

Bill No. CS for SB 2360

Amendment No.     

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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11	Senator Kirkpatrick moved the following amendment:		
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13	<b>Senate Amendment (with title amendment)</b>		
14	On page 41, between lines 8 and 9,		
15			
16	insert:		
17	Section 14. Paragraph (b) of subsection (3) of section		
18	409.912, 1998 Supplement, is amended to read:		
19	409.912 Cost-effective purchasing of health care.--The		
20	agency shall purchase goods and services for Medicaid		
21	recipients in the most cost-effective manner consistent with		
22	the delivery of quality medical care. The agency shall		
23	maximize the use of prepaid per capita and prepaid aggregate		
24	fixed-sum basis services when appropriate and other		
25	alternative service delivery and reimbursement methodologies,		
26	including competitive bidding pursuant to s. 287.057, designed		
27	to facilitate the cost-effective purchase of a case-managed		
28	continuum of care. The agency shall also require providers to		
29	minimize the exposure of recipients to the need for acute		
30	inpatient, custodial, and other institutional care and the		
31	inappropriate or unnecessary use of high-cost services.		

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1           (3) The agency may contract with:

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

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

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

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

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

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

13 5. As used in this paragraph:

14 a. "Behavioral health care" includes mental health  
15 and substance abuse services.

16 b "District" means any district of the Department of  
17 Children and Family Services.

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

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

26 6. Children residing in a Department of Juvenile  
27 Justice residential program approved as a Medicaid Behavioral  
28 Health Overlay Services provider shall not be included in  
29 behavioral health care prepaid plan pursuant to this  
30 subparagraph.

31 7. When implementing the Behavioral Health Care

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1 prepaid program in Dade County, the agency shall not include  
2 the following:

3 a. dependent children placed by the Department of  
4 Children and Family Services or children placed by a licensed  
5 child placing agency into a licensed residential group care  
6 facility which is operated by a Medicaid Community Mental  
7 Health provider.

8 b. dependent children of the department receiving  
9 therapeutic or supportive foster home care.

10 c. services to children in the care or custody of the  
11 department while they are in emergency shelter.

12 d. children served under the Community Mental Health  
13 program specialized therapeutic foster care.

14 8. When implementing the Behavioral Health Care  
15 prepaid program in Dade County, the agency shall require that  
16 any existing licensed child caring or child placing agency  
17 that is also a Medicaid Community Mental Health Program  
18 provider will be part of the provider network.

19 9. The agency and the department shall approve  
20 behavioral health care criteria and protocols for services  
21 provided to children referred from the child protection team  
22 for follow-up services.

23 10. In all the behavioral health care prepaid plans,  
24 substance abuse services shall be reimbursed fee for service  
25 from State Medicaid funds until such time as the agency  
26 determines that adequate funds are available for prepaid  
27 methods. The agency shall insure that any contractors for  
28 pre-paid behavioral health services shall propose practical  
29 methods of integrating mental health and substance abuse  
30 services, including opportunities for community-based  
31 substance abuse agencies to become partners in the provider

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1 networks established at a district or area level, and to  
2 participate in the development of protocols for substance  
3 abuse services.

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

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

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

12

13 (Redesignate subsequent sections.)

14

15

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

17 And the title is amended as follows:

18           On page 1, line 2, delete that line

19

20 and insert:

21           An act relating to health care; amending s.  
22           409.912, F.S.; authorizing the Agency for  
23           Health Care Administration to contract with  
24           entities providing behavioral health care  
25           services to certain Medicaid recipients in  
26           certain counties under certain circumstances;  
27           providing requirements; providing limitations;  
28           providing definitions;

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