

By the Committees on Appropriations; Health, Aging, and Long-Term Care; Children and Families; and Senators Wise and Webster

309-2529-04

1 A bill to be entitled
2 An act relating to specialty behavioral health
3 care providers; amending s. 394.4574, F.S.;
4 requiring the Department of Children and Family
5 Services to establish a demonstration project
6 in district 4 in order to determine the
7 benefits of developing a specialty behavioral
8 health care provider to deliver behavioral
9 health services to persons who reside in an
10 assisted living facility that holds a limited
11 mental health license; requiring the department
12 to create an advisory committee; defining the
13 term "specialty behavioral health provider";
14 providing the requirements for the specialty
15 behavioral health care provider demonstration
16 project; providing that certain specialty
17 behavioral health care providers may seek and
18 develop cooperative agreements with
19 administrators of certain assisted living
20 facilities; requiring the Agency for Health
21 Care Administration to seek federal waivers to
22 implement an alternative prepaid behavioral
23 health care plan under certain conditions;
24 requiring the department to implement the
25 demonstration project and the advisory
26 committee to complete work by a specific date;
27 providing for an independent evaluation;
28 requiring that a report be submitted to the
29 Legislature; providing an effective date.

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

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.--

6 (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
4 Psychiatric Society, selected by the society;

5 2. One person who is a member of the Florida Council
6 for Behavioral Health, selected by the council;

7 3. One person who is a member of the National Alliance
8 for the Mentally Ill, selected by the state affiliate;

9 4. One person who is a member of the Florida Assisted
10 Living Affiliation, selected by the affiliation; and

11 5. One person who is a member of the local advocacy
12 council, selected by the local council.

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14 Each member or representative on the advisory committee must
15 serve at his or her own expense.

16 (c) The advisory committee shall establish goals,
17 elect a chairman, and be governed by the latest edition of
18 Roberts Rules of Order. The chairman shall direct the work of
19 the advisory committee and may appoint subcommittees as deemed
20 appropriate by the chairman. In addition, the chairman shall
21 be responsible to ensure that minutes of meetings are kept and
22 community input is solicited. The meetings shall convene upon
23 the call of the chairman.

24 (6)(a) For the purposes of this demonstration project,
25 the term "specialty behavioral health provider" means a public
26 or private behavioral health care entity, provider, or
27 organization or coalition of providers that holds a contract
28 with the Department of Children and Family Services and can
29 offer a full array of state-funded behavioral health care
30 services to residents who live in state-licensed assisted
31 living facilities that hold a limited mental health license in

1 district 4. The services that are provided on a
2 fee-for-service basis shall be provided directly by the
3 specialty behavioral health care provider. The Department of
4 Children and Family Services for the purpose of this
5 demonstration project shall allow private providers the
6 opportunity to seek a contract in order to compete and provide
7 state-funded behavioral health care services.

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

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1 (c) For Medicaid-eligible residents that live in
2 assisted living facilities that hold a limited mental health
3 license in district 4 and are enrolled in the MediPass program
4 under a "fee for service" arrangement for the provision of
5 Medicaid-funded behavioral health care services, the
6 Department of Children and Family Services and the Agency for
7 Health Care Administration shall allow any behavioral health
8 care provider in district 4 that meets the eligibility
9 requirements for this demonstration project to become a
10 "specialty behavioral health care" provider. This shall
11 include both nonprofit and private behavioral health care
12 providers, organizations, and entities or coalitions of
13 providers.

14 (d) Each eligible specialty behavioral health care
15 provider that is qualified under the requirements of the
16 demonstration project shall be permitted to seek and develop
17 cooperative agreements with administrators of assisted living
18 facilities that hold a limited mental health license in
19 district 4. The cooperative agreements shall be for a minimum
20 period of 1 year during the course of the demonstration
21 project and shall be binding on both parties for the duration
22 of the agreement. The cooperative agreements shall include
23 provisions that will serve to promote the development of
24 evidence-based practices and models as outlined in the
25 procurement document for the project. For the purposes of
26 this demonstration project, the provisions of the cooperative
27 agreement shall be focused on improving the coordination of
28 services, improved communication, detailed protocols that
29 relate to the supervision of the clinical needs of the
30 residents, and all other provisions currently required under
31 existing statute.

1 (7) If the Agency for Health Care Administration
2 implements a prepaid behavioral health care plan in district
3 4, the Agency for Health Care Administration shall seek
4 federal waivers to implement an alternative prepaid behavioral
5 health care plan in district 4 to demonstrate innovation and
6 to develop evidence-based practices that will improve the
7 coordination, satisfaction, and delivery of all state-funded
8 behavioral health care services to residents that live in
9 assisted living facilities located in district 4 that hold a
10 limited mental health license. The Agency for Health Care
11 Administration in developing the alternative prepaid program
12 for persons who reside in assisted living facilities that hold
13 a limited mental health license in district 4 shall include
14 provisions that ensure that the demonstration capitation rate
15 shall be based on no more than 90 percent of the historic
16 service utilization from fee-for-service base, and shall
17 include all outpatient state-funded behavioral health care
18 services and inpatient psychiatric services and shall exempt
19 medications. The Department of Children and Family Services
20 shall calculate a rate for the non-Medicaid residents served
21 in the demonstration area and shall ensure that the capitation
22 rate does not result in the displacement of residents and is
23 consistent with the resident's right of access to adequate and
24 appropriate health care under s. 400.428.

25 (8) The district 4 demonstration project must be
26 implemented no later than January 1, 2005, and shall continue
27 for not less than 3 years following the date of
28 implementation. The advisory committee shall complete its work
29 at the end of the 3-year period.

30 (9) The Office of Program Policy Analysis and
31 Government Accountability shall conduct an evaluation of the

1 demonstration project at the end of the first year and a
2 review at the end of the 3-year period. The evaluation must
3 assess the recidivism of residents from the assisted living
4 facility that holds a limited mental health license to the
5 inpatient hospital setting, improvement in resident behavioral
6 health outcomes, resident satisfaction with care, improvements
7 in program competencies and linkages, increased tenure of case
8 management relationships with residents, and implementation of
9 meaningful plans of recovery. Following the evaluation and
10 review, the office shall prepare a report and submit a copy to
11 the President of the Senate and the Speaker of the House of
12 Representatives in a timely manner.

13 Section 2. This act shall take effect July 1, 2004.

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15 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
16 COMMITTEE SUBSTITUTE FOR
17 CS for CS for SB 1706

18 Requires the Department of Children and Family Services
19 (rather than the department jointly with the Agency for Health
20 Care Administration) to calculate rates for the non-Medicaid
21 residents served in the demonstration area.
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