

By Senator Lynn

7-565-05

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

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

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14 Section 1. Paragraphs (a) and (b) of subsection (8) of
15 section 409.906, Florida Statutes, are amended to read:

16 409.906 Optional Medicaid services.--Subject to
17 specific appropriations, the agency may make payments for
18 services which are optional to the state under Title XIX of
19 the Social Security Act and are furnished by Medicaid
20 providers to recipients who are determined to be eligible on
21 the dates on which the services were provided. Any optional
22 service that is provided shall be provided only when medically
23 necessary and in accordance with state and federal law.
24 Optional services rendered by providers in mobile units to
25 Medicaid recipients may be restricted or prohibited by the
26 agency. Nothing in this section shall be construed to prevent
27 or limit the agency from adjusting fees, reimbursement rates,
28 lengths of stay, number of visits, or number of services, or
29 making any other adjustments necessary to comply with the
30 availability of moneys and any limitations or directions
31 provided for in the General Appropriations Act or chapter 216.

1 | If necessary to safeguard the state's systems of providing
2 | services to elderly and disabled persons and subject to the
3 | notice and review provisions of s. 216.177, the Governor may
4 | direct the Agency for Health Care Administration to amend the
5 | Medicaid state plan to delete the optional Medicaid service
6 | known as "Intermediate Care Facilities for the Developmentally
7 | Disabled." Optional services may include:

8 | (8) COMMUNITY MENTAL HEALTH SERVICES.--

9 | ~~(a)~~ The agency may pay for rehabilitative services
10 | provided to a recipient by a mental health or substance abuse
11 | provider under contract with the agency or the Department of
12 | Children and Family Services to provide such services. Those
13 | services which are psychiatric in nature shall be rendered or
14 | recommended by a psychiatrist, and those services which are
15 | medical in nature shall be rendered or recommended by a
16 | physician or psychiatrist. The agency must develop a provider
17 | enrollment process for community mental health providers which
18 | bases provider enrollment on an assessment of service need.
19 | The provider enrollment process shall be designed to control
20 | costs, prevent fraud and abuse, consider provider expertise
21 | and capacity, and assess provider success in managing
22 | utilization of care and measuring treatment outcomes.
23 | Providers will be selected through a competitive procurement
24 | or selective contracting process. In addition to other
25 | community mental health providers, the agency shall consider
26 | for enrollment mental health programs licensed under chapter
27 | 395 and group practices licensed under chapter 458, chapter
28 | 459, chapter 490, or chapter 491. ~~The agency is also~~
29 | ~~authorized to continue operation of its behavioral health~~
30 | ~~utilization management program and may develop new services if~~
31 | ~~these actions are necessary to ensure savings from the~~

1 ~~implementation of the utilization management system.~~ The
2 agency shall coordinate the implementation of this enrollment
3 process with the Department of Children and Family Services
4 and the Department of Juvenile Justice. The agency is
5 authorized to utilize diagnostic criteria in setting
6 reimbursement rates, to preauthorize certain high-cost or
7 highly utilized services, to limit or eliminate coverage for
8 certain services, or to make any other adjustments necessary
9 to comply with any limitations or directions provided for in
10 the General Appropriations Act.

11 ~~(b) The agency is authorized to implement~~
12 ~~reimbursement and use management reforms in order to comply~~
13 ~~with any limitations or directions in the General~~
14 ~~Appropriations Act, which may include, but are not limited to:~~
15 ~~prior authorization of treatment and service plans; prior~~
16 ~~authorization of services; enhanced use review programs for~~
17 ~~highly used services; and limits on services for those~~
18 ~~determined to be abusing their benefit coverages.~~

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

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22 SENATE SUMMARY

23 Eliminates utilization management controls for Medicaid
24 community mental health services.
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