

By Senator Bernard

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A bill to be entitled
An act relating to behavioral health intervention services; creating s. 409.9206, F.S.; providing legislative findings and purpose; defining terms; authorizing, contingent upon an appropriation, the state Medicaid plan to fund a demonstration pilot program in a specified region for specified purposes; authorizing Medicaid managed assistance providers to offer specified intervention services to certain participants under the pilot program; providing requirements for the pilot program; requiring the state Medicaid plan to prepare and submit a specified report to the Legislature as soon as practicable after the expiration of the pilot program; requiring the state Medicaid plain to consider certain factors when paying certain capitation rates; providing for future expiration of the pilot program; providing an effective date.

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

Section 1. Section 409.9206, Florida Statutes, is created to read:

409.9206 De-risking disease behavioral health intervention services pilot program.—

(1) LEGISLATIVE FINDING; PURPOSE.—

(a) The Legislature finds that under federal Medicaid managed care regulations 42 C.F.R. s. 438.3(e)(2) and 42 C.F.R. s. 438.16, the Agency for Health Care Administration may approve

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de-risking disease behavioral health intervention services.

(b) The purpose of this section is to authorize the state Medicaid plan to fund a demonstration pilot program that shall provide a de-risking disease behavioral health intervention services management plan to recipients of the state Medicaid plan in Region G, which consists of Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties.

(2) DEFINITIONS.—As used in this section, the term:

(a) "De-risking disease behavioral health intervention services" means the following set of five concurrent self-management services and medical nutrition supports demonstrated in scientific research to improve behavioral health and chronic disease outcomes:

1. Behavioral health counseling provided by a licensed clinical social worker for lifestyle modifications for patients diagnosed with depression and uncontrolled diabetes mellitus.

2. Medical nutrition therapy provided by a registered dietitian nutritionist for diet and lifestyle modifications for patients diagnosed with depression and uncontrolled diabetes mellitus.

3. Biomarker health tracking, nudging, and reporting using devices approved by the Florida Medicaid Diabetic Supply Services Coverage Policy to monitor HbA1C, blood sugar glucose, oxygen, heart rate, lipids, weight, body mass index, blood pressure, and other biomarkers.

4. Medical disease nutrition education designed for depression and uncontrolled diabetes mellitus which is evidence-based.

5. Medical nutrition supports that are evidence-based

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lifestyle modification services for patients diagnosed with depression and uncontrolled diabetes mellitus, including, but not limited to, clinical nutrition groceries, home-delivered medically tailored meals, produce prescriptions, or other evidence-based, medically necessary nutrition interventions demonstrated to be cost effective by scientific research studies.

(b) "Participant" means a Medicaid recipient and his or her family participating in the pilot program.

(c) "Pilot program" means the demonstration pilot program established under this section.

(3) PILOT PROGRAM.—Contingent upon an appropriation, the state Medicaid plan may fund a demonstration pilot program to provide de-risking disease behavioral health intervention services to eligible Medicaid recipients in Region G, which consists of Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties.

(a) Under the pilot program, Medicaid managed assistance providers may offer de-risking disease behavioral health intervention services:

1. In lieu of services specified in the state Medicaid plan to a Medicaid recipient who is diagnosed with both:

a. Depression or anxiety; and

b. Diabetes mellitus, obesity, or coronary heart disease.

2. As a disease management plan to 1,000 participants in Region G.

(b) The design, evaluation, and outcome measures of the pilot program must be developed from a research evaluation conducted by nutrition scientists at the Tufts University

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88 Friedman School of Nutrition Science and Policy, a qualified and
89 accredited academic institution specializing in nutrition, and
90 program implementation experts at the Florida Health and
91 Nutrition Coalition.

92 (c) The pilot program shall:

93 1. Be designed to provide de-risking disease behavioral
94 health intervention services, diabetic supply services, chronic
95 disease self-management and education services, and medical
96 nutrition supports coverage in lieu of services specified in the
97 state Medicaid plan.

98 2. Collect data, including, but not limited to, the rate by
99 which pilot program participants, and their families, comply
100 with de-risking disease behavioral health intervention services;
101 health outcomes and biomarkers associated with the participants
102 and their families; and overall impact of the pilot program on
103 participant diagnosis, chronic health condition, and disease
104 symptoms.

105 3. Include measures to review and assess data, including
106 health outcomes and biomarkers, and the impact on participants
107 and their families to evaluate the overall impact of the pilot
108 program on disease management.

109 (4) ANNUAL REPORT.—The state Medicaid plan shall:

110 (a) As soon as practicable after the expiration of the
111 pilot program, prepare and submit to the President of the Senate
112 and the Speaker of the House of Representatives a report on the
113 number of times during the preceding year the de-risking disease
114 behavioral health intervention services were used in Indian
115 River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties, a
116 summary of the data the state Medicaid plan collected, and

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117 recommendations for any legislative action.

118 (b) Consider the actual cost, measurable goals and health
119 outcomes met, and participant adherence to the de-risking
120 disease behavioral health intervention services when paying the
121 capitation rates for that managed care organization under the
122 contract.

123 (5) EXPIRATION.—

124 (a) The pilot program shall expire August 31, 2030.

125 (b) This section expires September 1, 2031.

126 Section 2. This act shall take effect July 1, 2026.