

By the Committee on Health, Aging and Long-Term Care; and
Senators Silver and Kirkpatrick

317-1874-00

1 A bill to be entitled
2 An act relating to Medicaid managed behavioral
3 health care; amending s. 409.912, F.S.;
4 authorizing the Agency for Health Care
5 Administration to contract for prepaid
6 behavioral health care services for Medicaid
7 recipients in specified counties; providing
8 requirements for the agency in developing
9 procurement procedures; defining the term
10 "comprehensive behavioral health care
11 services"; providing deadlines for entering
12 such contracts; deleting provisions requiring
13 the Department of Insurance to develop certain
14 requirements for entities that provide mental
15 health care services; authorizing the Agency
16 for Health Care Administration to contract for
17 mental health and substance abuse treatment
18 services for Medicaid recipients through an
19 administrative services organization agreement;
20 providing requirements for procurement and
21 availability of such services; providing an
22 effective date.

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24 Be It Enacted by the Legislature of the State of Florida:

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26 Section 1. Paragraph (b) of subsection (3) of section
27 409.912, Florida Statutes, is amended, and paragraph (e) is
28 added to that subsection, to read:

29 409.912 Cost-effective purchasing of health care.--The
30 agency shall purchase goods and services for Medicaid
31 recipients in the most cost-effective manner consistent with

1 the delivery of quality medical care. The agency shall
2 maximize the use of prepaid per capita and prepaid aggregate
3 fixed-sum basis services when appropriate and other
4 alternative service delivery and reimbursement methodologies,
5 including competitive bidding pursuant to s. 287.057, designed
6 to facilitate the cost-effective purchase of a case-managed
7 continuum of care. The agency shall also require providers to
8 minimize the exposure of recipients to the need for acute
9 inpatient, custodial, and other institutional care and the
10 inappropriate or unnecessary use of high-cost services.

11 (3) The agency may contract with:

12 (b) An entity that is providing comprehensive
13 behavioral inpatient and outpatient mental health care
14 services to certain Medicaid recipients in Hillsborough,
15 Highlands, Hardee, Manatee, and Polk Counties, through a
16 capitated, prepaid arrangement pursuant to the federal waiver
17 provided for by s. 409.905(5). Such an entity must be become
18 licensed under chapter 624, chapter 636, or chapter 641 and
19 must possess the clinical systems and operational competence
20 to manage risk and provide comprehensive behavioral health
21 care to Medicaid recipients. As used in this paragraph, the
22 term "comprehensive behavioral health care services" means
23 covered mental health and substance abuse treatment services
24 that are available to Medicaid recipients. Any contract
25 awarded under this paragraph must be competitively procured.
26 The agency must ensure that Medicaid recipients have available
27 the choice of at least two managed care plans for their
28 behavioral health care services. The agency may reimburse for
29 substance-abuse-treatment services on a fee-for-service basis
30 until the agency finds that adequate funds are available for
31 capitated, prepaid arrangements.

1 1. By January 1, 2001, the agency shall modify the
2 contracts with the entities providing comprehensive inpatient
3 and outpatient mental health care services to Medicaid
4 recipients in Hillsborough, Highlands, Hardee, Manatee, and
5 Polk Counties, to include substance-abuse-treatment services.

6 2. By December 31, 2001, the agency shall contract
7 with entities providing comprehensive behavioral health care
8 services to Medicaid recipients through capitated, prepaid
9 arrangements in Broward, Charlotte, Collier, DeSoto, Escambia,
10 Glades, Hendry, Lee, Okaloosa, Pasco, Pinellas, Santa Rosa,
11 Sarasota, and Walton Counties.~~by December 31, 1998, and is~~
12 ~~exempt from the provisions of part I of chapter 641 until~~
13 ~~then. However, if the entity assumes risk, the Department of~~
14 ~~Insurance shall develop appropriate regulatory requirements by~~
15 ~~rule under the insurance code before the entity becomes~~
16 ~~operational.~~

17 (e) An entity that provides comprehensive behavioral
18 health care services to certain Medicaid recipients through an
19 administrative services organization agreement. Such an entity
20 must possess the clinical systems and operational competence
21 to provide comprehensive health care to Medicaid recipients.
22 As used in this paragraph, the term "comprehensive behavioral
23 health care services" means covered mental health and
24 substance abuse treatment services that are available to
25 Medicaid recipients. Any contract awarded under this paragraph
26 must be competitively procured. The agency must ensure that
27 Medicaid recipients have available the choice of at least two
28 managed care plans for their behavioral health care services.

29 Section 2. This act shall take effect July 1, 2000.
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STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
COMMITTEE SUBSTITUTE FOR
Senate Bill 1046

The Committee Substitute allows the agency to contract with an entity which provides comprehensive behavioral health care services to certain Medicaid recipients through an administrative services organization agreement. Such an entity must possess clinical systems and operational competence to provide comprehensive health care to Medicaid recipients.