## Florida Senate - 2004

 $\mathbf{B}\mathbf{y}$  the Committee on Children and Families; and Senators Wise and Webster

A bill to be entitledA nact relating to specialty behavioral health care providers; requiring the Department of Children and Family Services to establish a demonstration project in District 4 in order to determine the benefits of developing a specialty behavioral health care provider to deliver behavioral health services to persons who reside in an assisted living facility that holds a limited mental health services to persons ommitte; defining the term "specialty behavioral health care providing that requiring the department to create an advisory committe; defining the term "specialty behavioral health care provider demonstration project; providing that certain specialty behavioral health care providers may seek and develop cooperative agreements with administrators of certain assisted living facilities; requiring the Agency for Health Care Administration to seek federal waivers to implement an alternative prepaid behavioral health care providing that a report appoint to implement the demonstration project by a specific date; providing for an independent evaluation; requiring that a report be aubmitted to the Legislature; providing an atfective date.modelE to the tered by the Legislature of the State of Floridat: to the legislature of the State of Floridates		300-2153-04
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1	Section 1. Subsections (4), (5), (6), (7), (8), and
2	(9) are added to section 394.4574, Florida Statutes, to read:
3	394.4574 Department responsibilities for a mental
4	health resident who resides in an assisted living facility
5	that holds a limited mental health license
б	(4) The Department of Children and Family Services
7	shall establish a demonstration project in the Department of
8	Children and Family Services district 4 for the purpose of
9	developing evidence-based practices in the delivery of
10	state-funded behavioral health care services and support
11	through the use of specialty behavioral health care providers
12	to persons who reside in assisted living facilities that hold
13	a limited mental health license. Participation in the program
14	of fee-for-service options is voluntary for Medicaid
15	recipients and recipients of state-funded services.
16	(5)(a) The department shall create an advisory
17	committee to make recommendations to the Agency for Health
18	Care Administration and the Department of Children and Family
19	Services for the demonstration project that shall be developed
20	by the Department of Children and Family Services in
21	consultation with the Agency for Health Care Administration.
22	The advisory committee shall solicit input from stakeholders,
23	residents, facility administrators and advocates relative to
24	the standards, criteria, and array of services that will be
25	included.
26	(b) The advisory committee membership shall include
27	local community partners that include residents, advocates,
28	private and publicly funded behavioral health care providers,
29	representatives of the Agency for Health Care Administration
30	and the Department of Children and Family Services, and local
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1 government facility administrators. Other representatives may 2 include the following: 3 1. One person who is a member of the Florida Psychiatric Society, selected by the society; 4 5 2. One person who is a member of the Florida Council б for Behavioral Health, selected by the council; One person who is a member of the National Alliance 7 3. 8 for the Mentally Ill, selected by the state affiliate; 9 One person who is a member of the Florida Assisted 4. Living Affiliation, selected by the affiliation; 10 11 5. One person who is a member of the local advocacy council, selected by the local council; and 12 6. A representative from the Advocacy Center for 13 Persons with Disabilities, selected by the advocacy center. 14 (c) The advisory committee shall establish goals, 15 elect a chairman, and be governed by the latest edition of 16 Roberts Rules of Order. The chairman shall direct the work of 17 the advisory committee and may appoint subcommittees as deemed 18 appropriate by the chairman. In addition, the chairman shall 19 be responsible to ensure that minutes of meetings are kept and 20 21 community input is solicited. The meetings shall convene upon the call of the chairman. 22 (6)(a) For the purposes of this demonstration project, 23 24 the term "specialty behavioral health provider" means a public 25 or private behavioral health care entity, provider, or organization or coalition of providers that holds a contract 26 27 with the Department of Children and Family Services and can 28 offer a full array of state-funded behavioral health care 29 services to residents who live in state-licensed assisted 30 living facilities that hold a limited mental health license in 31 district 4. The services that are provided on a

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1 fee-for-service basis shall be provided directly by the specialty behavioral health care provider. The Department of 2 3 Children and Family Services for the purpose of this demonstration project shall allow private providers the 4 5 opportunity to seek a contract in order to compete and provide б state-funded behavioral health care services. 7 In constructing the requirements for the specialty (b) 8 behavioral health care provider demonstration project, the 9 Agency for Health Care Administration and the Department of 10 Children and Family Services shall ensure that the providers 11 develop and implement a plan to ensure the provision of the services and requirements as referenced under this section. 12 The demonstration project shall include requirements for 13 intensive case management services, provisions for on-call 14 case managers, and vocational support services, and include a 15 requirement for the development of evidence-based models and 16 practices in the delivery of community-based behavioral health 17 care services that includes strategies for reducing the 18 19 utilization of state-funded inpatient psychiatric care. These models should demonstrate new approaches and allow for maximum 20 input from consumers, family members, and facility 21 administrators. Services provided under the demonstration 22 project shall be fee-for-service and cost-neutral for the 23 24 Agency for Health Care Administration and for the Department 25 of Children and Family Services. The Department of Children and Family Services in consultation with the Agency for Health 26 27 Care Administration shall use a request for information process for the purpose of procurement and to ensure 28 29 competition and choice. 30 (c) For Medicaid-eligible residents that live in assisted living facilities that hold a limited mental health 31 4

1	license in district 4 and are enrolled in the MediPass program
2	under a "fee for service" arrangement for the provision of
3	Medicaid-funded behavioral health care services, the
4	Department of Children and Family Services and the Agency for
5	Health Care Administration shall allow any behavioral health
6	care provider in district 4 that meets the eligibility
7	requirements for this demonstration project to become a
8	"specialty behavioral health care" provider. This shall
9	include both nonprofit and private behavioral health care
10	providers, organizations, and entities or coalitions of
11	providers.
12	(d) Each eligible specialty behavioral health care
13	provider that is qualified under the requirements of the
14	demonstration project shall be permitted to seek and develop
15	cooperative agreements with administrators of assisted living
16	facilities that hold a limited mental health license in
17	district 4. The cooperative agreements shall be for a minimum
18	period of 1 year during the course of the demonstration
19	project and shall be binding on both parties for the duration
20	of the agreement. The cooperative agreements shall include
21	provisions that will serve to promote the development of
22	evidence-based practices and models as outlined in the
23	procurement document for the project. For the purposes of
24	this demonstration project, the provisions of the cooperative
25	agreement shall be focused on improving the coordination of
26	services, improved communication, detailed protocols that
27	relate to the supervision of the clinical needs of the
28	residents, and all other provisions currently required under
29	existing statute.
30	(7) If the Agency for Health Care Administration
31	implements a prepaid behavioral health care plan in district
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1 4, the Agency for Health Care Administration shall seek federal waivers to implement an alternative prepaid behavioral 2 3 health care plan in district 4 to demonstrate innovation and to develop evidence-based practices that will improve the 4 5 coordination, satisfaction, and delivery of all state-funded б behavioral health care services to residents that live in 7 assisted living facilities located in district 4 that hold a 8 limited mental health license. The Agency for Health Care Administration in developing the alternative prepaid program 9 for persons who reside in assisted living facilities that hold 10 11 a limited mental health license in district 4 shall include provisions that ensure that the demonstration capitation rate 12 shall be based on no more than 90 percent of the historic 13 service utilization, and shall include all outpatient 14 state-funded behavioral health care services and inpatient 15 psychiatric services and shall exempt medications. The Agency 16 17 for Health Care Administration and the Department of Children and Family Services shall also calculate a rate for the 18 19 non-Medicaid residents served in the demonstration area and 20 shall ensure that the capitation rate does not result in the displacement of residents and is consistent with the 21 resident's right of access to adequate and appropriate health 22 care under s. 400.428. 23 24 (8) The district 4 demonstration project must be 25 implemented no later than January 1, 2005, and shall continue for not less than 3 years following the date of 26 27 implementation. 28 The Office of Program Policy Analysis and (9) 29 Government Accountability shall conduct an evaluation of the 30 demonstration project. The evaluation must assess the 31 recidivism of residents from the assisted living facility that 6

holds a limited mental health license to the inpatient hospital setting, improvement in resident behavioral health outcomes, resident satisfaction with care, improvements in program competencies and linkages, increased tenure of case management relationships with residents, and implementation of б meaningful plans of recovery. Following the evaluation, the office shall prepare a report and submit a copy to the President of the Senate and the Speaker of the House of Representatives by January 1, 2008. Section 2. This act shall take effect July 1, 2004. 

1		STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR
2		Senate Bill 1706
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5	^	Deletes the requirement to select one exclusive specialty behavioral health care services provider for the demonstration project.
6	*	Specifies that participation in the fee-for-services
7		option is voluntary for Medicaid recipients and
8		recipients of state funded services who participate in the demonstration project.
9	*	Directs the Department of Children and Families (DCF or
10		the department) to create an advisory committee instead of a board to make recommendations to the department and the board for Health Care Administration (ANCA or the
11		the Agency for Health Care Administration (AHCA or the agency) regarding the demonstration project and specifies
12		the membership of that committee.
13	*	Provides a definition for the term "specialty behavioral health provider."
14	*	Specifies the array of services that must be provided by the "specialty behavioral health provider."
15	*	Specifies that the services provided under the
16		demonstration project are to be fee-for-service and cost neutral to the department and AHCA.
17	*	Directs DCF and AHCA to allow any health care provider
18		meeting specified requirements to become a specialty behavioral health care provider for the demonstration
19		project.
20	*	Directs that the department utilize a request for information process instead of a competitive bid process
21		to select specialty behavioral health care providers.
22	*	Authorizes eligible specialty behavioral health care providers to develop cooperative agreements with the
23		administrators of assisted living facilities holding a
24		limited mental health license and specifies requirements for those cooperative agreements.
25	*	Deletes the requirement that AHCA implement a capitated
26		payment arrangement with the specialty behavioral health care provider if a managed care system is implemented in
27		District 4 and instead directs the agency to seek federal waivers to implement an alternative behavioral health
28		care plan in District 4 if a pre-paid behavioral health plan is implemented.
29	*	Deletes the language authorizing the specialty behavioral
30		health care provider to identify medically necessary services that must be provided by Medicaid.
31	*	Directs the Office of Program Policy Analysis and Government Accountability to conduct an evaluation of the
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1	demonstration project and provide a report to the
2	demonstration project and provide a report to the Legislature instead of requiring the department to contract for an independent evaluation.
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