

Amendment No. 1 (for drafter's use only)

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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ORIGINAL STAMP BELOW

The Committee on Health & Human Services Appropriations
offered the following:

Amendment

Remove from the bill: Everything after the enacting clause
and insert in lieu thereof:

Section 1. Paragraph (b) of subsection (3) of section
409.912 is amended to read:

409.912 Cost-effective purchasing of health care.--The
agency shall purchase goods and services for Medicaid
recipients in the most cost-effective manner consistent with
the delivery of quality medical care. The agency shall
maximize the use of prepaid per capita and prepaid aggregate
fixed-sum basis services when appropriate and other
alternative service delivery and reimbursement methodologies,
including competitive bidding pursuant to s. 287.057, designed
to facilitate the cost-effective purchase of a case-managed
continuum of care. The agency shall also require providers to
minimize the exposure of recipients to the need for acute

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1 inpatient, custodial, and other institutional care and the
2 inappropriate or unnecessary use of high-cost services.

3 (3) The agency may contract with:

4 (b) An entity that is providing comprehensive
5 ~~inpatient and outpatient~~ behavioral ~~mental~~ health care
6 services plan licensed under chapter 624, chapter 636, or
7 chapter 641. Unless otherwise authorized by law, the agency
8 shall limit such contract to services provided to certain
9 Medicaid recipients in Hillsborough, Highlands, Hardee,
10 Manatee, ~~and~~ Polk, Escambia, Santa Rosa, Okaloosa, Walton,
11 Baker, Nassau, Duval, Clay, St. Johns, and Dade Counties,
12 through a capitated, prepaid arrangement pursuant to the
13 federal waiver provided for by s. 409.905(5). ~~Such an entity~~
14 ~~must become licensed under chapter 624, chapter 636, or~~
15 ~~chapter 641 by December 31, 1998, and is exempt from the~~
16 ~~provisions of part I of chapter 641 until then. However, if~~
17 ~~the entity assumes risk, the Department of Insurance shall~~
18 ~~develop appropriate regulatory requirements by rule under the~~
19 ~~insurance code before the entity becomes operational.~~

20 1. A county in which the agency seeks to implement its
21 authority to award contracts as provided in this subparagraph
22 that has a Medicaid population in excess of 300,000, the
23 agency shall award one contract for every 100,000 Medicaid
24 recipients.

25 2. The agency shall set as part of the competitive
26 procurement an allowable medical/loss ratio to limit
27 administrative costs and shall use industry standards, which
28 shall be adjusted based upon size of the plan.

29 3. In developing the behavioral health care prepaid
30 plan procurement document the agency shall consult and
31 coordinate with Department of Children and Family Services and

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1 the Department of Juvenile Justice. The Department of Children
2 and Family Services shall approve the sections of the
3 behavioral health care prepaid plan procurement document that
4 relates to children in the care and custody of Department of
5 Children and Family Services and their families. The
6 Department of Juvenile Justice shall approve the sections of
7 the behavioral health care prepaid plan procurement document
8 that relates to children in the care and custody of Department
9 of Juvenile Justice and their families.

10 4. A county that has a provider service network as
11 authorized in section 409.912, which provides behavioral
12 health care services and is an operation as of October 1,
13 1999, the agency shall not include those recipients served by
14 the provider service network in the behavioral health prepaid
15 plan, pursuant to this subsection.

16 5. As used in this paragraph:

17 a. "Behavioral health care" includes mental health and
18 substance abuse services.

19 b. "District" means any district of the Department of
20 Children and Family Services.

21 c. "Therapeutic or Supportive Foster Care Homes" means
22 any foster care program operated by a Medicaid Community
23 Mental Health provider which is a licensed residential child
24 caring or child placing agency as defined in section 409.175.

25 d. "Specialized Therapeutic Foster Care" means any
26 foster care program provided under the Medicaid Community
27 Mental Health Program service entitled specialized therapeutic
28 foster care.

29 6. Children residing in a Department of Juvenile
30 Justice residential program approved as a Medicaid Behavioral
31 Health Overlay Services provider shall not be included in

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1 behavioral health care prepaid plan pursuant to this
2 subparagraph.
3 7. When implementing the Behavioral Health Care
4 prepaid program in Baker, Nassau, Duval, Clay, St. Johns, and
5 Dade Counties, the agency shall not include the following:
6 a. dependent children placed by the Department of
7 Children and Family Services or children placed by a licensed
8 child placing agency into a licensed residential group care
9 facility which is operated by a Medicaid Community Mental
10 Health provider.
11 b. dependent children of the department receiving
12 therapeutic or supportive foster home care.
13 c. services to children in the care or custody of the
14 department while they are in emergency shelter.
15 d. children served under the Community Mental Health
16 program specialized therapeutic foster care.
17 8. When implementing the Behavioral Health Care
18 prepaid program in Baker, Nassau, Duval, Clay, St. Johns, and
19 Dade counties, the agency shall require that any existing
20 licensed child caring or child placing agency that is also a
21 Medicaid Community Mental Health Program provider will be part
22 of the provider network.
23 9. The agency and the department shall approve
24 behavioral health care criteria and protocols for services
25 provided to children referred from the child protection team
26 for follow-up services.
27 10. In all the behavioral health care prepaid plans,
28 substance abuse services shall be reimbursed fee for service
29 from State Medicaid funds until such time as the agency
30 determines that adequate funds are available for prepaid
31 methods. The agency shall insure that any contractors for

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1 pre-paid behavioral health services shall propose practical
2 methods of integrating mental health and substance abuse
3 services, including opportunities for community-based
4 substance abuse agencies to become partners in the provider
5 networks established at a district or area level, and to
6 participate in the development of protocols for substance
7 abuse services.

8 11. In developing the behavioral health care prepaid
9 plan procurement document, the agency must ensure that
10 conversion to a prepaid system of delivery shall not result in
11 the displacement of indigent care patients from facilities
12 receiving state funding to provide indigent behavioral health
13 care to facilities licensed under chapter 395 which do not
14 receive state subsidies unless the unsubsidized facilities are
15 reimbursed for the costs of all treatment, including medical
16 treatment which is a precondition to admission into a
17 subsidized facility. Traditional inpatient mental health
18 providers licensed pursuant to chapter 395 must be included in
19 any provider network for prepaid behavioral health services.

20 12. The agency shall notify the Legislature of the
21 status and plans to expand the behavioral managed care
22 projects to those counties designated in this paragraph by
23 October 1, 2000. With respect to any county or district in
24 which expansion of behavioral managed care projects cannot be
25 accomplished within the 3-year time frame, the plan must
26 clearly state the reasons the time frame cannot be met and the
27 efforts that should be made to address the obstacles, which
28 may include alternatives to behavioral managed care. The plan
29 must also address the status of services to children and their
30 families in the care and custody of the department and
31 Juvenile Justice. The plan must address how the services for

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1 those children and families will be integrated into the
2 comprehensive behavioral health care program or how services
3 will be provided using alternative methods over the 3-year
4 phase in.

5 13. For counties not specifically designated in this
6 paragraph, a local planning process shall be completed prior
7 to the agency expanding behavioral managed care projects to
8 other areas. The planning process shall be completed with
9 local community participation including, but not limited to,
10 input from community-based mental health, substance abuse,
11 child welfare, and delinquency providers currently under
12 contract with the Department of Children and Family Services,
13 Department of Juvenile Justice or the agency. Facilities
14 licensed under chapter 395 will be included in the local
15 planning process.

16 Section 2. This act shall take effect October 1, 1999.

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