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LEGISLATIVE ACTION

Senate

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House

The Committee on Budget (Flores) recommended the following:

Senate Amendment (with directory and title amendments)

Between lines 2675 and 2676

insert:

(4) The agency may contract with:

(b) An entity that is providing comprehensive behavioral health care services to certain Medicaid recipients through a capitated, prepaid arrangement pursuant to the federal waiver provided for by s. 409.905(5). Such entity must be licensed under chapter 624, chapter 636, or chapter 641, or authorized under paragraph (c) or paragraph (d), and must possess the clinical systems and operational competence to manage risk and provide comprehensive behavioral health care to Medicaid



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14 recipients. As used in this paragraph, the term "comprehensive
15 behavioral health care services" means covered mental health and
16 substance abuse treatment services that are available to
17 Medicaid recipients. The secretary of the Department of Children
18 and Family Services shall approve provisions of procurements
19 related to children in the department's care or custody before
20 enrolling such children in a prepaid behavioral health plan. Any
21 contract awarded under this paragraph must be competitively
22 procured. In developing the behavioral health care prepaid plan
23 procurement document, the agency shall ensure that the
24 procurement document requires the contractor to develop and
25 implement a plan to ensure compliance with s. 394.4574 related
26 to services provided to residents of licensed assisted living
27 facilities that hold a limited mental health license. Except as
28 provided in subparagraph 8., and except in counties where the
29 Medicaid managed care pilot program is authorized pursuant to s.
30 409.91211, the agency shall seek federal approval to contract
31 with a single entity meeting these requirements to provide
32 comprehensive behavioral health care services to all Medicaid
33 recipients not enrolled in a Medicaid managed care plan
34 authorized under s. 409.91211, a provider service network
35 authorized under paragraph (d), 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.
38 409.91211 in one or more counties, the agency may procure a
39 contract with a single entity to serve the remaining counties as
40 an AHCA area or the remaining counties may be included with an
41 adjacent AHCA area and are subject to this paragraph. Each
42 entity must offer a sufficient choice of providers in its



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43 network to ensure recipient access to care and the opportunity
44 to select a provider with whom they are satisfied. The network
45 shall include all public mental health hospitals. To ensure
46 unimpaired access to behavioral health care services by Medicaid
47 recipients, all contracts issued pursuant to this paragraph must
48 require 80 percent of the capitation paid to the managed care
49 plan, including health maintenance organizations and capitated
50 provider service networks, to be expended for the provision of
51 behavioral health care services. If the managed care plan
52 expends less than 80 percent of the capitation paid for the
53 provision of behavioral health care services, the difference
54 shall be returned to the agency. The agency shall provide the
55 plan with a certification letter indicating the amount of
56 capitation paid during each calendar year for behavioral health
57 care services pursuant to this section. The agency may reimburse
58 for substance abuse treatment services on a fee-for-service
59 basis until the agency finds that adequate funds are available
60 for capitated, prepaid arrangements.

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



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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
78 are 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, a provider service network authorized
84 under paragraph (d), or a Medicaid capitated managed care plan
85 authorized under s. 409.91211. The agency may contract with more
86 than one comprehensive behavioral health provider to provide
87 care to recipients who are not enrolled in a Medicaid capitated
88 managed care plan authorized under s. 409.91211, a provider
89 service network authorized under paragraph (d), or a Medicaid
90 health maintenance organization in AHCA areas where the eligible
91 population exceeds 150,000. In an AHCA area where the Medicaid
92 managed care pilot program is authorized pursuant to s.
93 409.91211 in one or more counties, the agency may procure a
94 contract with a single entity to serve the remaining counties as
95 an AHCA area or the remaining counties may be included with an
96 adjacent AHCA area and shall be subject to this paragraph.
97 Contracts for comprehensive behavioral health providers awarded
98 pursuant to this section shall be competitively procured. Both
99 for-profit and not-for-profit corporations are eligible to
100 compete. Managed care plans contracting with the agency under



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101 subsection (3) or paragraph (d), shall provide and receive
102 payment for the same comprehensive behavioral health benefits as
103 provided in AHCA rules, including handbooks incorporated by
104 reference. In AHCA area 11, the agency shall contract with at
105 least two comprehensive behavioral health care providers to
106 provide behavioral health care to recipients in that area who
107 are enrolled in, or assigned to, the MediPass program. One of
108 the behavioral health care contracts must be with the existing
109 provider service network pilot project, as described in
110 paragraph (d), for the purpose of demonstrating the cost-
111 effectiveness of the provision of quality mental health services
112 through a public hospital-operated managed care model. Payment
113 shall be at an agreed-upon capitated rate to ensure cost
114 savings. Of the recipients in area 11 who are assigned to
115 MediPass under s. 409.9122(2)(k), a minimum of 50,000 of those
116 MediPass-enrolled recipients shall be assigned to the existing
117 provider service network in area 11 for their behavioral care.

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

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

126 b. If the agency determines that the proposed capitation
127 rate in any area is insufficient to provide appropriate
128 services, the agency may adjust the capitation rate to ensure
129 that care will be available. The agency and the department may



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130 use existing general revenue to address any additional required
131 match but may not over-obligate existing funds on an annualized
132 basis.

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

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

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

154 7. Traditional community mental health providers under
155 contract with the Department of Children and Family Services
156 pursuant to part IV of chapter 394, child welfare providers
157 under contract with the Department of Children and Family
158 Services in areas 1 and 6, and inpatient mental health providers



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159 licensed pursuant to chapter 395 must be offered an opportunity
160 to accept or decline a contract to participate in any provider
161 network for prepaid behavioral health services.

162 8. All Medicaid-eligible children, except children in area
163 1 and children in Highlands County, Hardee County, Polk County,
164 or Manatee County of area 6, that are open for child welfare
165 services in the HomeSafeNet system, shall receive their
166 behavioral health care services through a specialty prepaid plan
167 operated by community-based lead agencies through a single
168 agency or formal agreements among several agencies. The agency
169 shall work with the specialty plan to develop clinically
170 effective, evidence-based alternatives as a downward
171 substitution for the statewide inpatient psychiatric program and
172 similar residential care and institutional services. The
173 specialty prepaid plan must result in savings to the state
174 comparable to savings achieved in other Medicaid managed care
175 and prepaid programs. Such plan must provide mechanisms to
176 maximize state and local revenues. The specialty prepaid plan
177 shall be developed by the agency and the Department of Children
178 and Family Services. The agency may seek federal waivers to
179 implement this initiative. Medicaid-eligible children whose
180 cases are open for child welfare services in the HomeSafeNet
181 system and who reside in AHCA area 10 are exempt from the
182 specialty prepaid plan upon the development of a service
183 delivery mechanism for children who reside in area 10 as
184 specified in s. 409.91211(3)(dd).

185
186 ===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

187 And the directory clause is amended as follows:



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188 Delete lines 2612 - 2613

189 and insert:

190 Section 72. Paragraph (b) of subsection (4) and paragraph
191 (a) of subsection (39) of section 409.912, Florida Statutes, are
192 amended to read:

193

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

195 And the title is amended as follows:

196 Delete line 232

197 and insert:

198 F.S.; requiring the Agency for Health Care
199 Administration to work with the specialty prepaid plan
200 that provides behavioral health care services for
201 certain Medicaid-eligible children to develop
202 evidence-based alternatives for the statewide
203 inpatient psychiatric program and other similar
204 services; revising procedures for implementation of a