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CHAMBER ACTION
              Senate
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    Senator Lynn moved the following amendment:
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           Senate Amendment (with title amendment)
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           On page 2, line 28, through page 7, line 7, delete
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   those lines,
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   and insert:
           Section 2. Section 394.655, Florida Statutes is
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   created to read:
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           394.655 The Substance Abuse and Mental Health
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   Corporation; powers and duties; composition; evaluation and
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   reporting requirements. --
          (1) It is the intent of the Legislature to provide
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   substance abuse and mental health services that are
   coordinated and consistent throughout the state, that reflect
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   the current state of knowledge regarding quality and
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27
   effectiveness, and that are responsive to service recipients
   and the needs of communities in this state. In order to
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   accomplish this intent, there is created a not-for-profit
   corporation, to be known as the "Florida Substance Abuse and
30
31 Mental Health Corporation, Inc., " which shall be registered,
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1	incorporated, organized, and operated in compliance with
2	chapter 617 and which shall not be a unit or entity of state
3	government. The Florida Substance Abuse and Mental Health
4	Corporation, hereafter referred to as "the corporation," shall
5	<u>be administratively housed within the Department of Children</u>
б	and Family Services. Though the corporation is not subject to
7	the control of the department, the corporation shall work
8	collaboratively with the department to improve the state's
9	mental health and substance abuse systems. As used in this
10	section, "the department" means the Department of Children
11	and Family Services.
12	(2) The Legislature finds that public policy and the
13	State Constitution require that the corporation and any
14	committees it forms be subject to the provisions of chapter
15	119 relating to public records and the provisions of chapter
16	286 relating to public meetings.
17	(3)(a) The Florida Substance Abuse and Mental Health
18	Corporation shall be responsible for oversight of the publicly
19	funded substance abuse and mental health systems and for
20	making policy and resources recommendations which will improve
21	the coordination, quality and efficiency of the system.
22	Subject to and consistent with direction set by the
23	Legislature, the corporation shall exercise the following
24	responsibilities:
25	1. Review and assess the collection and analysis of
26	needs assessment data as described in s. 394.82.
27	2. Review and assess the status of the publicly funded
28	mental health and substance abuse systems and recommend policy
29	designed to improve coordination and effectiveness.
30	3. Provide mechanisms for substance abuse and mental
31	health stakeholders, including consumers, family members,

Bill No. CS for SB 2404 Amendment No. Barcode 103890 providers, and advocates to provide input concerning the 1 1 management of the overall system. 2 4. Recommend priorities for service expansion. 3 4 5. Prepare budget recommendations to be submitted to 5 the appropriate departments for consideration in the development of their legislative budget requests and provide б 7 copies to the Governor, President of the Senate and Speaker of 8 the House of Representatives for their consideration. 6. Review data regarding the performance of the 9 publicly funded substance abuse and mental health systems. 10 11 7. Make recommendations concerning strategies for 12 improving the performance of the systems. 13 8. Review, assess and forecast substance abuse and 14 mental health manpower needs and work with the department and 15 the educational system to establish policies, consistent with 16 the direction of the Legislature, which will ensure that the 17 state has the personnel it needs to continuously implement and 18 improve its services. 19 (b) The corporation shall work with the department and 20 the Agency for Health Care Administration to assure, to the maximum extent possible, that Medicaid and department-funded 21 2.2 services are delivered in a coordinated manner, using common service definitions, standards, and accountability mechanisms. 23 (c) The corporation shall also work with other 24 agencies of state government which provide, purchase, or fund 25 substance abuse and mental health programs and services in 26 order to work toward fully developed and integrated, when 27 28 appropriate, substance abuse and mental health systems that 29 reflect current knowledge regarding efficacy and efficiency 30 and use best practices identified within this state or other 31 states.

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Bill No. CS for SB 2404 Amendment No. Barcode 103890 (d) The corporation shall develop memoranda of 1 understanding that describe how it will coordinate with other 2 programmatic areas within the department and with other state 3 agencies that deliver or purchase substance abuse or mental 4 5 health services. (4) Unless otherwise prohibited by state or federal б 7 law, and pursuant to the agreement provided in the contract 8 required in subsection (5), the department shall provide information requested by the corporation in a reasonable 9 manner that allows for timely review by the corporation for 10 11 items as set forth in subsection (3) and specified in the 12 contract provided for in subsection (5). 13 (5) The corporation and the department must enter into 14 a contract that requires the department to consider and respond to the recommendations of the corporation and 15 16 describes how the department will respond to the corporation's requests for documents, reports, and proposals 17 needed by the corporation in order for it to carry out its 18 19 responsibilities as described in paragraph (3)(a). 20 (6)(a) The corporation shall be comprised of 12 members, each appointed to a 2-year term, with not more than 21 2.2 three subsequent reappointments, except that initial legislative appointments shall be for 3-year terms. Four 23 members shall be appointed by the Governor, four members shall 24 25 be appointed by the President of the Senate, and four members shall be appointed by the Speaker of the House of 26 27 Representatives. 28 1. The four members appointed by the Governor must be 29 prominent community or business leaders, two of whom must have experience and interest in substance abuse and two of whom 30 31 must have experience and interest in mental health.

1	2. Of the four members appointed by the President of
2	the Senate, one member must represent the perspective of
3	community-based care under chapter 409, one member must be a
4	former client or family member of a client of a publicly
5	funded mental health program, and two members must be
6	prominent community or business leaders, one of whom must
7	have experience and interest in substance abuse and one of
8	whom must have experience and interest in mental health.
9	3. Of the four members appointed by the Speaker of the
10	House of Representatives, one member must be a former client
11	or family member of a client of a publicly funded substance
12	abuse program, one member must represent the perspective of
13	the criminal justice system, and two members must be prominent
14	community or business leaders, one of whom must have
15	experience and interest in substance abuse and one of whom
16	must have experience and interest in mental health. The
17	Secretary of the Department of Children and Family Services,
18	or his or her designee, the Secretary of the Agency for Health
19	Care Administration, or his or her designee, and a
20	representative of local government designated by the Florida
21	Association of Counties shall serve as ex officio members of
22	the corporation.
23	(b) The corporation shall be chaired by a member
24	designated by the Governor who may not be a public sector
25	employee.
26	(c) Persons who derive their income from resources
27	controlled by the Department of Children and Family Services
28	or the Agency for Health Care Administration may not be
29	members of the corporation.
30	(d) The Governor, the President of the Senate, and the
31	Speaker of the House of Representatives shall make their

Bill No. CS for SB 2404 Amendment No. Barcode 103890 respective appointments within 60 days after the effective 1 1 date of this act. 2 (e) A member of the corporation may be removed by the 3 appointing party for cause. Absence from three consecutive 4 5 meetings shall result in automatic removal. The chairperson of the corporation shall notify the appointing party of such б 7 absences. 8 (f) The corporation shall develop by-laws that describe how it will conduct its work. 9 (q) The corporation shall meet at least quarterly and 10 11 at other times upon the call of its chair. Corporation 12 meetings may be held via teleconference or other electronic 13 means. (h) A majority of the total current membership of the 14 15 corporation constitutes a quorum of the corporation. The 16 corporation may only meet and take action when a quorum is 17 present. (i) Within resources appropriated by the Legislature 18 19 and other funds available to the corporation, the chairperson 20 of the corporation may appoint advisory committees to address and advise the corporation on particular issues within its 21 2.2 scope of responsibility. Members of advisory committees are not subject to the prohibition in paragraph (c). 23 (j) Members of the corporation and its committees 24 25 shall serve without compensation but are entitled to 26 reimbursement for travel and per diem expenses pursuant to s. 27 112.061. 28 (k) Each member of the corporation who is not 29 otherwise required to file a financial disclosure statement 30 pursuant to s. 8, Art. II of the State Constitution or s. 31 112.3144 must file disclosure of financial interests pursuant

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1 <u>to s. 112.3145.</u>

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2	(7) The corporation may purchase expert consultation
3	and staff support services necessary to perform its duties
4	from funds appropriated to the department for this purpose.
5	In addition, within resources appropriated to the department
6	for the corporation, the corporation may appoint one employee
7	who shall serve as the liaison between the corporation, the
8	state agencies and organizations with which the corporation
9	contracts or enters into memoranda of agreement. This
10	employee shall be appointed by and serve at the pleasure of
11	the corporation and is an employee of the corporation, not of
12	the state. Provision of other staff support required by the
13	corporation shall be provided by the department as negotiated
14	in the contract developed pursuant to subsection (5).
15	(8) The corporation must develop a budget request for
16	its operation and must submit the request to the Governor and
17	the Legislature pursuant to chapter 216 through the secretary
18	of the department who may not modify the budget request before
19	it is submitted or after the corporation's funding is
20	appropriated by the Legislature.
21	(9) The corporation shall provide for an annual
22	financial audit of its financial accounts and records by an
23	independent certified public accountant. The annual audit
24	report shall include a management letter in accordance with s.
25	11.45 and a detailed supplemental schedule of expenditures for
26	each expenditure category. The annual audit report must be
27	submitted to the Governor, the department, and the Auditor
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28	<u>General for review.</u>
28 29	<u>(10) The corporation must annually evaluate and, in</u>

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1	substance abuse and mental health systems. The corporation's
2	first report must be submitted in December, 2004. Each public
3	sector agency that delivers, or contracts for the provision
4	of, substance abuse or mental health services must cooperate
5	with the corporation in the development of this annual
б	evaluation and report. As part of the annual report, the
7	corporation and department shall each certify as to whether
8	the corporation and the department are complying with the
9	terms of the contract required in subsection (5) in a manner
10	that is consistent with the goals and purposes of the
11	corporation and in the best interest of the state.
12	(11) This section expires on October 1, 2006, unless
13	reviewed and reenacted by the Legislature before that date.
14	Section 3. <u>Section 20.19 (2)(c), Florida Statutes, as</u>
15	created by this act, and section 20.19(4)(b)6. and 8., shall
16	expire on October 1, 2006, unless reviewed and reenacted by
17	the Legislature before that date.
18	Section 4. <u>By February 1, 2006, the Office of Program</u>
19	Policy Analysis and Government Accountability and the Auditor
20	General shall jointly conduct an evaluation of the state's
21	substance abuse and mental health systems and its management.
22	The evaluation shall, at a minimum, address the extent to
23	which the corporation has carried out its responsibilities as
24	described in s. 394.655 (3)(a), the degree to which the
25	department and other affected state agencies have cooperated
26	with the corporation as directed in s. 394.655, and the impact
27	the organizational changes described in ss. 20.19 (2)(c) and
28	394.655 as created by this act have had on the substance abuse
29	and mental health systems in the following areas:
30	1. The coordination of services delivered or paid for
31	by the various departments involved in delivering or

Bill No. CS for SB 2404 Amendment No. Barcode 103890 purchasing state funded mental health or substance abuse 1 1 services. 2 2. The efficiency of service delivery to clients for 3 whom the responsibility for care moves from one department of 4 5 state government to another. 3. The overall quality of publicly funded substance б abuse and mental health services and its consistency across 7 8 departments. 9 4. The use of common evidence-based standards. 5. The collection and analysis of common information 10 11 which describes the services delivered and outcomes achieved 12 for individuals receiving state funded mental health and 13 substance abuse services. 6. The satisfaction of service recipients and of 14 15 Florida's communities with the state funded mental health and substance abuse service delivery system. The evaluation shall 16 commence with the initial operation of the corporation. An 17 initial report and a final report of the evaluation must be 18 19 submitted to the Governor, President of the Senate, and 20 Speaker of the House of Representatives by February 1, 2005 and 2006, respectively. The final report must include 21 2.2 recommendations concerning the future of the corporation and the structure of the state's mental health and substance abuse 23 authority and their placement. 24 25 Section 5. Present paragraph (c) of subsection (2) of 26 section 20.19, Florida Statutes, is redesignated as paragraph 27 (d), and a new paragraph (c) is added to that subsection, to 28 read: 29 20.19 Department of Children and Family Services.--There is created a Department of Children and Family 30 31 Services.

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SENATE AMENDMENT
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Bill No. CS for SB 2404
    Amendment No. Barcode 103890
          (2) SECRETARY OF CHILDREN AND FAMILY SERVICES; DEPUTY
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    SECRETARY. --
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          (c) 1. The secretary shall appoint an Assistant
 3
   Secretary for Substance Abuse and Mental Health with the
 4
    concurrence of the corporation. The assistant secretary shall
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   serve at the pleasure of the secretary and with the
 б
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    concurrence of the corporation and must have expertise in both
 8
   areas of responsibility.
           2. The secretary shall appoint a Program Director for
 9
    Substance Abuse and a Program Director for Mental Health who
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   have the requisite expertise and experience in their
11
12
   respective fields to head the state's substance abuse and
13
   mental health programs.
           a. Each program director shall have line authority
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   over all district substance abuse and mental health program
16
   <u>management</u> staff.
           b. The assistant secretary shall enter into a
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   memorandum of understanding with each district or region
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   administrator, which must be approved by the secretary or the
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   secretary's designee, describing the working relationships
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   within each geographic area.
2.2
           c. The mental health institutions shall report to the
    Program Director for Mental Health.
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           d. Each program director shall have direct control
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    over the program's budget and contracts for services. Support
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   staff necessary to manage budget and contracting functions
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   within the department shall be placed under the supervision of
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   the program directors.
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           Section 6. Except as otherwise provided, this act
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   shall be implemented within available resources.
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           Section 7. Section 394.741, Florida Statutes, is
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1 | amended to read:

2 394.741 Accreditation requirements for providers of3 behavioral health care services.--

4 (1) As used in this section, the term "behavioral
5 health care services" means mental health and substance abuse
6 treatment services.

7 (2) Notwithstanding any provision of law to the 8 contrary, accreditation shall be accepted by the agency and 9 department in lieu of the agency's and department's facility 10 licensure onsite review requirements and shall be accepted as 11 a substitute for the department's administrative and program 12 monitoring requirements, except as required by subsections (3) 13 and (4), for:

(a) Any organization from which the department
purchases behavioral health care services that is accredited
by the Joint Commission on Accreditation of Healthcare
Organizations or the Council on Accreditation for Children and
Family Services, or has those services that are being
purchased by the department accredited by CARF--the
Rehabilitation Accreditation Commission.

(b) Any mental health facility licensed by the agency or any substance abuse component licensed by the department that is accredited by the Joint Commission on Accreditation of Healthcare Organizations, CARF--the Rehabilitation Accreditation Commission, or the Council on Accreditation of Children and Family Services. (c) Any network of providers from which the department

28 or the agency purchases behavioral health care services
29 accredited by the Joint Commission on Accreditation of
30 Healthcare Organizations, CARF--the Rehabilitation
31 Accreditation Commission, the Council on Accreditation of

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Children and Family Services, or the National Committee for 1 Quality Assurance. A provider organization, which is part of 2 3 an accredited network, is afforded the same rights under this 4 part. 5 (3) For organizations accredited as set forth in subsection (2). Before the department or the agency conducts б additional monitoring for mental health services, the 7 8 department and the agency must adopt rules mental health 9 services, the department and the agency may adopt rules that establish: 10 11 (a) Additional standards for monitoring and licensing accredited programs and facilities that the department and the 12 13 agency have determined are not specifically and distinctly covered by the accreditation standards and processes. These 14 15 standards and the associated monitoring must not duplicate the 16 standards and processes already covered by the accrediting 17 bodies. (b) An onsite monitoring process between 24 months and 18 19 36 months after accreditation for nonresidential facilities to 20 assure that accredited organizations exempt from licensing and 21 monitoring activities under this part continue to comply with critical standards. 2.2 23 (c) An onsite monitoring process between 12 months and 24 months after accreditation for residential facilities to 24 25 assure that accredited organizations exempt from licensing and 26 monitoring activities under this part continue to comply with 27 critical standards. 28 (4) For substance abuse services, the department shall conduct full licensure inspections every 3 years and shall 29 develop in rule criteria which would justify more frequent 30 31 inspections.

1	(5) The department and the agency shall be given
2	access to all accreditation reports, corrective action plans,
∠ 3	and performance data submitted to the accrediting
4	organizations. When major deficiencies, as defined by the
5	accrediting organization, are identified through the
б	accreditation process, the department and the agency may
7	perform followup monitoring to assure that such deficiencies
8	are corrected and that the corrections are sustained over
9	time. Proof of compliance with fire and health safety
10	standards will be submitted as required by rule.
11	(6) The department or agency, by accepting the survey
12	or inspection of an accrediting organization, does not forfeit
13	its rights to monitor for the purpose of ensuring that
14	services for which the department has paid were provided. The
15	department may investigate complaints or suspected problems
16	and to monitor the provider's compliance with negotiated terms
17	and conditions, including provisions relating to consent
18	decrees, which are unique to a specific contract and are not
19	statements of general applicability. The department may
20	monitor compliance with federal and state statutes, federal
21	regulations, or state administrative rules, if such monitoring
22	does not duplicate the review of accreditation standards or
23	independent audits pursuant to subsections (3) and (8).
24	perform inspections at any time, including contract monitoring
25	to ensure that deliverables are provided in accordance with
26	the contract.
27	(7) For purposes of licensure and monitoring of
28	facilities under contract with the department, the department
29	shall rely only upon properly adopted and applicable federal
30	and state statutes and rules.
31	(8) The department shall file a State Projects

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1	Compliance Supplement pursuant to s. 215.97 for behavioral
2	health care services. In monitoring the financial operations
3	of its contractors, the department shall rely upon certified
4	public accountant audits, if required. The department shall
5	perform a desk review of its contractor's most recent
6	independent audit and may conduct onsite monitoring only of
7	problems identified by these audits, or by other sources of
8	information documenting problems with contractor's financial
9	management. Certified public accountants employed by the
10	department may conduct an on-site test of the validity of a
11	contractor's independent audit every third year.
12	(9)(7) The department and the agency shall report to
13	the Legislature by January 1, 2003, on the viability of
14	mandating all organizations under contract with the department
15	for the provision of behavioral health care services, or
16	licensed by the agency or department to be accredited. The
17	department and the agency shall also report to the Legislature
18	by January 1, 2003, on the viability of privatizing all
19	licensure and monitoring functions through an accrediting
20	organization.
21	(10)(8) The accreditation requirements of this section
22	shall apply to contracted organizations that are already
23	accredited immediately upon becoming law.
24	Section 8. Paragraphs (a) and (d) of subsection (4)
25	and subsection (5) of section 394.9082, Florida Statutes, are
26	amended, present subsection (8) of that section is renumbered
27	as subsection $(9)$ and amended, and a new subsection $(8)$ is
28	added to that section, to read:
29	394.9082 Behavioral health service delivery
30	strategies
31	(4) CONTRACT FOR SERVICES

1	(a) The Department of Children and Family Services and
2	the Agency for Health Care Administration may contract for the
3	provision or management of behavioral health services with a
4	managing entity in at least two geographic areas. Both the
5	Department of Children and Family Services and the Agency for
б	Health Care Administration must contract with the same
7	managing entity in any distinct geographic area where the
8	strategy operates. This managing entity shall be accountable
9	at a minimum for the delivery of behavioral health services
10	specified and funded by the department and the agency for
11	children, adolescents, and adults. The geographic area must be
12	of sufficient size in population and have enough public funds
13	for behavioral health services to allow for flexibility and
14	maximum efficiency. Notwithstanding the provisions of s.
15	409.912(3)(b)1. and 2., at least one service delivery strategy
16	must be in one of the service districts in the catchment area
17	of G. Pierce Wood Memorial Hospital.
18	(d) Under both strategies, the Department of Children
19	and Family Services and the Agency for Health Care
20	Administration may:
21	1. Establish benefit packages based on the level of
22	severity of illness and level of client functioning;
23	2. Align and integrate procedure codes, standards, or
24	other requirements if it is jointly determined that these
25	actions will simplify or improve client services and
26	efficiencies in service delivery;
27	3. Use prepaid per capita and prepaid aggregate
28	fixed-sum payment methodologies; and
29	4. Modify their current procedure codes to increase
30	clinical flexibility, encourage the use of the most effective
31	interventions, and support rehabilitative activities; and.
	1 -

1	5. Establish or develop data management and reporting
2	systems that promote efficient use of data by the service
3	delivery system. Data management and reporting systems must
4	address the management and clinical care needs of the service
5	providers and managing entities and provide information needed
б	by the department for required state and federal reporting. In
7	order to develop and test the application of new data systems,
8	a strategy implementation area is not required to provide
9	information that matches all current statewide reporting
10	requirements if the strategy's data systems include client
11	demographic, admission, discharge, enrollment, service events,
12	performance outcome information, and functional assessment.
13	(5) STATEWIDE ACTIONSIf Medicaid appropriations for
14	Community Mental Health Services or Mental Health Targeted
15	Case Management are reduced in fiscal year 2001-2002, The
16	agency and the department shall jointly develop and implement
17	strategies that reduce service costs in a manner that
18	mitigates the impact on persons in need of those services. The
19	agency and department may employ any methodologies on a
20	regional or statewide basis necessary to achieve the
21	reduction, including but not limited to use of case rates,
22	prepaid per capita contracts, utilization management, expanded
23	use of care management, use of waivers from the <u>Centers for</u>
24	Medicare and Medicaid Services Health Care Financing
25	Administration to maximize federal matching of current local
26	and state funding, modification or creation of additional
27	procedure codes, and certification of match or other
28	management techniques. The department may contract with a
29	single managing entity or provider network that shall be
30	responsible for delivering state-funded mental health and
31	substance-abuse services. The managing entity shall coordinate

1	its delivery of mental-health and substance-abuse services
2	with all prepaid mental health plans in the region or the
3	district. The department may include in its contract with the
4	managing entity data-management and data-reporting
5	requirements, clinical program management, and administrative
б	functions. Before the department contracts for these functions
7	with the provider network, the department shall determine that
8	the entity has the capacity and capability to assume these
9	functions. The roles and responsibilities of each party must
10	be clearly delineated in the contract.
11	(8) EXPANSION IN DISTRICTS 4 AND 12The department
12	shall work with community agencies to establish a single
13	managing entity for districts 4 and 12 accountable for the
14	delivery of substance abuse services to child protective
15	services recipients in the two districts. The purpose of this
16	strategy is to enhance the coordination of substance abuse
17	services with community-based care agencies and the
18	department. The department shall work with affected
19	stakeholders to develop and implement a plan that allows the
20	phase-in of services beginning with the delivery of substance
21	abuse services, with phase-in of subsequent substance abuse
22	services agreed upon by the managing entity and authorized by
23	the department, providing the necessary technical assistance
24	to assure provider and district readiness for implementation.
25	When a single managing entity is established and meets
26	readiness requirements, the department may enter into a
27	noncompetitive contract with the entity. The department shall
28	maintain detailed information on the methodology used for
29	selection and a justification for the selection. Performance
30	objectives shall be developed which ensure that services that
31	are delivered directly affect and complement the child's

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1	permanency plan. During the initial planning and
2	implementation phase of this project, the requirements in
3	subsections (6) and (7) are waived. Considering the critical
4	substance abuse problems experienced by many families in the
5	child protection system, the department shall initiate the
6	implementation of the substance abuse delivery component of
7	this program without delay and furnish status reports to the
8	appropriate substantive committees of the Senate and the House
9	of Representatives no later than February 29, 2004, and
10	February 28, 2005. The integration of all services agreed upon
11	by the managing entity and authorized by the department must
12	be completed within 2 years after project initiation. Ongoing
13	monitoring and evaluation of this strategy shall be conducted
14	in accordance with subsection (9).
15	(9)(8) MONITORING AND EVALUATIONThe Department of
16	Children and Family Services and the Agency for Health Care
17	Administration shall provide routine monitoring and oversight
18	of and technical assistance to the managing entities. The
19	Louis de la Parte Florida Mental Health Institute shall
20	conduct an ongoing formative evaluation of each strategy to
21	identify the most effective methods and techniques used to
22	manage, integrate, and deliver behavioral health services. The
23	entity conducting the evaluation shall report to the
24	Department of Children and Family Services, the Agency for
25	Health Care Administration, the Executive Office of the
26	Governor, and the Legislature every 12 months regarding the
27	status of the implementation of the service delivery
28	strategies. The report must include a summary of activities
29	that have occurred during the past 12 months of implementation
30	and any problems or obstacles that <u>have in the past, or may in</u>
31	the future, prevent prevented, or may prevent in the future,

1	the managing entity from achieving performance goals and
2	measures. The first status report is due January 1, 2002.
3	After the service delivery strategies have been operational
4	for 1 year, the status report must include an analysis of
5	administrative costs and the status of the achievement of
6	performance outcomes. <u>By December 31, 2006, the Louis de la</u>
7	Parte Florida Mental Health Institute, as a part of the
8	ongoing formative evaluation of each strategy, must conduct a
9	study of the strategies established in Districts 1, 8, 4, and
10	12 under this section, and must include an assessment of best
11	practice models in other states. The study must address
12	programmatic outcomes that include, but are not limited to,
13	timeliness of service delivery, effectiveness of treatment
14	services, cost-effectiveness of selected models, and customer
15	satisfaction with services. Based upon the results of this
16	study, the department and the Agency for Health Care
17	Administration, in consultation with the managing entities,
18	must provide a report to the Executive Office of the Governor,
19	the President of the Senate, and the Speaker of the House of
20	Representatives. This report must contain recommendations for
21	the statewide implementation of successful strategies,
22	including any modifications to the strategies, the
23	identification and prioritization of strategies to be
24	implemented, and timeframes for statewide completion that
25	include target dates to complete milestones as well as a date
26	for full statewide implementation. Upon receiving the annual
27	report from the evaluator, the Department of Children and
28	Family Services and the Agency for Health Care Administration
29	shall jointly make any recommendations to the Executive Office
30	of the Governor regarding changes in the service delivery
31	strategies or in the implementation of the strategies,

Bill No. CS for SB 2404 Amendment No. Barcode 103890 including timeframes. 1 Section 9. Present subsections (1), (2), and (3) of 2 3 section 409.912, Florida Statutes, are redesignated as subsections (2), (3), and (4), respectively, and a new 4 5 subsection (1) is added to that section, present subsection (3) of that section is amended, present subsections (4) б through (40) are redesignated as subsections (6) through (42), 7 8 respectively, and a new subsection (5) is added to that section to read: 9 10 409.912 Cost-effective purchasing of health care.--The 11 agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with 12 13 the delivery of quality medical care. The agency shall maximize the use of prepaid per capita and prepaid aggregate 14 15 fixed-sum basis services when appropriate and other 16 alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed 17 18 to facilitate the cost-effective purchase of a case-managed 19 continuum of care. The agency shall also require providers to 20 minimize the exposure of recipients to the need for acute 21 inpatient, custodial, and other institutional care and the 22 inappropriate or unnecessary use of high-cost services. The 23 agency may establish prior authorization requirements for 24 certain populations of Medicaid beneficiaries, certain drug 25 classes, or particular drugs to prevent fraud, abuse, overuse, 26 and possible dangerous drug interactions. The Pharmaceutical 27 and Therapeutics Committee shall make recommendations to the 28 agency on drugs for which prior authorization is required. The 29 agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior 30 31 authorization.

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(1) The agency shall work with the Department of 1 Children and Family Services to ensure access of children and 2 families in the child protection system to needed and 3 4 appropriate mental health and substance abuse services. 5 (4) (3) The agency may contract with: б (a) An entity that provides no prepaid health care 7 services other than Medicaid services under contract with the 8 agency and which is owned and operated by a county, county health department, or county-owned and operated hospital to 9 provide health care services on a prepaid or fixed-sum basis 10 11 to recipients, which entity may provide such prepaid services either directly or through arrangements with other providers. 12 13 Such prepaid health care services entities must be licensed under parts I and III by January 1, 1998, and until then are 14 15 exempt from the provisions of part I of chapter 641. An entity 16 recognized under this paragraph which demonstrates to the satisfaction of the Department of Insurance that it is backed 17 by the full faith and credit of the county in which it is 18 19 located may be exempted from s. 641.225. 20 (b) An entity that is providing comprehensive 21 behavioral health care services to certain Medicaid recipients 22 through a capitated, prepaid arrangement pursuant to the federal waiver provided for by s. 409.905(5). Such an entity 23 must be licensed under chapter 624, chapter 636, or chapter 24 25 641 and must possess the clinical systems and operational competence to manage risk and provide comprehensive behavioral 26 27 health care to Medicaid recipients. As used in this paragraph, 28 the term "comprehensive behavioral health care services" means 29 covered mental health and substance abuse treatment services that are available to Medicaid recipients. The secretary of 30 31 the Department of Children and Family Services shall approve

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provisions of procurements related to children in the 1 1 2 department's care or custody prior to enrolling such children 3 in a prepaid behavioral health plan. Any contract awarded under this paragraph must be competitively procured. In 4 5 developing the behavioral health care prepaid plan procurement document, the agency shall ensure that the procurement б 7 document requires the contractor to develop and implement a plan to ensure compliance with s. 394.4574 related to services 8 provided to residents of licensed assisted living facilities 9 that hold a limited mental health license. The agency shall 10 11 seek federal approval to contract with a single entity meeting these requirements to provide comprehensive behavioral health 12 13 care services to all Medicaid recipients in an AHCA area. Each entity must offer sufficient choice of providers in its 14 15 network to ensure recipient access to care and the opportunity 16 to select a provider with whom they are satisfied. The agency 17 must ensure that Medicaid recipients have available the choice 18 of at least two managed care plans for their behavioral health 19 care services. To ensure unimpaired access to behavioral health care services by Medicaid recipients, all contracts 20 21 issued pursuant to this paragraph shall require 80 percent of the capitation paid to the managed care plan, including health 22 23 maintenance organizations, to be expended for the provision of 24 behavioral health care services. In the event the managed care 25 plan expends less than 80 percent of the capitation paid 26 pursuant to this paragraph for the provision of behavioral 27 health care services, the difference shall be returned to the agency. The agency shall provide the managed care plan with a 28 certification letter indicating the amount of capitation paid 29 during each calendar year for the provision of behavioral 30 31 | health care services pursuant to this section. The agency may

1	reimburse for substance-abuse-treatment services on a
2	fee-for-service basis until the agency finds that adequate
3	funds are available for capitated, prepaid arrangements.
4	1. By January 1, 2001, the agency shall modify the
5	contracts with the entities providing comprehensive inpatient
б	and outpatient mental health care services to Medicaid
7	recipients in Hillsborough, Highlands, Hardee, Manatee, and
8	Polk Counties, to include substance-abuse-treatment services.
9	2. By July 1, 2003, the agency and the Department of
10	Children and Family Services shall execute a written agreement
11	that requires collaboration and joint development of all
12	policy, budgets, procurement documents, contracts, and
13	monitoring plans that have an impact on the state and Medicaid
14	community mental health and targeted case management programs.
15	3. By July 1, 2006, the agency and the Department of
16	Children and Family Services shall contract with managed care
17	entities in each AHCA area or arrange to provide comprehensive
18	inpatient and outpatient mental health and substance abuse
19	services through capitated pre-paid arrangements to all
20	Medicaid recipients for whom such plans are allowable under
21	federal law and regulation. In AHCA areas where eligible
22	individuals number less than 150,000, the agency shall
23	contract with a single managed care plan. The agency may
24	contract with more than one plan in AHCA areas where the
25	eligible population exceeds 150,000. Contracts awarded
26	pursuant to this section shall be competitively procured. Both
27	for-profit and not-for-profit corporations shall be eligible
28	to compete.
29	4. By October 1, 2003, the agency and the department
30	shall submit a plan to the Governor, the President of the
31	Senate, and the Speaker of the House of Representatives which

Bill No. CS for SB 2404 Amendment No. Barcode 103890 provides for the full implementation of capitated prepaid 1 1 behavioral health care in all areas of the state. 2 3 a. Implementation shall begin in 2003 in those AHCA areas of the state where the agency is able to establish 4 sufficient capitation rates. 5 b. If the agency determines that the proposed б capitation rate in any area is insufficient to provide 7 8 appropriate services, the agency may adjust the capitation rate to ensure that care will be available. The agency and the 9 department may use existing general revenue to address any 10 11 additional required match but may not over-obligate existing 12 funds on an annualized basis. c. Subject to any limitations provided for in the 13 14 General Appropriations Act, the agency, in compliance with 15 appropriate federal authorization, shall develop policies and 16 procedures that allow for certification of local and state 17 funds. 18 2. By December 31, 2001, the agency shall contract 19 with entities providing comprehensive behavioral health care 20 services to Medicaid recipients through capitated, prepaid 21 arrangements in Charlotte, Collier, DeSoto, Escambia, Glades, 2.2 Hendry, Lee, Okaloosa, Pasco, Pinellas, Santa Rosa, Sarasota, 23 and Walton Counties. The agency may contract with entities 24 providing comprehensive behavioral health care services to Medicaid recipients through capitated, prepaid arrangements in 25 26 Alachua County. The agency may determine if Sarasota County 27 shall be included as a separate catchment area or included in 28 any other agency geographic area. 29 5.3. Children residing in a statewide inpatient 30 psychiatric program, or in a Department of Juvenile Justice or 31 a Department of Children and Family Services residential

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1 program approved as a Medicaid behavioral health overlay 2 services provider shall not be included in a behavioral health 3 care prepaid health plan pursuant to this paragraph. 4 6.4. In converting to a prepaid system of delivery, 5 the agency shall in its procurement document require an entity б providing comprehensive behavioral health care services to 7 prevent the displacement of indigent care patients by 8 enrollees in the Medicaid prepaid health plan providing behavioral health care services from facilities receiving 9 state funding to provide indigent behavioral health care, to 10 11 facilities licensed under chapter 395 which do not receive state funding for indigent behavioral health care, or 12 13 reimburse the unsubsidized facility for the cost of behavioral health care provided to the displaced indigent care patient. 14 15 7.5. Traditional community mental health providers 16 under contract with the Department of Children and Family Services pursuant to part IV of chapter 394 and inpatient 17 18 mental health providers licensed pursuant to chapter 395 must 19 be offered an opportunity to accept or decline a contract to 20 participate in any provider network for prepaid behavioral health services. 21 22 (c) A federally qualified health center or an entity 23 owned by one or more federally qualified health centers or an 24 entity owned by other migrant and community health centers 25 receiving non-Medicaid financial support from the Federal 26 Government to provide health care services on a prepaid or 27 fixed-sum basis to recipients. Such prepaid health care

29 chapter 641, but shall be prohibited from serving Medicaid 30 recipients on a prepaid basis, until such licensure has been 31 obtained. However, such an entity is exempt from s. 641.225

services entity must be licensed under parts I and III of

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1 if the entity meets the requirements specified in subsections 2 (14) and (15).

3 (d) No more than four provider service networks for demonstration projects to test Medicaid direct contracting. 4 5 The demonstration projects may be reimbursed on a fee-for-service or prepaid basis. A provider service network б 7 which is reimbursed by the agency on a prepaid basis shall be exempt from parts I and III of chapter 641, but must meet 8 9 appropriate financial reserve, quality assurance, and patient rights requirements as established by the agency. The agency 10 11 shall award contracts on a competitive bid basis and shall select bidders based upon price and quality of care. Medicaid 12 13 recipients assigned to a demonstration project shall be chosen equally from those who would otherwise have been assigned to 14 15 prepaid plans and MediPass. The agency is authorized to seek 16 federal Medicaid waivers as necessary to implement the 17 provisions of this section. A demonstration project awarded 18 pursuant to this paragraph shall be for 4 years from the date 19 of implementation.

20 (e) An entity that provides comprehensive behavioral 21 health care services to certain Medicaid recipients through an administrative services organization agreement. Such an entity 22 23 must possess the clinical systems and operational competence 24 to provide comprehensive health care to Medicaid recipients. 25 As used in this paragraph, the term "comprehensive behavioral health care services" means covered mental health and 26 27 substance abuse treatment services that are available to 28 Medicaid recipients. Any contract awarded under this paragraph must be competitively procured. The agency must ensure that 29 Medicaid recipients have available the choice of at least two 30 31 managed care plans for their behavioral health care services.

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(f) An entity that provides in-home physician services 1 2 to test the cost-effectiveness of enhanced home-based medical 3 care to Medicaid recipients with degenerative neurological diseases and other diseases or disabling conditions associated 4 5 with high costs to Medicaid. The program shall be designed to serve very disabled persons and to reduce Medicaid reimbursed б 7 costs for inpatient, outpatient, and emergency department services. The agency shall contract with vendors on a 8 9 risk-sharing basis.

(g) Children's provider networks that provide care 10 11 coordination and care management for Medicaid-eligible pediatric patients, primary care, authorization of specialty 12 13 care, and other urgent and emergency care through organized providers designed to service Medicaid eligibles under age 18 14 15 and pediatric emergency departments' diversion programs. The 16 networks shall provide after-hour operations, including 17 evening and weekend hours, to promote, when appropriate, the 18 use of the children's networks rather than hospital emergency 19 departments.

20 (h) An entity authorized in s. 430.205 to contract with the agency and the Department of Elderly Affairs to 21 provide health care and social services on a prepaid or 22 23 fixed-sum basis to elderly recipients. Such prepaid health 24 care services entities are exempt from the provisions of part 25 I of chapter 641 for the first 3 years of operation. An entity 26 recognized under this paragraph that demonstrates to the 27 satisfaction of the Department of Insurance that it is backed by the full faith and credit of one or more counties in which 2.8 it operates may be exempted from s. 641.225. 29

30 (i) A Children's Medical Services network, as defined 31 in s. 391.021.

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1	(5) By October 1, 2003, the agency and the department
2	shall, to the extent feasible, develop a plan for implementing
3	new Medicaid procedure codes for emergency and crisis care,
4	supportive residential services, and other services designed
5	to maximize the use of Medicaid funds for Medicaid-eligible
6	recipients. The agency shall include in the agreement
7	developed pursuant to subsection (4) a provision that ensures
8	that the match requirements for these new procedure codes are
9	met by certifying eligible general revenue or local funds that
10	are currently expended on these services by the department
11	with contracted alcohol, drug abuse, and mental health
12	providers. The plan must describe specific procedure codes to
13	be implemented, a projection of the number of procedures to be
14	delivered during fiscal year 2003-2004, and a financial
15	analysis that describes the certified match procedures, and
16	accountability mechanisms, projects the earnings associated
17	with these procedures, and describes the sources of state
18	match. This plan may not be implemented in any part until
19	approved by the Legislative Budget Commission. If such
20	approval has not occurred by December 31, 2003, the plan shall
21	be submitted for consideration by the 2004 Legislature.
22	Section 10. The Agency for Health Care Administration
23	may not implement the prepaid mental health managed care
24	program until a plan has been developed, reviewed, and
25	approved by the Legislative Budget Commission. The plan must
26	be submitted to the Legislative Budget Commission by January
27	1, 2004. The Secretary of Children and Family Services shall
28	conduct a review and develop the plan for ensuring that
29	children and families receiving foster care and other related
30	services are appropriately served and assist the
31	community-based care lead agency in meeting the goals and

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   outcomes of the system. The secretary shall include
 1 |
   participation from representatives of community-based care
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 3
   lead agencies, representatives of the Agency for Health Care
   Administration, community alliances, sheriffs' offices,
 4
 5
   community providers serving dependent children, and others the
   secretary deems appropriate.
 6
          Section 11. Except as otherwise provided, this act
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   shall be implemented within available resources.
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    (Redesignate subsequent sections.)
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12
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   14
   And the title is amended as follows:
15
          On page 1, lines 2 through 25, delete those lines
16
   and insert:
17
          An act relating to substance abuse and mental
18
19
          health; amending s. 394.74, F.S.; authorizing
20
          the Department of Children and Family Services
21
          to adopt by rule new payment methodologies and
2.2
          to eliminate unit-based methodologies for
          mental health and substance abuse services;
23
24
          authorizing the department to adopt rules for
          local match based on new methodologies;
25
          prohibiting changes to the ratio of state to
26
27
          local matching resources or to the sources of
28
          local match and prohibiting the increase in the
29
          amount of local matching funds required;
30
          creating s. 394.655, F.S.; providing
31
          legislative intent; creating the Florida
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1	Substance Abuse and Mental Health Corporation,
2	Inc.; providing that the corporation be
3	administratively housed within the Department
4	of Children and Family Services; specifying
5	responsibilities for the corporation;
6	specifying direction to the department
7	regarding the corporation; requiring a contract
8	between the corporation and the department;
9	specifying the composition of the corporation;
10	providing for appointments by the Governor,
11	President of the Senate and the Speaker of the
12	House of Representatives; providing direction
13	to the corporation regarding its operation;
14	authorizing advisory committees; requiring
15	financial disclosure by corporation members;
16	authorizing the corporation to employ and
17	purchase staff support within funds
18	appropriated; providing for additional staff
19	support to be provided by the department;
20	directing the corporation to develop and submit
21	a budget request for its operation; providing
22	for an annual financial audit; providing for an
23	annual evaluation and report by the
24	corporation; providing for expiration of s.
25	394.655, F.S., created by this act on October
26	1, 2006, unless reenacted by the Legislature;
27	providing for the expiration of ss. 20.19(2)(c)
28	and 20.19(4)(b)6. and 8. on October 1, 2006,
29	unless reenacted by the Legislature; directing
30	the Office of Program and Policy Analysis and
31	Government Accountability and the Auditor

1	General to conduct an evaluation ; specifying
2	the evaluation's focus; requiring an initial
3	report on February 1, 2005 and a final report
4	on February 1, 2006, to the Governor and
5	Legislature; amending s. 20.19. F.S.; directing
6	the Secretary of the department to appoint
7	certain positions; providing for the
8	organization of the mental health and substance
9	abuse programs within the department; providing
10	for implementation within available resources;
11	amending s. 394.741, F.S.; amending
12	accreditation requirements for providers of
13	behavioral health care services; requiring the
14	Department of Children and Family Services and
15	the Agency for Health Care Administration to
16	follow only properly adopted and applicable
17	statutes and rules in monitoring contracted
18	providers; requiring the department to file a
19	State Project Compliance Supplement; amending
20	s. 394.9082, F.S.; modifying the services for
21	which a managing entity is accountable;
22	establishing data system requirements;
23	providing for establishment of a single
24	managing entity for the delivery of substance
25	abuse services to child protective services
26	recipients in specified districts of the
27	department; providing for a contract; requiring
28	certain information to be kept; requiring an
29	evaluative study; providing for reports to the
30	Governor and Legislature; revising provisions
31	relating to delivery of state-funded mental

1	health services; amending s. 409.912, F.S.;
2	requiring the agency to work with the
3	department to ensure mental health and
4	substance abuse services are accessible to
5	children and families in the child protection
б	system; requiring the Agency for Health Care
7	Administration to seek federal approval to
8	contract with single entities to provide
9	comprehensive behavioral health care services
10	to Medicaid recipients in AHCA areas; requiring
11	the agency to submit a plan for fully
12	implementing capitated prepaid behavioral
13	health care in all areas of the state;
14	providing for implementation of the plan that
15	would vary by the size of the eligible
16	population; authorizing the agency to adjust
17	the capitation rate under specified
18	circumstances; requiring the agency to develop
19	policies and procedures that allow for
20	certification of local funds; requiring the
21	agency and the department to develop a plan to
22	implement new Medicaid procedure codes for
23	specified services; providing that match
24	requirements for those procedure codes are met
25	by certifying general revenue with contracted
26	providers; requiring the plan to address
27	specific procedure codes to be implemented, a
28	projection of procedures to be delivered and a
29	financial analysis; requiring approval by the
30	Legislative Budget Commission prior to
31	implementation; directing the plan to be

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1	submitted for consideration by the 2004
2	Legislature if not approved by December 31,
3	2004; requiring approval by the Legislative
4	Budget Commission prior to implementation;
5	providing an appropriation and authorizing
б	positions; providing effective dates.
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