATURES OF THE PROGRAM INCLUDE A MAXIMUM ANNUAL CONTRIBUTION OF NO MORE THAN \$2,500 FOR EACH ADULT AND \$1,000 FOR EACH CHILD. THE PLAN MUST HAVE AN ANNUAL DEDUCTIBLE OF NO LESS THAN 100% OF CONTRIBUTIONS BUT NO MORE THAN 110% OF CONTRIBUTIONS. INDIVIDUALS MAY RETAIN ACCESS TO FUNDS REMAINING IN THE ACCOUNT AFTER LOSS OF ELIGIBILITY UNDER SPECIFIED CONDITIONS.</p> <p>(D) INDIVIDUALS MAY PARTICIPATE ON A VOLUNTARY BASIS. THE FOLLOWING ARE EXCLUDED FROM PARTICIPATION:</p> <ul style="list-style-type: none"> ▪ INDIVIDUALS OVER AGE 65; ▪ DISABLED ▪ PREGNANT WOMEN; AND ▪ INDIVIDUALS RECEIVING HOSPICE OR LONG TERM CARE SERVICES.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	1/1/2007
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.26 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	

Medicaid Impact Conference Issues

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<p>Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications</p>	<p>NO</p>	
<p>Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?</p>	<p>NO</p>	
<p>Language Provided In the Governors Recommendations</p>		
<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>AS PROVIDED FOR IN HB 3B AND THE APPROVED 1115 RESEARCH AND DEMONSTRATION WAIVER, FLORIDA WILL ESTABLISH AN ENHANCED BENEFIT ACCOUNT AS A SUPPLEMENTAL BENEFIT. THIS IS SIMILAR TO THE CONCEPT OF HEALTH OPPORTUNITY ACCOUNTS. HOWEVER, THERE IS NO HIGH DEDUCTIBLE OPTION. IN ADDITION, DUE TO MEDICAID REFORM THE AGENCY DOES NOT ANTICIPATE IMPLEMENTING THIS ALTERNATIVE.</p>	

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (26 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	NON-EMERGENCY MEDICAL TRANSPORTATION- ESTABLISHES, AT EACH STATE'S OPTION, A NON-EMERGENCY MEDICAL TRANSPORTATION BROKERAGE PROGRAM TO COST-EFFECTIVELY PROVIDE TRANSPORTATION FOR INDIVIDUALS ELIGIBLE FOR MEDICAL ASSISTANCE.
Proposed State Fiscal Year:	2005/06
Proposed Start Date:	2/8/2006
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.27 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>FEDERAL REGULATIONS REQUIRE STATES TO PROVIDE NECESSARY TRANSPORTATION FOR BENEFICIARIES TO AND FROM PROVIDERS. BENEFICIARIES MUST HAVE FREEDOM OF CHOICE AMONG TRANSPORTATION PROVIDERS AND SUCH SERVICES MUST BE EQUAL IN AMOUNT, DURATION AND SCOPE. FLORIDA USES A 1915(B) WAIVER TO OBTAIN A FEDERAL EXEMPTION FROM THE FREEDOM OF CHOICE PROVISIONS FOR NON-EMERGENCY TRANSPORTATION.</p>
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Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (27 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT 2005
Brief Description of Proposal:	TRANSITIONAL MEDICAL ASSISTANCE AND ABSTINENCE EDUCATION- EXTENDS TMA FROM DECEMBER 31, 2005 TO DECEMBER 31, 2006 AND EXTENDS THE ABSTINENCE EDUCATION BLOCK GRANT PROGRAM THROUGH FISCAL YEAR 2006. ALSO, PROVIDES AN ADDITIONAL \$12.5 MILLION FOR THE FIRST QUARTER OF FISCAL YEAR 2007.
Proposed State Fiscal Year:	2005/06
Proposed Start Date:	12/31/2005
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.28 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>(B) THE STATE OF FLORIDA HAS AN ABSTINENCE EDUCATION PROGRAM THAT IS ADMINISTERED BY THE DEPARTMENT OF HEALTH.</p> <p>(C) STATES ARE REQUIRED TO CONTINUE MEDICAID BENEFITS FOR CERTAIN LOW-INCOME FAMILIES WHO WOULD OTHERWISE LOSE COVERAGE BECAUSE OF CHANGES IN THEIR INCOME. THIS CONTINUATION OF BENEFITS IS KNOWN AS TRANSITIONAL MEDICAL ASSISTANCE (TMA). STATES ARE CURRENTLY REQUIRED TO PROVIDE TMA TO FAMILIES LOSING ELIGIBILITY FOR MEDICAID UNDER TWO SCENARIOS: ONE RELATED TO CHILD OR SPOUSAL SUPPORT, AND ONE RELATED TO WORK.</p> <p>MEDICAID MUST CONTINUE PAYING FOR EXTENDED ELIGIBILITY FOR INDIVIDUALS UNDER TMA AT A COST TO THE STATE FOR ITS SHARE OF THE MEDICAID PAYMENT. THE STATE OF FLORIDA WILL BENEFIT FROM THIS PROVISION, WHICH EXTENDS FUNDING FOR ITS CURRENT ABSTINENCE PROGRAM FOR AN ADDITIONAL YEAR.</p>
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Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (28 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	SCHIP FUNDING- THIS PROVISION PROVIDES ADDITIONAL SCHIP ALLOTMENTS TO SHORTFALL STATES IN FY 2006, IN THE AMOUNT OF \$283 MILLION. SHORTFALL STATES ARE DEFINED AS THE STATES WITH AN APPROVED SCHIP PLAN WHOSE PROJECTED FY 2006 EXPENDITURES EXCEED THE AVAILABLE FUNDS FOR THAT YEAR. THIS PROVISION PROHIBITS THE ABILITY TO COVER NON-PREGNANT CHILDLESS ADULTS WITH SCHIP FUNDS IN THE FORM OF NEW SECTION 1115 WAIVERS. THIS PROVISION ALLOWS FOR THE CONTINUATION OF EXISTING WAIVER PROJECTS. THE HHS SECRETARY CAN CONTINUE TO APPROVE PROJECTS THAT EXPAND THE SCHIP PROGRAM TO CARETAKER RELATIVES OF MEDICAID OR SCHIP ELIGIBLE CHILDREN.
Proposed State Fiscal Year:	2005/06
Proposed Start Date:	10/1/2005
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.29 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay	NO	

Medicaid Impact Conference Issues

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Grade/Title, Proposed Duties. Could the administration duties be contracted?		
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	FLORIDA DOES NOT HAVE 1115 WAIVERS TO COVER NON-PREGNANT CHILDLESS ADULTS. FLORIDA HAS BEEN THE RECIPIENT OF REDISTRIBUTED SCHIP FUNDS FROM THE REMAINING ALLOTMENT FROM FFY 2001 AND 2002. FLORIDA IS NOT EXPECTED TO BE A SHORTFALL STATE FOR FFY 2006, SINCE A SURPLUS HAS BEEN PROJECTED DUE TO DECREASED ENROLLMENT. THEREFORE, IT IS NOT EXPECTED THAT FLORIDA WILL RECEIVE ANY REDISTRIBUTED SCHIP FUNDS.	

Program Analysis:

Manager	Glenda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (29 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	AUTHORITY FOR STATES TO USE CERTAIN FUNDS FOR MEDICAID EXPENDITURES- QUALIFYING STATES WILL CONTINUE TO HAVE AUTHORITY TO APPLY FOR FEDERAL SCHIP MATCHING FUNDS TOWARD THE COVERAGE OF CERTAIN CHILDREN ENROLLED IN MEDICAID, AS IS CURRENTLY THE LAW. SPECIFICALLY, THIS PROVISION WOULD ALLOW QUALIFYING STATES TO USE ANY AVAILABLE FY 2004 AND FY 2005 SCHIP FUNDS FOR SUCH SERVICES.
Proposed State Fiscal Year:	2005/06
Proposed Start Date:	10/1/2005
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.30 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	FLORIDA WOULD NEED TO INCREASE INCOME ELIGIBILITY STANDARDS FOR OTHER GROUPS, MAKING MORE CHILDREN ELIGIBLE FOR MEDICAID. IT WOULD BE NECESSARY TO CHANGE THE MEDICAID AND SCHIP STATE PLANS AND CHANGE THE APPROPRIATE MEDICAID AND SCHIP STATUTES, AS WELL AS ANY MEDICAID ADMINISTRATIVE RULES
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SEE ABOVE COMMENT
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SEE ABOVE COMMENT
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications		
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?		

Medicaid Impact Conference Issues

March 06, 2006

Language Provided In the Governors Recommendations	
<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>FLORIDA DOES NOT QUALIFY FOR THIS SINCE MEDICAID DOES NOT HAVE AN INCOME ELIGIBILITY STANDARD OF AT LEAST 184% FPL FOR ANY GROUP OTHER THAN INFANTS. CURRENT LAW PERMITS QUALIFYING STATES TO RECEIVE THE SCHIP ENHANCED FEDERAL MATCHING RATE FOR THE COVERAGE OF CERTAIN CHILDREN ENROLLED IN REGULAR MEDICAID. SPECIFICALLY, FOR SERVICES DELIVERED TO MEDICAID BENEFICIARIES UNDER THE AGE OF 19 WHO ARE NOT OTHERWISE ELIGIBLE FOR SCHIP AND HAVE FAMILY INCOME THAT EXCEEDS 150 PERCENT OF THE FPL, FEDERAL SCHIP FUNDS CAN BE USED TO PAY THE DIFFERENCE BETWEEN THE SCHIP ENHANCED FEDERAL MATCHING RATE AND THE REGULAR MEDICAID FEDERAL MATCHING RATE. THE MAXIMUM AMOUNT THAT QUALIFYING STATES MAY CLAIM UNDER THIS ALLOWANCE IS THE LESSER OF THE FOLLOWING TWO AMOUNTS: (1) 20 PERCENT OF THE STATE'S AVAILABLE FY1998 THROUGH FY2001 ORIGINAL SCHIP ALLOTMENTS; AND (2) THE STATE'S BALANCE (CALCULATED QUARTERLY) OF ANY AVAILABLE FY1998 TO FY2001 FEDERAL SCHIP FUNDS (ORIGINAL ALLOTMENTS OR REALLOCATED FUNDS). IF THERE IS NO BALANCE, STATES MAY NOT CLAIM 20 PERCENT SPENDING. NO 20 PERCENT SPENDING WILL BE PERMITTED IN FY2006 OR ANY FISCAL YEAR THEREAFTER.</p>

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (30 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	FEDERAL PAYMENTS UNDER SECTION 1115 WAIVERS/KATRINA RELIEF- INCLUDES \$2 BILLION IN HEALTH CARE RELATED RELIEF TO SURVIVORS AND EVACUEES IN OR FROM THE MAJOR DISASTER COUNTIES IN ALABAMA, LOUISIANA, AND MISSISSIPPI. SUCH FUNDING WILL BE AVAILABLE FOR MEDICAID AND SCHIP SERVICES PROVIDED THROUGH JUNE 30, 2006 AND UNCOMPENSATED CARE THROUGH JANUARY 31, 2006.
Proposed State Fiscal Year:	2005/06
Proposed Start Date:	2/8/2006
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.31 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>EXPENDITURES WERE CONSIDERED IN THE PROJECTIONS ADOPTED AT THE FEBRUARY 24, 2006 SOCIAL SERVICES ESTIMATING CONFERENCE.</p>
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Program Analysis:

Manager	Glennnda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #2 (31 of 31)

Proposal Name:	FEDERAL DEFICIT REDUCTION ACT OF 2005
Brief Description of Proposal:	STATE HIGH RISK HEALTH INSURANCE POOL FUNDING- THIS PROVISION PROVIDES FOR \$75 MILLION DOLLARS TO FUND HIGH RISK POOLS CURRENTLY OPERATED BY STATES. IN ADDITION, THIS PROVISION PROVIDES \$15 MILLION DOLLARS IN ADDITIONAL FUNDING TO STATES TO ENCOURAGE THE CREATION OF HIGH RISK HEALTH INSURANCE POOL TO PROVIDE INSURANCE TO UNINSURED INDIVIDUALS.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total Cost/(Savings) Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.32 INSTRUCTED QUESTIONS	YES /NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	LEGISLATION WOULD BE REQUIRED IF FLORIDA INTENDS TO PARTICIPATE IN THIS PROGRAM.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SEE ABOVE COMMENT
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SEE ABOVE COMMENT
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>FLORIDA COULD OBTAIN ADDITIONAL FUNDING TO PROVIDE COVERGE FOR UNINSURED INDIVIDUALS. HOWEVER, SINCE THE PROGRAM MUST MEET CERTAIN REQUIREMENTS, THE AMOUNT AVAILABLE TO THE STATE MAY NOT BE SUFFICIENT TO FULLY FUND THE PROGRAM. IN ADDITION, THE AGENCY HAS NO DIRECTION TO PURSE SUCH AN OPTION AT THIS TIME.</p>
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Program Analysis:

Manager	Glenda R. Newman
Secondary Analyst:	
Comment:	Coordinated with Linda MacDonald
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$0
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #3

Proposal Name:	KIDCARE BNET FUNDING
Brief Description of Proposal:	PROVIDE AN ANALYSIS OF THE ACTUAL CURRENT COST OF BNET SERVICES
Proposed State Fiscal Year:	2005-06
Proposed Start Date:	7/1/2005
Total Cost Expected:	\$4,479,000
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.33 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Manager:	Glennnda R. Newman
Analyst:	Greg Bracko
Comment:	Calculations based actual FY 2005-06 expenditures.
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$4,479,000
General Revenue:	\$206,034
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$3,189,944
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	\$1,083,022
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

Medicaid Impact Conference Issues

March 06, 2006

Behavioral Health Network Cost Analysis for FY 2005-06					
	* Program Service	Administrative	Total BNET		
	Expenditures	Expenditures	Expenditures	Enrollment	
Jul-05	\$305,440	\$62,560	\$368,000	368	
Aug-05	\$311,250	\$63,750	\$375,000	375	
Sep-05	\$306,270	\$62,730	\$369,000	369	
Oct-05	\$297,970	\$61,030	\$359,000	359	
Nov-05	\$312,910	\$64,090	\$377,000	377	
Dec-05	\$316,230	\$64,770	\$381,000	381	
Jan-06	\$312,910	\$64,090	\$377,000	377	
Feb-06	\$315,400	\$64,600	\$380,000	380	
Total	\$2,478,380	\$507,620	\$2,986,000		
Avg. per month	\$309,798	\$63,453	\$373,250	373	
Annual projection	\$3,717,570	\$761,430	<u>\$4,479,000</u>		
* Eighty-three percent (83%) of the \$1,000 per enrollee capitation is spent on BNET program services.					

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #4

Proposal Name:	PRESUMPTIVE ELIGIBILITY FOR CHILDREN
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF POTENTIAL SAVINGS IF PRESUMPTIVE ELIGIBILITY FOR CHILDREN WAS ELIMINATED
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	07/01/2006
Total (Savings) Expected:	(\$0)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.34 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	FS 409.903(6) AND (7) WOULD NEED TO BE DELETED
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

Medicaid Impact Conference Issues

March 06, 2006

<p>Presumptive Eligibility Defined</p>	<p>A CHILD BORN AFTER SEPTEMBER 30, 1983, LIVING IN A FAMILY THAT HAS AN INCOME WHICH IS AT OR BELOW 100 PERCENT OF THE CURRENT FEDERAL POVERTY LEVEL, WHO HAS ATTAINED THE AGE OF 6, BUT HAS NOT ATTAINED THE AGE OF 19. IN DETERMINING THE ELIGIBILITY OF SUCH A CHILD, AN ASSETS TEST IS NOT REQUIRED. A CHILD WHO IS ELIGIBLE FOR MEDICAID UNDER THIS SUBSECTION MUST BE OFFERED THE OPPORTUNITY, SUBJECT TO FEDERAL RULES, TO BE MADE PRESUMPTIVELY ELIGIBLE. A CHILD WHO HAS BEEN DEEMED PRESUMPTIVELY ELIGIBLE FOR MEDICAID SHALL NOT BE ENROLLED IN A MANAGED CARE PLAN UNTIL THE CHILD'S FULL ELIGIBILITY DETERMINATION FOR MEDICAID HAS BEEN COMPLETED.</p> <p>A CHILD LIVING IN A FAMILY THAT HAS AN INCOME WHICH IS AT OR BELOW 133 PERCENT OF THE CURRENT FEDERAL POVERTY LEVEL, WHO HAS ATTAINED THE AGE OF 1, BUT HAS NOT ATTAINED THE AGE OF 6. IN DETERMINING THE ELIGIBILITY OF SUCH A CHILD, AN ASSETS TEST IS NOT REQUIRED. A CHILD WHO IS ELIGIBLE FOR MEDICAID UNDER THIS SUBSECTION MUST BE OFFERED THE OPPORTUNITY, SUBJECT TO FEDERAL RULES, TO BE MADE PRESUMPTIVELY ELIGIBLE. A CHILD WHO HAS BEEN DEEMED PRESUMPTIVELY ELIGIBLE FOR MEDICAID SHALL NOT BE ENROLLED IN A MANAGED CARE PLAN UNTIL THE CHILD'S FULL ELIGIBILITY DETERMINATION FOR MEDICAID HAS BEEN COMPLETED.</p>
<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>PRESUMPTIVELY ELIGIBLE CHILDREN ARE NOT SPECIFICALLY IDENTIFIED WITHIN THE MEDICAID CLAIMS PROCESSING SYSTEM. BASED UPON CURRENT ELIGIBILITY DETERMINATIONS, THE AGENCY DOES BELIEVE A MATERIAL NUMBER, IF ANY, OF SUCH CHILDREN ARE RECEIVING MEDICAID BENEFITS THAT WOULD OTHERWISE BE INELIGIBLE. NOTE THAT NORMAL ELIGIBILITY DETERMINATIONS ALLOW A 3 MONTH RETROACTIVE PERIOD OF COVERAGE FROM THE DATE OF APPLICATION FOR CLAIMS INCURRED. THEREFORE, ELIMINATING THIS PROVISION FROM STATUTE WOULD NOT RESULT IN ANY PROJECTED SAVINGS TO THE MEDICAID PROGRAM.</p>

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Lead Analyst:	Lamon Lowe
Comment:	Coordinated with Paula McAuley
Date Completed:	2/28/06
Total (Savings) Cost of Proposal:	(\$0)
General Revenue:	(\$0)
Administrative Trust Fund:	(\$0)
Medical Health Care Trust Fund:	(\$0)
Refugee Assistance Trust Fund:	(\$0)
Tobacco Settlement Trust Fund:	(\$0)
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	(\$0)
Other State Funds:	(\$0)

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #5

Proposal Name:	CONTINUOUS ELIGIBILITY FOR CHILDREN
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF POTENTIAL SAVINGS IF CONTINUOUS ELIGIBILITY FOR CHILDREN WAS ELIMINATED
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total (Savings) Expected:	(\$0)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.35 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	FS 409.904(6) WOULD NEED TO BE DELETED
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

ADDITIONAL COMMENTS:	FOR A CHILD'S CONTINUOUS ELIGIBILITY TO BE DISCONTINUED PRIOR TO THE CHILD'S REDETERMINATION DATE, DCF WOULD HAVE TO BE NOTIFIED BY A RECIPIENT OR THROUGH DCF GENERATED DATA MATCH. IT IS UNLIKELY THAT A MATERIAL NUMBER OF RECIPIENTS WOULD MAKE THE EFFORT TO TERMINATE MEDICAID ELIGIBILITY ON A SELF-REPORTING BASIS, AND IT IS UNLIKELY THAT A MATERIAL NUMBER OF RECIPIENTS WOULD BE DEEMED INELIGIBLE BASED UPON THE TIME LAG IN RECEIVING DATA FILES. FURTHERMORE, THERE ARE NO SPECIFIC ELIGIBILITY CODES RELATED TO CONTINUOUS ELIGIBILITY, THEREFORE NO SINGLE GROUP OF CLAIMS CAN BE IDENTIFIED FOR DISCONTINUANCE.
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Program Analysis:

Manager:	Glennnda R. Newman
Lead Analyst:	Lamon Lowe
Comment:	The most current actual expenditures for this population are for fiscal year 2004-05.
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$0)
General Revenue:	(\$0)
Administrative Trust Fund:	(\$0)
Medical Health Care Trust Fund:	(\$0)
Refugee Assistance Trust Fund:	(\$0)
Tobacco Settlement Trust Fund:	(\$0)
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	(\$0)
Other State Funds:	(\$0)

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #6

Proposal Name:	MAIL ORDER PRESCRIPTIONS
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF SAVINGS IF RECIPIENTS WERE ALLOWED TO OBTAIN THEIR PRESCRIPTIONS THROUGH MAIL ORDER DIRECTLY FROM THE MANUFACTURER
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	NA
Total (Savings)/Cost Expected:	(\$0)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.36 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>409.906(20) "PRESCRIBED DRUG SERVICES.--THE AGENCY MAY PAY FOR MEDICATIONS THAT ARE PRESCRIBED FOR A RECIPIENT BY A PHYSICIAN OR OTHER LICENSED PRACTITIONER OF THE HEALING ARTS AUTHORIZED TO PRESCRIBE MEDICATIONS AND THAT ARE DISPENSED TO THE RECIPIENT BY A LICENSED PHARMACIST OR PHYSICIAN IN ACCORDANCE WITH APPLICABLE STATE AND FEDERAL LAW." IN ORDER TO MEET THE CURRENT FEDERAL AND STATE REQUIREMENTS, A DRUG MANUFACTURER WOULD HAVE TO ESTABLISH ITSELF AS A LICENSED PHARMACY OR PHYSICIAN.</p> <p>CMS REQUIRES THAT DRUG MANUFACTURERS SHALL NOT PROVIDE MEDICAID COVERED DRUGS TO ANY OTHER ENTITY AT A BETTER PRICE THAN THE "BEST PRICE" AFFORDED MEDICAID.</p> <p>MANUFACTURERS ARE NOT CURRENTLY PROHIBITED FROM PROVIDING THIS SERVICE. HOWEVER, IT IS COSTLY TO THE MANUFACTURER TO PROCESS, TRACK, AND PACKAGE, CERTIFY, AND SHIP INDIVIDUAL PRESCRIPTIONS TO RECIPIENTS. THE AGENCY DOES NOT ANTICIPATE SAVINGS AS A RESULT OF THIS POLICY AS THE MANUFACTURER WILL BE SUBJECT TO THE SAME REIMBURSEMENT METHODOLOGY AS OTHER PROVIDERS. IF MANUFACTURES ARE ABLE TO DISPENSE PRESCRIPTIONS VIA MAIL ORDER IT IS ANTICIPATED THAT PHARMACY EXPENDITURES WOULD CONTINUE TO BE EQUAL TO OR GREATER THAN CURRENTLY PROJECTED.</p>
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Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Pharmacy Services
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$0)
General Revenue:	(\$0)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$0)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #7

Proposal Name:	BEHAVIORAL HEALTH MEDICAL LOSS RATIO
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE SAVINGS BY INCREASING THE MEDICAL LOSS RATIO OF THE BEHAVIORAL HEALTH COMPONENT FROM 80 TO 82.5%
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	(\$0)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.37 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	WOULD REQUIRE CHANGE TO 409.912(3)(B), F.S. WHICH CURRENTLY READS, "...THAT IN ORDER TO ENSURE UNIMPAIRED ACCESS TO BEHAVIORAL HEALTH CARE SERVICES BY MEDICAID RECIPIENTS, ALL CONTRACTS ISSUED PURSUANT TO THIS PARAGRAPH (SECTION 409.912(3)(B)) SHALL REQUIRE 80 PERCENT OF CAPITATION PAID TO THE MANAGED CARE PLAN, INCLUDING HEALTH MAINTENANCE ORGANIZATIONS, TO BE EXPENDED FOR THE PROVISION OF BEHAVIORAL HEALTH CARE SERVICES, THE DIFFERENCE SHALL BE RETURNED TO THE AGENCY."
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

Medicaid Impact Conference Issues

March 06, 2006

Language Provided In the Governors Recommendations	NA
<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>THE ATTACHED SPREADSHEET DETAILS THE EFFECT OF INCREASING THE MEDICAL LOSS RATIO FROM 80% TO 82.5% ON REVENUES FROM THIS ISSUE, AS APPLIED TO 2004 DATA PROVIDED BY MANAGED CARE PLANS PROVIDING BEHAVIORAL HEALTH SERVICES.</p> <p>AS PREPAID MENTAL HEALTH EXPANDS THROUGHOUT THE STATE, IS COULD BE ASSUMED THAT REVENUES FROM INCREASING THE MEDICAL LOSS RATIO WOULD ALSO INCREASE. HOWEVER, NO IMPACT ON MEDICAID EXPENDITURES IS PROJECTED DUE TO THE FOLLOWING:</p> <ol style="list-style-type: none">1. AMOUNTS RETURNED TO THE AGENCY ARE DEPOSITED INTO GENERAL REVENUE UNALLOCATED. ALTHOUGH THE STATE MAY RECEIVE ADDITIONAL FUNDS, SUCH FUNDS ARE NOT USED TO OFFSET MEDICAID EXPENDITURES.2. WITHIN THE NEXT SEVERAL YEARS, ENCOUNTER DATA IS ANTICIPATED TO BECOME THE BASE FOR MENTAL HEALTH RATES. IF RATES ARE BASED UPON ENCOUNTER DATA, RATES WILL BE BASED ON A PLAN'S ACTUAL EXPERIENCE WITH AN ADMINISTRATIVE COMPONENT ADDED AFTERWARD. ASSUMING AN ADMINISTRATIVE COMPONENT OF 15% AUTOMATICALLY ASSUMES A MEDICAL LOSS RATIO OF 85%. HENCE, NO REFUNDS ARE EXPECTED AFTER IMPLEMENTATION OF RATES BASED UPON ENCOUNTER DATA.3. AMOUNTS ARE REPORTED BY THE MANAGED CARE PLANS. MANAGED CARE PLANS ARE CURRENTLY IN DISPUTE WITH THE AGENCY REGARDING THE MEASUREMENT OF THE 80% MEDICAL LOSS RATIO, AND REFUNDS RELATED TO THE 2005 REPORTING PERIOD MAY BE ZERO. INCREASING THE LOSS RATIO WOULD CREATE ADDITIONAL INTEREST IN THE AGENCY'S DEFINITION OF SERVICES COVERED BY THIS PROVISION, AND COULD INCREASE THE AMOUNT OF TIME REQUIRED TO RESOLVE THE ISSUES.

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	Program Analysis
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$0)
General Revenue:	(\$0)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$0)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #8

Proposal Name:	DISABLED IN NURSING HOMES
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE SAVINGS BY REMOVING ALL DISABLED INDIVIDUALS THAT DO NOT REQUIRE SKILLED NURSING SERVICES FROM NURSING HOMES. RECIPIENTS CAN TRANSFER TO THE APPROPRIATE HOME AND COMMUNITY BASED WAIVERS.
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	1/1/2007
Total (Savings)/Cost Expected:	(\$7,654)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.38 INSTRUCTED QUESTIONS	YES/ NO	(A) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	CURRENT WAIVERS, SUCH AS THE AGED AND DISABLED ADULT WAIVER , DEVELOPMENTAL DISABILITIES SERVICES WAIVER, TRAUMATIC BRAIN AND SPINAL CORD INJURY WAIVER, AND POSSIBLY THE ADULT CYSTIC FIBROSIS WAIVER, WOULD HAVE TO BE AMENDED TO INCREASE THE NUMBER OF RECIPIENTS WHO COULD BE SERVED UNDER EACH TO ACCOMMODATE ADDITIONAL RECIPIENTS.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	YES	STAFF RESOURCES WILL BE REQUIRED TO PROVIDE CASE MANAGEMENT AND TRANSITION SERVICES FOR ALL INDIVIDUALS TO BE PLACED OUT OF NURSING FACILITIES TO COMMUNITY-BASED CARE. TYPICALLY THIS STAFFING IS PROVIDED BY PRIVATE PROVIDERS UNDER CONTRACT WITH THE AGENCY OR ENROLLED AS SPECIFIC-WAIVER CASE MANAGEMENT PROVIDERS.
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

BASED ON DATA ON NURSING HOME RESIDENTS FOR THE CALENDAR YEAR 2005, APPROXIMATELY 5,200 INDIVIDUALS ARE AGE 18 TO 59 YEARS AND ARE DISABLED. OF THIS GROUP, 1,936 ARE ASSESSED AS REQUIRING SKILLED NURSING HOME CARE, 3,179 ARE ASSESSED AT AN INTERMEDIATE I LEVEL OF CARE, AND 84 ARE ASSESSED AT AN INTERMEDIATE II LEVEL OF CARE.

WHILE IT MAY BE POSSIBLE TO PROVIDE ADEQUATE COMMUNITY-BASED CARE AND SERVICES FOR INDIVIDUALS CURRENTLY RECEIVING SKILLED CARE IN NURSING HOMES, IT IS NOT LIKELY TO PRODUCE LARGE SAVINGS GIVEN THEIR ASSESSED NEED FOR NURSING AND OTHER SKILLED CARE.

THOSE INDIVIDUALS ASSESSED AT AN INTERMEDIATE I AND INTERMEDIATE II LEVEL OF CARE ARE MORE LIKELY TO BE ABLE TO TRANSITION TO ONE OF THE COMMUNITY-BASED WAIVER PROGRAMS AND BE SERVED IN THEIR OWN HOMES WITH SUPPORT SERVICES OR IN ASSISTED LIVING FACILITIES WITH ADDITIONAL CARE AND SERVICES.

IT IS IMPORTANT TO NOTE THAT INDIVIDUALS WITH DISABILITIES CURRENTLY LIVING IN NURSING HOMES SHOULD BE GIVEN THE OPTION OF TRANSITIONING TO COMMUNITY LIVING, BUT THEY CANNOT BE FORCED INTO MAKING SUCH A DECISION. AT THE PRESENT TIME, WE DO NOT HAVE THE DATA TO DETERMINE THE NUMBER OF INDIVIDUALS WHO DESIRE COMMUNITY ALTERNATIVES NOR THE EXTENT OF THEIR SERVICE NEEDS.

THOM DELILLA, DOH TRAUMATIC BRAIN AND SPINAL CORD INJURY PROGRAM, REPORTED THAT HIS PROGRAM IDENTIFIES AND FOLLOWS INDIVIDUALS WITH BRAIN AND SPINAL CORD INJURY, SOME OF WHOM RESIDE IN NURSING HOMES. MANY OF THE INDIVIDUALS WITH DISABILITIES CURRENTLY RESIDING IN NURSING HOMES ARE MEDICALLY COMPLEX AND HAVE SECONDARY COMPLICATIONS, INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE PROBLEMS. MANY HAVE NO FAMILIES OR NATURAL SUPPORTS THAT ARE TYPICALLY NEEDED TO ASSIST INDIVIDUALS SERVED UNDER WAIVER PROGRAMS. A FURTHER COMPLICATING FACTOR IS THE LACK OF AFFORDABLE HOUSING FOR THESE INDIVIDUALS TO MOVE INTO FROM NURSING HOMES AS WAIVER FUNDS CANNOT BE USED FOR ROOM AND BOARD EXPENDITURES. OFTEN INDIVIDUALS TRANSITIONED TO THE COMMUNITY HAVE NO FURNITURE, NO UTENSILS OR OTHER HOUSEHOLD ITEMS NECESSARY TO ESTABLISH A HOME AND THERE IS NO FUNDING TO PURCHASE THESE NEEDED FURNISHINGS. THE TRAUMATIC BRAIN AND SPINAL CORD INJURY PROGRAM PROVIDES UP-FRONT PREVENTION SERVICES TO DIVERT OR LIMIT NURSING HOME PLACEMENTS FOR THOSE WITH BRAIN AND SPINAL CORD INJURY.

A RELATED ISSUE THAT SHOULD ALSO BE CONSIDERED IN DETERMINING POTENTIAL COSTS AND SAVINGS IS THAT FAR MORE DISABLED ADULTS THAN CURRENTLY RESIDE IN NURSING HOMES HAVE BEEN MAINTAINED IN THEIR FAMILY HOMES WITH LITTLE OR NO SUPPORT THROUGH MEDICAID. IN MANY INSTANCES, FAMILY MEMBERS HAVE BEEN FORCED TO GIVE UP GAINFUL EMPLOYMENT OR OTHERWISE TO MAKE EXTREME SACRIFICES TO CARE FOR THEIR RELATIVES WITH DISABILITIES. ONCE AGAIN, THERE IS NOTHING IN THIS EXERCISE THAT WOULD OFFER THEM SUPPORT OR ASSISTANCE. THE ONLY WAY TO OBTAIN COMMUNITY-BASED SERVICES IS IF ONE IS ALREADY INSTITUTIONALIZED.

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Lead Analyst:	Medicaid Services
Secondary Analyst:	Michele Hudson
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$7,654)
General Revenue:	(\$3,156)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$4,497)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

Medicaid Impact Conference Issues

March 06, 2006

There are currently 84 beds occupied by NH Intermediate Level II care that could possibly be subject to transition. It is assumed that only about half would be willing to transition.

AHCA

NH Avg. PMPM		\$4,478.14	Updated 0607 SSEC
Add non nursing home items		\$359.65	
Avg PACE PMPM	\$2,367		Updated 0607 SSEC
Diversion Effectiveness Adjustment	2		
Cost of diversion @ 2 for 1		\$4,734	
Net NH PMPM Savings		(\$104)	
Annualized NH pmpm savings		(\$1,249.56)	
No. of Slots to transition	84		
No. of slots for diversions	42	\$ (52,482)	Annual Savings

This is an expansion of current program and will require Waiver amendments and possible contracts. Therefore, implementation will be delayed for 6 months due to program and implementation issues.

	Transitioned MM	True Transitioned MM	Months in Transition	SavingsPer MM	Total Annual Savings
Jul-06	-	-	12	(\$104)	\$0
Aug-06	-	-	11	(\$104)	\$0
Sep-06	-	-	10	(\$104)	\$0
Oct-06	-	-	9	(\$104)	\$0
Nov-06	-	-	8	(\$104)	\$0
Dec-06	-	-	7	(\$104)	\$0
Jan-07	7	4	6	(\$104)	(\$2,187)
Feb-07	7	4	5	(\$104)	(\$1,822)
Mar-07	7	4	4	(\$104)	(\$1,458)
Apr-07	7	4	3	(\$104)	(\$1,093)
May-07	7	4	2	(\$104)	(\$729)
Jun-07	7	4	1	(\$104)	(\$364)
	42			Total Savings	<u>(\$7,654)</u>

Medicaid Impact Conference Issues

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TOTAL COST	1	(\$7,653.56)
TOTAL GENERAL REVENUE	0.4124	(\$3,156.33)
TOTAL MEDICAL CARE TRUST FUND	0.5876	(\$4,497.23)
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0	\$0.00
		\$0.00

	SlotsPerMonth	Months in Diversion	Cost Per Slot	Total Annual Savings
Jul-06	-	12	\$2,367	\$0
Aug-06	-	11	\$2,367	\$0
Sep-06	-	10	\$2,367	\$0
Oct-06	-	9	\$2,367	\$0
Nov-06	-	8	\$2,367	\$0
Dec-06	-	7	\$2,367	\$0
Jan-07	7	6	\$2,367	\$99,407
Feb-07	7	5	\$2,367	\$82,839
Mar-07	7	4	\$2,367	\$66,271
Apr-07	7	3	\$2,367	\$49,703
May-07	7	2	\$2,367	\$33,136
Jun-07	7	1	\$2,367	\$16,568
	42		Total Savings	<u>\$347,924</u>

TOTAL COST	1	\$347,924.01
TOTAL GENERAL REVENUE	0.408748606	\$142,213.45
TOTAL MEDICAL CARE TRUST FUND	0.589062816	\$204,949.10
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0.002188578	\$761.46

Medicaid Impact Conference Issues

March 06, 2006

Reduction to NH Line item

Total	\$	355,578
GR	\$	145,370
MCTF	\$	209,446
G&D	\$	761

Increase to NH Diversion Program

Total	\$	347,924
GR	\$	142,213
MCTF	\$	204,949
G&D	\$	761

Net Savings	\$	(7,654)
Total	\$	(3,156)
GR	\$	(4,497)
MCTF	\$	-
G&D		

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #9

Proposal Name:	ADULT VISION
Brief Description of Proposal:	PROVIDE AN ESTIMATE TO FULLY FUND ADULT VISION SERVICES
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	\$9,565,412
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.39 INSTRUCTED QUESTIONS	YES/ NO	(A) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A RULE TO ADD THESE SERVICES WILL BE REQUIRED. SHORT TIME FRAME.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$9,565,412
General Revenue:	\$3,817,002
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$5,440,828
Refugee Assistance Trust Fund:	\$307,582
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

	adult vision	
		\$9,539,743
GR		\$3,806,471
MCTF		\$5,425,816
RATF		\$307,456
HMO		
Impact		\$25,669
GR		\$10,531
MCTF		\$15,012
RATF		\$126
Total		\$9,565,412
GR		\$3,817,002
MCTF		\$5,440,828
RATF		\$307,582

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #10

Proposal Name:	ADULT HEARING
Brief Description of Proposal:	PROVIDE AN ESTIMATE TO FULLY FUND ADULT HEARING SERVICES
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	\$2,221,720
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.40 INSTRUCTED QUESTIONS	YES /NO	(A) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A RULE TO ADD THESE SERVICES WILL BE REQUIRED. SHORT TIME FRAME.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	
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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$2,221,720
General Revenue:	\$900,202
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$1,283,162
Refugee Assistance Trust Fund:	\$38,356
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

Medicaid Impact Conference Issues

March 06, 2006

	Adult Hearing
	\$2,219,269
GR	\$899,196
MCTF	\$1,281,729
RATF	\$38,344
HMO	
Impact	\$2,451
GR	\$1,006
MCTF	\$1,433
RATF	\$12
Total	\$2,221,720
GR	\$900,202
MCTF	\$1,283,162
RATF	\$38,356

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #11

Proposal Name:	ADULT PARTIAL DENTURES
Brief Description of Proposal:	PROVIDE AN ESTIMATE TO FUND ADULT PARTIAL DENTURES
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	\$7,006,127
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.41 INSTRUCTED QUESTIONS	YES/NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	SECTION 409.906(1) ADULT DENTAL SERVICES, WILL HAVE TO INCLUDE A STATEMENT AUTHORIZING MEDICAID COVERAGE OF PARTIAL DENTURES AND PROCEDURES FOR ADULT RECIPIENTS OF AGES 21 AND OVER. AN EFFECTIVE DATE FOR THIS NEW COVERAGE WILL HAVE TO BE PROVIDED THERE AS WELL.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A STATE PLAN AMENDMENT CHANGE WILL BE REQUIRED TO ADD THE NEW SERVICES AS COVERED BY MEDICAID. THE STATE PLAN WILL ALSO NEED TO REFLECT WHETHER OR NOT A 5% CO-INSURANCE SHARE OF COST MUST BE PAID BY ADULT RECIPIENTS FOR PARTIAL DENTURES AS IT IS CURRENTLY DONE FOR FULL DENTURES.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	CHAPTER 59G, F.A.C., DENTAL SERVICES, WILL HAVE TO BE PROMULGATED AND A REVISION TO THE MEDICAID DENTAL SERVICES COVERAGE AND LIMITATIONS HANDBOOK WILL HAVE TO BE MADE.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	YES	MEDICAID WOULD HAVE TO HIRE A DENTAL CONSULTANT (DDS OR DMD). THE POSITION WOULD BE OPS AND PAYS \$60/HOURLY. PROPOSED DUTIES WOULD BE TO REVIEW PRIOR AUTHORIZATIONS AND X-RAYS TO DETERMINE MEDICAL NECESSITY OF ADULT PARTIAL DENTURES. THE ADMINISTRATION DUTIES COULD NOT BE CONTRACTED.

Medicaid Impact Conference Issues

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Language Provided In the Governors Recommendations	
<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>NOTE: MEDICAID WILL INCUR ADDED COST DUE TO MORE MAINTENANCE REQUIRED FOR RECIPIENTS WITH PARTIALS. MEDICAID BELIEVES PARTIALS FOR ADULTS WILL LEAD TO FURTHER TOOTH EXTRACTS FOR RECIPIENTS RECEIVING A PARTIAL DUE TO THE ADDITIONAL DECAY RELATED TO PARTIAL DENTURES. THE AGENCY HAS ASSUMED AN EQUIVALENT NUMBER OF RECIPIENTS WILL NEED PARTIAL AS IS PROJECTED FOR FULL DENTURES. CURRENTLY, MEDICAID COVERS REMOVABLE PARTIAL DENTURES FOR CHILDREN AGE 20 AND BELOW ON A PRIOR AUTHORIZED BASIS. MEDICAID DOES NOT REIMBURSE FOR PARTIAL DENTURES WHERE THERE ARE AT LEAST EIGHT POSTERIOR TEETH IN OCCLUSION OR FOR SINGLE TOOTH REPLACEMENT UNLESS IT IS A MISSING ANTERIOR TOOTH. MEDICAID WOULD APPLY THE SAME EXCLUSIONS AND LIMITATIONS ON COVERAGE FOR AN ADULT RECIPIENT.</p>

Program Analysis:

Lead Analyst:	Mary Ceraosli
Secondary Analyst:	Program Analysis
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$7,006,127
General Revenue:	\$2,868,173
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$4,088,348
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	\$49,607
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

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Cumulative Cost for Partial Denture for Medicaid Eligible Adults

Partial Denture Cost for over 21 Medicaid Recipients

	TOTAL	30% from Dentures	New Partial Recipients
*Estimated Number of recipients needing partials	22,039	3539.1	8257.9
**Cost of Partial Per Recipient	\$508	\$508	\$508
Total Cost	\$11,195,812	\$1,797,863	\$4,195,013

***Maintenance/Checkups associated with Partial	44,078
****AVG Cost	\$42.75
Total Cost	\$1,884,335
Total Cost of Partial	\$13,080,147

Projected Adult Full Dentures above current SSEC

Current projection	\$20,359,127
Reduction due to allowing Partial	30%
Savings	(\$6,107,738)
Net Cost (Savings)	\$6,972,408
*****Additional admin cost	\$33,719
Net Cost (Savings) for Issue	\$7,006,127

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TOTAL COST	\$7,006,127	
TOTAL GENERAL REVENUE	\$2,868,173	0.409380661
TOTAL MEDICAL CARE TRUST FUND	\$4,088,348	0.583538861
TOTAL REFUGEE ASSISTANCE TF	\$49,607	0.007080478
TOTAL TOBACCO SETTLEMENT TF	\$0	0
TOTAL GRANTS AND DONATIONS TF	\$0	0

Notes:

*Assumption that the number of new recipients needing a partial will be at least the same size a those needing full dentures. FY01-02 was used to estimate number of recipients because Full Dentures were fully utilized for the whole year.

**Assumption cost is based on average number of procedures normally associated with a partial.

Break down listed below

Partial	Type of Service	AVG # OF PROCEDURE FOR A PARTIAL	FEE RATE	TOTAL COST	TOTAL COST REDUCED FOR 5% COPAY
	Partial	1	\$315	\$315	\$299
	Tooth Restoration	2	\$60	\$120	\$114
	Tooth Extraction	2	\$50	\$100	\$95
		<u>5</u>		<u>\$535</u>	<u>\$508</u>

***Assumption that partial recipients will need an average of 2 maintenance procedures a year.

****Average Fee Rate for Relines, adjustment, Repair.

*****OPS position to review prior authorizations and x-rays to determine medical necessity of adult partial dentures.

Avg. cost of dentures and extractions: \$710-\$1,420

Avg. cost of parital: \$535

Note: Medicaid with incur added cost due to more maintenance required for recipients with partials. Medicaid believes partials for adults will lead to further tooth extracts for recipients receiving a partial due to the additional decay related to partial dentures.

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #12

Proposal Name:	HOME HEALTH FEE INCREASE
Brief Description of Proposal:	PROVIDE AN ESTIMATE TO INCREASE HOME HEALTH SERVICES REIMBURSEMENT RATES UP TO MEDICARE RATES. ALSO PROVIDE A CALCULATION MECHANISM THAT WILL ALLOW LEGISLATIVE STAFF TO CALCULATE THE AMOUNT OF ADDITIONAL FUNDING NEEDED BASED ON CERTAIN PERCENTAGE INCREASES TO THE CURRENT RATES. I.E. INCREASE CURRENT RATES BY 5%, OR 10% EQUALS \$\$\$\$ ETC...
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected: 12A-5% increase	\$4,373,839
Total (Savings)/Cost Expected: 12B-10% increase	\$8,708,453
Total (Savings)/Cost Expected: 12C-20% increase	\$17,420,912
Total (Savings)/Cost Expected: 12D-increase to Medicare Rate	\$215,146,937
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.42 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	

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Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	See Work Paper for Funding Breakdown
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

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Work Paper:

Home Health Rate Increase

	5%	10%	20%	Medicare rates
Total	\$4,373,839	\$8,708,453	\$17,420,912	\$215,146,937
General Revenue	\$1,799,900	\$3,583,660	\$7,168,968	\$88,536,215
Medical Care TF	\$2,565,612	\$5,108,215	\$10,218,780	\$126,201,150
Refugee Asst TF	\$8,327	\$16,578	\$33,164	\$409,572

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #14

Proposal Name:	AUTOMATED POINT OF SERVICE VERIFICATION SYSTEM
Brief Description of Proposal:	PROVIDE AND ESTIMATE OF SAVINGS THAT MAY BE GENERATED BY REQUIRING IN-HOME MEDICAID PROVIDERS TO USE A TOLL-FREE PHONE NUMBER TO RECORD CHECK-IN/CHECK-OUT TIMES AND TO DOCUMENT THE SERVICES THAT HAVE BEEN PROVIDED. THIS IS CURRENTLY BEING DONE IN SOUTH CAROLINA AND MICHIGAN. THE LEGISLATURE WAS PROVIDED A PRESENTATION ON THIS SERVICE BY AUTHENTICARE/ FIRST DATA GOVERNMENT SOLUTIONS. THEIR PRESENTATION RESULTED IN A FIVE-YEAR SAVINGS OF APPROXIMATELY \$82 MILLION
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings) Expected:	(\$0)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.43 INSTRUCTED QUESTIONS	YES/ NO	(A) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	THE PROVIDER HANDBOOK WOULD HAVE TO BE MODIFIED.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?		

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Language Provided In the Governors Recommendations	
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	<p>THERE ARE NO ANTICIPATED SAVINGS AS A RESULT OF IMPLEMENTING THIS CHANGE. ADDITIONAL COST WOULD BE INCURRED TO BRING THE PROVIDERS INTO COMPLIANCE WITH THIS POLICY.</p> <p>THE AGENCY RESEARCHED AND COMPARE FLORIDA'S PROGRAM WITH OTHER STATE'S THAT HAVE IMPLEMENTED THIS CHANGE. THE MAJOR DIFFERENCE WAS THAT STATES THAT HAVE SEEN SIGNIFICANT SAVINGS HAD A PRIOR REIMBURSEMENT METHOD OF AN HOURLY RATE. FLORIDA REIMBURSES ON A PER VISIT BASIS WHICH ELIMINATES THE COST VARIATION IN DURATION OF SERVICE.</p>

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Medicaid Services
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$0)
General Revenue:	(\$0)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$0)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #15

Proposal Name:	ASSISTIVE CARE SERVICE RATE INCREASE
Brief Description of Proposal:	PROVIDE AN ESTIMATE BASED ON THE WHITE PAPER PROPOSAL AND ASSUMPTIONS SUBMITTED TO AHCA BY EMAIL ON FEBRUARY 2, 2006.
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	10/1/2006
Total (Savings)/Cost Expected:	\$5,313,241
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.44 INSTRUCTED QUESTIONS	YES/ NO	(A) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	THIS POLICY CHANGE WOULD REQUIRE A REVISION TO THE HANDBOOK REGARDING THE RATE CHANGE. IT IS ANTICIPATED THAT OCTOBER 1, 2006 WOULD BE A REASONABLE IMPLEMENTATION DATE BARRING ANY PROTEST DURING THE RULE CHANGE PROCESS.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	MODIFICATIONS TO THE EXISTING ASSISTIVE CARE SERVICES & ASSISTED LIVING FOR THE ELDERLY 1915 (C) WAIVER. THERE IS A 90 DAY PERIOD FOR WAIVER AMENDMENTS, THEREFORE, IT IS ANTICIPATED THAT OCTOBER 1, 2006 WOULD BE THE EARLIEST THE PROGRAM COULD BE IMPLEMENTED.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

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<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>THE COST ANALYSIS FOR THIS ISSUE IS BASED ON THE ASSUMPTION THAT THERE WILL BE AN INCREASE OF \$2.00 PER DAY FOR THIS SERVICE. ADDITIONAL FUNDING WOULD BE REQUIRED TO FUND THIS ISSUE. THE FUNDING AMOUNT OF \$ 2,191,181 IN GR IS FOR A 9 MONTH PERIOD. FUNDING FOR A 12 MONTH PERIOD WOULD BE \$2,921,574 GR.</p> <p>SAVINGS ARE NOT EXPECTED DUE TO THE POLICY CHANGE SINCE THERE ARE CURRENTLY OTHER AVENUES FOR DIVERSION FROM NURSING HOME CARE. PERSONS CAN ENROLL IN THE ADA WAIVER OR THE NURSING HOME DIVERSION PROGRAM. A PERSON ENROLLED IN THE ADA WAIVER MAY ALSO ACS. IT IS ANTICIPATED THAT SAVINGS DUE TO DIVERSION ARE CAPTURED IN THESE PROGRAMS. ADDITIONAL SAVINGS ARE POSSIBLE IF CURRENT PROGRAMS REACH 100% OCCUPANCY IN THE FUTURE.</p>
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Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Medicaid Services
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$5,313,241
General Revenue:	\$2,191,181
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$3,122,060
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

Medicaid Impact Conference Issues

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Currently, a payment of \$9.28 per day is made to Assistive Care Services (ACS) providers for the State Plan service. Using the assumption that there will be a \$2.00 increase per day to the reimbursement for total of \$11.28 per day, the Agency multiplied the current projection of days for ACS by \$2.00 to reach a total of \$7,084,321. This is an annual projected cost. However, due to the required rule changes and waiver amendment, it is assumed that there will only be cost for 9 months which totals \$5,313,241 in total funds (\$2,191,181 GR) for SFY 2006/2007.

Savings due to delaying the need for nursing home care are not anticipated based on this policy change due to the fact that persons can enroll in the ADA and receive payments on their behalf through the ACS program. Nursing Home Diversion also contributes to the savings of NH care. Savings are currently identified through enrollment into these program and not ACS alone. Once these programs reach maximum capacity additional savings are possible.

White paper was provided to the Agency by legislative staff, and does not necessarily represent the position of the Agency.

White Paper referred to in the Impact Issue:

Medicaid Assistive Care Services for ALFs Proposed \$2/day Increase in Daily Rate

Background: The Medicaid assistive care service (ACS) program is a state plan amendment service that is designed to support personal services for certain residents of licensed assisted living facilities. The program was started in 2001 using existing state funds with a rate of \$9.28/day. There has been no adjustment in the rate since 2001.

The annual claims analysis shows that claims paid for 2002 - \$31.1 million – 2003 - \$31.3 million – 2004 - \$29.4 million.

The current rate for care is \$9.28/day which is to be used to provide personal services for Medicaid eligible residents who need care in an assisted living facility.

Other states that have similar programs provide assistance between \$14/day and \$31/day.

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The claims analysis shows there were 14,492 people that used the ACS program in 2002. In 2004 the claims data shows there were 13,858 a decline of 634 cases. The number of providers has gone from 1508 in 2002 to 1477 in 2004 a loss of 31 providers. The loss since 2003 was 40 providers.

The claims data shows the average recovery rate that most facilities experience statewide is \$176/month as opposed to the expected \$282/month.

Recent claims data from AHCA also shows there were 750 people that were served under the Medicaid ACS program who also reported being served in a nursing home in 2004. The nursing homes costs were \$9.9 million compared to the ACS costs of \$795,000. If 40% of these admissions could have delayed or diverted it would have created a potential savings of \$3.9 million.

Problem: The current data suggests there is a trend that shows a decline in access to state funded ALF care for the low income and Medicaid eligible population. The decline will result in greater utilization of institutional care and increase state exposure to increased demand for nursing home care for state funded residents.

Facilities throughout the state report increase difficulty in attracting and retaining qualified staff due to low wages and increasing costs associated with fuel, liability insurance, utilities and other costs.

The inability of facilities to meet the costs associated with providing care fall particularly hard on smaller facilities which make up 60% of the facilities in Florida. The inability of these facilities to cover their costs reduces access for state funded residents and increases the transfer of other residents to nursing home placement when their care needs start to increase. The income erosion associated with this program also creates financial hardships for facilities as their overhead costs continue to increase.

Solution: The Florida Legislature needs to address this emerging crisis in quality of care by appropriating \$2.8 million in new revenue to fund an "investment" in the care that state funded residents receive in licensed assisted living facilities.

This \$2.8 million investment is expected to come in part from under utilized funds already appropriated to the ACS line item in the budget and from new revenue source.

The increased investment is expected to yield a 4-1 savings that would be achieved by ALFs retaining residents for longer periods of time and making ALF care more accessible thereby reducing the need for nursing home care.

Medicaid Impact Conference Issues

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Proposal: Issue #16

Proposal Name:	NURSING HOME STAFFING RATIO
Brief Description of Proposal:	PROVIDE AND ESTIMATE OF THE AMOUNT OF SAVINGS BY ELIMINATING THE INCREASE TO 2.9 HRS OF DIRECT PATIENT CARE PER DAY
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	(\$63,508,662)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.45 INSTRUCTED QUESTIONS	YES/ NO	(A) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		FUNDS IN SPECIFIC APPROPRIATION 243 REFLECT A REDUCTION OF \$28,668,664 FROM GENERAL REVENUE FUND AND \$40,915,472 FROM THE MEDICAL CARE TRUST FUND AS A RESULT OF REPEALING THE NURSING HOME STAFFING INCREASE TO 2.9 HOURS OF DIRECT CARE PER RESIDENT DAY EFFECTIVE JULY 1, 2006

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Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$63,508,662)
General Revenue:	(\$26,184,622)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$37,324,040)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

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	NURSING HOME WITH STAFF 2.9	NURSING HOME WITH out STAFF 2.9	Difference	
<u>NURSING HOMES</u>				
SKILLED CARE CASELOAD	47,538	47,538	0	
SKILLED CARE UNIT COST	11,673	11,673		
SKILLED CARE TOTAL COST	\$4,777.91	\$4,660.77	\$117.14	
	\$669,270,370	\$652,862,115	\$16,408,255	
CROSSOVER CASELOAD	3,126	3,126	0	
CROSSOVER UNIT COST	\$3,434.29	\$3,351.30	\$82.99	
CROSSOVER TOTAL COST	\$128,826,929	\$125,713,884	\$3,113,045	
INTERMEDIATE CARE CASELOAD	31,423	31,423	0	
INTERMEDIATE CARE UNIT COST	\$4,463.46	\$4,351.71	\$111.75	
INTERMEDIATE CARE TOTAL COST	\$1,683,063,552	\$1,640,926,267	\$42,137,285	
GENERAL CARE CASELOAD	1,316	1,316	0	
GENERAL CARE UNIT COST	\$4,649.12	\$4,531.97	\$117.15	
GENERAL CARE TOTAL COST	\$73,418,881	\$71,568,804	\$1,850,077	
SPECIAL PAYMENTS TO NURSING HOMES	\$13,632,632	\$13,632,632	\$0	
TOTAL COST	\$2,568,212,364	\$2,504,703,702	\$63,508,662	(\$63,508,662)
TOTAL GENERAL REVENUE	\$1,049,753,224	\$1,023,568,602	\$26,184,622	(\$26,184,622)
TOTAL MEDICAL CARE TRUST FUND	\$1,512,838,406	\$1,475,514,366	\$37,324,040	(\$37,324,040)
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0	
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0	
TOTAL GRANTS AND DONATIONS TF	\$5,620,734	\$5,620,734	\$0	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #17

Proposal Name:	PPEC RATE INCREASE
Brief Description of Proposal:	PROVIDE LEGISLATIVE STAFF WITH A CALCULATION MECHANISM THAT WILL ALLOW ESTIMATES OF EXPENDITURES BASED ON CERTAIN PERCENTAGE INCREASE IN RATES. I.E. TO INCREASE CURRENT RATES BY 5%, OR 10% EQUALS \$\$\$ ETC...
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected: 17A-5% increase	\$794,924
Total (Savings)/Cost Expected: 17B-10% increase	\$1,562,644
Total (Savings)/Cost Expected: 17C-15% increase	\$2,330,364
Total (Savings)/Cost Expected: 17D-20% increase	\$3,098,084
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.46 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

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Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	
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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	See Work Papers for Funding Breakdown
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

PPEC Fee Increase

Increase	5%	10%	15%	20%
Total	\$794,924	\$1,562,644	\$2,330,364	\$3,098,084
GR	\$327,747	\$644,278	\$960,809	\$1,277,340
MCTF	\$467,177	\$918,366	\$1,369,555	\$1,820,744

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Proposal: Issue #18

Proposal Name:	MEDS AD BEHAVIORAL HEALTH CARE
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF EXPENDITURES TO ADD BACK THE 5,900 INDIVIDUALS TO THE MEDS AD WAIVER THAT BOB SHARPE DISCUSSED IN THE SENATE HHS APPROPRIATIONS COMMITTEE
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	1/1/2007
Total (Savings)/Cost Expected:	\$14,283,228
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.47 INSTRUCTED QUESTIONS	YES/ NO	(A) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	CURRENTLY THE ELIGIBILITY CRITERIA FOR THE MEDS AD WAIVER ARE ESTABLISHED IN STATUE. 409.904 WOULD HAVE TO BE AMENDED IN ORDER TO INCLUDE THIS POPULATION.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	THE CURRENT MEDS AD 1115 WAIVER WOULD HAVE TO BE AMENDED IN ORDER TO COVER THIS EXPANSION POPULATION. IN ADDITION, THE BUDGET NEUTRALITY CALCULATION WOULD HAVE TO BE RECALCULATED. AFTER REVIEW OF THE REQUIREMENTS AND THE EXPANSION POPULATION, THE AGENCY HAS FOUND THAT AN AMENDMENT TO THE WAIVER WOULD BE EXTREMELY DIFFICULT TO MAINTAIN BUDGET NEUTRALITY FOR THE WAIVER. IF BUDGET NEUTRALITY IS NOT MAINTAINED, THE AGENCY IS AT RISK OF FEDERAL FUNDING FOR THE ELDERLY POPULATION.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

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<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>IT IS UNLIKELY TO BE ABLE TO MODIFY THE CURRENT WAIVER TO EXPAND SERVICES TO THIS POPULATION. IN ADDITION, FOR EACH PERSON ENROLLED, THE AGENCY WILL BE REQUIRED TO PAY THE MEDICARE PART D CLAW-BACK PER CAPITA.</p>
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Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$14,283,228
General Revenue:	\$7,228,738
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$7,054,490
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

Medicaid Impact Conference Issues

March 06, 2006

Cost to reinstate services to CMH MEDS AD Recipients

Based on Historical Data for MEDS AD Dual Eligibles receiving Community Mental Health, Mental Health Case Management, or TFC Community Mental Health services.

*Note this analysis is for those recipients identified above and are not eligible for the current MEDS AD waiver as a Dual through Institutional, Hospice, or HCB Services.

Additional Need to reinstate Services to the MEDS AD excluded Qualifying MH population

Example: To provide all services to the population under the waiver it would require the following additional funds:				
	FY2005/2006	FY2006/2007	1/2 SFY06/07	
Total cost	\$ 15,203,341.99	\$ 28,566,456.95	\$ 14,283,228.48	
Claw back GR only	\$ 1,941,134.51	\$ 4,555,257.50	\$ 2,277,628.75	
GR	\$ 5,452,093.49	\$ 9,902,218.65	\$ 4,951,109.33	
MCTF	\$ 7,810,113.98	\$ 14,108,980.79	\$ 7,054,490.40	
Combined GR			\$ 7,228,738.08	

FY	NEED for ALL Services	Need for MH Services only	Need for RX only coverage	Need for other services	Avg Monthly Recips
FY2005/2006	\$ 13,262,207.48	\$ 8,943,799.67	\$ 721,656.93	\$ 3,596,750.88	3,196
Clawback	\$ 1,941,134.51				
FY2006/2007	\$ 24,011,199.45	\$ 16,915,662.35	\$ 1,368,346.05	\$ 5,727,191.05	3,463
Clawback	\$ 4,555,257.50				

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #19

Proposal Name:	NURSING HOME DIVERSION
Brief Description of Proposal:	CALCULATE AN ESTIMATE OF SAVINGS BY INCREASING THE NURSING HOME DIVERSION PROGRAM BY 1,000 SLOTS
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	(\$1,417,506)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.48 INSTRUCTED QUESTIONS	YES/ NO	(A) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NA	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NA	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NA	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	EXPANSION WILL REQUIRE APPROVAL OF AMENDMENT TO THE NURSING HOME DIVERSION WAIVER'S 1915 AUTHORITY TO ENROLL 1,000 ADDITION SLOTS.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>A PROVIDER MAY DIS-ENROLL ANY RECIPIENTS WHO BECOME INELIGIBLE FOR MEDICAID AND THE PROGRAM. A RECIPIENT MAY VOLUNTARILY OPT OUT OF THE DIVERSION PROGRAM AT ANY TIME. PROVIDERS ARE RESPONSIBLE ALL MEDICARE PREMIUMS, DEDUCTIBLES, CO PAYS FOR THE LIFE OF RECIPIENT FOR THE DURATION OF ENROLLMENT IN THE PROGRAM.</p>
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Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Stephen Russell & Medicaid Services
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$1,417,506.00)
General Revenue:	(\$579,403.60)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$835,000.08)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$3,102.32)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

Medicaid Impact Conference Issues

March 06, 2006

AHCA

NH Avg. PMPM		\$4,478.14	Updated 0607 SSEC
Add non nursing home items		\$359.65	
Diversion PMPM	\$1,847		Updated 0607 SSEC
Diversion Effectiveness Adjustment	2		
Cost of diversion @ 2 for 1		\$3,695	
Net NH PMPM Savings		\$1,143	
Annualized NH pmpm savings		\$13,717.80	
No. of Additional Diversion Slots	1,000		
No. of diverted recips	500	\$	
Total Savings From Additional Slots		6,858,900	Annual Savings

Note: Elder Affairs and Medicaid Services anticipate Diversion to have 7,264 slots full on 07/01/2006 and Reach 9,000 slots on 02/01/2007. This is a steady growth of 248 new slots a month.

Medicaid Impact Conference Issues

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	SlotsPerMonth	Slots filled due to diversion	Months in Diversion	SavingsPerSlot	Total Annual Savings
Jul-06	-	-	12	\$1,143	\$0
Aug-06	-	-	11	\$1,143	\$0
Sep-06	-	-	10	\$1,143	\$0
Oct-06	-	-	9	\$1,143	\$0
Nov-06	-	-	8	\$1,143	\$0
Dec-06	-	-	7	\$1,143	\$0
Jan-07	-	-	6	\$1,143	\$0
Feb-07	-	-	5	\$1,143	\$0
Mar-07	248	124	4	\$1,143	\$567,002
Apr-07	248	124	3	\$1,143	\$425,252
May-07	248	124	2	\$1,143	\$283,501
Jun-07	248	124	1	\$1,143	\$141,751
	992			Total Savings	<u>(\$1,417,506)</u>

TOTAL COST	1	(\$1,417,506.00)
TOTAL GENERAL REVENUE	0.408748606	(\$579,403.60)
TOTAL MEDICAL CARE TRUST FUND	0.589062816	(\$835,000.08)
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0.002188578	(\$3,102.32)

Medicaid Impact Conference Issues

March 06, 2006

	SlotsPerMonth	Months in Diversion	Cost Per Slot	Total Annual Savings
Jul-06	-	12	\$1,847	\$0
Aug-06	-	11	\$1,847	\$0
Sep-06	-	10	\$1,847	\$0
Oct-06	-	9	\$1,847	\$0
Nov-06	-	8	\$1,847	\$0
Dec-06	-	7	\$1,847	\$0
Jan-07	-	6	\$1,847	\$0
Feb-07	-	5	\$1,847	\$0
Mar-07	248	4	\$1,847	\$1,832,541
Apr-07	248	3	\$1,847	\$1,374,406
May-07	248	2	\$1,847	\$916,271
Jun-07	248	1	\$1,847	\$458,135
	992		Total Savings	<u>\$4,581,354</u>

TOTAL COST	1	\$4,581,353.60
TOTAL GENERAL REVENUE	0.408748606	\$1,872,621.90
TOTAL MEDICAL CARE TRUST FUND	0.589062816	\$2,698,705.05
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0.002188578	\$10,026.65

Medicaid Impact Conference Issues

March 06, 2006

Reduction to NH Line item

Total	\$	5,998,860
GR	\$	2,452,025
MCTF	\$	3,533,705
G&D	\$	13,129

Increase to NH Diversion Program

Total	\$	4,581,354
GR	\$	1,872,622
MCTF	\$	2,698,705
G&D	\$	10,027

Net Savings	\$	(1,417,506)
Total	\$	(579,404)
GR	\$	(835,000)
MCTF	\$	(3,102)
G&D		

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #20

Proposal Name:	NURSING HOME RATE INCREASE
Brief Description of Proposal:	PROVIDE AN ESTIMATE BY RATE COMPONENT OF THE EXPENDITURES TO REBASE NURSING HOME TARGETS TO THE CEILING LEVEL
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	SEE ATTACHED SUMMARY
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.49 INSTRUCTED QUESTIONS	YES/ NO	(A) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	FS 409.908(20) MUST BE AMENDED TO PROVIDE THE AGENCY WITH THE AUTHORITY TO APPLY THIS CHANGE DURING THE RATE SETTING PROCESS.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A RULE CHANGE IS REQUIRED FOR THIS ISSUE. IF AUTHORITY IS GRANTED IN THE GAA THE POLICY CAN BE RETRO ACTIVE TO JULY 1, 2006. IF AUTHORITY IS NOT PROVIDED IN THE GAA, THERE WILL BE A THREE MONTH DELAY IN IMPLEMENTATION DUE TO RULE REQUIREMENTS.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s):

Administrator's professional judgment regarding proposal.
Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Lead Analyst:	Jim Guyton
Secondary Analyst:	Ross Nobles
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	See attached summary
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

Medicaid Impact Conference Issues

March 06, 2006

Cost Estimates

Option 1.A

Option 1.A adjusts the Operating component of the rate up to the lower of Cost or the Effective Class Ceiling.

Total Cost	\$	34,204,481
GR	\$	14,105,928
MCTF	\$	20,098,553

Option 2.A

Option 2.A adjusts the Operating component of the rate up to the lower of Cost or Class Ceiling.

Total Cost	\$	80,060,249
GR	\$	33,016,847
MCTF	\$	47,043,402

Option 1.B*

Option 1.B adjusts the Indirect Care component of the rate up to the lower of Cost or the Effective Class Ceiling.

Total Cost	\$	42,476,718
GR	\$	17,517,399
MCTF	\$	24,959,319

Option 2.B*

Option 1.B adjusts the Indirect Care component of the rate up to the lower of Cost or Class Ceiling.

Total Cost	\$	49,110,705
GR	\$	20,253,255
MCTF	\$	28,857,450

A= Operating

B= Indirect Care

*An adjustment to increase the incentive component was included in the Indirect Care analyses.

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #21

Proposal Name:	NURSING HOME RATE INCREASE
Brief Description of Proposal:	PROVIDE AN ESTIMATE TO RESTORE FY 2005-06 NURSING HOME REIMBURSEMENT RATE CUTS
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	\$25,853,709
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.50 INSTRUCTED QUESTIONS	YES/ NO	(A) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	FS 409.908(20) MUST BE AMENDED TO PROVIDE THE AGENCY WITH THE AUTHORITY TO APPLY THIS CHANGE DURING THE RATE SETTING PROCESS.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A RULE CHANGE IS REQUIRED FOR THIS ISSUE. IF AUTHORITY IS GRANTED IN THE GAA THE POLICY CAN BE RETRO ACTIVE TO JULY 1, 2006. IF AUTHORITY IS NOT PROVIDED IN THE GAA, THERE WILL BE A THREE MONTH DELAY IN IMPLEMENTATION DUE TO RULE REQUIREMENTS.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Lead Analyst:	
Secondary Analyst:	
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$25,853,709
General Revenue:	\$10,662,070
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$15,191,639
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #22

Proposal Name:	MEDICAID REFORM SAVINGS
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE SAVINGS FROM MEDICAID REFORM AS LISTED IN THE GOVERNORS 2006-07 BUDGET RECOMMENDATIONS
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	(\$26,450,000)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.51 INSTRUCTED QUESTIONS	YES/ NO	(A) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	AN 1115 WAS SUBMITTED AND APPROVED BY CMS IN 2005. IMPLEMENTATION OF THE WAIVER IS SCHEDULED FOR JULY 1, 2006.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		CALCULATED SAVINGS ARE DERIVED FROM THE UTILIZATION OF MANAGED CARE. THIS IS AN ANALYSIS INTENDED TO BE REFLECTED AS A REDUCTION IN THE MANAGED CARE RATES.

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Lead Analyst:	FRED ROBERSON
Secondary Analyst:	
Comment:	CALCULATIONS BASED ON SSEC HELD 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$26,450,000)
General Revenue:	(\$10,907,980)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$15,542,020)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

ISSUE TO REDUCE FEE FOR SERVICE
FY0607

SERVICE	TOTAL	MCTF	GR	
PHYSICIAN SERVICES	\$3,868,081	\$2,272,884	\$1,595,197	0.146241
HOSPITAL INPATIENT SERVICES	\$11,993,376	\$7,047,308	\$4,946,068	0.453436
PRESCRIBED MEDICINE	\$7,621,804	\$4,478,572	\$3,143,232	0.288159
HOSPITAL OUTPATIENT SERVICES	\$2,699,824	\$1,586,417	\$1,113,407	0.102073
OTHER LAB AND X-RAY	\$266,915	\$156,839	\$110,076	0.010091
SUBTOTAL	\$26,450,000	\$15,542,020	\$10,907,980	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #23

Proposal Name:	ADDING PACE TO NURSING HOME DIVERSION
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE SAVINGS OF TAKING 1620 MEMBER MONTHS FROM NURSING HOME SERVICES AND ADDING THEM TO CAPITATED NURSING HOME DIVERSION THROUGH THE PACE PROGRAM IN FORT MYERS, MARTIN AND ST. LUCIE COUNTIES
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	1/1/2007
Total (Savings)/Cost Expected:	(\$22,961)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.52 INSTRUCTED QUESTIONS	YES/ NO	(A) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	THE STATE PLAN WILL HAVE BE AMENDED WITH CMS APPROVAL TO EXPAND THE PACE PROGRAM FOR THESE ADDITIONAL SLOTS. IT IS ANTICIPATED THAT JANUARY 1, 2007 WOULD BE THE EARLIEST IMPLEMENTATION COULD OCCUR.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	?	A WAIVER MAY BE REQUIRED TO EXPAND THIS PROGRAM IF THE SPA IS NOT APPROVED.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>LEE AND MARTIN COUNTIES SUBMITTED APPLICATIONS IN NOVEMBER 2004 TO BECOME PACE PROVIDERS. THE APPLICATION PROCESS IS LENGTHY AND REQUIRES APPROVAL BY FIRST THE MEDICAID AGENCY AND THEN THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), INCLUDING A COMPREHENSIVE ONSITE READINESS REVIEW. THE GOVERNOR VETOED THE PORTIONS OF FUNDS IN SPECIFIC APPROPRIATION 215 THAT FUNDED THE EXPANSION OF PACE INTO LEE AND MARTIN COUNTIES. LEE COUNTY'S APPLICATION HAS BEEN SUBMITTED TO CMS FOR APPROVAL WITH IMPLEMENTATION CONTINGENT UPON LEGISLATIVE FUNDING. THE APPLICATION FOR MARTIN COUNTY HAS BEEN POSTPONED BY THE APPLICANT UNTIL FURTHER NOTICE.</p>
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Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Medicaid Services
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$22,961)
General Revenue:	(\$9,469)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$13,492)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

Medicaid Impact Conference Issues

March 06, 2006

Projected Savings/Cost for MM transition to PACE

AHCA			
NH Avg. PMPM		\$4,478.14	Updated 0607 SSEC
Add non nursing home items		\$359.65	
Avg PACE PMPM	\$2,367		Updated 0607 SSEC
Diversion Effectiveness Adjustment	2		
Cost of diversion @ 2 for 1		\$4,734	
Net NH PMPM Savings		\$104	
Annualized NH pmpm savings		\$1,249.56	
No. of NEW transition MM to PACE	1,620		
No. of True Transitions to NEW PACE	810	\$ 1,012,144	Annual Savings

This is an expansion of a program that is not currently operating in the areas of interest, therefore, implementation will be delayed for 6 months due to program and implementation issues.

	Transitioned MM	True Transitioned MM	Months in Transition	SavingsPer MM	Total Annual Savings
Jul-06	-	-	12	\$104	\$0
Aug-06	-	-	11	\$104	\$0
Sep-06	-	-	10	\$104	\$0
Oct-06	-	-	9	\$104	\$0
Nov-06	-	-	8	\$104	\$0
Dec-06	-	-	7	\$104	\$0
Jan-07	21	11	6	\$104	\$6,560
Feb-07	21	11	5	\$104	\$5,467
Mar-07	21	11	4	\$104	\$4,373
Apr-07	21	11	3	\$104	\$3,280
May-07	21	11	2	\$104	\$2,187
Jun-07	21	11	1	\$104	\$1,093
	126			Total Savings	<u>(\$22,961)</u>

Medicaid Impact Conference Issues

March 06, 2006

TOTAL COST	1	(\$22,960.67)
TOTAL GENERAL REVENUE	0.4124	(\$9,468.98)
TOTAL MEDICAL CARE TRUST FUND	0.5876	(\$13,491.69)
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0	\$0.00

	SlotsPerMonth	Months in Diversion	Cost Per Slot	Total Annual Savings
Jul-06	-	12	\$2,367	\$0
Aug-06	-	11	\$2,367	\$0
Sep-06	-	10	\$2,367	\$0
Oct-06	-	9	\$2,367	\$0
Nov-06	-	8	\$2,367	\$0
Dec-06	-	7	\$2,367	\$0
Jan-07	21	6	\$2,367	\$298,221
Feb-07	21	5	\$2,367	\$248,517
Mar-07	21	4	\$2,367	\$198,814
Apr-07	21	3	\$2,367	\$149,110
May-07	21	2	\$2,367	\$99,407
Jun-07	21	1	\$2,367	\$49,703
	126		Total Cost	<u>\$1,043,772</u>

TOTAL COST	1	\$1,043,772.03
TOTAL GENERAL REVENUE	0.408748606	\$426,640.36
TOTAL MEDICAL CARE TRUST FUND	0.589062816	\$614,847.29
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0.002188578	\$2,284.38

Medicaid Impact Conference Issues

March 06, 2006

Reduction to NH Line item

Total	\$	1,066,733
GR	\$	436,109
MCTF	\$	628,339
G&D	\$	2,284

Increase to NH Diversion Program

Total	\$	1,043,772
GR	\$	426,640
MCTF	\$	614,847
G&D	\$	2,284

Net Savings

Total	\$	(22,961)
GR	\$	(9,469)
MCTF	\$	(13,492)
G&D	\$	-

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #24

Proposal Name:	PACE EXPANSION
Brief Description of Proposal:	PROVIDE AN ESTIMATE TO EXPAND THE PROGRAM INTO LEE COUNTY BY 300 SLOTS
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	1/1/2007
Total (Savings)/Cost Expected:	(\$68,986)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.53 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	THE STATE PLAN WILL HAVE TO BE AMENDED WITH CMS APPROVAL TO EXPAND THE PACE PROGRAM FOR THESE ADDITIONAL SLOTS. IT IS ANTICIPATED THAT JANUARY 1, 2007 WOULD BE THE EARLIEST IMPLEMENTATION COULD OCCUR.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	?	A WAIVER MAY BE REQUIRED TO EXPAND THIS PROGRAM IF THE SPA IS NOT APPROVED.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>LEE COUNTY SUBMITTED AN APPLICATION IN NOVEMBER 2004 TO BECOME A PACE PROVIDER. THE APPLICATION PROCESS IS LENGTHY AND REQUIRES APPROVAL BY FIRST THE MEDICAID AGENCY AND THEN THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), INCLUDING A COMPREHENSIVE ONSITE READINESS REVIEW. THE GOVERNOR VETOED THE PORTIONS OF FUNDS IN SPECIFIC APPROPRIATION 215 THAT FUNDED THE EXPANSION OF PACE INTO LEE COUNTY.</p> <p>CURRENTLY THE APPLICATION HAS BEEN SUBMITTED TO CMS FOR APPROVAL WITH IMPLEMENTATION CONTINGENT UPON LEGISLATIVE FUNDING.</p>
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Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Medicaid Services
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$68,986)
General Revenue:	(\$28,450)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$40,536)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

Medicaid Impact Conference Issues

March 06, 2006

Projected cost for 300 slots for the PACE program

AHCA			
NH Avg. PMPM		\$4,478.14	Updated 0607 SSEC
Add non nursing home items		\$359.65	
Avg PACE PMPM	\$2,367		Updated 0607 SSEC
Diversion Effectiveness Adjustment	2		
Cost of diversion @ 2 for 1		\$4,734	
Net NH PMPM Savings		\$104	
Annualized NH pmpm savings		\$1,249.56	
No. of Slots to Lee Cnty PACE	300		
No. of diversions to Lee Cnty PACE	150	\$ 187,434	Annual Savings

This is an expansion of a program that is not currently operating in the areas of interest, therefore, implementation will be delayed for 6 months due to program and implementation issues.

Medicaid Impact Conference Issues

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	Transitioned MM	True Transitioned MM	Months in Transition	SavingsPer MM	Total Annual Savings
Jul-06	-	-	12	\$104	\$0
Aug-06	-	-	11	\$104	\$0
Sep-06	-	-	10	\$104	\$0
Oct-06	-	-	9	\$104	\$0
Nov-06	-	-	8	\$104	\$0
Dec-06	-	-	7	\$104	\$0
Jan-07	100	50	6	\$104	\$31,239
Feb-07	75	38	5	\$104	\$19,524
Mar-07	50	25	4	\$104	\$10,413
Apr-07	25	13	3	\$104	\$3,905
May-07	25	13	2	\$104	\$2,603
Jun-07	25	13	1	\$104	\$1,302
	300			Total Savings	<u>(\$68,986)</u>

TOTAL COST	1	(\$68,986.13)
TOTAL GENERAL REVENUE	0.4124	(\$28,449.88)
TOTAL MEDICAL CARE TRUST FUND	0.5876	(\$40,536.25)
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0	\$0.00
		\$0.00

Medicaid Impact Conference Issues

March 06, 2006

	SlotsPerMonth	Months in Diversion	Cost Per Slot	Total Annual Savings
Jul-06	-	12	\$2,367	\$0
Aug-06	-	11	\$2,367	\$0
Sep-06	-	10	\$2,367	\$0
Oct-06	-	9	\$2,367	\$0
Nov-06	-	8	\$2,367	\$0
Dec-06	-	7	\$2,367	\$0
Jan-07	100	6	\$2,367	\$1,420,098
Feb-07	75	5	\$2,367	\$887,561
Mar-07	50	4	\$2,367	\$473,366
Apr-07	25	3	\$2,367	\$177,512
May-07	25	2	\$2,367	\$118,342
Jun-07	25	1	\$2,367	\$59,171
	300		Total Cost	<u>\$3,136,050</u>

TOTAL COST	1	\$3,136,049.75
TOTAL GENERAL REVENUE	0.408748606	\$1,281,855.96
TOTAL MEDICAL CARE TRUST FUND	0.589062816	\$1,847,330.30
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0.002188578	\$6,863.49

Medicaid Impact Conference Issues

March 06, 2006

Reduction to NH Line item

Total	\$	3,205,036
GR	\$	1,310,306
MCTF	\$	1,887,867
G&D	\$	6,863

Increase to NH Diversion Program

Total	\$	3,136,050
GR	\$	1,281,856
MCTF	\$	1,847,330
G&D	\$	6,863

Net Savings

Total	\$	(68,986)
GR	\$	(28,450)
MCTF	\$	(40,536)
G&D	\$	-

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #25

Proposal Name:	CHAINS INGREDIENT COST
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF SAVINGS AS A RESULT OF REIMBURSING CHAIN PHARMACIES AWP -17% OR THE WAC EQUIVALENT. CHAINS FOR THIS EXERCISE WILL BE CORPORATIONS WITH 5 OR MORE STORES IN FLORIDA
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	(\$12,133,270)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.54 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	409.912(39)(A)2; CURRENTLY READS "REIMBURSEMENT TO PHARMACIES FOR MEDICAID PRESCRIBED DRUGS SHALL BE SET AT THE LESSER OF: THE AVERAGE WHOLESALE PRICE (AWP) MINUS 15.4 PERCENT, THE WHOLESALER ACQUISITION COST (WAC) PLUS 5.75 PERCENT, THE FEDERAL UPPER LIMIT (FUL), THE STATE MAXIMUM ALLOWABLE COST (SMAC), OR THE USUAL AND CUSTOMARY (UAC) CHARGE BILLED BY THE PROVIDER."
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SPA ATTACHMENT 4.19-B, PAGES 4 AND 4A; SPA HAS TO BE SUBMITTED TO CMS WITHIN THE QUARTER IN WHICH IT IS TO BECOME EFFECTIVE. EFFECTIVE DATE CAN BE RETROACTIVE TO THE START OF THE QUARTER.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	THIS WILL APPLY ONLY TO CERTAIN MEDICAID PHARMACIES...NOT ALL...WHICH MAY REQUIRE AN EXCEPTION TO CURRENT MEDICAID PHARMACY PROVIDER GUIDELINES AND RULES.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

Medicaid Impact Conference Issues

March 06, 2006

Language Provided In the Governors Recommendations	
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	PHARMACIES CONTINUE TO BE TARGETED FOR COST CONTAINMENT, EVEN THOUGH THEIR PROFIT MARGIN IS MINIMAL. THIS REPRESENTS A POTENTIAL DISINCENTIVE FOR PHARMACIES TO PARTICIPATE IN THE MEDICAID PROGRAM.

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Pharmacy Services
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$12,133,270)
General Revenue:	(\$5,003,761)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$7,129,510)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

The total pharmacy services spend for SFY2006/2007 is projected at \$1,341,703,168 per the Feb 24, 2006 SSEC (Agency projection). Approximately 20% of pharmacy expenditures are due to utilization of generic drugs, there are no savings anticipated for generic drugs. Approximately 75% of the remaining 80% (which is costs incurred due to branded drug utilization) are associated with chain pharmacies. The calculated savings are derived from the -1.6% reduction in price applied to the identified cost of \$758,329,381 which equals \$(12,133,270). There is no rebate impact assumed since the policy is a price level change only and utilization is assumed to remain as projected. Costs for dispensing fees are excluded from the analysis, as the dispensing fee would not be affected by the policy change.

Additional note, another state has tried this policy change in the past and lost in federal court and was unable to enforce the policy.

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #26

Proposal Name:	INGREDIENT COST
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF SAVINGS AS A RESULT OF PAYING PHARMACIES AMP PLUS AN \$8.00 DISPENSING FEE
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	\$0
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.55 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	409.912(39)(a)2; currently reads "Reimbursement to pharmacies for Medicaid prescribed drugs shall be set at the lesser of: the average wholesale price (AWP) minus 15.4 percent, the wholesaler acquisition cost (WAC) plus 5.75 percent, the federal upper limit (FUL), the state maximum allowable cost (SMAC), or the usual and customary (UAC) charge billed by the provider." ALSO: Implement statutory mandate requiring drug manufacturers to report AMP.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SPA Attachment 4.19-B, pages 4 and 4a; SPA has to be submitted to CMS within the quarter in which it is to become effective. Effective date can be retroactive to the start of the quarter.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	May require changes to current Medicaid pharmacy provider guidelines and rules.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	

Medicaid Impact Conference Issues

March 06, 2006

<p>Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?</p>	NO	
<p>Language Provided In the Governors Recommendations</p>		
<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>AMP IS CURRENTLY PROTECTED INFORMATION AND NOT DISCLOSED TO FLORIDA. OTHER STATES HAVE RECENTLY IMPLEMENTED LAWS REQUIRING DISCLOSURE OF AMP. IN ADDITION, PHARMACIES CONTINUE TO BE TARGETED FOR COST CONTAINMENT, EVEN THOUGH THEIR PROFIT MARGIN IS MINIMAL. THIS REPRESENTS A POTENTIAL DISINCENTIVE FOR PHARMACIES TO PARTICIPATE IN THE MEDICAID PROGRAM.</p>	

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	Pharmacy Services
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #27

Proposal Name:	MCO ACTUAL HOSPITAL EXPERIENCE
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE SAVINGS AS A RESULT OF CREATING A RETROSPECTIVE RATE ADJUSTMENT TO MANAGED CARE ORGANIZATIONS BASED ON THEIR ACTUAL MEDICAID INPATIENT HOSPITAL DAYS
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2007
Total (Savings) Expected:	\$68,000
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.56 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	CHANGES TO 409.9124, F.S., REGARDING MANAGED CARE REIMBURSEMENT.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	WOULD REQUIRE A CHANGE TO THE HMO RATE SETTING RULE.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	YES	WOULD REQUIRE AN ADDITIONAL FTE TO IMPLEMENT THE PROGRAM, MEASURE THE RESULTS, AND COLLECT ANY AMOUNTS DUE. ESTIMATED ADMINISTRATIVE COST OF \$68,000/YEAR INCLUDING BENEFITS.
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Due to Medicaid Reform rates phasing into risk adjusted rates based upon encounter data, the Agency assumes this proposal would not apply to reform rates.

Clarification is required as to whether or not it would also apply to prepaid mental health plans, Florida Senior Care rates, and other capitated plans.

The Agency does not project any savings related to this issue for SFY 06-07 due to the following:

1. Although a reconciliation methodology may be feasible and actuarially sound with proper preparation, such a program would take at least one year to implement. At least six months would be required to create the utilization benchmark for hospital utilization, and another six months required to establish reporting mechanisms and evaluate the results. Allowing time for disputes and resolutions to amounts identified for recoupment would delay receipt of any funds until at least July 1, 2007. Furthermore, to allow for plans to manage their operations accordingly, this policy may be considered to apply only to services beginning on or after July 1, 2006, meaning the first evaluation would not occur until the end of SFY 06-07, and no funds collected until July 1, 2007 or later.
2. If such refunds are accounted for as refunds from the 80% medical loss ratio requirement, such refunds would be deposited into General Revenue Unallocated, and have no impact on Medicaid expenditures.
3. Evaluation of the entire capitation payment may be more sound than an evaluation of one service component only. As managed care plans are paid a discounted bundled rate to manage the entire care of its enrollees, the Agency has no data regarding plans' utilization and payment levels for physicians, clinics, pharmacies, etc. It would not be unexpected for a plan to pay more than the Medicaid rate for its physician services, and the plan may use money saved from lowering hospital utilization to pay for such increases. Evaluating such data for all services would be required to accommodate an expected level of utilization and payments for hospital services.
4. The discount factor applied to managed care rates would have to be evaluated for its application to hospital services, as well as in consideration of other services as described in (3) above.
5. An administrative component would have to be quantified and applied to managed care rates as well, allowing a reasonable administrative amount even for hospital services. The amount applied to hospital services would also have to consider other services as described in (3) above.

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Lead Analyst:	Robert Butler
Secondary Analyst:	
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$68,000 (in SFY 0607 for implementation)
General Revenue:	\$34,000
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$34,000
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #28 & 28a

Proposal Name:	INCREASE MANAGED CARE ENROLLMENT
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE SAVINGS THAT WILL RESULT IF 409.9122(2) IS AMENDED TO INCREASE THE CURRENT MANAGED CARE ASSIGNMENT TO 70% IN NON-MEDICAID REFORM AREAS FOR ALL MANAGED CARE PLANS (PREPAID AND OTHER). PROVIDE THE ESTIMATE BY PERCENTAGE POINT UNTIL 70% IS REACHED.
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	(\$3,841,746)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.57 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>THIS CALCULATION ASSUMES THE MAXIMUM BEING PLACED IN MANAGED CARE WITHOUT REGARD TO THE CAP. THE MAXIMUM THAT CAN BE ACHIEVED IN FY0607 IS 65%.</p>
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Program Analysis:

Lead Analyst:	
Secondary Analyst:	
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$3,841,746)
General Revenue:	(\$1,583,952)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$2,257,794)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Papers:

Medicaid Impact Conference Issues

March 06, 2006

Issue: #28

FY0607

MAX HMO

SERVICE	TOTAL
PHYSICIAN SERVICES	(\$7,584,594)
HOSPITAL INPATIENT SERVICES	(\$23,516,799)
PRESCRIBED MEDICINE	(\$14,944,952)
HOSPITAL OUTPATIENT SERVICES	(\$5,293,857)
OTHER LAB AND X-RAY	(\$523,371)
SUBTOTAL	(\$51,863,573)
PREPAID PLANS	\$48,021,827
REDUCTION	(\$3,841,746)
GR	(\$1,583,952)
MCTF	(\$2,257,794)

Medicaid Impact Conference Issues

March 06, 2006

Issue: #28.a

	Current HMO	Medipass	PSN	percent	Max HMO	Medipass	PSN	percent
Jul-05	775,527	748,367	140,364	60.10%	775,527	748,367	140,364	60.10%
Aug-05	778,041	746,534	142,786	60.40%	778,041	746,534	142,786	60.40%
Sep-05	776,913	740,692	142,515	60.58%	776,913	740,692	142,515	60.58%
Oct-05	776,495	735,801	144,810	60.92%	776,495	735,801	144,810	60.92%
Nov-05	773,284	731,345	148,501	61.26%	773,284	731,345	148,501	61.26%
Dec-05	785,194	740,864	156,445	61.70%	785,194	740,864	156,445	61.70%
Jan-06	766,376	736,046	156,049	61.40%	778,947	723,510	156,049	62.23%
Feb-06	771,275	740,267	156,049	61.35%	783,609	728,024	156,049	62.16%
Mar-06	772,364	741,280	156,049	61.34%	788,225	725,563	156,049	62.38%
Apr-06	773,519	742,348	156,049	61.32%	792,841	723,226	156,049	62.59%
May-06	775,622	744,211	156,049	61.30%	797,457	722,632	156,049	62.73%
Jun-06	777,722	746,071	156,049	61.28%	802,072	722,032	156,049	62.86%
Jul-06	780,098	748,161	156,049	61.26%	806,687	721,938	156,049	62.98%
Aug-06	783,274	750,914	156,049	61.23%	811,303	723,306	156,049	63.04%
Sep-06	786,064	753,352	156,049	61.20%	815,918	723,974	156,049	63.12%
Oct-06	788,408	755,412	156,049	61.18%	820,533	723,819	156,049	63.24%
Nov-06	790,854	757,561	156,049	61.15%	825,148	723,853	156,049	63.34%
Dec-06	792,919	759,390	156,049	61.13%	829,764	723,186	156,049	63.48%
Jan-07	794,537	760,848	156,049	61.12%	834,380	721,703	156,049	63.65%
Feb-07	795,396	761,673	156,049	61.10%	838,994	718,827	156,049	63.87%
Mar-07	796,527	762,720	156,049	61.09%	843,611	716,443	156,049	64.08%
Apr-07	797,717	763,819	156,049	61.08%	848,226	714,173	156,049	64.28%
May-07	799,818	765,675	156,049	61.06%	852,842	713,568	156,049	64.41%
Jun-07	801,911	767,529	156,049	61.04%	857,456	712,957	156,049	64.54%

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #29

Proposal Name:	INCREASE MANAGED CARE ENROLLMENT
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE SAVINGS THAT WILL RESULT IF 409.9122(2) IS AMENDED TO INCREASE THE CURRENT MANAGED CARE ASSIGNMENT TO 70% IN NON-MEDICAID REFORM AREAS FOR PREPAID MANAGED CARE PLANS ONLY. PROVIDE THE ESTIMATE BY PERCENTAGE POINT UNTIL 70% IS REACHED.
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total (Savings)/Cost Expected:	(\$3,841,746)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.58 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>THIS CALCULATION ASSUMES THE MAXIMUM BEING PLACED IN MANAGED CARE WITHOUT REGARD TO THE CAP. THE MAXIMUM THAT CAN BE ACHIEVED IN FY0607 IS 65%.</p>
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Program Analysis:

Lead Analyst:	
Secondary Analyst:	
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	(\$3,841,746)
General Revenue:	(\$1,583,952)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$2,257,794)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$0)
Public Medical Assistance Trust Fund:	
Other State Funds:	

See Work Papers for Issue # 28 and # 28a.

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue# 30A

Proposal Name:	KIDCARE ENROLLMENT
Brief Description of Proposal:	FPL 200%-225%
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total Cost Expected:	\$33,458,751
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.59 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	F.S. 409.814 AND 634.91 CURRENTLY STATE THAT INCOME MUST BE EQUAL TO OR BELOW 200% FPL. 409.814 (5) FURTHER STATES THAT FAMILIES WITH INCOME OVER 200%FPL ARE NOT ELIGIBLE FOR PREMIUM ASSISTANCE AND THIS POPULATION CAN NOT EXCEED 10% OF THE TOTAL HEALTHY KIDS ENROLLMENT.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SECTION 4.1.3 OF FLORIDA'S SCHIP STATE PLAN STATES THE INCOME LIMIT IS 200% FPL. A STATE PLAN AMENDMENT WOULD BE SUBMITTED TO CMS IMMEDIATELY AFTER THE STATUTE CHANGE.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	AN 1115(A) WAIVER WOULD BE REQUIRED TO RECEIVE TITLE XXI FEDERAL MATCH FOR CHILDREN WITH INCOME OVER 200% FPL. A WAIVER REQUEST COULD BE SUMMITTED TO CMS WITHIN 90 DAYS AFTER THE STATUTE CHANGE.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Lead Analyst:	Greg Bracko
Secondary Analyst:	
Comment:	Coordinated with Florida Healthy Kids
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$33,458,751
General Revenue:	\$9,659,542
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$23,799,210
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Paper:

Medicaid Impact Conference Issues

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FPL 200-225%	Avg. monthly caseload	% of total caseload	\$ PMPM	Annual \$ Cost		
Florida Healthy Kids	20,816	44%				
Medical			\$98.97	\$24,721,762		
Dental			\$11.59	\$2,895,071		
Administration			\$5.82	\$1,453,781		
Less: Family Contribution			\$20.00	(\$4,995,809)	Federal	State
Net Cost				\$24,074,805	\$17,124,409	\$6,950,396
Medikids	1,892	44%				
Medical			\$106.41	\$2,416,382		
Less: Family Contribution			\$20.00	(\$454,164)	Federal	State
Net Cost				\$1,962,218	\$1,395,725	\$566,492
CMS	710	44%				
Medical			\$564.88	\$4,810,283		
Less: Family Contribution			\$20.00	(\$170,312)	Federal	State
Net Cost				\$4,639,971	\$3,300,412	\$1,339,560
BH	237	44%				
Medical			\$1,000.00	\$2,838,528		
Less: Family Contribution			\$20.00	(\$56,771)	Federal	State
Net Cost				\$2,781,757	\$1,978,664	\$803,093
Total	23,654	44%				
Medical				\$34,786,955		
Dental				\$2,895,071		
Administration				\$1,453,781		
Less: Family Contribution				(\$5,677,056)	Federal	State
Net Cost				\$33,458,751	\$23,799,210	\$9,659,542

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue # 30B

Proposal Name:	KIDCARE ENROLLMENT
Brief Description of Proposal:	FPL 225%-250%
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total Cost Expected:	\$20,531,507
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.60 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	F.S. 409.814 AND 634.91 CURRENTLY STATE THAT INCOME MUST BE EQUAL TO OR BELOW 200% FPL. 409.814 (5) FURTHER STATES THAT FAMILIES WITH INCOME OVER 200%FPL ARE NOT ELIGIBLE FOR PREMIUM ASSISTANCE AND THIS POPULATION CAN NOT EXCEED 10% OF THE TOTAL HEALTHY KIDS ENROLLMENT.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SECTION 4.1.3 OF FLORIDA'S SCHIP STATE PLAN STATES THE INCOME LIMIT IS 200% FPL. A STATE PLAN AMENDMENT WOULD BE SUBMITTED TO CMS IMMEDIATELY AFTER THE STATUTE CHANGE.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	Yes	AN 1115(A) WAIVER WOULD BE REQUIRED TO RECEIVE TITLE XXI FEDERAL MATCH FOR CHILDREN WITH INCOME OVER 200% FPL. A WAIVER REQUEST COULD BE SUBMITTED TO CMS WITHIN 90 DAYS AFTER THE STATUTE CHANGE.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Lead Analyst:	Greg Bracko
Secondary Analyst:	
Comment:	Coordinated with Florida Healthy Kids
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$20,531,507
General Revenue:	\$5,927,446
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$14,604,061
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Paper:

Medicaid Impact Conference Issues

March 06, 2006

FPL 225-250%	Avg. monthly caseload	% of total caseload	\$ PMPM	Annual \$ Cost		
Florida Healthy Kids	12,773	27%				
Medical			\$98.97	\$15,170,172		
Dental			\$11.59	\$1,776,521		
Administration			\$5.82	\$892,093		
Less: Family Contribution			\$20.00	(\$3,065,610)	Federal	State
Net Cost				\$14,773,176	\$10,508,160	\$4,265,016
Medikids	1,161	27%				
Medical			\$106.41	\$1,482,780		
Less: Family Contribution			\$20.00	(\$278,692)	Federal	State
Net Cost				\$1,204,088	\$856,468	\$347,620
CMS	435	27%				
Medical			\$564.88	\$2,951,765		
Less: Family Contribution			\$20.00	(\$104,509)	Federal	State
Net Cost				\$2,847,255	\$2,025,253	\$822,003
BH	145					
Medical		27%	\$1,000.00	\$1,741,824		
Less: Family Contribution			\$20.00	(\$34,836)	Federal	State
Net Cost				\$1,706,988	\$1,214,180	\$492,807
Total	14,515	27%				
Medical				\$21,346,541		
Dental				\$1,776,521		
Administration				\$892,093		
Less: Family Contribution				(\$3,483,648)	Federal	State
Net Cost				\$20,531,507	\$14,604,061	\$5,927,446

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #30C

Proposal Name:	KIDCARE ENROLLMENT
Brief Description of Proposal:	FPL 250%-275%
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total Cost Expected:	\$12,927,245
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.61 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	F.S. 409.814 AND 634.91 CURRENTLY STATE THAT INCOME MUST BE EQUAL TO OR BELOW 200% FPL. 409.814 (5) FURTHER STATES THAT FAMILIES WITH INCOME OVER 200%FPL ARE NOT ELIGIBLE FOR PREMIUM ASSISTANCE AND THIS POPULATION CAN NOT EXCEED 10% OF THE TOTAL HEALTHY KIDS ENROLLMENT.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SECTION 4.1.3 OF FLORIDA'S SCHIP STATE PLAN STATES THE INCOME LIMIT IS 200% FPL. A STATE PLAN AMENDMENT WOULD BE SUBMITTED TO CMS IMMEDIATELY AFTER THE STATUTE CHANGE.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	AN 1115(A) WAIVER WOULD BE REQUIRED TO RECEIVE TITLE XXI FEDERAL MATCH FOR CHILDREN WITH INCOME OVER 200% FPL. A WAIVER REQUEST COULD BE SUBMITTED TO CMS WITHIN 90 DAYS AFTER THE STATUTE CHANGE.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Lead Analyst:	Greg Bracko
Secondary Analyst:	
Comment:	Coordinated with Florida Healthy Kids
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$12,927,245
General Revenue:	\$3,732,096
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$9,195,149
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Paper:

Medicaid Impact Conference Issues

March 06, 2006

FPL 250-275%	Avg. monthly caseload	% of total caseload	\$ PMPM	Annual \$ Cost		
Florida Healthy Kids	8,042	17%				
Medical			\$98.97	\$9,551,590		
Dental			\$11.59	\$1,118,550		
Administration			\$5.82	\$561,688		
Less: Family Contribution			\$20.00	(\$1,930,199)	Federal	State
Net Cost				\$9,301,629	\$6,616,249	\$2,685,380
Medikids	731	17%				
Medical			\$106.41	\$933,602		
Less: Family Contribution			\$20.00	(\$175,473)	Federal	State
Net Cost				\$758,130	\$539,258	\$218,872
CMS	274	17%				
Medical			\$564.88	\$1,858,518		
Less: Family Contribution			\$20.00	(\$65,802)	Federal	State
Net Cost				\$1,792,716	\$1,275,159	\$517,557
BH	91	17%				
Medical			\$1,000.00	\$1,096,704		
Less: Family Contribution			\$20.00	(\$21,934)	Federal	State
Net Cost				\$1,074,770	\$764,484	\$310,286
Total	9,139	17%				
Medical				\$13,440,415		
Dental				\$1,118,550		
Administration				\$561,688		
Less: Family Contribution				(\$2,193,408)	Federal	State
Net Cost				\$12,927,245	\$9,195,149	\$3,732,096

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #30D

Proposal Name:	KIDCARE ENROLLMENT
Brief Description of Proposal:	FPL 275%-300%
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total Cost Expected:	\$9,125,114
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.62 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	F.S. 409.814 AND 634.91 CURRENTLY STATE THAT INCOME MUST BE EQUAL TO OR BELOW 200% FPL. 409.814 (5) FURTHER STATES THAT FAMILIES WITH INCOME OVER 200%FPL ARE NOT ELIGIBLE FOR PREMIUM ASSISTANCE AND THIS POPULATION CAN NOT EXCEED 10% OF THE TOTAL HEALTHY KIDS ENROLLMENT.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SECTION 4.1.3 OF FLORIDA'S SCHIP STATE PLAN STATES THE INCOME LIMIT IS 200% FPL. A STATE PLAN AMENDMENT WOULD BE SUBMITTED TO CMS IMMEDIATELY AFTER THE STATUTE CHANGE.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	AN 1115(A) WAIVER WOULD BE REQUIRED TO RECEIVE TITLE XXI FEDERAL MATCH FOR CHILDREN WITH INCOME OVER 200% FPL. A WAIVER REQUEST COULD BE SUMMITTED TO CMS WITHIN 90 DAYS AFTER THE STATUTE CHANGE.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Lead Analyst:	Greg Bracko
Secondary Analyst:	
Comment:	Coordinated with Florida Healthy Kids
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$9,125,114
General Revenue:	\$2,634,420
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$6,490,694
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Paper:

Medicaid Impact Conference Issues

March 06, 2006

FPL 275-300%	Avg. monthly caseload	% of total caseload	\$ PMPM	Annual \$ Cost		
Florida Healthy Kids	5,677	12%				
Medical			\$98.97	\$6,742,299		
Dental			\$11.59	\$789,565		
Administration			\$5.82	\$396,486		
Less: Family Contribution			\$20.00	(\$1,362,493)	Federal	State
Net Cost				\$6,565,856	\$4,670,293	\$1,895,563
Medikids	516	12%				
Medical			\$106.41	\$659,013		
Less: Family Contribution			\$20.00	(\$123,863)	Federal	State
Net Cost				\$535,150	\$380,652	\$154,498
CMS	194	12%				
Medical			\$564.88	\$1,311,895		
Less: Family Contribution			\$20.00	(\$46,449)	Federal	State
Net Cost				\$1,265,447	\$900,112	\$365,334
BH	65	12%				
Medical			\$1,000.00	\$774,144		
Less: Family Contribution			\$20.00	(\$15,483)	Federal	State
Net Cost				\$758,661	\$539,636	\$219,025
Total	6,451	12%				
Medical				\$9,487,351		
Dental				\$789,565		
Administration				\$396,486		
Less: Family Contribution				(\$1,548,288)	Federal	State
Net Cost				\$9,125,114	\$6,490,694	\$2,634,420

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue # 30E

Proposal Name:	KIDCARE ENROLLMENT
Brief Description of Proposal:	FPL 200%-300%
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	7/1/2006
Total Cost Expected:	\$76,042,617
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.63 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	F.S. 409.814 AND 634.91 CURRENTLY STATE THAT INCOME MUST BE EQUAL TO OR BELOW 200% FPL. 409.814 (5) FURTHER STATES THAT FAMILIES WITH INCOME OVER 200%FPL ARE NOT ELIGIBLE FOR PREMIUM ASSISTANCE AND THIS POPULATION CAN NOT EXCEED 10% OF THE TOTAL HEALTHY KIDS ENROLLMENT.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SECTION 4.1.3 OF FLORIDA'S SCHIP STATE PLAN STATES THE INCOME LIMIT IS 200% FPL. A STATE PLAN AMENDMENT WOULD BE SUBMITTED TO CMS IMMEDIATELY AFTER THE STATUTE CHANGE.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	AN 1115(A) WAIVER WOULD BE REQUIRED TO RECEIVE TITLE XXI FEDERAL MATCH FOR CHILDREN WITH INCOME OVER 200% FPL. A WAIVER REQUEST COULD BE SUMMITTED TO CMS WITHIN 90 DAYS AFTER THE STATUTE CHANGE.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Lead Analyst:	Greg Bracko
Secondary Analyst:	
Comment:	Coordinated with Florida Healthy Kids
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$76,042,617
General Revenue:	\$21,953,503
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$54,089,113
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work Paper:

Medicaid Impact Conference Issues

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Overall Total	Avg. monthly caseload	% of total caseload	\$ PMPM	Annual \$ Cost	
Florida Healthy Kids	47,309				
Medical			\$98.97	\$56,185,823	
Dental			\$11.59	\$6,579,708	
Administration			\$5.82	\$3,304,047	
Less: Family Contribution			\$20.00	(\$11,354,112)	Federal State
Net Cost				\$54,715,466	\$38,919,111 \$15,796,355
Medikids	4,301				
Medical			\$106.41	\$5,491,778	
Less: Family Contribution			\$20.00	(\$1,032,192)	Federal State
Net Cost				\$4,459,586	\$3,172,103 \$1,287,482
CMS	1,613				
Medical			\$564.88	\$10,932,462	
Less: Family Contribution			\$20.00	(\$387,072)	Federal State
Net Cost				\$10,545,390	\$7,500,936 \$3,044,454
BH	538				
Medical			\$1,000.00	\$6,451,200	
Less: Family Contribution			\$20.00	(\$129,024)	Federal State
Net Cost				\$6,322,176	\$4,496,964 \$1,825,212
Total	53,760				
Medical				\$79,061,262	
Dental				\$6,579,708	
Administration				\$3,304,047	
Less: Family Contribution				(\$12,902,400)	Federal State
Net Cost				\$76,042,617	\$54,089,113 \$21,953,503

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #31

Proposal Name:	PHYSICIAN FEE INCREASE FOR RURAL HEALTH NETWORKS
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE ADDITIONAL FUNDING REQUIRED TO INCREASE MEDICAID PHYSICIAN REIMBURSEMENT RATES BY 5% TO PHYSICIANS IN "PHYSICIAN SCARCITY AREAS" WHO ARE MEMBERS OF RURAL HEALTH NETWORKS AND WHO ARE PROVIDING CARE TO MEDICAID RECIPIENTS WHO ARE RESIDENTS OF RURAL AREAS. INCLUDE A CALCULATION MECHANISM TO ALLOW LEGISLATIVE STAFF TO DETERMINE THE FUNDING NEEDED BASED ON INCREMENTAL PERCENTAGE INCREASES.
Proposed State Fiscal Year: 00/00	2006/07
Proposed Start Date: 00/00/0000	1/1/2007
Total (Savings)/Cost Expected:	\$9,112,285
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.64 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A RULE TO CHANGE THE FEE STRUCTURE IS REQUIRED. SHORT TIME FRAME
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

Medicaid Impact Conference Issues

March 06, 2006

Language Provided In the Governors Recommendations	
<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>PSA'S ARE CURRENTLY NOT SPECIFICALLY IDENTIFIABLE IN OUR SYSTEM. THEREFORE, THE AGENCY USED THE COUNTY LISTING PROVIDED BY A REPRESENTATIVE OF THE SENATE APPROPRIATIONS COMMITTEE.</p> <p>THE AGENCY EXTRACTED UTILIZATION DATA FOR THE IDENTIFIED COUNTIES AND PROJECTED UTILIZATION FOR FY0607 WITH HISTORICAL GROWTH WITH AN ADDITIONAL WOODWORK EFFECT OF 5%. THE WOODWORK ASSUMES THAT AN INCREASE TO THE FEES BASED ON THIS PROPOSED POLICY CHANGE WILL ALSO RESULT IN AN INCREASE IN UTILIZATION FOR THE SERVICE. THEREFORE, THE ANALYSIS FOR THIS ISSUE INCLUDES AN INCREASE OF 5% TO THE FEE AND A CORRESPONDING 5% TO UTILIZATION.</p> <p>IN ADDITION, THE ANALYSIS INCLUDED THE EFFECT ON HMOS PRIOR TO FINALIZING THE ESTIMATED COST OF THE POLICY CHANGE.</p> <p>THIS POLICY CHANGE WOULD REQUIRE ADDITIONAL SYSTEM CHANGES TO ALLOW ENHANCED FEE PAYMENTS TO PSA'S ONLY. THEREFORE AN IMPLEMENTATION DATE OF JANUARY 1, 2007 IS EXPECTED.</p>

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

Lead Analyst:	
Secondary Analyst:	
Comment:	Calculations based on SSEC held 02/24/06
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$9,112,285
General Revenue:	\$3,772,441
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$5,297,378
Refugee Assistance Trust Fund:	\$42,466
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Work:

		6 Month Lag
Total	\$18,224,570	\$9,112,285
GR	\$7,544,884	\$3,772,441
MCTF	\$10,594,755	\$5,297,378
RATF	\$84,931	\$42,466

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #32A

Proposal Name:	CHILD DENTAL FEE INCREASE
Brief Description of Proposal:	FUNDS ARE PROVIDED TO INCREASE THE OVERALL EXPENDITURES FOR PEDIATRIC DENTAL SERVICES BY TWENTY PERCENT FOR SERVICES TO CHILDREN AGES 0-21 YEARS. IN IMPLEMENTING THIS POLICY, THE AGENCY FOR HEALTH CARE ADMINISTRATION SHALL UTILIZE REIMBURSEMENT STRATEGIES THAT PROMOTE AN INCREASE IN THE NUMBER OF CHILDREN RECEIVING PREVENTIVE DENTAL SERVICES.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total Cost Expected:	\$22,891,343
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.65 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

Medicaid Impact Conference Issues

March 06, 2006

Language Provided In the Governors Recommendations	
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	

Program Analysis:

MANAGERS	Glennnda R. Newman & Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on current fees
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$22,891,343
General Revenue:	\$9,426,655
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$13,464,688
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

	State	Federal	Total
EPSDT	\$7,250,983	\$10,357,038	\$17,608,021
Prepaid Health Plans	\$2,175,672	\$3,107,650	\$5,283,322
Total	\$9,426,655	\$13,464,688	\$22,891,343

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #32B

Proposal Name:	FEE INCREASE FOR PEDIATRICIANS
Brief Description of Proposal:	INCREASES PEDIATRIC SPECIALTY RATES BY TEN PERCENT FOR SERVICES TO CHILDREN AGES 0-21 YEARS.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total Cost Expected:	\$31,980,028
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.66 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 06, 2006

Program Analysis:

MANAGERS	Glennnda R. Newman & Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on current rates
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$31,980,028
General Revenue:	\$12,424,241
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$19,555,787
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

	State	Federal	Total
Physicians Services	\$9,556,726	\$15,042,311	\$24,599,038
Prepaid Health Plans	\$2,867,515	\$4,513,476	\$7,380,990
Total	\$12,424,241	\$19,555,787	\$31,980,029

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #32C

Proposal Name:	MEDICAID RATE INCREASE FOR PHYSICIANS
Brief Description of Proposal:	FUNDS ARE PROVIDED TO INCREASE EXPENDITURES FOR PRIMARY CARE PHYSICIAN OFFICE RATES BY TWENTY PERCENT. IN ESTABLISHING THE PHYSICIAN RATES, THE AGENCY FOR HEALTH CARE ADMINISTRATION SHALL UTILIZE REIMBURSEMENT STRATEGIES THAT PROMOTE PREVENTION SERVICES AND EARLY IDENTIFICATION OF CHRONIC ILLNESS OR DEVELOPMENTAL DISABILITY.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total Cost Expected:	\$57,967,585
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.67 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

Medicaid Impact Conference Issues

March 06, 2006

Language Provided In the Governors Recommendations	
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	

Program Analysis:

MANAGERS	Glennnda R. Newman & Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on current rates
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$57,967,586
General Revenue:	\$22,520,407
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$35,447,179
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

	State	Federal	Total
Physicians Services	\$17,322,697	\$27,265,970	\$44,588,667
Prepaid Health Plans	\$5,197,710	\$8,181,209	\$13,378,919
Total	\$22,520,407	\$35,447,179	\$57,967,585

Medicaid Impact Conference Issues

March 06, 2006

Proposal: Issue #32D

Proposal Name:	HOME HEALTH FEE INCREASE
Brief Description of Proposal:	FUNDS ARE PROVIDED TO INCREASE FEES FOR HOME HEALTH SERVICES.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total Cost Expected:	\$4,456,216
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.68 INSTRUCTED QUESTIONS	YES/NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Program Analysis:

Medicaid Impact Conference Issues

March 06, 2006

MANAGERS	Glennnda R. Newman & Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on current fees
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$4,456,216
General Revenue:	\$1,835,515
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$2,620,701
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

	State	Federal	Total
Home health services	\$1,411,878	\$2,015,843	\$3,427,721
Prepaid Health Plans	\$423,637	\$604,858	\$1,028,495
Total	\$1,835,515	\$2,620,701	\$4,456,216

Proposal: Issue #32E

Medicaid Impact Conference Issues

March 06, 2006

Proposal Name:	NON-EMERGENCY TRANSPORTATION RATE INCREASE
Brief Description of Proposal:	INCREASES FUNDING FOR NON-EMERGENCY TRANSPORTATION SERVICES BY TEN PERCENT.
Proposed State Fiscal Year:	2006/07
Proposed Start Date:	7/1/2006
Total Cost Expected:	\$7,733,786
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

Section 1.69 INSTRUCTED QUESTIONS	YES/ NO	(a) RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 06, 2006

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

MANAGERS	Glennnda R. Newman & Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on current fees
Date Completed:	3/3/06
Total (Savings) Cost of Proposal:	\$7,733,786
General Revenue:	\$3,186,320
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$4,547,466
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

	State	Federal	Total
Contracted Patient Transportation	\$2,896,684	\$4,134,101	\$7,030,785
Prepaid Health Plans	\$289,636	\$413,365	\$703,001
Total	\$3,186,320	\$4,547,466	\$7,733,786