



Health Care Appropriations Subcommittee

Wednesday, October 16, 2019
12:30 pm – 2:30 pm
Sumner Hall (404 HOB)

MEETING PACKET

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Care Appropriations Subcommittee

Start Date and Time: Wednesday, October 16, 2019 12:30 pm
End Date and Time: Wednesday, October 16, 2019 02:30 pm
Location: Sumner Hall (404 HOB)
Duration: 2.00 hrs

Florida KidCare Overview
Department of Children and Families
Funding Priorities and Legislative Budget Request
Budget Exercise

NOTICE FINALIZED on 10/09/2019 4:00PM by CTR



**The Florida House of Representatives
Appropriations Committee
Health Care Appropriations Subcommittee**

**Jose R. Oliva
Speaker**

**MaryLynn Magar
Chair**

**Agenda
Wednesday, October 16, 2019
12:30 p.m. – 2:30 p.m.
Sumner Hall (404 HOB)**

- I. Call to Order/Roll Call**
- II. Opening Remarks by Chair Magar**
- III. Florida Kid Care Overview**

Beth Kidder, Deputy Secretary
Florida Agency for Health Care Administration
Division of Medicaid

- IV. Department of Children and Families
Funding Priorities and Legislative Budget Request**

Chad Poppell, Secretary
Department of Children and Families

- V. Budget Exercise**
- VI. Closing Remarks and Adjournment**

Florida KidCare: An Overview

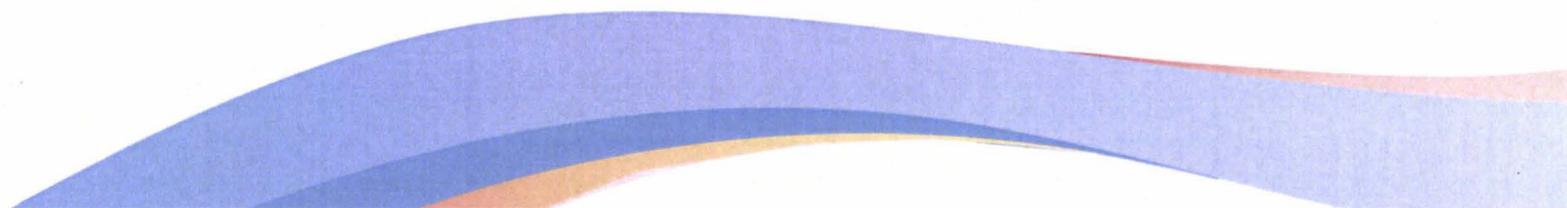
Presented to the House Health Care Appropriations
Committee

Beth Kidder, Deputy Secretary for Medicaid
Agency for Health Care Administration

October 16, 2019



Better Health Care for All Floridians
AHCA.MyFlorida.com

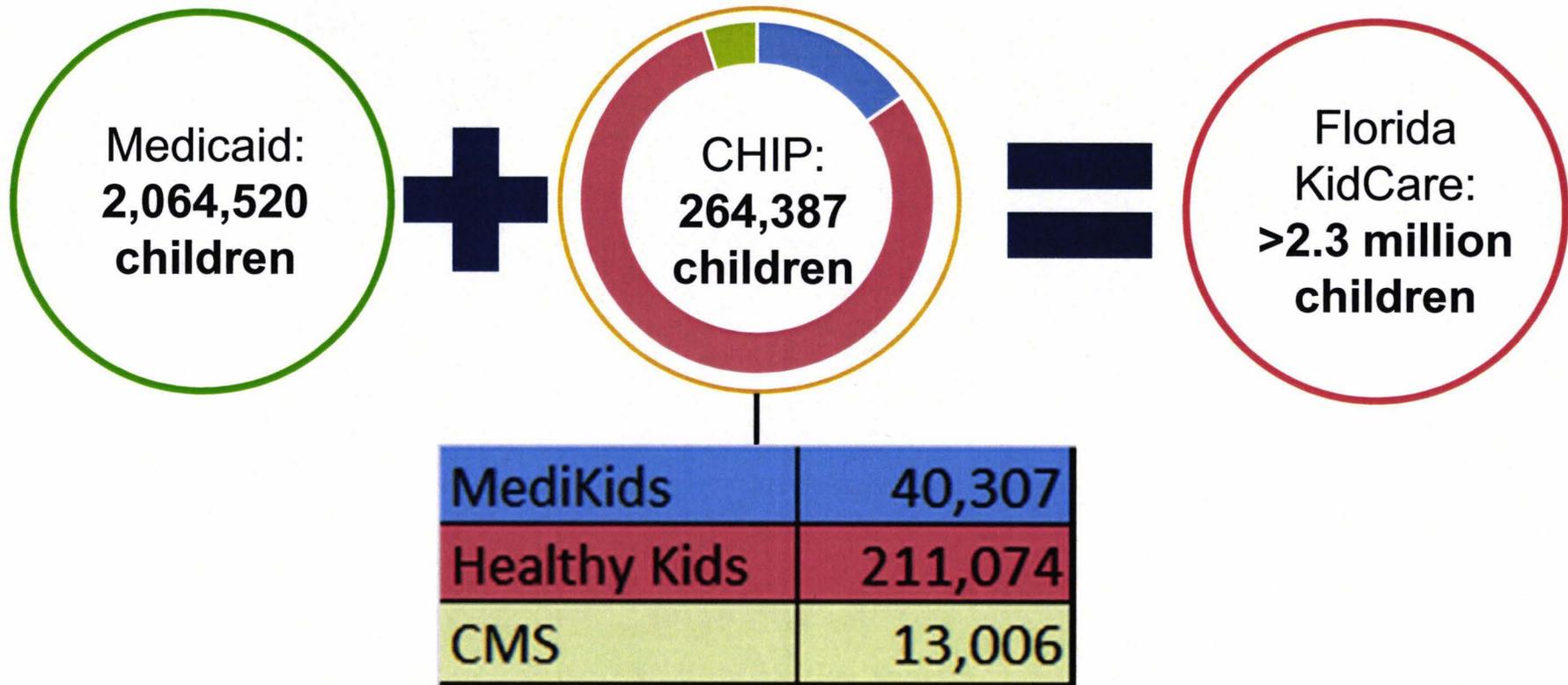


Florida KidCare Program

- Florida KidCare is the umbrella name for Florida’s government-sponsored children’s health coverage.
- It includes the Children’s Health Insurance Program (CHIP) and Medicaid for children.
(Sections 409.810 – 409.821, F.S.)



Over 2.3 Million Children are Enrolled in Florida KidCare



Florida KidCare: Core Federal Components

	Medicaid (Title XIX)	CHIP (Title XXI)
Authorized by Congress:	1965	1997
Implemented in Florida:	1970	1998
Federal Match Rate/ Subsidy:	61.47%	84.53%
Who is covered under subsidized program:	Low income families and pregnant women, low income elderly, disable	Children in families with incomes below 200% FPL but too high to qualify for Medicaid
Funding:	Available for all state expenditures that meet federal program requirements	Fixed annual federal allotment
Federal Authorization:	Permanent	Needs periodic reauthorization

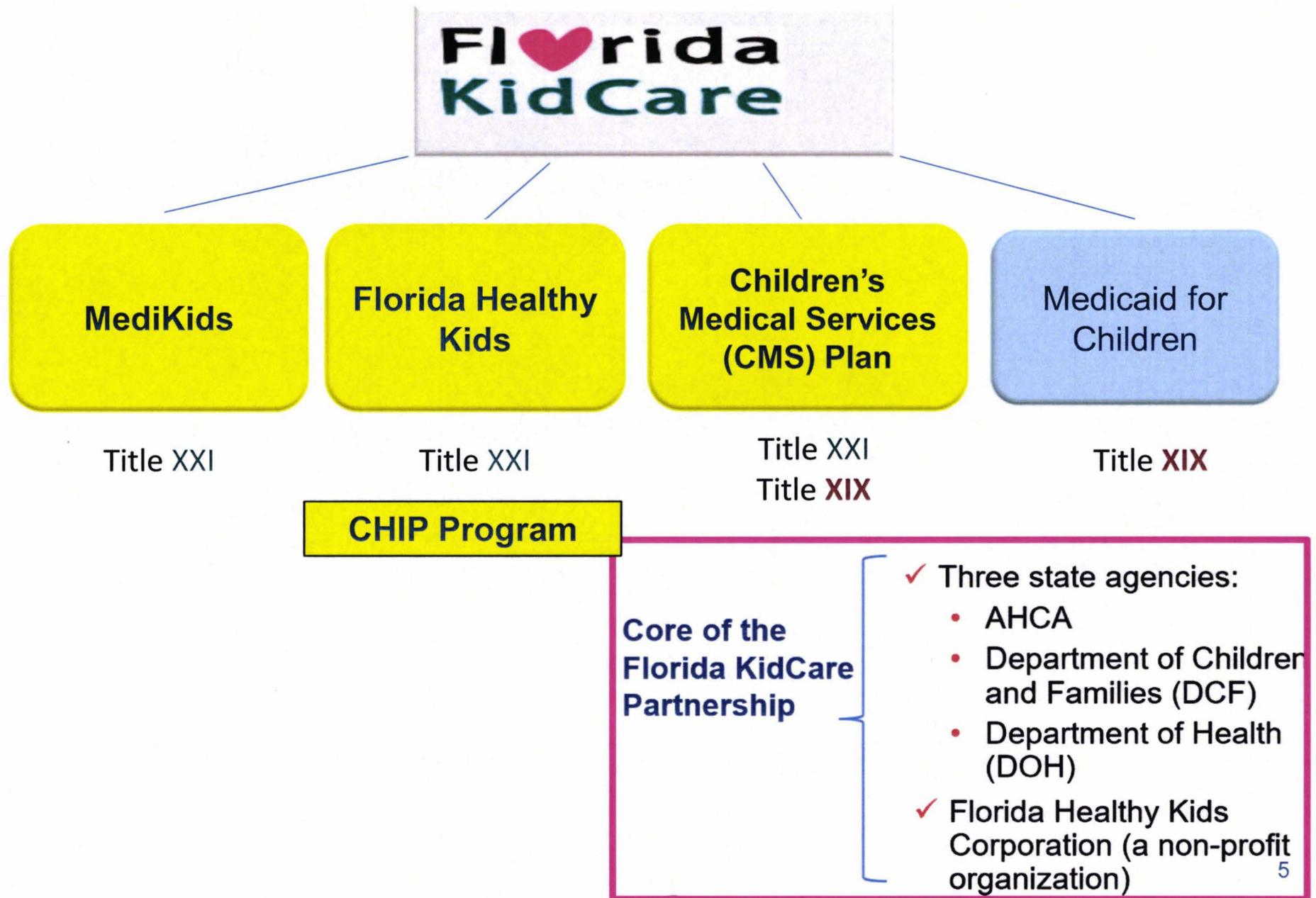
*NOTE: In the original CHIP program, Congress created an “enhanced” federal matching rate that is generally about 15 percentage points higher than the Medicaid rate, averaging 71% nationally. The ACA increased each state’s enhanced federal match rate by 23 percentage points, not to exceed a total match rate of 100 percent, between FY 2016 and FY 2019. A plan to reduce the FMAP over the next two (2) years was created as part of the most recent CHIP reauthorization.

Federal Fiscal Year 2019-FMAP remains at 23 percentage point increase

Federal Fiscal Year 2020-FMAP transitions to 11.5 percentage point increase

Federal Fiscal Year 2021-the increase will be eliminated entirely, returning to the original enhanced federal medical assistance percentage, which has a current national average of 71%.

Florida KidCare Consists of Four Programs & Four Partners



Florida KidCare Partnership

Agency for Health Care Administration:

Lead Agency for Medicaid and CHIP

- Federal funding
- Compliance with federal regulations
- Maintain federal program authorities (e.g., state plan, waivers)
- Administer Medicaid
- Administer MediKids - CHIP component
- Maintain contract/ interagency agreements with partners
- Contracts with health plans for Medicaid and MediKids

Florida Healthy Kids

Corporation

- Processes CHIP applications
- Collects premiums
- Administers Healthy Kids - CHIP component
- Contracts with FHK program health plans
- Manages Florida KidCare call center

Department of Health

- Determines clinical eligibility for Children's Medical Services Program
- Administers Children's Medical Services CHIP component
- Contracts with health plan for Title XIX and Title XXI CMS service provisions

Department of

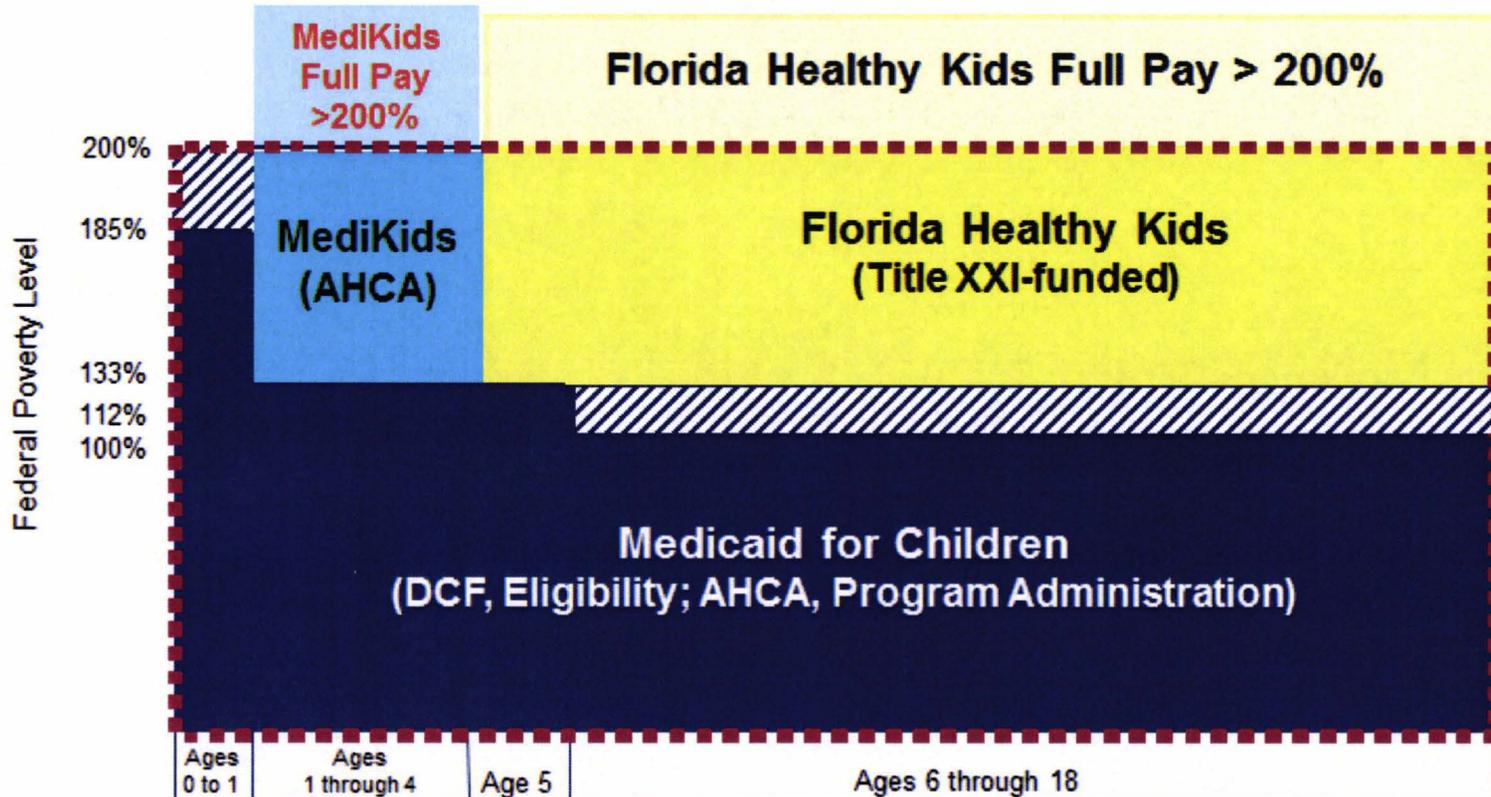
Children and Families

- Determines Medicaid eligibility
- Responsible for BNET program

Florida KidCare Program Components

	Medicaid for Children	MediKids	Healthy Kids	Children's Medical Services
Operated by	Agency for Health Care Administration	Agency for Health Care Administration	Florida Healthy Kids Corporation	Department of Health
Eligibility Determination	Department of Children and Families	Florida Healthy Kids Corporation	Florida Healthy Kids Corporation	Florida Healthy Kids Corporation
Age	0-18 years	1-4 years	5-18 years	1-18 years; meet clinical eligibility
Service Delivery	Enrolled in Medicaid contracted SMMC health plans	Enrolled in Medicaid contracted SMMC health plans	Enrolled in FHK contracted health plans	Enrolled in DOH contracted health plan
Premium	None	Monthly premium per family: <ul style="list-style-type: none"> • \$15 for family income from 133% to 158% FPL • \$20 for family income from 159% to 200% FPL. 	Monthly premium per family: <ul style="list-style-type: none"> • \$15 for family income from 133% to 158% FPL • \$20 for family income from 159% to 200% FPL. 	Monthly premium per family: <ul style="list-style-type: none"> • \$15 for family income from 133% to 158% FPL • \$20 for family income from 159% to 200% FPL.
Full-Pay	None	\$157 per child	\$230 per child	None
Cap on services	No	No	\$1 million lifetime cap	No

Florida KidCare Eligibility



Medicaid:

Title XIX-Funded
 Title XXI-Funded

CMS Network
 Title XIX and Title XXI
 (Dept. of Health)

In response to ACA, eligibility income limit was changed from 200% to 210%, FL achieves this conversion by applying specific income standard deductions that result in an effective upper limit of 210%.

Florida KidCare Title XXI Funding SFY 2019-2020

- For Federal Fiscal Year 2020 (Oct - Sept) the match rate for Florida CHIP is 84.53% federal and 15.47% state.
- Annual allotment for FFY 2020 is \$842,519,926.

Children's Special Health Care	Total Cost	Family Contributions	Title XXI Federal Share	State Share
Title XXI				
Florida Healthy Kids	\$425,492,208	\$87,931,039	\$294,299,950	\$43,261,219
Children's Medical Services	\$165,734,724	\$1,778,411	\$143,187,395	\$20,768,918
MediKids	\$82,666,178	\$24,630,842	\$50,617,863	\$7,417,473
Contracted Services	\$5,179,280	\$816,707	\$3,808,526	\$554,047
Sub-total	\$679,072,390	\$115,156,999	\$491,913,734	\$72,001,657
Title XXI Funded Medicaid (infants 185-200% FPL and children 112-133% FPL)	\$386,770,065	\$0	\$337,650,267	\$49,119,798
Total	\$1,065,842,455	\$115,156,999	\$829,564,001	\$121,121,455

Source: July 31, 2019 Kidcare Expenditures Social Services Estimating Conference
 August 6, 2019 Medicaid Expenditures Social Services Estimating Conference



Florida Healthy Kids Corporation: Community Outreach & Education

Year-round marketing efforts support consumer education and enrollment

- Florida law designates the Corporation as the lead marketing entity for Florida KidCare.
- A broad network of community partners (local health agencies, faith-based and youth-centric organizations) provide 'boots on the ground' and a trusted one-on-one application avenue
- Digital and social media advertising expand brand awareness, generate applications and support enrollment growth
- Partnerships with area non-profits, school-based groups and children's hospitals expand opportunities for greater market penetration
- Focus group testing ensures messaging and materials are easy-to-understand, culturally-relevant and effective
- Benefit-specific messaging differentiate Florida KidCare plans from private market offerings, encourage utilization and retention





Ron DeSantis, Governor
Chad Poppell, Secretary

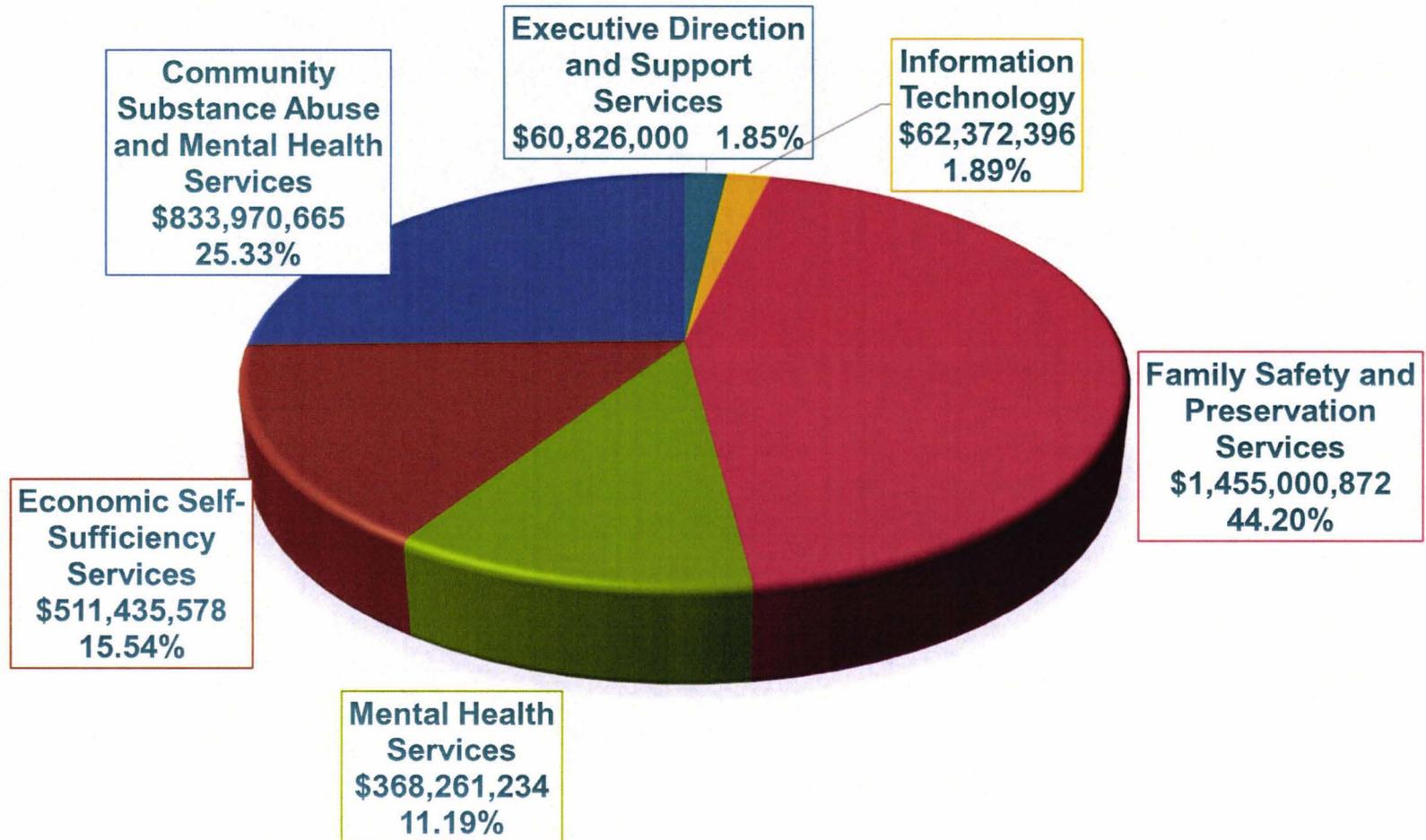
**Prepared for House Health Care Appropriations
Subcommittee**

**The Department of Children and Families
Fiscal Year 2020-21
Funding Priorities and Legislative Budget Request
October 16, 2019**

Mission:

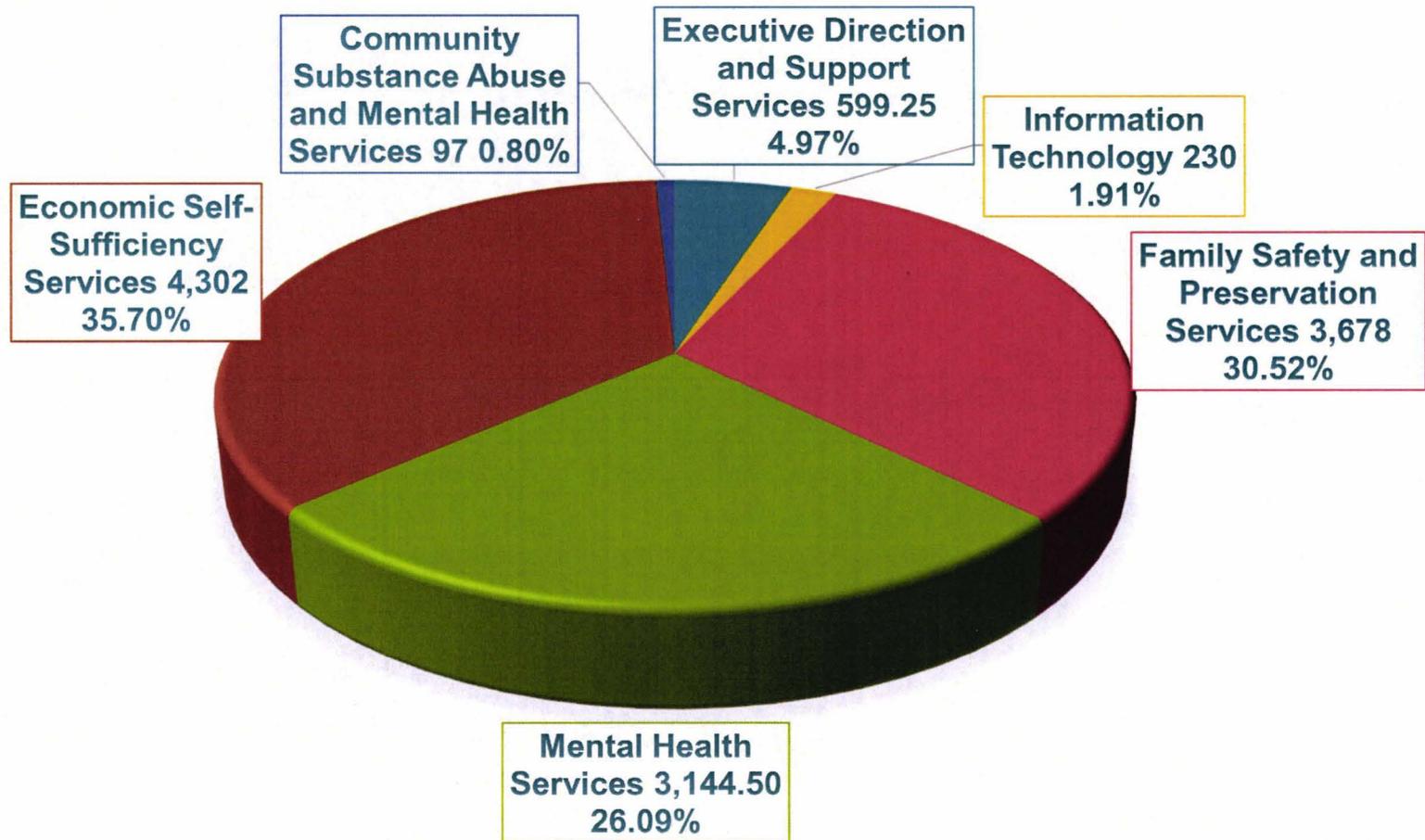
To work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.

Department Budget



Total Budget: \$3.3B

Department FTE



Total FTE: 12,050.75

Quality Assurance

History of Quality Assurance:

- 2007 – HQ reduced from 95 FTE to 5 FTE (47 FTE sent to Regions for QA and 43 FTE transferred to CBCs – decentralized model)
- 2009 – Quality management reporting requirements in CBC contracts are reduced
- 2011 – Reduced by 19 FTE (department reductions) Agency Overhead/Administration Reductions of 352 FTE

Why is restoring centralized Quality Assurance important to DCF success?

- Increased system accountability
- Ability to track transition from waiver to Title IV-E requirements
- Enhances preparation for FFPSA requirements
- Important tool in moving the needle on prevention and reducing the number of families in crisis

What Will a Quality Office Provide?

- Enhance the customer experience, equip operations with information to drive meaningful change, and ensure effective services are being deployed to improve client outcomes and systemic operations
- Individual Case Review team
 - Change the child welfare Continuous Quality Improvement model to an integrated and holistic, real-time, life-of-case model that includes behavioral health and economic self-sufficiency involvement
 - Continue federally-required QA processes
 - Stationed throughout the Regions
 - 125 FTE repurposed from within
 - 65 FTE currently performing varying QA functions in the programs and 60 FTE from anticipated ESS vacancies (\$5,257,136 for salaries and expense).
- System of Care QA team
 - Develop integrated systemic quality assurance that evaluates the effectiveness of service delivery and customer service for a geographic or service area, including the CBC, ME, subcontracted providers, ESS community partners, and DCF regional coordination
 - One multidisciplinary team per Region:
 - Team Leader
 - Child welfare policy expert
 - ESS policy expert
 - Behavioral health practitioner
 - General clinician
 - Administrative policy expert
 - Attorney
 - Six regional contracted multidisciplinary teams (\$8,623,680 for contracted services funding)

Differential Response

- Current Florida Standard is Immediate or 24 hour per ss. 39.201 and 39.301, F.S.
- Other states have varying response standards that consider severity, duration, circumstances surrounding the maltreatment, prior involvement, previous investigation findings, parents' criminal records, age of victim, and child vulnerability, and how much time has passed since the incident occurred
- Unintended consequences associated with Immediate and 24 hour only requirements
 - creates an undue burden on CPI capacity
 - requires same response time and investigation approach to every investigation
- Reports to the Florida Abuse Hotline FY 2018-19

Screened in	240,972
Screened out	95,311
Total Reports	336,283

Assessment Response Team (ART) Pilot

- NW region to better support CPIs
- Ten CPIs (Assessors), two supervisors, and one Operations Management Consultant
- Calls classified as Immediate or 24 hour
- 24 hour calls more in-depth assessment
- Success of the pilot?
 - 15-20% investigations diverted from frontline staff
 - Better informed and timely decision making
 - Improved caseloads and reduced backlog, days to closure, and overtime expenditures
 - Increase in prevention service connections

Differential Response Request

- Implementation is statewide
- 12 FTE and \$2,064,201
- Identify calls as screened out, Immediate, or 24 hour
- 24 hour calls receive in-depth review and if appropriate assigned 72-hour investigation:
 - Identify service needs and evaluated for prevention and intervention services
 - Cases handled with less intrusive approach
 - Targeted focus on data and information
- Benefits of screened out contact:
 - Connect caller with a community referral based on individual needs
 - Better approach for child and family
 - Stop family from going deeper in system
 - Reduce recidivism

Multidisciplinary Staffing and Case Consultation

- Current state – inexperienced CPI/Case managers making difficult life decisions
 - In-home vs out-of-home safety decisions (removal decisions)
 - Intergenerational abuse/complex family situations
 - Appropriate safety-management and interventional services
 - New investigations on open services cases (reunification decisions)
 - New investigations on foster/adoptive homes
 - Family disengaged with in home safety plans/at-risk of removal
- Approximately 40% of the DCF CPI workforce will generally consist of CPIs with under one year of experience.
- Approximately 70% of the DCF CPI workforce will generally consist of CPIs with under two years of experience.

Multidisciplinary Staffing and Case Consultation Request

- Provides behavioral health clinical staff to each county for on-site subject matter expertise to assist in identifying up-front services and consultations
- \$5,058,240 for contracted providers with specialized behavioral health training in:
 - Child Parent Psychotherapy
 - Parent-Child Interaction Therapy
 - Trauma-Focused Cognitive Behavioral Health Therapy
- Benefits: Better, more informed decisions for child & family
- CPI/case manager support can reduce turnover – improve experience

Evidence-Based Practices and Service Intervention

FFPSA becomes law in October 2021

Prevention services:

- Must be performed under a trauma-informed framework
- Must meet the requirements for being a promising, supported, or well-supported practice and be approved by Administration for Children and Families (ACF) Clearinghouse
- At least 50 percent of the statewide expenditures for provision of prevention services and programs in each FFY must be for those that meet the “well-supported” practice criteria
- Federal Clearinghouse must approve practice models
- Practice model adoption and fidelity to model

Evidence-Based Practices and Service Intervention Request

- \$25,200,000 to provide 42 clinical teams throughout the state at a cost of approximately \$600,000 per team
 - Teams include specialists in practice model implementation and fidelity
- The five selected programs have proven to be effective through rigorous research. The interventions include:
 - Parents as Teachers (PAT)
 - Multisystemic Therapy (MST)
 - Functional Family Therapy (FFT),
 - Parent-Child Interaction Therapy (PCIT), and
 - Motivational Interviewing (MI)
- Teams will be partners in assisting the adoption and fidelity to practice models
- Critical to successful transition to FFPSA

Community-Based Care Safety Management Services Restoration

- \$8,087,040 of nonrecurring funding since FY 2016-17
- Types of safety management services:
 - Crisis management
 - Behavior management
 - Separation services
 - Social connections
 - Resource supports
- Divert children from entering out-of-home care
- Support and stabilize the child's placement during transition back to the home
- Funding made available to approximately 11,000 unsafe children from January to June, 2019

Title IV-E Guardianship Assistance Program (GAP) Payments

- Title IV-E Waiver expired September 30, 2019
- Implemented GAP July 1, 2019 with payments available to parents after being licensed for 6 months – payments expected in January
- Issue will provide funding (federal) for these newly licensed guardians - \$7,592,655
- Benefits:
 - Better placement for the child
 - Additional funding support for guardian
 - Supports Title IV-E waiver transition
- Currently at 34.17% eligibility with March 31, 2020 target of 50%

Maintenance Adoption Subsidy (MAS) and Other Adoption Assistance (Growth)

Fiscal Year	Adoption Finalization Totals	Total Expenditures
2014-15	3,177	\$170,962,310
2015-16	3,468	\$179,427,658
2016-17	3,692	\$188,619,406
2017-18	4,169	\$200,299,024
2018-19	4,597	\$216,400,745

- Section 409.166(1), F.S., makes available adoption assistance to prospective adoptive parents to enable them to adopt a child in the state's foster care system who, because of his or her needs, has proven difficult to place in an adoptive home.
- Benefits:
 - Adoption subsidy is more funding support for parent
 - Better placement for the child
- Request covers anticipated growth with 4,700 projected adoptions - good news story
 - \$20,044,652 (\$9.4m GR)

Enhancing 211 Call Volume and Coordination Initiative

- Provides free, confidential information and referral services
 - Trained professionals are available 24/7
 - Help callers identify and connect with health and human service programs
- 885,044 calls statewide to 2-1-1 in Florida in 2018
 - 21% increase from 2017 (731,441 calls)
- Expand and enhance access to information and referral, care coordination, and crisis services including the National Suicide Prevention Lifeline
- Add capacity to three providers in 18 high volume counties to address increased call volume
- Allow us to provide better response and support for this population in crisis

Forensic Community Transitional Beds

Facility Type	# Beds	# on Waitlist	Average Waitlist Days
State Mental Health Treatment Facilities	1,652	69	8.3
Community Forensic Transition Beds	40	39	49

- Funding provided in FY 2016-17 for 40 transitional beds in 3 regions:
 - 16 beds in Northwest Region
 - 16 beds in Southeast Region
 - 8 beds in Suncoast Region

Forensic Community Transitional Beds Request

- Request 48 transition beds in other 3 regions:
 - 16 beds in Northeast Region
 - 16 beds in Central Region
 - 16 beds in Southern Region
- \$4,204,800
- Benefits:
 - Will reduce waitlist for transition beds
 - Will also reduce waitlist for forensic beds

Community Action Teams (CAT) Expansion

- The CAT team model is an integrated service delivery approach that utilizes a team of individuals to comprehensively address the needs of young persons (and their family) ages 11-21 with a mental health diagnosis and complex needs such as a history of hospitalizations, involvement with juvenile justice, or school problems
- Assists these young people to successfully remain with their families and connected to their community
- 40 current CAT teams providing statewide coverage
- In FY 2018-19, 3,081 people were served by CAT teams
- Waitlist totals as of 08/05/2019: 471
- Average served per provider: 75.15

Community Action Teams (CAT) Expansion Request

- LBR request is for ten new CAT teams and recurring funding for two nonrecurring teams
- Locations of teams: the two nonrecurring CAT teams will be serving Charlotte, Leon, Gadsden, and Wakulla counties and the nine new CAT teams will expand statewide access in areas with high waitlists and wait times
 - For these teams, the number of young people on the waitlist ranges from 37 to 114 and wait time for services ranges from 30 calendar days to up to four months for admission
- \$9,000,000

**BASE BUDGET
INSTRUCTIONS**

Purpose: Each subcommittee will identify reprioritizations through a targeted review of current spending by the agencies within the subcommittee's jurisdiction.

Process: Each subcommittee will be assigned a target amount for General Revenue and State Trust Fund reprioritizations. The subcommittee chair will assign agencies or subject areas to each committee member for review. Members wishing to review a specific area or agency should notify the subcommittee Budget Chief no later than October 18th of their preferences for consideration. Subcommittee members will be notified of assignments via email no later than October 22, 2019.

Committee members are asked to review agency base budgets, recurring base projects, and any agency recommended reductions to identify programs, services, functions, and activities that may no longer be the highest and best use of state resources. Each committee member is asked to recommend how those resources could be reprioritized within the agency, reprioritized within the subcommittee, or redirected to General Revenue.

Report: Subcommittee members will report back to the subcommittee chair no later than the week of January 13, 2020. Each subcommittee chair will provide a report to the Appropriations Committee no later than January 17, 2020.

Guidelines:

- The total reprioritization amount allocated to the subcommittee must be achieved by reprioritizing base appropriations; redirecting state trust fund appropriations to different programs; or redirecting state trust fund revenues to General Revenue.
- Reprioritizations cannot violate federal law or the U.S. or Florida constitution.
- Agency administrative costs can be reduced through reprioritizations but cannot be eliminated.
- Federal funds cannot be reprioritized; however, federal funding should be examined and suggestions made for potential revisions or reductions.
- Trust fund reprioritizations must provide information regarding the specific revenue source, as well as information regarding the specific program reduced. Any required statutory changes should also be noted.
- Reprioritized funds can be used to fund new issues or to increase funding for existing programs.
- Reprioritized funds cannot provide additional recurring funding to a recurring base appropriations project pursuant to House Rule 5.14.

Subcommittee Targets:

Subcommittee	General Revenue	State Trust Funds	TOTAL
Agriculture & Natural Resources	\$7.4	\$51.6	\$59.0
Government Operations & Technology	\$10.6	\$53.5	\$64.1
Health Care	\$434.8	\$219.6	\$654.4
Higher Education	\$231.5	\$64.2	\$295.7
Justice	\$220.0	\$26.5	\$246.5
PreK-12	\$497.2	\$22.8	\$520.0
Transportation & Tourism	\$3.5	\$62.6	\$66.1

Dollars in Millions