

1                   A bill to be entitled  
2           An act relating to community mental health services as  
3           optional Medicaid services; amending s. 409.906, F.S.;  
4           eliminating authorization for the Agency for Health Care  
5           Administration to operate a behavioral health utilization  
6           management program; eliminating the agency's authorization  
7           to implement certain reimbursement and use management  
8           reforms; providing an effective date.

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

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12           Section 1. Subsection (8) of section 409.906, Florida  
13   Statutes, is amended to read:

14           409.906   Optional Medicaid services.--Subject to specific  
15   appropriations, the agency may make payments for services which  
16   are optional to the state under Title XIX of the Social Security  
17   Act and are furnished by Medicaid providers to recipients who  
18   are determined to be eligible on the dates on which the services  
19   were provided. Any optional service that is provided shall be  
20   provided only when medically necessary and in accordance with  
21   state and federal law. Optional services rendered by providers  
22   in mobile units to Medicaid recipients may be restricted or  
23   prohibited by the agency. Nothing in this section shall be  
24   construed to prevent or limit the agency from adjusting fees,  
25   reimbursement rates, lengths of stay, number of visits, or  
26   number of services, or making any other adjustments necessary to  
27   comply with the availability of moneys and any limitations or  
28   directions provided for in the General Appropriations Act or

29 chapter 216. If necessary to safeguard the state's systems of  
 30 providing services to elderly and disabled persons and subject  
 31 to the notice and review provisions of s. 216.177, the Governor  
 32 may direct the Agency for Health Care Administration to amend  
 33 the Medicaid state plan to delete the optional Medicaid service  
 34 known as "Intermediate Care Facilities for the Developmentally  
 35 Disabled." Optional services may include:

36 (8) COMMUNITY MENTAL HEALTH SERVICES.--

37 ~~(a)~~ The agency may pay for rehabilitative services  
 38 provided to a recipient by a mental health or substance abuse  
 39 provider under contract with the agency or the Department of  
 40 Children and Family Services to provide such services. Those  
 41 services which are psychiatric in nature shall be rendered or  
 42 recommended by a psychiatrist, and those services which are  
 43 medical in nature shall be rendered or recommended by a  
 44 physician or psychiatrist. The agency must develop a provider  
 45 enrollment process for community mental health providers which  
 46 bases provider enrollment on an assessment of service need. The  
 47 provider enrollment process shall be designed to control costs,  
 48 prevent fraud and abuse, consider provider expertise and  
 49 capacity, and assess provider success in managing utilization of  
 50 care and measuring treatment outcomes. Providers will be  
 51 selected through a competitive procurement or selective  
 52 contracting process. In addition to other community mental  
 53 health providers, the agency shall consider for enrollment  
 54 mental health programs licensed under chapter 395 and group  
 55 practices licensed under chapter 458, chapter 459, chapter 490,  
 56 or chapter 491. ~~The agency is also authorized to continue~~

57 ~~operation of its behavioral health utilization management~~  
58 ~~program and may develop new services if these actions are~~  
59 ~~necessary to ensure savings from the implementation of the~~  
60 ~~utilization management system.~~ The agency shall coordinate the  
61 implementation of this enrollment process with the Department of  
62 Children and Family Services and the Department of Juvenile  
63 Justice. The agency is authorized to utilize diagnostic criteria  
64 in setting reimbursement rates, to preauthorize certain high-  
65 cost or highly utilized services, to limit or eliminate coverage  
66 for certain services, or to make any other adjustments necessary  
67 to comply with any limitations or directions provided for in the  
68 General Appropriations Act.

69 ~~(b) The agency is authorized to implement reimbursement~~  
70 ~~and use management reforms in order to comply with any~~  
71 ~~limitations or directions in the General Appropriations Act,~~  
72 ~~which may include, but are not limited to: prior authorization~~  
73 ~~of treatment and service plans; prior authorization of services;~~  
74 ~~enhanced use review programs for highly used services; and~~  
75 ~~limits on services for those determined to be abusing their~~  
76 ~~benefit coverages.~~

77 Section 2. This act shall take effect July 1, 2005.