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An act relating to specialty behavioral health care providers; amending s. 394.4574, F.S.; authorizing the Agency for Health Care Administration to establish a demonstration project in certain counties 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 license; authorizing the agency to create an advisory committee; providing for membership, duties, and purpose of the committee; defining the term "specialty behavioral health care provider"; providing the requirements for the 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; authorizing the agency to seek federal waivers to implement an alternative prepaid behavioral health care plan under certain conditions; authorizing the agency to implement the demonstration project and the advisory committee to complete work; providing for an independent evaluation; requiring that a report be submitted to the Legislature; authorizing the agency to seek a waiver or approval for an amendment to a waiver for the purpose of addressing needs of individuals who reside in certain assisted living facilities; requiring the agency to establish a workgroup for the purpose of preparing an

amendment to a waiver; providing requirements for the amendment; requiring the Office of Program Policy Analysis and Government Accountability to conduct an evaluation; requiring the agency to implement the waiver amendment; prohibiting the waiver amendment from increasing costs to the Medicaid program; providing an effective date.

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

Section 1. Subsections (4), (5), (6), (7), (8), (9), and (10) are added to section 394.4574, Florida Statutes, to read:

394.4574 Department responsibilities for a mental health resident who resides in an assisted living facility that holds a limited mental health license.—

- establish a demonstration project within Duval, Nassau, Pasco, Pinellas, Lee, Volusia, Putnam, Charlotte, Hillsborough, Dade, Broward, Brevard, Orange, Santa Rosa, Collier, and Palm Beach Counties for the purpose of developing evidence-based practices in the delivery of state-funded behavioral health care services and support through the use of specialty behavioral health care providers to persons who reside in assisted living facilities that hold a limited mental health license.
- (5)(a) The agency may create an advisory committee to make recommendations to the Agency for Health Care Administration and the Department of Children and Family Services for the demonstration project that may be developed by the Agency for Health Care Administration, in consultation with the Department

of Children and Families Services. The advisory committee shall solicit input from stakeholders, residents, facility administrators, and advocates relative to standards, criteria, and the array of services that will be included.

- (b) The members of the advisory committee shall include local community partners, including residents, advocates, private and publicly funded behavioral health care providers, representatives of the Agency for Health Care Administration and the Department of Children and Family Services, and facility administrators selected by the agency. Other representatives may include the following:
- 1. One person who is a member of the Florida Psychiatric Society, selected by the society;
- 2. One person who is a member of the Florida Council for Behavioral Health, selected by the council;
- 3. One person who is a member of the National Alliance for the Mentally Ill, selected by the state affiliate;
- 4. One person who is a member of the Florida Assisted Living Affiliation, selected by the affiliation; and
- 5. One person who is a member of the local advocacy council, selected by the local council.

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

(c) The advisory committee shall establish goals, elect a chairperson, and be governed by the latest edition of Roberts

Rules of Order. The chairperson within district 4 shall direct the work of the advisory committee and may appoint subcommittees

as deemed appropriate by the chairperson. In addition, the chairperson shall be responsible for ensuring that minutes of meetings are kept and community input is solicited. The meetings shall convene upon the call of the chairperson.

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- (6)(a) For the purposes of this demonstration project, the term "specialty behavioral health care provider" means a public or private behavioral health care entity, provider, or organization or coalition of providers which holds a contract with the Department of Children and Family Services and can offer a full array of state-funded behavioral health care services to residents who live in state-licensed assisted living facilities that hold a limited mental health license in the counties of Duval, Nassau, Pasco, Pinellas, Lee, Volusia, Putnam, Charlotte, Hillsborough, Dade, Broward, Brevard, Orange, Santa Rosa, Collier, or Palm Beach. The services that are provided on a fee-for-service basis shall be provided directly by the specialty behavioral health care provider. For the purpose of this demonstration project, the Department of Children and Family Services shall allow private providers the opportunity to seek a contract with the department in order to compete and provide state-funded behavioral health care services.
- (b) In constructing the requirements for the specialty behavioral health care provider demonstration project, the Agency for Health Care Administration and the Department of Children and Family Services shall ensure that the providers develop and implement a plan to ensure the provision of the services and requirements referenced under this section. The

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demonstration project shall include requirements for intensive case-management services, provisions for on-call case managers, and vocational support services and shall include a requirement for the development of evidence-based models and practices in the delivery of community-based behavioral health care services which include strategies for reducing the use of state-funded inpatient psychiatric care. These models should demonstrate new approaches and allow for maximum input from consumers, family members, and facility administrators. Services provided under the demonstration project shall be provided on a fee-for-service basis for residents who are not eliqible for Medicaid and must be cost neutral for the Agency for Health Care Administration and for the Department of Children and Family Services. The Agency for Health Care Administration, in consultation with the Department of Children and Family Services, shall use a requestfor-information process for the purpose of procurement and to ensure competition and choice.

(c) For Medicaid-eligible residents who live in assisted living facilities that hold a limited mental health license in the counties of Duval, Nassau, Pasco, Pinellas, Lee, Volusia, Putnam, Charlotte, Hillsborough, Dade, Broward, Brevard, Orange, Santa Rosa, Collier, or Palm Beach and are enrolled in the MediPass program under a fee-for-service arrangement for the provision of Medicaid-funded behavioral health care services, the Department of Children and Family Services and the Agency for Health Care Administration shall allow any behavioral health care provider in the counties referenced under this section which meets the eligibility requirements for this demonstration

project to become a specialty behavioral health care provider, including a nonprofit or private behavioral health care provider, organization, or entity or coalition of providers.

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- Each eligible specialty behavioral health care provider that is qualified under the requirements of the demonstration project may seek and develop cooperative agreements with administrators of assisted living facilities that hold a limited mental health license in the counties of Duval, Nassau, Pasco, Pinellas, Lee, Volusia, Putnam, Charlotte, Hillsborough, Dade, Broward, Brevard, Orange, Santa Rosa, Collier, or Palm Beach. The cooperative agreement shall be for a minimum of 1 year during the course of the demonstration project and shall be binding on both parties for the duration of the agreement. The cooperative agreement must include provisions that promote the development of evidence-based practices and models as outlined in the procurement document for the project. For the purposes of this demonstration project, the provisions of the cooperative agreement shall be focused on improving the coordination of services, improved communication, detailed protocols that relate to the supervision of the clinical needs of the residents, and all other provisions required by law.
- (7) If the Agency for Health Care Administration implements a prepaid behavioral health care plan in the counties of Duval, Nassau, Pasco, Pinellas, Lee, Volusia, Putnam, Charlotte, Hillsborough, Dade, Broward, Brevard, Orange, Santa Rosa, Collier, or Palm Beach, the Agency for Health Care Administration may seek federal waivers to implement an alternative prepaid behavioral health care plan in the counties

169	of Duval, Nassau, Pasco, Pinellas, Lee, Volusia, Putnam,
170	Charlotte, Hillsborough, Dade, Broward, Brevard, Orange, Santa
171	Rosa, Collier, or Palm Beach in order to demonstrate innovation
172	and develop evidence-based practices that will improve the
173	coordination, satisfaction, and delivery of all state-funded
174	behavioral health care services to residents who reside in
175	assisted living facilities that hold a limited mental health
176	license. The Agency for Health Care Administration, in
177	developing the alternative prepaid program for persons who
178	reside in assisted living facilities that hold a limited mental
179	health license in the counties of Duval, Nassau, Pasco,
180	Pinellas, Lee, Volusia, Putnam, Charlotte, Hillsborough, Dade,
181	Broward, Brevard, Orange, Santa Rosa, Collier, or Palm Beach,
182	shall include provisions that ensure that the demonstration
183	capitation rate is based on no more than 90 percent of the
184	historic service utilization from the fee-for-service base,
185	shall include all outpatient state-funded behavioral health care
186	services and inpatient psychiatric services, and shall exempt
187	medications. The Department of Children and Family Services
188	shall calculate a rate for the non-Medicaid residents served in
189	the demonstration area and shall ensure that the capitation rate
190	does not result in the displacement of residents and is
191	consistent with each resident's right of access to adequate and
192	appropriate health care under s. 400.428.
193	(8) The demonstration project may be implemented by the
194	Agency for Health Care Administration at the direction of the
195	Secretary of Health Care Administration. When the secretary

authorizes implementation of the demonstration project, the

project shall continue for at least 3 years following the date of implementation. The advisory committee shall complete its work at the end of the 3-year period.

- Accountability shall conduct an evaluation of the demonstration project at the end of the first year and a review at the end of the 3-year period. The evaluation must assess the recidivism of residents from each assisted living facility that holds a limited mental health license to the inpatient hospital setting, improvements 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 meaningful plans of recovery. Following the evaluation and review, the office shall prepare a report and submit a copy to the President of the Senate and the Speaker of the House of Representatives in a timely manner.
- the necessary federal waivers or approval to amend a current waiver for the purpose of addressing the needs of individuals who reside in an assisted living facility that holds a limited mental health license. The agency shall establish a workgroup to assist in the preparation and development of the amendment to the waiver to provide input and information relevant to the completion and successful submission of an amendment. The amendment must address the needs of certain individuals that reside in state-licensed assisted living facilities that hold a limited mental health license. The amendment must provide for a mechanism by which those individuals having increased medical

<u>r</u>	needs who are under the age of 65 and meet certain criteria
<u>v</u>	rould be eligible based on the availability of funding for
<u>a</u>	dditional services that would enable those individuals to
<u>1</u>	emain as residents in an assisted living facility that holds a
<u>]</u>	imited mental health license. The Office of Program Policy
<u> </u>	analysis and Government Accountability shall conduct an
<u>e</u>	evaluation of the waiver amendment after the first year of
<u>i</u>	mplementation. The evaluation shall assess whether the
<u> </u>	mendment to the waiver and the services provided have reduced,
Ċ	lelayed, or otherwise improved the ability of the assisted
<u>]</u>	iving facility to retrain individuals who otherwise would have
<u>k</u>	een homeless or placed in an institutional setting. The agency
2	shall implement the waiver and serve 400 individuals who meet
<u>t</u>	the criteria and reside in an assisted living facility that
<u>ł</u>	olds a limited mental health license in the counties of Duval,
<u>N</u>	Jassau, Pasco, Putnam, Volusia, Dade, Charlotte, Santa Rosa,
<u>C</u>	Collier, Palm Beach, or Lee. The agency shall implement the
V	aiver amendment upon approval from appropriate federal agencies
<u>a</u>	and access to available funding. The waiver amendment may not
<u>i</u>	ncrease costs to the Medicaid program and must demonstrate
2	savings.

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