

583-173AX-08

Bill No. CS for SB 2360, 1st Eng.

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

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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Representative(s) Murman offered the following:

Amendment (with title amendment)

On page 52, between lines 26 & 27,

insert:

Section 19. Paragraph (b) of subsection (3) of section 409.912, Florida Statutes, 1998 Supplement, 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 inpatient, custodial, and other institutional care and the

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1 inappropriate or unnecessary use of high-cost services.

2 (3) The agency may contract with:

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

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

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

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

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

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

15 5. As used in this paragraph:

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

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

20 c. "Specialized therapeutic foster care" means any
21 foster care program provided under the Medicaid community
22 mental health program service entitled specialized therapeutic
23 foster care.

24 d. "Therapeutic or supportive foster care home" means
25 any foster care program operated by a Medicaid community
26 mental health provider which is a licensed residential child
27 caring or child placing agency as defined in s. 409.175.

28 6. Children residing in a Department of Juvenile
29 Justice residential program approved as a Medicaid behavioral
30 health overlay services provider shall not be included in
31 behavioral health care prepaid plan pursuant to this

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1 paragraph.

2 7. When implementing the behavioral health care
3 prepaid program in Baker, Nassau, Duval, Clay, St. Johns, and
4 Dade Counties, the agency shall not include the following:

5 a. Dependent children placed by the Department of
6 Children and Family Services or children placed by a licensed
7 child placing agency into a licensed residential group care
8 facility which is operated by a Medicaid community mental
9 health provider.

10 b. Dependent children of the department receiving
11 therapeutic or supportive foster home care.

12 c. Services to children in the care or custody of the
13 department while they are in emergency shelter.

14 d. Children served under community mental health
15 program specialized therapeutic foster care.

16 8. When implementing the behavioral health care
17 prepaid program in Baker, Nassau, Duval, Clay, St. Johns, and
18 Dade Counties, the agency shall require that any existing
19 licensed child caring or child placing agency that is also a
20 Medicaid community mental health program provider will be part
21 of the provider network.

22 9. The agency and the Department of Children and
23 Family Services shall approve behavioral health care criteria
24 and protocols for services provided to children referred from
25 a child protection team for followup services.

26 10. In all the behavioral health care prepaid plans,
27 substance abuse services shall be reimbursed on a
28 fee-for-service basis from state Medicaid funds until such
29 time as the agency determines that adequate funds are
30 available for prepaid methods. The agency shall ensure that
31 any contractors for prepaid behavioral health services shall

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

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

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

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

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

17 ===== T I T L E A M E N D M E N T =====

18 And the title is amended as follows:

19 remove from the title of the bill: the entire title

21 and insert in lieu thereof:

22 A bill to be entitled

23 An act relating to health care; amending s.
24 400.462, F.S.; providing definitions; amending
25 s. 400.464, F.S.; establishing licensure and
26 exemptions from licensure requirements for home
27 health agencies; amending s. 400.471, F.S.;
28 providing insurance coverage requirements;
29 amending s. 400.474, F.S.; providing grounds
30 for disciplinary action, penalties for
31 operating without a license, and grounds for

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1 revocation or suspension of license; amending
2 s. 400.484, F.S.; establishing administrative
3 fines for various classes of deficiencies;
4 amending s. 400.487, F.S.; providing for
5 patient assessment and establishment and review
6 of plan of care; creating s. 400.488, F.S.;
7 providing for assistance with
8 self-administration of medication; amending s.
9 400.491, F.S.; providing for maintenance of
10 service provision plan; amending s. 400.497,
11 F.S.; providing for establishment of rules;
12 amending s. 400.506, F.S.; providing for
13 licensure of nurse registries; amending s.
14 400.509, F.S.; providing for registration of
15 particular service providers; amending s.
16 400.512, F.S.; providing for screening of home
17 health agency personnel; establishing a Task
18 Force on Home Health Services Licensure
19 Provisions; amending ss. 400.23, 400.441, F.S.;
20 requiring that rules adopted by the Agency for
21 Health Care Administration and the Department
22 of Elderly Affairs include provisions governing
23 the cooling of facilities; amending s.
24 458.3115, F.S.; revising requirements with
25 respect to eligibility of certain
26 foreign-licensed physicians to take and pass
27 standardized examinations; amending s.
28 458.3124, F.S.; changing the date by which
29 application for a restricted license must be
30 submitted; amending s. 301, ch. 98-166, Laws of
31 Florida; prescribing fees for foreign-licensed

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1 physicians taking a certain examination;
2 amending s. 409.912, F.S.; authorizing the
3 Agency for Health Care Administration to expand
4 managed care behavioral health services to
5 certain counties; providing requirements for
6 such services; providing for behavioral health
7 care plans; providing definitions; providing
8 exclusions for certain children; providing for
9 criteria and protocols; providing for certain
10 reimbursement; requiring a report to the
11 Legislature; providing an effective date.

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