

By the Committee on Health Regulation; and Senator Storms

588-02724-12

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1 A bill to be entitled
2 An act relating to telebehavioral health care
3 services; amending s. 409.906, F.S.; requiring that
4 the Agency for Health Care Administration implement
5 telebehavioral health care services by licensed mental
6 health professionals as authorized by the Centers for
7 Medicare and Medicaid Services for all community-based
8 behavioral health care services, except for those
9 services that require physical contact; requiring that
10 telebehavioral health care services be delivered by a
11 licensed person who is under contract with a Medicaid
12 provider that is enrolled in this state and authorized
13 to provide telebehavioral health care services;
14 requiring that the agency seek authorization from the
15 Centers for Medicare and Medicaid Services to allow
16 the delivery of telebehavioral health care services by
17 any person currently authorized by rule to deliver
18 such services; providing an effective date.

19
20 Be It Enacted by the Legislature of the State of Florida:

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22 Section 1. Subsection (8) of section 409.906, Florida
23 Statutes, is amended to read:

24 409.906 Optional Medicaid services.—Subject to specific
25 appropriations, the agency may make payments for services which
26 are optional to the state under Title XIX of the Social Security
27 Act and are furnished by Medicaid providers to recipients who
28 are determined to be eligible on the dates on which the services
29 were provided. Any optional service that is provided shall be

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30 provided only when medically necessary and in accordance with
31 state and federal law. Optional services rendered by providers
32 in mobile units to Medicaid recipients may be restricted or
33 prohibited by the agency. Nothing in this section shall be
34 construed to prevent or limit the agency from adjusting fees,
35 reimbursement rates, lengths of stay, number of visits, or
36 number of services, or making any other adjustments necessary to
37 comply with the availability of moneys and any limitations or
38 directions provided for in the General Appropriations Act or
39 chapter 216. If necessary to safeguard the state's systems of
40 providing services to elderly and disabled persons and subject
41 to the notice and review provisions of s. 216.177, the Governor
42 may direct the Agency for Health Care Administration to amend
43 the Medicaid state plan to delete the optional Medicaid service
44 known as "Intermediate Care Facilities for the Developmentally
45 Disabled." Optional services may include:

46 (8) COMMUNITY MENTAL HEALTH SERVICES.—

47 (a) The agency may pay for rehabilitative services provided
48 to a recipient by a mental health or substance abuse provider
49 under contract with the agency or the Department of Children and
50 Family Services to provide such services. Those services that
51 ~~which~~ are psychiatric in nature shall be rendered or recommended
52 by a psychiatrist, and those services that ~~which~~ are medical in
53 nature shall be rendered or recommended by a physician or
54 psychiatrist. The agency shall ~~must~~ develop a provider
55 enrollment process for community mental health providers which
56 bases provider enrollment on an assessment of service need. The
57 provider enrollment process shall be designed to control costs,
58 prevent fraud and abuse, consider provider expertise and

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59 capacity, and assess provider success in managing utilization of
60 care and measuring treatment outcomes. Providers will be
61 selected through a competitive procurement or selective
62 contracting process. In addition to other community mental
63 health providers, the agency shall consider for enrollment
64 mental health programs licensed under chapter 395 and group
65 practices licensed under chapter 458, chapter 459, chapter 490,
66 or chapter 491. The agency may ~~is also authorized to~~ continue
67 operation of its behavioral health utilization management
68 program and may develop new services if these actions are
69 necessary to ensure savings from the implementation of the
70 utilization management system. The agency shall coordinate the
71 implementation of this enrollment process with the Department of
72 Children and Family Services and the Department of Juvenile
73 Justice. The agency may use ~~is authorized to utilize~~ diagnostic
74 criteria in setting reimbursement rates, to preauthorize certain
75 high-cost or highly utilized services, to limit or eliminate
76 coverage for certain services, or to make any other adjustments
77 necessary to comply with any limitations or directions provided
78 for in the General Appropriations Act.

79 (b) The agency may ~~is authorized to~~ implement reimbursement
80 and use management reforms in order to comply with any
81 limitations or directions in the General Appropriations Act,
82 which may include, but are not limited to, , ~~÷~~ prior authorization
83 of treatment and service plans, , ~~÷~~ prior authorization of
84 services, , ~~÷~~ enhanced use review programs for highly used
85 services, , ~~÷~~ and limits on services for those determined to be
86 abusing their benefit coverages.

87 (c) The agency shall implement telebehavioral health care

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88 services by licensed mental health professionals as authorized
89 by the Centers for Medicare and Medicaid Services for all
90 community-based behavioral health care services, except for
91 those services that require physical contact, such as physical
92 exams. Telebehavioral health care services must be delivered by
93 a person who is licensed in this state, under contract with a
94 Medicaid provider that is enrolled in this state, and authorized
95 to provide services under this subsection. The agency shall also
96 seek authorization from the Centers for Medicare and Medicaid
97 Services to allow the delivery of telebehavioral health care
98 services by any person currently authorized by rule to deliver
99 such services.

100 Section 2. This act shall take effect July 1, 2012.