

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

1 Representative(s) Brown offered the following:

2
3 **Amendment (with directory and title amendments)**

4 Between line(s) 612 and 613, 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
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

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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., and except in counties where the
28 Medicaid managed care pilot program is authorized pursuant to s.
29 409.91211, the agency shall seek federal approval to contract
30 with a single entity meeting these requirements to provide
31 comprehensive behavioral health care services to all Medicaid
32 recipients not enrolled in a Medicaid managed care plan
33 authorized under s. 409.91211 or a Medicaid health maintenance
34 organization in an AHCA area. In an AHCA area where the Medicaid
35 managed care pilot program is authorized pursuant to s.
36 409.91211 in one or more counties, the agency may procure a
37 contract with a single entity to serve the remaining counties as
38 an AHCA area or the remaining counties may be included with an
39 adjacent AHCA area and shall be subject to this paragraph. Each
40 entity must offer sufficient choice of providers in its network
41 to ensure recipient access to care and the opportunity to select
42 a provider with whom they are satisfied. The network shall
43 include all public mental health hospitals. To ensure unimpaired
44 access to behavioral health care services by Medicaid
45 recipients, ~~all contracts issued pursuant to this paragraph~~
46 ~~shall require 80 percent of the capitation paid to the managed~~
47 ~~care plan, including health maintenance organizations, to be~~
48 ~~expended for the provision of behavioral health care services.~~
49 ~~In the event the managed care plan expends less than 80 percent~~
50 ~~of the capitation paid pursuant to this paragraph for the~~
51 ~~provision of behavioral health care services, the difference~~

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52 | ~~shall be returned to the agency. The agency shall provide the~~
53 | ~~managed care plan with a certification letter indicating the~~
54 | ~~amount of capitation paid during each calendar year for the~~
55 | ~~provision of behavioral health care services pursuant to this~~
56 | ~~section.~~ the agency may reimburse for substance abuse treatment
57 | services on a fee-for-service basis until the agency finds that
58 | adequate funds are available for capitated, prepaid
59 | arrangements.

60 | 1. By January 1, 2001, the agency shall modify the
61 | contracts with the entities providing comprehensive inpatient
62 | and outpatient mental health care services to Medicaid
63 | recipients in Hillsborough, Highlands, Hardee, Manatee, and Polk
64 | Counties, to include substance abuse treatment services.

65 | 2. By July 1, 2003, the agency and the Department of
66 | Children and Family Services shall execute a written agreement
67 | that requires collaboration and joint development of all policy,
68 | budgets, procurement documents, contracts, and monitoring plans
69 | that have an impact on the state and Medicaid community mental
70 | health and targeted case management programs.

71 | 3. Except as provided in subparagraph 8., by July 1, 2006,
72 | the agency and the Department of Children and Family Services
73 | shall contract with managed care entities in each AHCA area
74 | except area 6 or arrange to provide comprehensive inpatient and
75 | outpatient mental health and substance abuse services through
76 | capitated prepaid arrangements to all Medicaid recipients who
77 | are eligible to participate in such plans under federal law and
78 | regulation. In AHCA areas where eligible individuals number less
79 | than 150,000, the agency shall contract with a single managed
80 | care plan to provide comprehensive behavioral health services to
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81 all recipients who are not enrolled in a Medicaid health
82 maintenance organization or a Medicaid capitated managed care
83 plan authorized under s. 409.91211. The agency may contract with
84 more than one comprehensive behavioral health provider to
85 provide care to recipients who are not enrolled in a Medicaid
86 capitated managed care plan authorized under s. 409.91211 or a
87 Medicaid health maintenance organization in AHCA areas where the
88 eligible population exceeds 150,000. In an AHCA area where the
89 Medicaid managed care pilot program is authorized pursuant to s.
90 409.91211 in one or more counties, the agency may procure a
91 contract with a single entity to serve the remaining counties as
92 an AHCA area or the remaining counties may be included with an
93 adjacent AHCA area and shall be subject to this paragraph.
94 Contracts for comprehensive behavioral health providers awarded
95 pursuant to this section shall be competitively procured. Both
96 for-profit and not-for-profit corporations shall be eligible to
97 compete. Managed care plans contracting with the agency under
98 subsection (3) shall provide and receive payment for the same
99 comprehensive behavioral health benefits as provided in AHCA
100 rules, including handbooks incorporated by reference. In AHCA
101 area 11, the agency shall contract with at least two
102 comprehensive behavioral health care providers to provide
103 behavioral health care to recipients in that area who are
104 enrolled in, or assigned to, the MediPass program. One of the
105 behavioral health care contracts shall be with the existing
106 provider service network pilot project, as described in
107 paragraph (d), for the purpose of demonstrating the cost-
108 effectiveness of the provision of quality mental health services
109 through a public hospital-operated managed care model. Payment

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110 shall be at an agreed-upon capitated rate to ensure cost
111 savings. Of the recipients in area 11 who are assigned to
112 MediPass under the provisions of s. 409.9122(2)(k), a minimum of
113 50,000 of those MediPass-enrolled recipients shall be assigned
114 to the existing provider service network in area 11 for their
115 behavioral care.

116 4. By October 1, 2003, the agency and the department shall
117 submit a plan to the Governor, the President of the Senate, and
118 the Speaker of the House of Representatives which provides for
119 the full implementation of capitated prepaid behavioral health
120 care in all areas of the state.

121 a. Implementation shall begin in 2003 in those AHCA areas
122 of the state where the agency is able to establish sufficient
123 capitation rates.

124 b. If the agency determines that the proposed capitation
125 rate in any area is insufficient to provide appropriate
126 services, the agency may adjust the capitation rate to ensure
127 that care will be available. The agency and the department may
128 use existing general revenue to address any additional required
129 match but may not over-obligate existing funds on an annualized
130 basis.

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

135 5. Children residing in a statewide inpatient psychiatric
136 program, or in a Department of Juvenile Justice or a Department
137 of Children and Family Services residential program approved as
138 a Medicaid behavioral health overlay services provider shall not
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139 | be included in a behavioral health care prepaid health plan or
140 | any other Medicaid managed care plan pursuant to this paragraph.

141 | 6. In converting to a prepaid system of delivery, the
142 | agency shall in its procurement document require an entity
143 | providing only comprehensive behavioral health care services to
144 | prevent the displacement of indigent care patients by enrollees
145 | in the Medicaid prepaid health plan providing behavioral health
146 | care services from facilities receiving state funding to provide
147 | indigent behavioral health care, to facilities licensed under
148 | chapter 395 which do not receive state funding for indigent
149 | behavioral health care, or reimburse the unsubsidized facility
150 | for the cost of behavioral health care provided to the displaced
151 | indigent care patient.

152 | 7. Traditional community mental health providers under
153 | contract with the Department of Children and Family Services
154 | pursuant to part IV of chapter 394, child welfare providers
155 | under contract with the Department of Children and Family
156 | Services in areas 1 and 6, and inpatient mental health providers
157 | licensed pursuant to chapter 395 must be offered an opportunity
158 | to accept or decline a contract to participate in any provider
159 | network for prepaid behavioral health services.

160 | 8. For fiscal year 2004-2005, all Medicaid eligible
161 | children, except children in areas 1 and 6, whose cases are open
162 | for child welfare services in the HomeSafeNet system, shall be
163 | enrolled in MediPass or in Medicaid fee-for-service and all
164 | their behavioral health care services including inpatient,
165 | outpatient psychiatric, community mental health, and case
166 | management shall be reimbursed on a fee-for-service basis.

167 | Beginning July 1, 2005, such children, who are open for child
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168 welfare services in the HomeSafeNet system, shall receive their
169 behavioral health care services through a specialty prepaid plan
170 operated by community-based lead agencies either through a
171 single agency or formal agreements among several agencies. The
172 specialty prepaid plan must result in savings to the state
173 comparable to savings achieved in other Medicaid managed care
174 and prepaid programs. Such plan must provide mechanisms to
175 maximize state and local revenues. The specialty prepaid plan
176 shall be developed by the agency and the Department of Children
177 and Family Services. The agency is authorized to seek any
178 federal waivers to implement this initiative.

179

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

181 Remove line(s) 548 and 549 and insert:

182 Section 10. Paragraph (b) of subsection (4) and subsection
183 (44) of section 409.912, Florida Statutes, are amended, and
184 subsection (53) is added to that

185

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

187 Remove line(s) 27 and insert:

188 effective purchasing of health care; deleting an obsolete
189 provision requiring a certain percentage of capitation paid to
190 managed care plans to be expended for behavioral health
191 services; providing that