

Amendment No. 2a (for drafter's use only)

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

The Council for Healthy Communities offered the following:

Amendment

On page 10, line 5 to page 20, line 15
remove from the bill: all said lines

and insert in lieu thereof:

Section 7. Behavioral Health Service Delivery
Strategies.--

(1) LEGISLATIVE FINDINGS AND INTENT.--The Legislature
finds that a management structure that places the
responsibility for mental health and substance-abuse-treatment
services within a single entity and that contains a flexible
funding arrangement will allow for customized services to meet
individual client needs and will provide incentives for
provider agencies to serve persons in the target population
who have the most complex treatment and support needs. The
Legislature recognizes that in order for the state's publicly
funded mental health and substance-abuse-treatment systems to
evolve into a single well-integrated behavioral health system,
a transition period is needed and demonstration sites must be

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1 established where new ideas and technologies can be tested and
2 critically reviewed.
3 (2) DEFINITIONS.--As used in this section, the term:
4 (a) "Behavioral health services" means mental health
5 services and substance-abuse-treatment services that are
6 provided with state and federal funds.
7 (b) "Managing entity" means an entity that manages the
8 delivery of behavioral health services.
9 (3) SERVICE DELIVERY STRATEGIES.--The Department of
10 Children and Family Services and the Agency for Health Care
11 Administration shall develop service delivery strategies that
12 will improve the coordination, integration, and management of
13 the delivery of mental health and substance-abuse-treatment
14 services to persons with emotional, mental, or addictive
15 disorders. It is the intent of the Legislature that a
16 well-managed service delivery system will increase access for
17 those in need of care, improve the coordination and continuity
18 of care for vulnerable and high-risk populations, redirect
19 service dollars from restrictive care settings and out-of-date
20 service models to community-based psychiatric rehabilitation
21 services, and reward cost-effective and appropriate care
22 patterns. The Legislature recognizes that the Medicaid, mental
23 health, and substance-abuse-treatment programs are three
24 separate systems and that each has unique characteristics,
25 including unique requirements for eligibility. To move toward
26 a well-integrated system of behavioral health care services
27 will require careful planning and implementation. It is the
28 intent of the Legislature that the service delivery strategies
29 will be the first phase of transferring the provision and
30 management of mental health and substance-abuse-treatment
31 services provided by the Department of Children and Family

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1 Services and the Medicaid program from traditional
2 fee-for-service and unit-cost contracting methods to
3 risk-sharing arrangements. As used in this section, the term
4 "behavioral health care services" means mental health services
5 and substance-abuse-treatment services that are provided with
6 state and federal funds.
7 (4) CONTRACT FOR SERVICES.--
8 (a) The Department of Children and Family Services and
9 the Agency for Health Care Administration may contract for the
10 provision or management of behavioral health services with a
11 managing entity in at least two geographic areas. Both the
12 Department of Children and Family Services and the Agency for
13 Health Care Administration must contract with the same
14 managing entity in any distinct geographic area where the
15 strategy operates. This managing entity shall be accountable
16 for the delivery of behavioral health services specified by
17 the department and the agency for children, adolescents, and
18 adults. The geographic area must be of sufficient size in
19 population and have enough public funds for behavioral health
20 services to allow for flexibility and maximum efficiency. At
21 least one demonstration model must be in the G. Pierce Wood
22 Memorial Hospital catchment area.
23 (b) Under one of the service delivery strategies, the
24 Department of Children and Family Services may contract with a
25 prepaid mental health plan that operates under section
26 409.912, Florida Statutes, to be the managing entity. Under
27 this strategy, the Department of Children and Family Services
28 is not required to competitively procure those services and,
29 notwithstanding other provisions of law, may employ
30 prospective payment methodologies that the department finds
31 are necessary to improve client care or institute more

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1 efficient practices. The Department of Children and Family
2 Services may employ in its contract any provision of the
3 current prepaid behavioral health care plan authorized under
4 s. 409.912(3)(a) and (b), Florida Statutes, or any other
5 provision necessary to improve quality, access, continuity,
6 and price. Any contracts under this strategy in Area 6 of the
7 Agency for Health Care Administration or in the prototype
8 region under section 20.19(7), Florida Statutes, of the
9 Department of Children and Family Services may be entered with
10 the existing substance-abuse-treatment provider network if an
11 administrative services organization is part of its network.
12 In Area 6 of the Agency for Health Care Administration or in
13 the prototype region of the Department of Children and Family
14 Services, the Department of Children and Family Services and
15 the Agency for Health Care Administration may employ
16 alternative service delivery and financing methodologies,
17 which may include prospective payment for certain population
18 groups. The population groups that are to be provided these
19 substance-abuse services would include at a minimum:
20 individuals and families receiving family safety services;
21 Medicaid-eligible children, adolescents, and adults who are
22 substance-abuse-impaired; or current recipients and persons at
23 risk of needing cash assistance under Florida's welfare reform
24 initiatives.

25 (c) Under the second service delivery strategy, the
26 Department of Children and Family Services and the Agency for
27 Health Care Administration shall competitively procure a
28 contract for the management of behavioral health services with
29 a managing entity. The Department of Children and Family
30 Services and the Agency for Health Care Administration may
31 purchase from the managing entity the management services

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1 necessary to improve continuity of care and access to care,
2 contain costs, and improve quality of care. The managing
3 entity shall manage and coordinate all publicly funded
4 diagnostic or assessment services, acute care services,
5 rehabilitative services, support services, and continuing care
6 services for persons who meet the financial criteria specified
7 in part IV of chapter 394, Florida Statutes, for publicly
8 funded mental health and substance-abuse-treatment services or
9 for persons who are Medicaid eligible. The managing entity
10 shall be solely accountable for a geographic area and shall
11 coordinate the emergency care system. The managing entity may
12 be a network of existing providers with an
13 administrative-services organization that can function
14 independently, may be an administrative-services organization
15 that is independent of local provider agencies, or may be an
16 entity of state or local government.

17 (d) Under both strategies, the Department of Children
18 and Family Services and the Agency for Health Care
19 Administration may:

20 1. Establish benefit packages based on the level of
21 severity of illness and level of client functioning;

22 2. Align and integrate procedure codes, standards, or
23 other requirements if it is jointly determined that these
24 actions will simplify or improve client services and
25 efficiencies in service delivery;

26 3. Use prepaid per capita and prepaid aggregate
27 fixed-sum payment methodologies; and

28 4. Modify their current procedure codes to increase
29 clinical flexibility, encourage the use of the most-effective
30 interventions, and support rehabilitative activities.

31 (e) The cost of the managing entity contract shall be

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1 funded through a combination of funds from the Department of
2 Children and Family Services and the Agency for Health Care
3 Administration. To operate the managing entity, the Department
4 of Children and Family Services and the Agency for Health Care
5 Administration may not expend more than 10 percent of the
6 annual appropriations for mental health and
7 substance-abuse-treatment services prorated to the geographic
8 areas and must include all behavioral health Medicaid funds,
9 including psychiatric inpatient funds. This restriction does
10 not apply to a prepaid behavioral health plan that is
11 authorized under section 409.912(3)(a) and (b), Florida
12 Statutes.

13 (f) Contracting and payment mechanisms for services
14 should promote flexibility and responsiveness and should allow
15 different categorical funds to be combined. The service array
16 should be determined by using needs assessment and
17 best-practice models.

18 (5) STATEWIDE ACTIONS.--If Medicaid appropriations for
19 Community Mental Health Services or Mental Health Targeted
20 Case Management are reduced in Fiscal Year 2001-02, the agency
21 and the department shall jointly develop and implement
22 strategies that reduce service costs in a manner that
23 mitigates the impact on persons in need of those services. The
24 agency and department may employ any methodologies on a
25 regional or statewide basis necessary to achieve the
26 reduction, including but not limited to use of case rates,
27 prepaid per capita contracts, utilization management, expanded
28 use of care management, use of waivers from the Health Care
29 Financing Administration to maximize federal matching of
30 current local and state funding, modification or creation of
31 additional procedure codes, and certification of match or

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- 1 other management techniques.
- 2 (6) GOALS.--The goal of the service delivery
3 strategies is to provide a design for an effective
4 coordination, integration, and management approach for
5 delivering effective behavioral health services to persons who
6 are experiencing a mental health or substance abuse crisis,
7 who have a disabling mental illness or substance abuse
8 disorder and will require extended services in order to
9 recover from their illness, or who need brief treatment or
10 supportive interventions to avoid a crisis or disability.
- 11 Other goals of the models include the following:
- 12 (a) Improve accountability for a local system of
13 behavioral health care services to meet performance outcomes
14 and standards.
- 15 (b) Assure continuity of care for all children,
16 adolescents, and adults who enter the publicly funded
17 behavioral health service system.
- 18 (c) Provide early diagnosis and treatment
19 interventions to enhance recovery and prevent hospitalization.
- 20 (d) Improve assessment of local needs for behavioral
21 health services.
- 22 (e) Improve the overall quality of behavioral health
23 services through the use of best-practice models.
- 24 (f) Demonstrate improved service integration between
25 behavioral health programs and other programs, such as
26 vocational rehabilitation, education, child welfare, primary
27 health care, emergency services, and criminal justice.
- 28 (g) Provide for additional testing of creative and
29 flexible strategies for financing behavioral health services
30 to enhance individualized treatment and support services.
- 31 (h) Control the costs of services without sacrificing

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1 quality of care.

2 (i) Coordinate the admissions and discharges from
3 state mental health hospitals and residential treatment
4 centers.

5 (j) Improve the integration, accessibility, and
6 dissemination of behavioral health data for planning and
7 monitoring purposes.

8 (k) Promote specialized behavioral health services to
9 residents of assisted living facilities.

10 (l) Reduce the admissions and the length of stay for
11 dependent children in residential treatment centers.

12 (m) Provide services to abused and neglected children
13 and their families as indicated in court-ordered case plans.

14 (7) ESSENTIAL ELEMENTS.--

15 (a) The managing entity must demonstrate the ability
16 of its network of providers to comply with the pertinent
17 provisions of chapters 394 and 397, Florida Statutes, and to
18 assure the provision of comprehensive behavioral health
19 services. The network of providers shall include, but is not
20 limited to, mental health centers, substance-abuse-treatment
21 providers, hospitals, licensed psychiatrists, licensed
22 psychiatric nurses, and mental health professionals licensed
23 under chapter 490 or chapter 491, Florida Statutes. A
24 behavioral health client served by the network under the
25 service delivery strategies may reside in his or her own home
26 or in settings including, but not limited to, assisted living
27 facilities, skilled nursing facilities, foster homes, or group
28 homes.

29 (b) The target population to be served in the service
30 delivery strategies must include children, adolescents, and
31 adults who fall into the following categories:

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- 1 1. Adults in mental health crisis;
- 2 2. Older adults in crisis;
- 3 3. Adults with serious and persistent mental illness;
- 4 4. Adults with substance-abuse problems;
- 5 5. Adults with forensic involvement;
- 6 6. Older adults with severe and persistent mental
- 7 illness;
- 8 7. Older adults with substance-abuse problems;
- 9 8. Children and adolescents with serious emotional
- 10 disturbances as defined in section 394.492(6), Florida
- 11 Statutes;
- 12 9. Children with substance-abuse problems as defined
- 13 in section 397.93(2), Florida Statutes;
- 14 10. Children and adolescents in state custody pursuant
- 15 to chapter 39, Florida Statutes; and
- 16 11. Children and adolescents in residential commitment
- 17 programs of the Department of Juvenile Justice pursuant to
- 18 chapter 985, Florida Statutes.
- 19 (c) The service delivery strategies must include a
- 20 continuing care system for persons whose clinical and
- 21 functional status indicates the need for these services. These
- 22 persons will be eligible for a range of treatment,
- 23 rehabilitative, and support services until they no longer need
- 24 the services to maintain or improve their level of
- 25 functioning. Given the long-term nature of some mental and
- 26 addictive disorders, continuing care services should be
- 27 sensitive to the variable needs of individuals across time and
- 28 shall be designed to help assure easy access for persons with
- 29 these long-term problems. The Department of Children and
- 30 Family Services shall develop criteria for the continuing care
- 31 program for behavioral health services.

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1 (d) A local body or group must be identified by the
2 district administrator of the Department of Children and
3 Family Services to serve in an advisory capacity to the
4 behavioral health service delivery strategy and must include
5 representatives of the local school system, the judicial
6 system, county government, public and private Baker Act
7 receiving facilities, and law enforcement agencies; a consumer
8 of the public behavioral health system; and a family member of
9 a consumer of the publicly funded system. This advisory body
10 may be the community alliance established under section
11 20.19(6), Florida Statutes, or any other suitable established
12 local group.

13 (e) The managing entity shall ensure that written
14 cooperative agreements are developed among the judicial
15 system, the criminal justice system, and the local behavioral
16 health providers in the geographic area which define
17 strategies and alternatives for diverting, from the criminal
18 justice system to the civil system as provided under part I of
19 chapter 394, Florida Statutes, or chapter 397, Florida
20 Statutes, persons with behavioral health problems who are
21 arrested for a misdemeanor. These agreements must also address
22 the provision of appropriate services to persons with
23 behavioral health problems who leave the criminal justice
24 system.

25 (f) Managing entities must submit data to the
26 Department of Children and Family Services and the Agency for
27 Health Care Administration on the use of services and the
28 outcomes for all enrolled clients. Managing entities must meet
29 performance standards developed by the Agency for Health Care
30 Administration and the Department of Children and Family
31 Services related to:

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1 1. The rate at which individuals in the community
2 receive services, including persons who receive followup care
3 after emergencies.

4 2. Clinical improvement of individuals served,
5 clinically and functionally.

6 3. Reduction of jail admissions.

7 4. Consumer and family satisfaction.

8 5. Satisfaction of key community constituents such as
9 law enforcement agencies, juvenile justice agencies, the
10 courts, the schools, local government entities, and others as
11 appropriate for the locality.

12 (g) The Agency for Health Care Administration may
13 establish a certified match program, which must be voluntary.
14 Under a certified match program, reimbursement is limited to
15 the federal Medicaid share to Medicaid-enrolled strategy
16 participants. The agency shall take no action to implement a
17 certified match program without ensuring that the consultation
18 provisions of chapter 216, Florida Statutes, have been met.
19 The agency may seek federal waivers that are necessary to
20 implement the behavioral health service delivery strategies.

21 (h)1. The Department of Children and Family Services,
22 in consultation with the Agency for Health Care
23 Administration, shall prepare an amendment by October 31,
24 2001, to the 2001 master state plan required under section
25 394.75(1), Florida Statutes, which describes each service
26 delivery strategy, including at least the following details:

27 a. Operational design;

28 b. Counties or service districts included in each
29 strategy;

30 c. Expected outcomes; and

31 d. Timeframes.

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1 2. The amendment shall specifically address the
2 application of each service delivery strategy to
3 substance-abuse services, including:

4 a. The development of substance-abuse-service
5 protocols;

6 b. Credentialing requirements for substance-abuse
7 services; and

8 c. The development of new service models for
9 individuals with co-occurring mental health and
10 substance-abuse disorders.

11 3. The amendment must specifically address the
12 application of each service delivery strategy to the child
13 welfare system, including:

14 a. The development of service models that support
15 working with both children and their families in a
16 community-based care system and that are specific to the child
17 welfare system.

18 b. A process for providing services to abused and
19 neglected children and their families as indicated in
20 court-ordered case plans.

21 (8) MONITORING AND EVALUATION.--The Department of
22 Children and Family Services and the Agency for Health Care
23 Administration shall provide routine monitoring and oversight
24 of and technical assistance to the managing entities. The
25 Louis de la Parte Florida Mental Health Institute shall
26 conduct an ongoing formative evaluation of each strategy to
27 identify the most effective methods and techniques used to
28 manage, integrate, and deliver behavioral health services. The
29 entity conducting the evaluation shall report to the
30 Department of Children and Family Services, the Agency for
31 Health Care Administration, the Executive Office of the

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1 Governor, and the Legislature every 12 months regarding the
2 status of the implementation of the service delivery
3 strategies. The report must include a summary of activities
4 that have occurred during the past 12 months of implementation
5 and any problems or obstacles that prevented, or may prevent
6 in the future, the managing entity from achieving performance
7 goals and measures. The first status report is due January 1,
8 2002. After the service delivery strategies have been
9 operational for 1 year, the status report must include an
10 analysis of administrative costs and the status of the
11 achievement of performance outcomes. Upon receiving the annual
12 report from the evaluator, the Department of Children and
13 Family Services and the Agency for Health Care Administration
14 shall jointly make any recommendations to the Executive Office
15 of the Governor regarding changes in the service delivery
16 strategies or in the implementation of the strategies,
17 including timeframes.

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

21 And the title is amended as follows:

22 On page 2, line 14 to page 3, line 8
23 remove from the title of the bill: all said lines

24

25 and insert in lieu thereof:

26 providing legislative findings with respect to
27 providing mental health and
28 substance-abuse-treatment services; permitting
29 the Department of Children and Family Services
30 and the Agency for Health Care Administration
31 to contract for the establishment of two

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1 behavioral health service delivery strategies
2 to test methods and techniques for
3 coordinating, integrating, and managing the
4 delivery of mental health services and
5 substance-abuse-treatment services for persons
6 with emotional, mental, or addictive disorders;
7 requiring a managing entity for each service
8 delivery strategy; requiring that costs be
9 shared by the Department of Children and Family
10 Services and the Agency for Health Care
11 Administration; specifying the goals of the
12 service delivery strategies; specifying the
13 target population of persons to be enrolled
14 under each strategy; requiring a continuing
15 care system; requiring an advisory body for
16 each demonstration model; requiring certain
17 cooperative agreements; providing reporting
18 requirements; requiring an independent entity
19 to evaluate the service delivery strategies;
20 requiring annual

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