

Bill No. SB 1852

Barcode 655634

CHAMBER ACTION

Senate

House

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11 The Committee on Health Care (Fasano) recommended the
12 following amendment:

Senate Amendment (with title amendment)

Delete everything after the enacting clause

17 and insert:

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

20 409.912 Cost-effective purchasing of health care.--The
21 agency shall purchase goods and services for Medicaid
22 recipients in the most cost-effective manner consistent with
23 the delivery of quality medical care. To ensure that medical
24 services are effectively utilized, the agency may, in any
25 case, require a confirmation or second physician's opinion of
26 the correct diagnosis for purposes of authorizing future
27 services under the Medicaid program. This section does not
28 restrict access to emergency services or poststabilization
29 care services as defined in 42 C.F.R. part 438.114. Such
30 confirmation or second opinion shall be rendered in a manner
31 approved by the agency. The agency shall maximize the use of

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1 prepaid per capita and prepaid aggregate fixed-sum basis
2 services when appropriate and other alternative service
3 delivery and reimbursement methodologies, including
4 competitive bidding pursuant to s. 287.057, designed to
5 facilitate the cost-effective purchase of a case-managed
6 continuum of care. The agency shall also require providers to
7 minimize the exposure of recipients to the need for acute
8 inpatient, custodial, and other institutional care and the
9 inappropriate or unnecessary use of high-cost services. The
10 agency may mandate prior authorization, drug therapy
11 management, or disease management participation for certain
12 populations of Medicaid beneficiaries, certain drug classes,
13 or particular drugs to prevent fraud, abuse, overuse, and
14 possible dangerous drug interactions. The Pharmaceutical and
15 Therapeutics Committee shall make recommendations to the
16 agency on drugs for which prior authorization is required. The
17 agency shall inform the Pharmaceutical and Therapeutics
18 Committee of its decisions regarding drugs subject to prior
19 authorization. The agency is authorized to limit the entities
20 it contracts with or enrolls as Medicaid providers by
21 developing a provider network through provider credentialing.
22 The agency may limit its network based on the assessment of
23 beneficiary access to care, provider availability, provider
24 quality standards, time and distance standards for access to
25 care, the cultural competence of the provider network,
26 demographic characteristics of Medicaid beneficiaries,
27 practice and provider-to-beneficiary standards, appointment
28 wait times, beneficiary use of services, provider turnover,
29 provider profiling, provider licensure history, previous
30 program integrity investigations and findings, peer review,
31 provider Medicaid policy and billing compliance records,

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1 clinical and medical record audits, and other factors.

2 Providers shall not be entitled to enrollment in the Medicaid
3 provider network. The agency is authorized to seek federal
4 waivers necessary to implement this policy.

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

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

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

16 (c) Ensures that each resident who lives in a licensed
17 assisted living facility that holds a limited mental health
18 license receives access to an adequate and appropriate array
19 of state-funded mental health services within funds available;

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

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

30 (f) In order to provide state-funded mental health
31 services to a resident of an assisted living facility that

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1 holds a limited mental health license:

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

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

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

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

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

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

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

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

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

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

13 (b) Make recommendations to the Agency for Health Care
 14 Administration for incorporation in the request for proposal
 15 process relating to minority access and the role of minority
 16 access providers in emerging networks; the role of
 17 county-based service delivery systems for the provision of
 18 behavioral health care services; Department of Prepaid Mental
 19 Health Plans; provider service networks; requirements to be
 20 met by managed care plans when serving residents of limited
 21 mental health assisted living facilities; the development of
 22 administrative service organizations that may be appointed by
 23 rural counties that may be part of the proposed managed care
 24 pilot; and the development of administrative service
 25 organizations that would focus on minority access issues and
 26 minority access providers located in the proposed pilot areas.

27 (2) The workgroup shall consist of local minority
 28 access providers, a representative of the North Florida
 29 Behavioral Health Center, a member of a local chapter of the
 30 National Alliance for the Mentally Ill, consumer
 31 representatives, a member appointed by the Florida Council for

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1 Community Mental Health, a representative of a local county
 2 government, a representative from the Department of Children
 3 and Family Services, a representative from the Department of
 4 Health, a representative from the Agency for Health Care
 5 Administration, and a representative from the local advocacy
 6 council.

7 Section 3. (1) The Agency for Health Care
 8 Administration, in consultation with the Department of Elderly
 9 Affairs, shall establish a workgroup to be entitled Best
 10 Practices and Limited Mental Health Assisted Living
 11 Facilities.

12 (2) The workgroup shall identify best practices
 13 associated with implementing a state-funded behavioral health
 14 care service system for residents of an assisted living
 15 facility that holds a limited mental health license. The
 16 workgroup shall also review the need for developing enhanced
 17 services for residents who have increasing medical needs
 18 associated with aging or disabilities.

19 (3) The workgroup shall identify best practices in the
 20 delivery of state-funded mental health services that have
 21 proven to be cost-effective and efficient in the delivery of
 22 state-funded mental health care, particularly under managed
 23 care plans.

24 (4) The workgroup shall determine which services are
 25 most frequently used by residents and how integrated models of
 26 service delivery may emerge that promote best practices under
 27 managed care plans providing Medicaid-covered mental health
 28 services.

29 (5) The workgroup shall evaluate the strategies,
 30 services, and supports that are necessary to ensure an
 31 adequate and appropriate array of state-funded mental health

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1 service which promotes recovery-based outcomes as covered by
2 the Medicaid program.

3 (6) The workgroup shall also review and, when
4 appropriate, recommend changes to laws, administrative rules,
5 and modifications to 1915C waivers that relate to eligibility
6 and services. The workgroup shall also propose legislative
7 budget recommendations needed to implement the recommendations
8 of the workgroup.

9 (7) The workgroup shall include, but is not limited
10 to, one representative each from the Agency for Health Care
11 Administration, the Department of Elderly Affairs, the
12 Department of Children and Family Services, the Department of
13 Health, the Department of Corrections, a managed care provider
14 or its representative, one member appointed by the Florida
15 Council for Community Mental Health, one member appointed by
16 the Florida Psychiatric Society, one member appointed by the
17 Florida Coalition for Assisted Living and Mental Health, one
18 member appointed by the state chapter of the National Alliance
19 for the Mentally Ill, one member appointed by the State
20 Long-Term Care Ombudsman Council, and one member appointed by
21 the Americans with Disabilities Act Working Group.

22 (8) The workgroup may request the assistance of the
23 Florida Mental Health Institute to provide research or
24 analysis as the agency and the workgroup members may determine
25 necessary to accomplish its tasks.

26 (9) The workgroup shall elect a chair who is not an
27 employee of the state. The workgroup shall hold meetings at
28 the call of the chair. The workgroup shall receive staff
29 support from the agency. The workgroup members shall each
30 serve at his or her own expense and the workgroup shall
31 function within funds available to the Agency for Health Care

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1 Administration.

2 (10) The workgroup must prepare a report and deliver a
3 copy of the report to the Governor, the President of the
4 Senate, and the Speaker of the House of Representatives no
5 later than January 5, 2006.

6 Section 4. This act shall take effect July 1, 2005.

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9 ===== T I T L E A M E N D M E N T =====

10 And the title is amended as follows:

11 Delete everything before the enacting clause

12

13 and insert:

14 A bill to be entitled

15 An act relating to mental health services
16 providers; amending s. 409.912, F.S.; providing
17 requirements for the provision of mental health
18 services to residents of an assisted living
19 facility having a limited mental health
20 license; requiring the Agency for Health Care
21 Administration to establish a workgroup to
22 examine strategies and make recommendations
23 prior to implementation of any managed care
24 plan that would include behavioral health care
25 services in specified counties; providing for
26 membership; creating the Best Practices and
27 Limited Mental Health Assisted Living
28 Facilities workgroup; providing duties and
29 responsibilities; providing for membership;
30 authorizing the workgroup to request assistance
31 from the Florida Mental Health Institute;

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requiring the workgroup to prepare and file a
report with the Governor and the Legislature by
a specified date; providing an effective date.