



State of Florida

agency for persons with disabilities

Office of Legislative Affairs



2011 Session
Legislative Wrap-Up Report

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The following bills were passed by the Legislature and will be sent to the Governor for his action. All information is as of 6/28/2011
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SUBSTANTIVE BILLS

The following is an overview of the major substantive bills of interest to the Agency for Persons with Disabilities passed by the Florida Legislature during the 2011 Session
Click on the bill number to view bill language

**[HB 0579](#) – Public Records of Regional Autism Centers
2011 Laws of Florida
Approved by the Governor on June 24, 2011**

The bill amends statutory language by:

- Providing for an exemption from public records requirements for all records that relate to a client of a regional autism center who receives the services of a center or participates in center activities and the client's family;
- Providing for the release of specified, confidential and exempt information by a center under certain circumstances;
- Providing an exemption from public records requirements for personal identifying information of a donor or prospective donor to a regional autism center, if such donor or prospective donor wishes to remain anonymous;
- Providing for review and repeal of the exemptions;
- Providing for a statement of public necessity.

Effective Date: July 1, 2011

**[HB 0639](#) – Affordable Housing
2011 Laws of Florida
Approved by the Governor on June 21, 2011**

The bill amends statutory language by:

- Revising the definition of "state agency" to include the Florida Housing Finance Corporation;
- Revising the definition of "agency head" to include the board of directors of the corporation;
- Requiring the inspector general to prepare an annual report;
- Providing a housing finance authority with an additional purpose for which it may exercise its power to borrow;
- Revising provisions relating to the elements of local comprehensive plans to authorize the inclusion of an element for affordable housing for certain seniors;
- Providing for the disposition of real property by a local government for the development of affordable housing;
- Revising the allocation of certain proceeds distributed from the excise tax on documents that are paid into the State Treasury to the credit of the State Housing Trust Fund;

- Providing for retroactive repeal of chapter 2009-131, Laws of Florida, to eliminate a conflicting version of s. 201.15, F.S.;
- Amending s. 420.0003, F.S. to include the needs of persons with special needs in the state housing strategy's periodic review and report;
- Defining the terms "disabling condition" and "person with special needs";
- Deleting provisions requiring the inspector general of the Department of Community Affairs to perform functions for the corporation to conform to changes made by the act;
- Authorizing the Secretary of Community Affairs to designate a senior-level agency employee to serve on the board of directors of the Florida Housing Finance Corporation;
- Providing for the appointment of an inspector general of the Florida Housing Finance Corporation;
- Providing duties and responsibilities of the inspector general;
- Requiring certain rates of interest to be made available to sponsors of projects for persons with special needs;
- Providing additional powers of the corporation relating to receipt of federal funds;
- Revising powers of the corporation relating to criteria establishing a preference for eligible developers and general contractors;
- Limiting the reservation of funds within each notice of fund availability to the persons with special needs tenant group;
- Including persons with special needs as a tenant group for specified purposes of the State Apartment Incentive Loan Program;
- Revising and providing criteria to be used by a specified review committee for the competitive ranking of applications for such program;
- Prohibiting funds from the State Housing Trust Fund or the Local Government Housing Trust Fund that are appropriated for specified programs from being used for certain purposes;
- Providing for future repeal.

Effective Date: July 1, 2011

**HB 0843 – Teaching Agency for Home and Community-Based Care
2011 Laws of Florida
Approved by the Governor on June 17, 2011**

The bill amends statutory language by:

- Creating s. 430.81, F.S. authorizing the Department of Elderly Affairs to designate a home health agency as a teaching agency for home and community-based care;
- Establishing criteria for qualification;
- Authorizing a teaching agency to be affiliated with an academic research university in the state that meets certain criteria;
- Authorizing a teaching agency to be affiliated with an academic health center.

Effective Date: July 1, 2011

**SB 0926 – Limited Liability of Employers of Persons with Disabilities
2011 Laws of Florida
Approved by the Governor on June 27, 2011**

The bill amends statutory language by:

- Creating s. 768.0985, F.S. providing that an employer, under certain circumstances, is not liable for the acts or omissions of an employee who is a person with a developmental disability;
- Providing that a supported employment service provider that provides or has provided supported employment services to a person with a developmental disability is not liable for the actions or conduct of the person occurring within the scope of the person's employment;
- Defining the terms "developmental disability" and "supported employment service provider";
- Providing for the application of the act.

Effective Date: July 1, 2011

**HB 1255 – Education Accountability
2011 Laws of Florida
Approved by the Governor on June 17, 2011**

The bill amends statutory language by:

- Deleting a provision that requires the Florida Virtual School to be administratively housed within the Office of Technology and Information Services within the Office of the Commissioner of Education;
- Revising the powers and duties of district school boards relating to student access to Florida Virtual School courses;
- Creating s. 1001.421, 9 F.S. prohibiting district school board members and their relatives from soliciting or accepting certain gifts;
- Adding auditory-oral education programs to the list of public school choice options;
- Conforming provisions to changes made by the act;
- Requiring that a school's grade be based on statewide assessments for purposes of the Opportunity Scholarship Program;
- Providing requirements for determining the end of the term of a John M. McKay Scholarship;
- Creating s. 1002.391, F.S. providing for the establishment of auditory-oral education programs as a school of choice;
- Providing requirements for enrollment and attendance;
- Revising provisions relating to virtual instruction program provider qualifications;
- Providing an additional instructional service for children with disabilities in the Voluntary Prekindergarten Education Program;
- Requiring that the State Board of Education periodically review and revise the performance standards for the statewide kindergarten screening;

- Authorizing nonpublic schools to administer the statewide kindergarten screening to kindergarten students who were enrolled in the Voluntary Prekindergarten Education Program;
- Revising provisions relating to the minimum kindergarten readiness rate and criteria for good cause exemptions from meeting the requirement;
- Requiring prekindergarten enrollment screening and post-assessment under certain circumstances;
- Providing that a child may reenroll more than once in a prekindergarten program if granted a good cause exemption;
- Requiring the Department of Education to adopt procedures relating to prekindergarten enrollment screening, the standardized post-assessment, and reporting of the results of readiness measures;
- amending s. 1003.01, F.S. providing an additional special education service;
- Revising the general requirements for middle grades promotion;
- Providing that a student with a disability may have end-of-course assessment results waived under certain circumstances;
- Providing that a middle grades student may be exempt from reading remediation requirements under certain circumstances;
- Creating s. 1003.4203, F.S. authorizing each district school board to develop and implement a digital curriculum for students in grades 6 through 12;
- Requiring the Department of Education to develop a model digital curriculum;
- Authorizing partnerships with private businesses and consultants;
- Revising provisions relating to the general requirements for high school graduation;
- Providing that a high school student may be exempt from reading remediation requirements under certain circumstances;
- Revising provisions relating to the selection of accelerated high school graduation options;
- Revising provisions relating to the development, contents, and approval of the strategic plan to address workforce needs;
- Revising requirements for career and professional academies and enrollment of students;
- Creating s. 1003.4935, F.S. requiring each district school board to develop a plan to implement a career and professional academy in at least one middle school;
- Providing requirements for middle school career and professional academies and academy courses;
- Revising provisions relating to the use of restraint and seclusion on students with disabilities;
- Requiring that certain information be included in incident reports;
- Requiring that the Department of Education maintain certain data of incidents of manual or physical restraint and seclusion and establish standards for documenting, reporting, and monitoring the use of restraint and seclusion;
- Requiring that the department provide these standards to school districts by a specified date;
- Revising provisions relating to school district policies and procedures to include monitoring, training, selecting personnel to be trained, and planning for reducing the use of restraint and seclusion;

- Extending the date that such policies and procedures must be revised and filed with the bureau chief of the Bureau of Exceptional Education and Student Services within the Department of Education;
- Providing requirements for completion of an assistive technology assessment;
- Revising provisions relating to the student assessment program for public schools;
- Requiring that the Commissioner of Education direct school districts to participate in certain international assessment programs;
- Authorizing a school principal to exempt certain students from the end-of-course assessment in civics education;
- Revising provisions relating to administration and reporting of results of assessments;
- Revising provisions relating to evaluation of college readiness and providing for postsecondary preparatory instruction;
- Requiring the State Board of Education to adopt certain rules;
- Revising provisions relating to public school improvement;
- Requiring the Department of Education to categorize public schools based on a school's grade that relies on statewide assessments;
- Authorizing school districts to select acceptable pre-methods and post-methods for measuring student learning gains;
- Revising the basis for the designation of school grades;
- Including achievement scores and learning gains for students who are hospital or homebound;
- Revising provisions relating to the annual operating budgets of district school boards and Florida College System institution boards of trustees;
- Revising provisions relating to adopted district school board budgets;
- Creating s. 1011.035, F.S. requiring each school district to post budgetary information on its website;
- Revising provisions relating to the funding model for exceptional student education programs;
- Requiring the Department of Education to revise the descriptions of services and to implement the revisions;
- Revising provisions relating to the qualifications for non-degreed teachers of career education.

Effective Date: July 1, 2011

**HB 1329 - John M. McKay Scholarships for Students with Disabilities
Ch. 2011-127 Laws of Florida
Approved by the Governor on June 2, 2011**

The bill amends statutory language by:

- Amending s. 1002.39, F.S. making scholarships available to students with disabilities who have a 504 accommodation plan issued under section 504 of the federal Rehabilitation Act;
- Allowing a parent to request and receive a scholarship for a student to enroll in and attend a private school if the student has a 504 accommodation plan;
- Providing that students with certain temporary 504 accommodation plans are ineligible for a scholarship;
- Requiring that the school district notify a parent of available options within 10 days after a 504 accommodation plan is issued;
- Providing that a parent may choose to enroll the student in a public school in an adjacent district under certain conditions;
- Providing for scholarship amounts.

Effective Date: July 1, 2011

**SB 1366 – Administrative Monitoring of Service Providers
2011 Laws of Florida
Approved by the Governor on June 21, 2011**

The bill amends statutory language by:

- Defining the term “mental health and substance abuse service provider” as it relates to the monitoring of providers of child welfare services, mental health services, and substance abuse services;
- Requiring the Department of Children and Family Services, the Department of Health, the Agency for Persons with Disabilities, the Agency for Health Care Administration, community-based care lead agencies, managing entities, and agencies that have contracted with monitoring agents to adopt certain revised policies for the administrative monitoring of child welfare service providers, mental health service providers, and substance abuse service providers;
- Limiting the frequency of required administrative, licensure, and programmatic monitoring for mental health service providers and substance abuse service providers that are accredited by specified entities;
- Providing certain exception to the limitations on monitoring;
- Requiring that the corporate, fiscal, and administrative records of mental health and substance abuse service providers are included in a consolidated data warehouse and archive.

Effective Date: Upon becoming law

**SB 1992 – Background Screening
2011 Laws of Florida
Presented to the Governor on June 8, 2011
VETOED**

The bill amends statutory language by:

- ~~Providing that mental health personnel working in a facility licensed under ch. 395, F.S., who work on an intermittent basis for less than 15 hours per week of direct, face-to-face contact with patients are exempt from the fingerprinting and screening requirements;~~
- ~~Adding law enforcement officers who have a good moral character to the list of professionals who are not required to be re-fingerprinted or rescreened;~~
- ~~Amending s. 430.0402, F.S. including volunteers within the definition of the term “direct service provider” for purposes of required background screening;~~
- ~~Exempting a volunteer who meets certain criteria and a client’s relative or spouse from the screening requirement;~~
- ~~Excepting certain licensed professionals and persons screened as a licensure requirement from further screening under certain circumstances;~~
- ~~Requiring direct service providers working as of a certain date to be screened within a specified period;~~
- ~~Providing a phase-in for screening direct service providers;~~
- ~~Requiring that employers of direct service providers and certain other individuals be rescreened every 5 years unless fingerprints are retained electronically by the Department of Law Enforcement; removing an offense from the list of disqualifying offenses for purposes of background screening;~~
- ~~Requiring vendors who submit fingerprints on behalf of employers to meet specified criteria;~~
- ~~Requiring that fingerprints be retained for any person screened by a certain date;~~
- ~~Amending s. 435.06, F.S. authorizing an employer to hire an employee to a position that otherwise requires background screening before the completion of the screening process for the purpose of training the employee;~~
- ~~Prohibiting the employee from having direct contact with vulnerable persons until the screening process is complete;~~
- ~~Providing that personnel of a qualified entity as defined in ch. 943, F.S., may apply for an exemption from screening;~~
- ~~Eliminating a rule that requires the Agency for Health Care Administration to stagger rescreening schedules;~~
- ~~Providing a rescreening schedule;~~
- ~~Requiring the Board of Nursing to waive background screening requirements for certain certified nursing assistants;~~
- ~~Requiring the establishment and membership of a statewide interagency workgroup relating to statewide background screening procedures and information sharing;~~
- ~~Requiring the workgroup to submit a report to the Legislature by a specified date.~~

Effective Date: July 1, 2011

**[SB 2144](#) - Medicaid
[Ch 2011-61](#) Laws of Florida
Approved by the Governor on May 26, 2011**

The bill amends statutory language by:

- Amending s. 400.23, F.S. revising the minimum staffing requirements for nursing homes;
- Requiring that the Agency for Health Care Administration deny an application for a license or license renewal of an applicant, a controlling interest of the applicant, or any entity in which a controlling interest of the applicant was an owner or officer during the occurrence of certain actions;
- Authorizing the agency to consider certain mitigating circumstances;
- Authorizing the agency to extend a license expiration date under certain circumstances;
- Repealing the sunset of provisions authorizing the federal waiver for certain persons age 65 and older or who have a disability;
- repealing the sunset of provisions authorizing a specified medically needy program;
- Eliminating the limit to services placed on the medically needy program for pregnant women and children younger than age 21;
- Deleting provisions requiring that the agency implement hospitalist programs;
- Revising the factors that are excluded from the direct care subcomponent of the long-term care reimbursement plan for nursing home care;
- Revising the factors for calculating the maximum allowable fee for pharmaceutical ingredient costs;
- Continuing the requirement that the Agency for Health Care Administration set certain institutional provider reimbursement rates in a manner that results in no automatic cost-based statewide expenditure increase;
- Deleting an obsolete requirement to establish workgroups to evaluate alternate reimbursement and payment methods;
- Eliminating the repeal date of the suspension of the use of cost data to set certain institutional provider reimbursement rates;
- Revising the aggregated amount of the quality assessment for nursing home facilities;
- Exempting certain nursing home facilities from the quality assessment;
- Updating references to data to be used for the disproportionate share program;
- Providing that certain hospitals eligible for payments remain eligible for payments during the next fiscal year;
- Extending the prohibition against distributing moneys under the regional perinatal intensive care centers disproportionate share program for another year;
- Extending the disproportionate share program for teaching hospitals for another year;
- Extending the prohibition against distributing moneys under the primary care disproportionate share program for another year;
- Providing for alternatives to the statewide inpatient psychiatric program;
- Allowing the agency to continue to contract for electronic access to certain pharmacology drug information;

- Eliminating the requirement to implement a wireless handheld clinical pharmacology drug information database for practitioners;
- Revising the factors for calculating the maximum allowable fee for pharmaceutical ingredient costs;
- Authorizing the agency to seek federal approval and to issue a procurement in order to implement a home delivery of pharmacy products program;
- Establishing the provisions for the procurement and the program;
- Eliminating the requirement for the expansion of the mail-order-pharmacy diabetes-supply program;
- Eliminating certain provisions of the Medicaid prescription drug management program;
- Requiring the agency to assign Medicaid recipients with HIV/AIDS in certain counties to a certain type of managed care plan;
- Requiring the agency to contract with a single provider service network to manage the MediPass program in certain counties;
- Exempting certain entities providing services solely to Medicaid recipients under a Medicaid contract from being subject to the premium tax imposed on premiums, contributions, and assessments received by prepaid limited health service organizations;
- Providing for prospective operation and specifying that the act does not provide a basis for relief from or assessment of taxes not paid, or for determining any denial of or right to a refund of taxes paid, before the effective date of the act;
- Providing legislative intent with respect to the need to maintain revenues that support critical health programs;
- Repealing s. 569.23(3)(f), F.S.;
- Abrogating the repeal of provisions requiring that appellants of tobacco settlement agreement judgments provide specified security; authorizing the agency to contract with an organization to provide certain benefits under a federal program in Palm Beach County;
- Providing an exemption from chapter 641, F.S., for the organization;
- Authorizing enrollment slots for the Program of All-inclusive Care for the Elderly in Palm Beach County, subject to appropriation.

Effective Date: July 1, 2011

**[HB 7107](#) – Medicaid Managed Care
[Ch. 2011-134](#) Laws of Florida
Approved by the Governor on June 2, 2011**

The bill amends statutory language by:

- Creating part IV of chapter 409, F.S., entitled "Medicaid Managed Care";
- Providing for statutory construction and rulemaking authority for specified agencies;
- Designating the Agency for Health Care Administration as the single state agency to administer the Medicaid program and specifying agency responsibilities;
- Requiring client consent for release of medical records;

- Establishing the Medicaid program as the statewide, integrated managed care program for all covered services;
- Authorizing the agency to apply for and implement waivers;
- Providing for public notice and comment;
- Providing for mandatory enrollment;
- Providing exemptions for the following:
 - Medicaid recipients who have other creditable health care coverage, excluding Medicare.
 - Medicaid recipients residing in residential commitment facilities operated through the Department of Juvenile Justice or mental health treatment facilities as defined by s. 394.455(32).
 - Persons eligible for refugee assistance.
 - Medicaid recipients who are residents of a developmental disability center, including Sunland Center in Marianna and Tacachale in Gainesville.
 - Medicaid recipients enrolled in the home and community based services waiver pursuant to chapter 393, and Medicaid recipients waiting for waiver services.
 - Persons eligible for Medicaid but exempt from mandatory participation who do not choose to enroll in managed care shall be served in the Medicaid fee-for-service program as provided in part III of this chapter.
- Requires enrollees, as a condition of Medicaid eligibility, to pay the Medicaid program a share of the premium of \$10 per month.
- Providing requirements for eligible plans that provide services in the Medicaid managed care program;
- Establishing provider service network requirements for eligible plans and plan selection;
- Requiring the agency to use an invitation to negotiate and publish certain information;
- Establishing 11 regions for separate procurement of plans;
- Providing quality criteria for plan selection;
- Providing for managed care plan accountability, contract terms, physician compensation and emergency services;
- Establishing requirements for access;
- Requiring a drug formulary or preferred drug list;
- Requiring plans to accept requests for service electronically;
- Requiring the agency to maintain an encounter data system;
- Requiring plans to provide encounter data;
- Requiring the agency to establish performance standards for plans;
- Providing program integrity requirements;
- Establishing a grievance resolution process;
- Providing penalties for early termination of contracts or reduction in enrollment levels;
- Establishing prompt payment requirements and fair payment to providers with a controlling interest in a provider service network by other plans;
- Requiring itemized payment;
- Providing for dispute resolutions between plans and providers;
- Providing for achieved savings rebates to plans;
- Establishing managed care plan payments;
- Providing payment requirements for provider service networks;

- Requiring the agency to conduct annual cost reconciliations to determine certain cost savings and report the results of the reconciliations to the fee-for-service provider;
- Prohibiting rate increases that are not authorized in the appropriations act;
- Requiring enrollment in managed care plans by all nonexempt Medicaid recipients;
- Creating requirements for plan selection by recipients and authorizing disenrollment under certain circumstances;
- Defining the term "good cause" for purposes of disenrollment;
- Providing time limits on an internal grievance process;
- Providing requirements for agency determination regarding disenrollment;
- Requiring recipients to stay in plans for a specified time;
- Authorizing the agency to accept the transfer of certain revenues from local governments;
- Requiring the agency to contract with a representative of certain entities participating in the low-income pool for the provision of enhanced access to care;
- Providing for support of these activities by the low-income pool as authorized in the General Appropriations Act;
- Establishing the Access to Care Partnership;
- Requiring the agency to seek necessary waivers and plan amendments;
- Providing requirements for prepaid plans to submit data;
- Authorizing the agency to implement a tiered hospital rate system;
- Creating the managed medical assistance program;
- Providing deadlines to begin and finalize implementation of the program;
- Providing eligibility requirements for mandatory and voluntary enrollment;
- Establishing minimum benefits for managed care plans to cover;
- Authorizing plans to customize benefit packages;
- Requiring plans to establish programs to encourage healthy behaviors and establish written agreements with certain enrollees to participate in such programs;
- Requiring plans to establish a primary care initiative;
- requiring plans to report certain primary care data to the agency;
- Establishing a deadline for issuing invitations to negotiate;
- Establishing a specified number or range of eligible plans to be selected in each region;
- Establishing requirements for participation by specialty plans;
- Establishing the Children's Medical Service Network as an eligible plan;
- Providing for managed care plan accountability;
- Authorizing plans to limit providers in networks;
- Requiring plans to include essential Medicaid providers in their networks unless an alternative arrangement is approved by the agency;
- Establishing the Florida medical school quality network;
- Requiring the agency to contract with a representative of certain entities to establish a clinical outcome improvement program in all plans;
- Providing for support of these activities by certain expenditures and federal matching funds;
- Requiring the agency to seek necessary waivers and plan amendments;
- Establishing the MomCare network;

- Requiring the agency to contract with a representative of all Healthy Start Coalitions to provide certain services to recipients;
- Providing for support of these activities by certain expenditures and federal matching funds;
- Requiring plans to enter into agreements with local Healthy Start Coalitions for certain purposes;
- Establishing a screening standard for the Early and Periodic Screening, Diagnosis, and Treatment Service;
- Requiring managed care plans and hospitals to negotiate rates, methods, and terms of payment;
- Providing a limit on payments to hospitals;
- Establishing plan requirements for medically needy recipients;
- Providing for managed care plan payment;
- Requiring the agency to establish payment rates for statewide inpatient psychiatric programs;
- Requiring payments to managed care plans to be reconciled to reimburse actual payments to statewide inpatient psychiatric programs;
- Providing for automatic enrollment in a managed care plan for certain recipients;
- Requiring the agency to be responsible for administering the long-term care managed care program;
- Providing implementation dates for the long-term care managed care program;
- Providing duties of the Department of Elderly Affairs relating to assisting the agency in implementing the program;
- Providing eligibility requirements for the long-term care managed care program;
- Establishing the benefits covered under a managed care plan participating in the long-term care managed care program;
- Designating regions for plan implementation throughout the state;
- Providing criteria for the selection of plans to participate in the long-term care managed care program;
- Providing that participation by the Program of All-Inclusive Care for the Elderly and certain Medicare plans is pursuant to an agency contract and not subject to procurement;
- Requiring the agency to establish uniform accounting and reporting methods for plans;
- Providing for mandatory participation in plans by certain service providers;
- Authorizing the exclusion of certain providers from plans for failure to meet quality or performance criteria;
- Providing provider payment specifications for nursing homes and hospices;
- Providing for negotiation of rates between the agency and the plans participating in the long-term care managed care program;
- Allowing the CARES program to assign plan enrollees to a level of care;
- Providing incentives for adjustments of payment rates;
- Requiring the agency to establish nursing facility-specific and hospice services payment rates;
- Providing criteria for automatic assignments of plan enrollees who fail to choose a plan;
- Providing for hospice selection within a specified timeframe;

- Creating the long-term care managed care technical advisory workgroup, providing duties, membership, reimbursement for per diem and travel expenses;
- Providing for repeal by a specified date;
- Providing that the agency shall operate the Comprehensive Assessment and Review for Long-Term Care Services program through an interagency agreement with the Department of Elderly Affairs;
- Providing for severability of the provisions of this act.

Effective Date: July 1, 2011

**HB 7109 - Medicaid
Ch. 2011-135 Laws of Florida
Approved by the Governor on June 2, 2011**

The bill amends statutory language by:

- Requiring the Agency for Persons with Disabilities to collect premiums or cost sharing for a home and community-based delivery system;
- Providing that implementation of Medicaid waiver programs and services authorized under chapter 393, F.S., are subject to certain funding limitations;
- Requiring that certain provisions relating to agency cost containment initiatives be included in contracts with independent support coordinators and service providers;
- Providing for establishment of agency corrective action plans and redesign of the waiver program under certain circumstances;
- Requiring the plan to be submitted to the Legislature;
- Amending s. 393.063, F.S. defining the term "Down syndrome";
- Amending s. 408.040, F.S. prohibiting the agency from imposing sanctions related to patient day utilization by patients eligible for care under Title XIX of the Social Security Act for a nursing home, effective on a specified date;
- Extending the certificate-of-need moratorium for additional community nursing home beds;
- Designating ss. 409.016-409.803, F.S., as pt. I of ch. 409, F.S., and entitling the part "Social and Economic Assistance";
- Designating ss. 409.810-409.821, F.S., as pt. II of ch. 409, F.S., and entitling the part "Kidcare";
- Designating ss. 409.901-409.9205, F.S., as part III of ch. 409, F.S., and entitling the part "Medicaid";
- Revising the time period during which a Medicaid applicant must agree to forfeiture of all entitlements upon a judicial or administrative finding of fraud;
- Requiring the Agency for Health Care Administration to set reimbursements rates for hospitals that provide Medicaid services based on allowable-cost reporting from the hospitals;
- Removing requirements for prior authorization for the provision of certain services;
- Providing the methodology for the rate calculation and adjustments;
- Authorizing the agency to require prior authorization of home health services under certain conditions;

- Providing that exemptions to the limits or ceilings may be provided in the General Appropriations Act;
- Directing the agency to develop a plan to convert inpatient hospital rates to a prospective payment system that categorizes each case into diagnosis-related groups;
- Requiring a report to the Governor and Legislature;
- Providing conditions under which the agency shall seek federal approval to develop a system to require payment of premiums or other cost sharing by the parents of certain children receiving Medicaid home and community-based waiver services;
- Authorizing the Department of Children and Family Services to collect certain income information;
- Requiring a report to the Legislature;
- Amending s. 409.907, F.S. providing additional requirements for provider agreements for Medicare crossover providers;
- Providing that the agency is not obligated to enroll certain providers as Medicare crossover providers;
- Providing the agency may establish additional criteria for providers to promote program integrity;
- Revising provisions relating to reimbursement of Medicaid direct care providers to include additional, specified medically necessary care;
- Amending s. 409.9081, F.S. providing conditions for copayments by Medicaid recipients for nonemergency care and services provided in a hospital emergency;
- Providing for expiration of the Medicaid Low-Income Pool Council;
- Providing payment requirements for provider service networks;
- Providing for the expiration of various provisions relating to agency contracts and agreements with certain entities on specified dates to conform to the reorganization of Medicaid managed care;
- Requiring the agency to contract on a prepaid or fixed-sum basis with certain prepaid dental health plans;
- Repealing s. 409.91207, F.S., relating to the medical home pilot project;
- Providing for future repeal of s. 409.91211, F.S., relating to the Medicaid managed care pilot program;
- Providing for the expiration of provisions relating to mandatory enrollment in a Medicaid managed care plan or MediPass on specified dates to conform to the reorganization of Medicaid managed care;
- Providing for the agency to assign Medicaid recipients with HIV/AIDS in specified counties to a managed care plan that is a health maintenance organization under certain conditions;
- Requiring the agency to develop a process to enable any recipient with access to employer-sponsored coverage to opt out of eligible plans in the Medicaid program;
- Requiring the agency, contingent on federal approval, to enable recipients with access to other coverage or related products that provide access to specified health care services to opt out of eligible plans in the Medicaid program;
- Requiring the agency to maintain and operate the Medicaid Encounter Data System;
- Requiring the agency to conduct a review of encounter data and publish the results of the review before adjusting rates for prepaid plans;
- Authorizing the agency to establish a designated payment for specified Medicare Advantage Special Needs members;

- Authorizing the agency to develop a designated payment for Medicaid-only covered services for which the state is responsible;
- Requiring the agency to establish, and managed care plans to use, a uniform method of accounting for and reporting medical and nonmedical costs;
- Authorizing the agency to create exceptions to mandatory enrollment in managed care under specified circumstances;
- Requiring the agency to contract with a provider service network to function as a third-party administrator and managing entity for the MediPass and Medically Needy;
- Requiring the Department of Elderly Affairs to develop a transition plan for specified elders and disabled adults receiving long-term care Medicaid services when eligible plans become available;
- Providing additional duties of aging resource centers;
- Providing an additional exception to direct services that may not be provided by an aging resource center;
- Providing an expiration date for certain services administered through aging resource centers;
- Providing for a memorandum of understanding between the agency and aging resource centers under certain circumstances;
- Repealing s. 430.701, F.S., relating to legislative findings and intent and approval for action relating to provider enrollment levels;
- Repealing s. 430.702, F.S., relating to the Long-Term Care Community Diversion Pilot Project Act;
- Repealing s. 430.703, F.S., relating to definitions;
- Repealing s. 430.7031, F.S., relating to the nursing home transition program;
- Repealing s. 430.704, F.S., relating to evaluation of long-term care through the pilot projects;
- Repealing s. 430.705, F.S., relating to implementation of long-term care community diversion pilot projects;
- Repealing s. 430.706, F.S., relating to quality of care; Repealing s. 430.707, F.S., relating to contracts; Repealing s. 430.708, F.S., relating to certificate of need;
- Repealing s. 430.709, F.S., relating to reports and evaluations;
- Providing a limitation on noneconomic damages for negligence of practitioners providing medical services and medical care to Medicaid recipients;
- Requiring the agency to develop a plan to implement and seek federal approval for the medically needy program for Medicaid enrollees;
- Requiring the agency to develop a reorganization plan for realignment of administrative resources of the Medicaid program;
- Requiring the plan to be submitted to the Governor and Legislature;
- Including certain individuals with Down syndrome or a developmental disability as eligible to participate in the iBudget system;
- Restricting Medicaid eligibility to citizens of the United States who meet certain criteria;
- Providing conditions under which a prepaid provider service network may obtain a certificate of authority under s. 641.21, F.S.;
- Amending s. 641.2261, F.S.; providing an exception for provider service networks from certain federal solvency requirements;
- Providing for severability of the provisions of this act.

Effective Date: July 1, 2011

APPROPRIATIONS UPDATE

The following is an overview of the budget for the Agency for Persons with Disabilities passed by the Florida Legislature during the 2011 Session

SB 2000 – General Appropriations Act 2011 Laws of Florida

Approved by the Governor on May 26, 2011, with Line Item Vetos

Major funding decisions:

- The funding for the Agency for Persons with Disabilities totals \$1.014 billion.
- Appropriation for the Home and Community Based Services Waiver was increased from \$805,826,618 for FY 10-11 to \$810,437,372 for FY 11-12. This is significant since the loss of federal stimulus funding required an additional \$45 million in new state General Revenue dollars to ensure the stability in waiver funding at a time of falling state revenues.
- Specific reductions are:
 - The legislature required a 4% reduction in waiver services rates across the board for an estimated cost reduction of \$36.6 million.
 - A cost plan freeze is required for all waivers which results in a \$6.8 million dollar cost savings.
 - The Room and Board category is reduced by \$200,000.
 - The Individual and Family supports category was reduced by \$2.2 million.
 - Appropriation for the Developmental Disabilities Public Facilities was reduced by approximately \$2 million and 77 Full Time Employees (FTE).
- \$30.5 million in Operations and Maintenance Trust Fund cash was removed from the trust funds for use in funding the State of Florida's FY 10-11 deficit in waiver expenditures.
- There are three special member projects included in the Agency's appropriation:
 - ~~\$500,000 in non-recurring funds is provided for the Dan Marino Foundation Florida Vocational College in Broward County.~~ **VETOED**
 - ~~\$500,000 in non-recurring funds is provided for the Loveland Center, Inc., in Sarasota County.~~ **VETOED**
 - \$650,000 in non-recurring funds provided for Quest Kids.

Effective Date: July 1, 2011, except as otherwise provided

SB 2002 – Implementing the General Appropriations Act Ch. 2011-47 Laws of Florida

Approved by the Governor on May 26, 2011

- This bill provides for the implementation of the General Appropriations Act.

Effective Date: Upon becoming a law, except as otherwise provided

Agency for Persons with Disabilities FY 2011-2012			FY 2010-2011		SB 2000 FY 2011-2012	
Budget Entity Code	Budget Entity Title	Appropriation Category Title	FTE	ALL FUNDS	FTE	ALL FUNDS
67100100	HOME & COMMUNITY SERVICES		322.50		313.50	
		SALARIES AND BENEFITS		15,062,138		14,784,783
		OTHER PERSONAL SERVICES		4,818,673		4,723,252
		EXPENSES		2,259,369		2,221,143
		OPERATING CAPITAL OUTLAY		35,772		35,394
		G/A-INDIVIDUAL & FAMILY		19,036,771		16,836,771
		ROOM AND BOARD PAYMENTS		4,000,000		3,800,000
		CONTRACTED SERVICES		158,622		154,701
		G/A-CONTRACTED SERVICES		1,065,985		2,385,346
		HOME/COMM SERVICES WAIVER		805,826,618		810,437,372
		RISK MANAGEMENT INSURANCE		336,400		336,400
		TR/DMS/HR SVCS/STW CONTRCT		110,437		117,927
67100100	Total		322.50	852,710,785	313.50	855,833,089
67100200	PROGRAM MGT & COMPLIANCE		333.00		316.00	
		SALARIES AND BENEFITS		19,765,792		19,366,720
		OTHER PERSONAL SERVICES		757,508		751,071
		EXPENSES		3,059,251		2,974,231
		OPERATING CAPITAL OUTLAY		30,875		29,792
		TRANS TO DIV ADM HEARINGS		388,314		173,028
		CONTRACTED SERVICES		246,242		239,033
		G/A-CONTRACTED SERVICES		2,398,961		2,356,598
		G/A-CONTRACT PROF SERVICES		97,456		93,558
		RISK MANAGEMENT INSURANCE		304,150		304,150
		HOME & COMM SERV ADMIN		7,508,503		7,352,503
		TR/DMS/HR SVCS/STW CONTRCT		146,113		134,583
		DCF DATA CENTER		307,178		307,463
		NORTHWOOD SRC (NSRC)		1,390,680		546,399
		SOUTHWOOD SHARED RESOURCES		320,404		320,404
67100200	Total		333.00	36,721,427	316.00	34,949,533
67100300	DEV DISAB PUBLIC FACIL		2,422.50		2,345.50	
		SALARIES AND BENEFITS		101,603,890		100,004,935
		OTHER PERSONAL SERVICES		1,976,278		1,940,596
		EXPENSES		6,442,663		6,907,150
		OPERATING CAPITAL OUTLAY		356,845		349,706
		FOOD PRODUCTS		2,516,616		2,472,992
		CONTRACTED SERVICES		3,350,692		2,087,963
		G/A-CONTRACT PROF SERVICES		3,868,256		3,421,574
		PRESCRIBED MEDICINE/DRUGS		191,401		1,145,923
		RISK MANAGEMENT INSURANCE		4,816,467		4,816,467
		SALARY INCENTIVE PAYMENTS		19,532		18,751
		TR/DMS/HR SVCS/STW CONTRCT		1,099,033		1,014,799
67100300	Total		2,422.50	126,241,673	2,345.50	124,180,856
Grand Total			3,078.00	1,015,673,885	2,975.00	1,014,963,478

ADMINISTRATIVE BILLS

The following is an overview of the major administrative bills of interest to the Agency for Persons with Disabilities passed by the Florida Legislature during the 2010 Session

[click on the bill number to view bill language](#)

[SB 0146](#) – Criminal Justice [2011](#) Laws of Florida

Approved by the Governor on June 21, 2011

The bill amends statutory language by:

- Requiring state agencies to prepare reports that identify and evaluate restrictions on licensing and employment for ex-offenders;
- Amending s. 112.011, F.S. prohibiting state agencies from denying an application for a license, permit, certificate, or employment based solely on a lack of civil rights.

Effective Date: Upon becoming law, except as otherwise provided

[HB 0993](#) - Rulemaking [2011](#) Laws of Florida

Approved by the Governor on June 24, 2011

The bill amends statutory language by:

- Requiring that an agency include in its notice of intended rulemaking a statement as to whether the proposed rule will require legislative ratification;
- Providing for withdrawal of an adopted rule that is not ratified by the Legislature;
- Clarifying that certain proposed rules are effective ratified by the Legislature;
- Reducing the time before an agency files a rule for adoption within which the agency must notify the person who submitted a lower cost alternative and the Administrative Procedures Committee;
- Excluding adopting federal standards / emergency rulemaking from certain provisions;
- Reducing the time in which a substantially affected person may seek an administrative determination of the invalidity of a rule after the statement or revised statement of estimated regulatory costs is available;
- Providing for agency reporting of certain annual regulatory plans; providing for certain omissions and suspensions of reports;
- Providing for legislative review of agency rules, on or before November 16, 2010;
- Requiring that each agency complete an enhanced biennial review of its existing rules;
- Requiring a report of the enhanced biennial review;
- Providing for objections and the agency's response;
- Requiring a compliance economic review and report under certain circumstances;
- Providing specifications for publishing the final report of the agency's review;
- Requiring an agency publish notices, determinations, and reports in a specified format;
- Requiring the Department of State to publish certain notices in the FAW;

- Providing for suspension of rulemaking authority for failure to comply with the certification requirements of the section;
- Creating s. 120.7455, F.S. providing that the Legislature may establish and maintain an Internet-based public survey of regulatory impacts;
- Providing that legislative leaders may certify in writing to certain individuals the establishment and identity of any such Internet-based survey;
- Providing immunities from enforcement action or prosecution involving information solicited through the survey;
- Providing protections from retaliatory enforcement actions;
- Clarifying that the legal status of a rule that has been determined to be invalid is not changed by the amendment or creation of specified provisions by the act;
- Exempting the adoption of certain amendments and the triennial updates to the Florida Building Code from required legislative ratification;
- Exempting the adoption of certain amendments and the triennial updates to the Florida Fire Prevention Code from required legislative ratification;
- Exempting the adoption of rules adjusting rates of certain transportation and expressway tolls from the preparation of a statement of estimated regulatory costs and from submission for legislative ratification; amending s. 120.81, F.S.;
- Excluding the adoption of rules under chapter 2011-1, Laws of Florida, the Student Success Act, from the preparation of a statement of estimated regulatory costs and from submission for legislative ratification;
- Providing that a non-applicant who petitions to challenge an agency's issuance of a license, permit, or conceptual approval in certain circumstances has the burden of ultimate persuasion and the burden of going forward with evidence.

Effective Date: Upon becoming law

**[SB 1292](#) – Chief Financial Officer
[Ch. 2011-44](#) Laws of Florida
 Approved by the Governor on May 26, 2011**

The bill amends statutory language by:

- Providing legislative intent requiring the Chief Financial Officer to conduct workshops with state agencies, local governments, educational entities, and entities of higher education to gather information pertaining to uniform reporting requirements;
- Requiring the Chief Financial Officer to accept comments from state agencies, local governments, educational entities, entities of higher education, and interested parties regarding proposed charts of account by a certain date;
- Requiring the Chief Financial Officer to submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives a report recommending a uniform charts of account which meet certain requirements by a certain date;
- Requiring the report to include the estimated cost of adopting and implementing a uniform enterprise-wide charts of account;
- Providing a declaration of important state interest.

Effective Date: July 1, 2011

**SB 1314 – State Financial Matters
Ch. 2011-45 Laws of Florida
Approved by the Governor on May 26, 2011**

The bill amends statutory language by:

- Defining the term “lease or lease-purchase of equipment”;
- Requiring that specified information relating to certain contracts be included in an agency’s legislative budget request;
- Requiring certain state contracts to identify the appropriation that funds a contract;
- Deleting a provision relating to an option to purchase commodities or contractual services from state term contracts;
- Amending chapter 2010-151, Laws of Florida providing that certain contracts are subject to transaction fees;
- Providing for application of the act to certain contracts and agreements.

Effective Date: July 1, 2011

**SB 1738 – State Financial Information
2011 Laws of Florida
~~Presented to the Governor on May 17, 2011~~
VETOED**

The bill amends statutory language by:

- ~~Establishing the Agency for Enterprise Business Services within the Department of Management Services;~~
- ~~Providing that the office is a separate budget entity not subject to the department; Providing an executive director appointed by the Governor, confirmed by the Cabinet, and subject to confirmation by the Senate;~~
- ~~Providing for an executive director;~~
- ~~Providing the duties of the agency include an inventory of all agency financial business systems that are maintained by executive branch agencies.~~

~~Effective Date: July 1, 2011~~

**[SB 2094](#) - State Employees
[Ch. 2011-48](#) Laws of Florida
Approved by the Governor on May 26, 2011**

The bill amends statutory language by:

- Providing for the resolution of certain collective bargaining issues at impasse between the State of Florida and certified bargaining units of state employees;
- Providing for all other mandatory collective bargaining issues that are at impasse and that are not addressed by the act or the General Appropriations Act to be resolved consistent with personnel rules or by otherwise maintaining the status quo;

Effective Date: July 1, 2011

**[SB 2100](#) - Retirement
[Ch. 2011-68](#) Laws of Florida
Approved by the Governor on May 26, 2011**

The bill amends statutory language by:

- Amending s. 121.051, F.S. requiring that a local governmental entity or the governing body of a charter school or charter technical career center make certain elections regarding benefits at the time the entity or governing body joins the Florida Retirement System;
- Requiring employee retirement contributions;
- Providing that employer-paid employee contributions are subject to certain taxes;
- Redefining membership and criteria in the Special Risk Class;
- Providing for employee contributions to be used, if applicable, when purchasing credit for past service;
- Amending s. 121.052, F.S., relating to the membership class of elected officers and requiring member contributions;
- Providing for a refund of contributions under certain circumstances for an officer who leaves office;
- Providing that a member who obtains a refund of contributions waives certain rights under the Florida Retirement System;
- Amending s. 121.053, F.S. clarifying the employer contributions required for Elected Officers' Class members who participate in the Deferred Retirement Option Program;
- Amending s. 28 121.055, F.S., relating to the Senior Management Service Class;
- Requiring employee contributions;
- Providing for a refund of contributions under certain circumstances for a member who terminates employment;
- Providing that a member who obtains a refund of contributions waives certain rights under the Florida Retirement System;
- Limiting the payment of benefits prior to a participant's termination of employment;
- Requiring employer and employee contributions to the retirement system;

- Providing for a refund of contributions under certain circumstances following termination of employment;
- Prohibiting such refund if an approved qualified domestic relations order is filed against the participant's retirement account;
- Providing that a member who obtains a refund of contributions waives certain rights under the Florida Retirement System;
- Requiring repayment plus interest of an invalid refund;
- Providing and revising requirements for contributions for prior service performed on or after a certain date;
- Modifying the early retirement benefit calculation for those members retiring on or after a certain date or before the normal retirement date to reflect the change in normal retirement age;
- Revising provisions relating to disability retirement for judges;
- Providing for the refund of accumulated contributions if a member's employment is terminated for any reason other than retirement;
- Revising the interest rate on benefits for members enrolling in drop after a certain date;
- Requiring that the purchase of creditable service following an authorized leave of absence be purchased at the employer and employee contribution rates in effect during the leave of absence after a certain date;
- Requiring that a penalty be assessed against certain employers that fail to pay the required contributions for workers' compensation;
- Limiting the payment of benefits before a participant's termination of employment;
- Changing the name of the Public Employee Optional Retirement Program to the Florida Retirement System Investment Plan;
- Revising the benefit commencement age for a member enrolled on or after a certain date;
- Providing for contribution adjustments as a result of employer errors or corrections;
- Requiring an employer to receive a credit for excess contributions and to reimburse an employee for excess contributions, subject to certain limitations;
- Providing for a pension plan participant to retain his or her prior plan choice following a return to employment;
- Prohibiting a retiree who is reemployed from renewing membership in the plan;
- Limiting certain refunds of contributions which exceed the amount that would have accrued had the member remained in the defined benefit program;
- Providing certain requirements and limitations with respect to contributions;
- Clarifying that participant and employer contributions are earmarked for specified purposes;
- Providing that a member is fully and immediately vested with respect to employee contributions paid by the member;
- Providing for the forfeiture of non-vested employer contributions and service credit under certain circumstances;
- Providing for the deposit of employee contributions into the Florida Retirement System Contributions Clearing Trust Fund;
- Limiting the payment of benefits prior to a member's termination of employment;
- Providing for the forfeiture of non-vested accumulations and service credits upon payment of certain vested benefits;

- Providing that the distribution payment method selected by the member or beneficiary is final and irrevocable at the time of benefit distribution;
- Prohibiting a distribution of employee contributions if a qualified domestic relations order is filed against the participant's account;
- Requiring that employee contributions be deducted from the employee's monthly salary, beginning on July 1, 2011, and treated as employer contributions under certain provisions of federal law;
- Clarifying that an employee may not receive such contributions directly;
- Specifying the required employee retirement contribution rates for the membership of each membership class and subclass of the Florida Retirement System;
- Specifying the required employer retirement contribution rates for each membership class and subclass of the Florida Retirement System in order to address unfunded actuarial liabilities of the system;
- Requiring an assessment to be imposed if the employee contributions remitted are less than the amount required under certain circumstances;
- Providing for the employer to receive a credit for excess contributions remitted and to apply such credit against future contributions owed;
- Requiring that certain fees be imposed for delinquent payments for retirement contributions;
- Providing that an employer is responsible for recovering any refund provided to an employee in error;
- Revising the terms of an authorized waiver of delinquency;
- Requiring an employer to receive a credit for excess contributions and to reimburse an employee for excess contributions, subject to certain limitations;
- Requiring employer and employee contributions for members of the State Community College System Optional Retirement Program on a certain date;
- Limiting the payment of benefits prior to a participant's termination of employment;
- Requiring the State Board of Administration and the Department of Management Services to request a determination letter and private letter ruling from the United States Internal Revenue Service;
- Providing appropriations to and authorizing additional positions for the Division of Retirement within the Department of Management Services.

Effective Date: Upon becoming law, except as otherwise provided

[HB 7223](#) – Public Records of Competitive Solicitations

[Ch. 2011-140](#) Laws of Florida

Approved by the Governor on June 2, 2011

The bill amends statutory language by:

- Providing an exemption from public records requirements for bids, proposals, or replies submitted to an agency in response to a competitive solicitation;
- Expanding the public records exemption by extending the duration of the exemption;
- Providing for future repeal and legislative review of the exemption under the Open Government Sunset Review Act;

- Amending s. 286.0113, F.S., to provide an exemption from public meetings requirements for meetings at which a negotiation with a vendor is conducted and which provides an exemption from public records requirements for recordings of exempt meetings;
- Expanding the public meetings exemption to include meetings at which a negotiation with a vendor is conducted pursuant to a competitive solicitation, at which a vendor makes an oral presentation as part of a competitive solicitation, at which a vendor answers questions as part of a competitive solicitation, and at which team members discuss negotiation strategies;
- Expanding the public records exemption to include any records presented at an exempt meeting;
- Providing for future repeal and legislative review of the public meetings and public records exemptions under the Open Government Sunset Review Act;
- Providing a statement of public necessity.

Effective Date: Upon becoming law

If you have any questions, please contact the Legislative Affairs Office:

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This information is available on the Agency's website: www.apdcares.org/news

More information about the bills referenced in this document and the legislative process can be found on the Legislative website: <http://www.leg.state.fl.us/Welcome/index.cfm>