

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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1 Representative(s) [Sands](#) offered the following:

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

4 Between line(s) 61 and 62 insert:

5 (4) The agency may contract with:

6 (b) An entity that is providing comprehensive behavioral
7 health care services to certain Medicaid recipients through a
8 capitated, prepaid arrangement pursuant to the federal waiver
9 provided for by s. 409.905(5). Such an entity must be licensed
10 under chapter 624, chapter 636, or chapter 641 and must possess
11 the clinical systems and operational competence to manage risk
12 and provide comprehensive behavioral health care to Medicaid
13 recipients. As used in this paragraph, the term "comprehensive
14 behavioral health care services" means covered mental health and
15 substance abuse treatment services that are available to

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HOUSE AMENDMENT

Bill No. HB 17

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16 Medicaid recipients. The secretary of the Department of Children
17 and Family Services shall approve provisions of procurements
18 related to children in the department's care or custody prior to
19 enrolling such children in a prepaid behavioral health plan. Any
20 contract awarded under this paragraph must be competitively
21 procured. In developing the behavioral health care prepaid plan
22 procurement document, the agency shall ensure that the
23 procurement document requires the contractor to develop and
24 implement a plan to ensure compliance with s. 394.4574 related
25 to services provided to residents of licensed assisted living
26 facilities that hold a limited mental health license. Except as
27 provided in subparagraph 8., the agency shall seek federal
28 approval to contract with a single entity meeting these
29 requirements to provide comprehensive behavioral health care
30 services to all Medicaid recipients not enrolled in a managed
31 care plan in an AHCA area. Each entity must offer sufficient
32 choice of providers in its network to ensure recipient access to
33 care and the opportunity to select a provider with whom they are
34 satisfied. The network shall include all public mental health
35 hospitals. To ensure unimpaired access to behavioral health care
36 services by Medicaid recipients, all contracts issued pursuant
37 to this paragraph shall require 80 percent of the capitation
38 paid to the managed care plan, including health maintenance
39 organizations, to be expended for the provision of behavioral
40 health care services. In the event the managed care plan expends
41 less than 80 percent of the capitation paid pursuant to this
42 paragraph for the provision of behavioral health care services,

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43 the difference shall be returned to the agency. The agency shall
44 provide the managed care plan with a certification letter
45 indicating the amount of capitation paid during each calendar
46 year for the provision of behavioral health care services
47 pursuant to this section. The agency may reimburse for substance
48 abuse treatment services on a fee-for-service basis until the
49 agency finds that adequate funds are available for capitated,
50 prepaid arrangements.

51 1. By January 1, 2001, the agency shall modify the
52 contracts with the entities providing comprehensive inpatient
53 and outpatient mental health care services to Medicaid
54 recipients in Hillsborough, Highlands, Hardee, Manatee, and Polk
55 Counties, to include substance abuse treatment services.

56 2. By July 1, 2003, the agency and the Department of
57 Children and Family Services shall execute a written agreement
58 that requires collaboration and joint development of all policy,
59 budgets, procurement documents, contracts, and monitoring plans
60 that have an impact on the state and Medicaid community mental
61 health and targeted case management programs.

62 3. Except as provided in subparagraph 8., by July 1, 2006,
63 the agency and the Department of Children and Family Services
64 shall contract with managed care entities in each AHCA area
65 except area 6 or arrange to provide comprehensive inpatient and
66 outpatient mental health and substance abuse services through
67 capitated prepaid arrangements to all Medicaid recipients who
68 are eligible to participate in such plans under federal law and
69 regulation. In AHCA areas where eligible individuals number less

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70 than 150,000, the agency shall contract with a single managed
71 care plan to provide comprehensive behavioral health services to
72 all recipients who are not enrolled in a Medicaid health
73 maintenance organization. The agency may contract with more than
74 one comprehensive behavioral health provider to provide care to
75 recipients who are not enrolled in a Medicaid health maintenance
76 organization in AHCA areas where the eligible population exceeds
77 150,000. Contracts for comprehensive behavioral health providers
78 awarded pursuant to this section shall be competitively
79 procured. Both for-profit and not-for-profit corporations shall
80 be eligible to compete. Managed care plans contracting with the
81 agency under subsection (3) shall provide and receive payment
82 for the same comprehensive behavioral health benefits as
83 provided in AHCA rules, including handbooks incorporated by
84 reference. Existing provider service networks shall be permitted
85 to continue their programs for a period of no less than 3 years
86 and shall include mental health care and substance abuse
87 services as part of the services offered by the network.
88 Notwithstanding the provisions of this section, county
89 governments may participate as provider service networks.

90 4. By October 1, 2003, the agency and the department shall
91 submit a plan to the Governor, the President of the Senate, and
92 the Speaker of the House of Representatives which provides for
93 the full implementation of capitated prepaid behavioral health
94 care in all areas of the state.

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95 a. Implementation shall begin in 2003 in those AHCA areas
96 of the state where the agency is able to establish sufficient
97 capitation rates.

98 b. If the agency determines that the proposed capitation
99 rate in any area is insufficient to provide appropriate
100 services, the agency may adjust the capitation rate to ensure
101 that care will be available. The agency and the department may
102 use existing general revenue to address any additional required
103 match but may not over-obligate existing funds on an annualized
104 basis.

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

109 5. Children residing in a statewide inpatient psychiatric
110 program, or in a Department of Juvenile Justice or a Department
111 of Children and Family Services residential program approved as
112 a Medicaid behavioral health overlay services provider shall not
113 be included in a behavioral health care prepaid health plan or
114 any other Medicaid managed care plan pursuant to this paragraph.

115 6. In converting to a prepaid system of delivery, the
116 agency shall in its procurement document require an entity
117 providing only comprehensive behavioral health care services to
118 prevent the displacement of indigent care patients by enrollees
119 in the Medicaid prepaid health plan providing behavioral health
120 care services from facilities receiving state funding to provide
121 indigent behavioral health care, to facilities licensed under

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122 chapter 395 which do not receive state funding for indigent
123 behavioral health care, or reimburse the unsubsidized facility
124 for the cost of behavioral health care provided to the displaced
125 indigent care patient.

126 7. Traditional community mental health providers under
127 contract with the Department of Children and Family Services
128 pursuant to part IV of chapter 394, child welfare providers
129 under contract with the Department of Children and Family
130 Services in areas 1 and 6, and inpatient mental health providers
131 licensed pursuant to chapter 395 must be offered an opportunity
132 to accept or decline a contract to participate in any provider
133 network for prepaid behavioral health services.

134 8. For fiscal year 2004-2005, all Medicaid eligible
135 children, except children in areas 1 and 6, whose cases are open
136 for child welfare services in the HomeSafeNet system, shall be
137 enrolled in MediPass or in Medicaid fee-for-service and all
138 their behavioral health care services including inpatient,
139 outpatient psychiatric, community mental health, and case
140 management shall be reimbursed on a fee-for-service basis.
141 Beginning July 1, 2005, such children, who are open for child
142 welfare services in the HomeSafeNet system, shall receive their
143 behavioral health care services through a specialty prepaid plan
144 operated by community-based lead agencies either through a
145 single agency or formal agreements among several agencies. The
146 specialty prepaid plan must result in savings to the state
147 comparable to savings achieved in other Medicaid managed care
148 and prepaid programs. Such plan must provide mechanisms to

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149 maximize state and local revenues. The specialty prepaid plan
150 shall be developed by the agency and the Department of Children
151 and Family Services. The agency is authorized to seek any
152 federal waivers to implement this initiative.

153
154 ===== D I R E C T O R Y A M E N D M E N T =====

155 Remove line(s) 15 and 16 and insert:

156 Section 1. Paragraph (b) of subsection (4) of section
157 409.912, Florida Statutes, is amended, and subsection (50) is
158 added to said section, to read:

159
160 ===== T I T L E A M E N D M E N T =====

161 Remove line(s) 3 and insert:

162
163 409.912, F.S.; authorizing existing provider service networks to
164 continue their programs for a specified period of time;
165 including mental health and substance abuse services;
166 authorizing county governments to participate as networks;
167 requiring the Agency for Health Care