

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

.
.
.



1 Representative Cantens offered the following:

2

3 **Amendment (with directory and title amendments)**

4 On page 44, between lines 29 and 30, insert:

5 Section 14. Paragraph (b) of subsection (4) of section
6 409.912, Florida Statutes, is amended to read:

7 409.912 Cost-effective purchasing of health care.--The
8 agency shall purchase goods and services for Medicaid recipients
9 in the most cost-effective manner consistent with the delivery
10 of quality medical care. The agency shall maximize the use of
11 prepaid per capita and prepaid aggregate fixed-sum basis
12 services when appropriate and other alternative service delivery
13 and reimbursement methodologies, including competitive bidding
14 pursuant to s. 287.057, designed to facilitate the cost-
15 effective purchase of a case-managed continuum of care. The
16 agency shall also require providers to minimize the exposure of

381609

HOUSE AMENDMENT

Bill No. CS/CS/CS/CS/SB 700

Amendment No. (for drafter's use only)

17 recipients to the need for acute inpatient, custodial, and other
18 institutional care and the inappropriate or unnecessary use of
19 high-cost services. The agency may establish prior authorization
20 requirements for certain populations of Medicaid beneficiaries,
21 certain drug classes, or particular drugs to prevent fraud,
22 abuse, overuse, and possible dangerous drug interactions. The
23 Pharmaceutical and Therapeutics Committee shall make
24 recommendations to the agency on drugs for which prior
25 authorization is required. The agency shall inform the
26 Pharmaceutical and Therapeutics Committee of its decisions
27 regarding drugs subject to prior authorization.

28 (4) The agency may contract with:

29 (b) An entity that is providing comprehensive behavioral
30 health care services to certain Medicaid recipients through a
31 capitated, prepaid arrangement pursuant to the federal waiver
32 provided for by s. 409.905(5). Such an entity must be licensed
33 under chapter 624, chapter 636, or chapter 641 and must possess
34 the clinical systems and operational competence to manage risk
35 and provide comprehensive behavioral health care to Medicaid
36 recipients. As used in this paragraph, the term "comprehensive
37 behavioral health care services" means covered mental health and
38 substance abuse treatment services that are available to
39 Medicaid recipients. The secretary of the Department of Children
40 and Family Services shall approve provisions of procurements
41 related to children in the department's care or custody prior to
42 enrolling such children in a prepaid behavioral health plan. Any
43 contract awarded under this paragraph must be competitively
44 procured. In developing the behavioral health care prepaid plan

381609

HOUSE AMENDMENT

Bill No. CS/CS/CS/CS/SB 700

Amendment No. (for drafter's use only)

45 procurement document, the agency shall ensure that the
46 procurement document requires the contractor to develop and
47 implement a plan to ensure compliance with s. 394.4574 related
48 to services provided to residents of licensed assisted living
49 facilities that hold a limited mental health license. The agency
50 shall seek federal approval to contract with a single entity
51 meeting these requirements to provide comprehensive behavioral
52 health care services to all Medicaid recipients in an AHCA area.
53 Each entity must offer sufficient choice of providers in its
54 network to ensure recipient access to care and the opportunity
55 to select a provider with whom they are satisfied. The network
56 shall include all public mental health hospitals. To ensure
57 unimpaired access to behavioral health care services by Medicaid
58 recipients, all contracts issued pursuant to this paragraph
59 shall require 80 percent of the capitation paid to the managed
60 care plan, including health maintenance organizations, to be
61 expended for the provision of behavioral health care services.
62 In the event the managed care plan expends less than 80 percent
63 of the capitation paid pursuant to this paragraph for the
64 provision of behavioral health care services, the difference
65 shall be returned to the agency. The agency shall provide the
66 managed care plan with a certification letter indicating the
67 amount of capitation paid during each calendar year for the
68 provision of behavioral health care services pursuant to this
69 section. The agency may reimburse for substance abuse treatment
70 services on a fee-for-service basis until the agency finds that
71 adequate funds are available for capitated, prepaid
72 arrangements.

381609

HOUSE AMENDMENT

Bill No. CS/CS/CS/CS/SB 700

Amendment No. (for drafter's use only)

73 1. By January 1, 2001, the agency shall modify the
74 contracts with the entities providing comprehensive inpatient
75 and outpatient mental health care services to Medicaid
76 recipients in Hillsborough, Highlands, Hardee, Manatee, and Polk
77 Counties, to include substance abuse treatment services.

78 2. By July 1, 2003, the agency and the Department of
79 Children and Family Services shall execute a written agreement
80 that requires collaboration and joint development of all policy,
81 budgets, procurement documents, contracts, and monitoring plans
82 that have an impact on the state and Medicaid community mental
83 health and targeted case management programs.

84 3. By July 1, 2006, the agency and the Department of
85 Children and Family Services shall contract with managed care
86 entities in each AHCA area except area 6 or arrange to provide
87 comprehensive inpatient and outpatient mental health and
88 substance abuse services through capitated prepaid arrangements
89 to all Medicaid recipients who are eligible to participate in
90 such plans under federal law and regulation. In AHCA areas where
91 eligible individuals number less than 150,000, the agency shall
92 contract with a single managed care plan to provide
93 comprehensive behavioral health services to all recipients who
94 are not enrolled in a Medicaid health maintenance organization.
95 The agency may contract with more than one comprehensive
96 behavioral health provider to provide care to recipients who are
97 not enrolled in a Medicaid health maintenance organization plan
98 in AHCA areas where the eligible population exceeds 150,000. In
99 AHCA area 11, the agency shall award a pilot project to a
100 provider service network as described in paragraph (4)(d) with a

381609

Amendment No. (for drafter's use only)

101 minimum of 150,000 lives for purposes of demonstrating the cost
102 effectiveness and improvements in the provision of quality
103 mental health services through a provider-based managed care
104 model. Contracts for comprehensive behavioral health providers
105 awarded pursuant to this section shall be competitively
106 procured. Both for-profit and not-for-profit corporations shall
107 be eligible to compete. Only single managed care plans which are
108 contracted to provide comprehensive behavioral health services
109 to Medicaid recipients not enrolled in an health maintenance
110 organization shall be capitated to provide and receive payment
111 for the comprehensive behavioral health benefits as provided in
112 agency rules, including handbooks incorporated by reference.

113 4. By October 1, 2003, the agency and the department shall
114 submit a plan to the Governor, the President of the Senate, and
115 the Speaker of the House of Representatives which provides for
116 the full implementation of capitated prepaid behavioral health
117 care in all areas of the state. The plan shall include
118 provisions which ensure that children and families receiving
119 foster care and other related services are appropriately served
120 and that these services assist the community-based care lead
121 agencies in meeting the goals and outcomes of the child welfare
122 system. The plan will be developed with the participation of
123 community-based lead agencies, community alliances, sheriffs,
124 and community providers serving dependent children.

125 a. Implementation shall begin in 2003 in those AHCA areas
126 of the state where the agency is able to establish sufficient
127 capitation rates.

381609

HOUSE AMENDMENT

Bill No. CS/CS/CS/CS/SB 700

Amendment No. (for drafter's use only)

128 b. If the agency determines that the proposed capitation
129 rate in any area is insufficient to provide appropriate
130 services, the agency may adjust the capitation rate to ensure
131 that care will be available. The agency and the department may
132 use existing general revenue to address any additional required
133 match but may not over-obligate existing funds on an annualized
134 basis.

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

139 5. Children residing in a statewide inpatient psychiatric
140 program, or in a Department of Juvenile Justice or a Department
141 of Children and Family Services residential program approved as
142 a Medicaid behavioral health overlay services provider shall not
143 be included in a behavioral health care prepaid health plan
144 pursuant to this paragraph.

145 6. In converting to a prepaid system of delivery, the
146 agency shall in its procurement document require an entity
147 providing comprehensive behavioral health care services to
148 prevent the displacement of indigent care patients by enrollees
149 in the Medicaid prepaid health plan providing behavioral health
150 care services from facilities receiving state funding to provide
151 indigent behavioral health care, to facilities licensed under
152 chapter 395 which do not receive state funding for indigent
153 behavioral health care, or reimburse the unsubsidized facility
154 for the cost of behavioral health care provided to the displaced
155 indigent care patient.

381609

HOUSE AMENDMENT

Bill No.CS/CS/CS/CS/SB 700

Amendment No. (for drafter's use only)

156 7. Traditional community mental health providers under
157 contract with the Department of Children and Family Services
158 pursuant to part IV of chapter 394, child welfare providers
159 under contract with the Department of Children and Family
160 Services, and inpatient mental health providers licensed
161 pursuant to chapter 395 must be offered an opportunity to accept
162 or decline a contract to participate in any provider network for
163 prepaid behavioral health services.

164
165 ===== T I T L E A M E N D M E N T =====

166 On page 1, remove line 24, and insert:
167 severability; legislative intent; amending s. 409.912, F.S.;
168 authorizing the agency to contract for certain services;
169 providing for funding of trauma; providing effective dates.

170