CHAMBER ACTION

The Elder & Long-Term Care Committee recommends the following:

Council/Committee Substitute

Remove the entire bill and insert:

A bill to be entitled

An act relating to mental health services providers; amending s. 409.912, F.S.; providing requirements for the provision of mental health services to residents of an assisted living facility having a limited mental health license; requiring the Agency for Health Care Administration to establish a workgroup to examine strategies and make recommendations prior to implementation of any managed care plan that would include behavioral health care services in specified counties; providing for membership; providing an effective date.

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

Section 1. Subsection (6) of section 409.912, Florida Statutes, is amended to read:

409.912 Cost-effective purchasing of health care.--The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery

of quality medical care. To ensure that medical services are effectively utilized, the agency may, in any case, require a confirmation or second physician's opinion of the correct diagnosis for purposes of authorizing future services under the Medicaid program. This section does not restrict access to emergency services or poststabilization care services as defined in 42 C.F.R. part 438.114. Such confirmation or second opinion shall be rendered in a manner approved by the agency. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency may mandate prior authorization, drug therapy management, or disease management participation for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization. The agency is authorized to limit the entities it contracts with or enrolls as Medicaid providers by developing a provider network through

provider credentialing. The agency may limit its network based on the assessment of beneficiary access to care, provider availability, provider quality standards, time and distance standards for access to care, the cultural competence of the provider network, demographic characteristics of Medicaid beneficiaries, practice and provider-to-beneficiary standards, appointment wait times, beneficiary use of services, provider turnover, provider profiling, provider licensure history, previous program integrity investigations and findings, peer review, provider Medicaid policy and billing compliance records, clinical and medical record audits, and other factors. Providers shall not be entitled to enrollment in the Medicaid provider network. The agency is authorized to seek federal waivers necessary to implement this policy.

(6) The agency may contract with any public or private entity otherwise authorized by this section on a prepaid or fixed-sum basis for the provision of health care services to recipients. An entity may provide prepaid services to recipients, either directly or through arrangements with other entities, if each entity involved in providing services:

(a) Is organized primarily for the purpose of providing health care or other services of the type regularly offered to Medicaid recipients;

(b) Ensures that services meet the standards set by the agency for quality, appropriateness, and timeliness;

(c) Ensures that each resident who lives in a licensed assisted living facility that holds a limited mental health

license receives access to an adequate and appropriate array of state-funded mental health services;

(d) Ensures that state-funded mental health services promote recovery by implementing best practices through cooperative agreements between mental health providers and assisted living facilities that hold a limited mental health license, by implementing the community living support plans, and by complying with s. 394.4574;

(e) Ensures that a resident of an assisted living facility may not be displaced as a result of the implementation of any specialty behavioral health care managed care plan;

(f) In order to provide state-funded mental health services to a resident of an assisted living facility that holds a limited mental health license:

1. Develops and implements a plan that complies with s. 394.4574 for providing state-funded mental health services;

2. Ensures that each resident of an assisted living facility that holds a limited mental health license has access to therapeutic medications, including atypical psychotropic medications, as directed by the resident's doctor; and

3. Ensures that each resident of an assisted living facility that holds a limited mental health license has access to state-funded primary care and mental health services covered by the Medicaid program;

(g)~~(c)~~ Makes provisions satisfactory to the agency for insolvency protection and ensures that neither enrolled Medicaid recipients nor the agency will be liable for the debts of the entity;

(h)~~(d)~~ Submits to the agency, if a private entity, a financial plan that the agency finds to be fiscally sound and that provides for working capital in the form of cash or equivalent liquid assets excluding revenues from Medicaid premium payments equal to at least the first 3 months of operating expenses or $200,000, whichever is greater;

(i)~~(e)~~ Furnishes evidence satisfactory to the agency of adequate liability insurance coverage or an adequate plan of self-insurance to respond to claims for injuries arising out of the furnishing of health care;

(j)~~(f)~~ Provides, through contract or otherwise, for periodic review of its medical facilities and services, as required by the agency; and

(k)~~(g)~~ Provides organizational, operational, financial, and other information required by the agency.

Section 2. (1) Prior to implementation of any managed care plan that would include behavioral health care services in the counties of Nassau, Baker, Clay, Duval, and St. Johns, the Agency for Health Care Administration shall establish a workgroup to:

(a) Examine strategies that would allow minority access administrative service organizations and county-based administrative service organizations the ability to seek a capitation rate to provide innovative programs to improve access to behavioral health care services in rural areas and areas identified as in need of minority access providers.

(b) Make recommendations to the Agency for Health Care Administration for consideration in the request for proposal

process relating to minority access and the role of minority access providers in emerging networks; the role of county-based service delivery systems for the provision of behavioral health care services; requirements to be met by managed care plans when serving residents of limited mental health assisted living facilities; the development of administrative service organizations that may be appointed by rural counties that may be part of the proposed managed care pilot; and the development of administrative service organizations that would focus on minority access issues and minority access providers located in the proposed pilot areas.

(2) The workgroup shall consist of local minority access providers, a representative of the North Florida Behavioral Health Center, a member of a local chapter of the National Alliance for the Mentally Ill, consumer representatives, a representative of a local county government, a representative from the Department of Children and Family Services, a representative from the Department of Health, a representative from the Agency for Health Care Administration, and a representative from the local advocacy council.

Section 3. This act shall take effect July 1, 2005.