

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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1 Representative Rich offered the following:

2

3 **Amendment**

4 Remove lines 703 through 791 and insert:

5 health care services to all Medicaid recipients in an AHCA area.

6 Each entity must offer sufficient choice of providers in its

7 network to ensure recipient access to care and the opportunity

8 to select a provider with whom they are satisfied. The network

9 shall include all public mental health hospitals. To ensure

10 unimpaired access to behavioral health care services by Medicaid

11 recipients, all contracts issued pursuant to this paragraph

12 shall require 80 percent of the capitation paid to the managed

13 care plan, including health maintenance organizations, to be

14 expended for the provision of behavioral health care services.

15 In the event the managed care plan expends less than 80 percent

16 of the capitation paid pursuant to this paragraph for the

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17 provision of behavioral health care services, the difference
18 shall be returned to the agency. The agency shall provide the
19 managed care plan with a certification letter indicating the
20 amount of capitation paid during each calendar year for the
21 provision of behavioral health care services pursuant to this
22 section. The agency may reimburse for substance abuse treatment
23 services on a fee-for-service basis until the agency finds that
24 adequate funds are available for capitated, prepaid
25 arrangements.

26 1. By January 1, 2001, the agency shall modify the
27 contracts with the entities providing comprehensive inpatient
28 and outpatient mental health care services to Medicaid
29 recipients in Hillsborough, Highlands, Hardee, Manatee, and Polk
30 Counties, to include substance abuse treatment services.

31 2. By July 1, 2003, the agency and the Department of
32 Children and Family Services shall execute a written agreement
33 that requires collaboration and joint development of all policy,
34 budgets, procurement documents, contracts, and monitoring plans
35 that have an impact on the state and Medicaid community mental
36 health and targeted case management programs.

37 3. By July 1, 2006, the agency and the Department of
38 Children and Family Services shall contract with managed care
39 entities in each AHCA area except area 6 or arrange to provide
40 comprehensive inpatient and outpatient mental health and
41 substance abuse services through capitated prepaid arrangements
42 to all Medicaid recipients who are eligible to participate in
43 such plans under federal law and regulation. In AHCA areas where
44 eligible individuals number less than 150,000, the agency shall

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45 contract with a single managed care plan. The agency may
46 contract with more than one plan in AHCA areas where the
47 eligible population exceeds 150,000. Contracts awarded pursuant
48 to this section shall be competitively procured. Both for-profit
49 and not-for-profit corporations shall be eligible to compete.

50 4. By October 1, 2003, the agency and the department shall
51 submit a plan to the Governor, the President of the Senate, and
52 the Speaker of the House of Representatives which provides for
53 the full implementation of capitated prepaid behavioral health
54 care in all areas of the state. The plan shall include
55 provisions which ensure that children and families receiving
56 foster care and other related services are appropriately served
57 and that these services assist the community-based care lead
58 agencies in meeting the goals and outcomes of the child welfare
59 system. The plan will be developed with the participation of
60 community-based lead agencies, community alliances, sheriffs,
61 and community providers serving dependent children.

62 a. Implementation shall begin in 2003 in those AHCA areas
63 of the state where the agency is able to establish sufficient
64 capitation rates.

65 b. If the agency determines that the proposed capitation
66 rate in any area is insufficient to provide appropriate
67 services, the agency may adjust the capitation rate to ensure
68 that care will be available. The agency and the department may
69 use existing general revenue to address any additional required
70 match but may not over-obligate existing funds on an annualized
71 basis.

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72 c. Subject to any limitations provided for in the General
73 Appropriations Act, the agency, in compliance with appropriate
74 federal authorization, shall develop policies and procedures
75 that allow for certification of local and state funds.

76 5. Children residing in a statewide inpatient psychiatric
77 program, or in a Department of Juvenile Justice or a Department
78 of Children and Family Services residential program approved as
79 a Medicaid behavioral health overlay services provider shall not
80 be included in a behavioral health care prepaid health plan
81 pursuant to this paragraph.

82 6. In converting to a prepaid system of delivery, the
83 agency shall in its procurement document require an entity
84 providing comprehensive behavioral health care services to