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CHAMBER ACTION

<u>Senate</u>	.	<u>House</u>
Comm: RCS	.	
4/2/2008	.	
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	.	

1 The Committee on Health and Human Services Appropriations (Gaetz)
 2 recommended the following **amendment**:

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

5 Between line(s) 653 and 654,
 6 insert

7 (4) The agency may contract with:

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

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18 recipients. The secretary of the Department of Children and
19 Family Services shall approve provisions of procurements related
20 to children in the department's care or custody prior to
21 enrolling such children in a prepaid behavioral health plan. Any
22 contract awarded under this paragraph must be competitively
23 procured. In developing the behavioral health care prepaid plan
24 procurement document, the agency shall ensure that the
25 procurement document requires the contractor to develop and
26 implement a plan to ensure compliance with s. 394.4574 related to
27 services provided to residents of licensed assisted living
28 facilities that hold a limited mental health license. Except as
29 provided in subparagraph 8., and except in counties where the
30 Medicaid managed care pilot program is authorized pursuant to s.
31 409.91211, the agency shall seek federal approval to contract
32 with a single entity meeting these requirements to provide
33 comprehensive behavioral health care services to all Medicaid
34 recipients not enrolled in a Medicaid managed care plan
35 authorized under s. 409.91211 or a Medicaid health maintenance
36 organization in an AHCA area. In an AHCA area where the Medicaid
37 managed care pilot program is authorized pursuant to s. 409.91211
38 in one or more counties, the agency may procure a contract with a
39 single entity to serve the remaining counties as an AHCA area or
40 the remaining counties may be included with an adjacent AHCA area
41 and shall be subject to this paragraph. Each entity must offer
42 sufficient choice of providers in its network to ensure recipient
43 access to care and the opportunity to select a provider with whom
44 they are satisfied. The network shall include all public mental
45 health hospitals. To ensure unimpaired access to behavioral
46 health care services by Medicaid recipients, all contracts issued
47 pursuant to this paragraph shall require 80 percent of the

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48 | capitation paid to the managed care plan, including health
49 | maintenance organizations, to be expended for the provision of
50 | behavioral health care services. In the event the managed care
51 | plan expends less than 80 percent of the capitation paid pursuant
52 | to this paragraph for the provision of behavioral health care
53 | services, the difference shall be returned to the agency. The
54 | agency shall provide the managed care plan with a certification
55 | letter indicating the amount of capitation paid during each
56 | calendar year for the provision of behavioral health care
57 | services pursuant to this section. The agency may reimburse for
58 | substance abuse treatment services on a fee-for-service basis
59 | until the agency finds that adequate funds are available for
60 | capitated, prepaid arrangements.

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

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

72 | 3. Except as provided in subparagraph 8., by July 1, 2006,
73 | the agency and the Department of Children and Family Services
74 | shall contract with managed care entities in each AHCA area
75 | except area 6 or arrange to provide comprehensive inpatient and
76 | outpatient mental health and substance abuse services through
77 | capitated prepaid arrangements to all Medicaid recipients who are

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78 | eligible to participate in such plans under federal law and
79 | regulation. In AHCA areas where eligible individuals number less
80 | than 150,000, the agency shall contract with a single managed
81 | care plan to provide comprehensive behavioral health services to
82 | all recipients who are not enrolled in a Medicaid health
83 | maintenance organization or a Medicaid capitated managed care
84 | plan authorized under s. 409.91211. The agency may contract with
85 | more than one comprehensive behavioral health provider to provide
86 | care to recipients who are not enrolled in a Medicaid capitated
87 | managed care plan authorized under s. 409.91211 or a Medicaid
88 | health maintenance organization in AHCA areas where the eligible
89 | population exceeds 150,000. In an AHCA area where the Medicaid
90 | managed care pilot program is authorized pursuant to s. 409.91211
91 | in one or more counties, the agency may procure a contract with a
92 | single entity to serve the remaining counties as an AHCA area or
93 | the remaining counties may be included with an adjacent AHCA area
94 | and shall be subject to this paragraph. Contracts for
95 | comprehensive behavioral health providers awarded pursuant to
96 | this section shall be competitively procured. Both for-profit and
97 | not-for-profit corporations shall be eligible to compete. Managed
98 | care plans contracting with the agency under subsection (3) shall
99 | provide and receive payment for the same comprehensive behavioral
100 | health benefits as provided in AHCA rules, including handbooks
101 | incorporated by reference. In AHCA area 11, the agency shall
102 | contract with at least two comprehensive behavioral health care
103 | providers to provide behavioral health care to recipients in that
104 | area who are enrolled in, or assigned to, the MediPass program.
105 | One of the behavioral health care contracts shall be with the
106 | existing provider service network pilot project, as described in
107 | paragraph (d), for the purpose of demonstrating the cost-

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108 effectiveness of the provision of quality mental health services
109 through a public hospital-operated managed care model. Payment
110 shall be at an agreed-upon capitated rate to ensure cost savings.
111 Of the recipients in area 11 who are assigned to MediPass under
112 the provisions of s. 409.9122(2)(k), a minimum of 50,000 of those
113 MediPass-enrolled recipients shall be assigned to the existing
114 provider service network in area 11 for their behavioral care.

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

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

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

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

133 5. Children residing in a statewide inpatient psychiatric
134 program, or in a Department of Juvenile Justice or a Department
135 of Children and Family Services residential program approved as a
136 Medicaid behavioral health overlay services provider shall not be

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137 included in a behavioral health care prepaid health plan or any
138 other Medicaid managed care plan pursuant to this paragraph.

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

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

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



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167 HomeSafeNet system, shall receive their behavioral health care
 168 services through a specialty prepaid plan operated by community-
 169 based lead agencies either through a single agency or formal
 170 agreements among several agencies. The specialty prepaid plan
 171 must result in savings to the state comparable to savings
 172 achieved in other Medicaid managed care and prepaid programs.
 173 Such plan must provide mechanisms to maximize state and local
 174 revenues. The specialty prepaid plan shall be developed by the
 175 agency and the Department of Children and Family Services. The
 176 agency is authorized to seek any federal waivers to implement
 177 this initiative. Medicaid-eligible children whose cases are open
 178 for child welfare services in the HomeSafeNet system and who
 179 reside in AHCA area 10 are exempt from the specialty prepaid plan
 180 upon the development of a service delivery mechanism for children
 181 who reside in area 10 as specified in s. 409.91211(3)(dd).

182
183 ===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

184 And the directory clause is amended as follows:

185 Delete line(s) 590-591

186 and insert:

187 Section 8. Paragraph (b) of subsection (4), paragraph (a)
 188 of subsection (39), and subsection (42) of section 409.912,
 189 Florida Statutes, are amended to read:

190
191 ===== T I T L E A M E N D M E N T =====

192 And the title is amended as follows:

193 On line(s) 31, after the second semicolon,

194 insert:

195 specifying certain counties that are exempt from the
 196 requirement of enrolling Medicaid eligible children in

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MediPass or Medicaid fee-for-service and behavioral health

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care services;