By the Committees on Health, Aging, and Long-Term Care; Children and Families; and Senators Wise and Webster

317-2407-04

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A bill to be entitled An act relating to specialty behavioral health care providers; requiring the Department of Children and Family Services to establish a demonstration project in District 4 in order to determine the benefits of developing a specialty behavioral health care provider to deliver behavioral health services to persons who reside in an assisted living facility that holds a limited mental health license; requiring the department to create an advisory committee; defining the term "specialty behavioral health provider"; providing the requirements for the specialty behavioral health care provider demonstration project; providing that certain specialty behavioral health care providers may seek and develop cooperative agreements with administrators of certain assisted living facilities; requiring the Agency for Health Care Administration to seek federal waivers to implement an alternative prepaid behavioral health care plan under certain conditions; requiring the department to implement the demonstration project and the advisory committee to complete work by a specific date; providing for an independent evaluation; requiring that a report be submitted to the Legislature; providing an effective date. Be It Enacted by the Legislature of the State of Florida:

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CODING: Words stricken are deletions; words underlined are additions.

1 Section 1. Subsections (4), (5), (6), (7), (8), and (9) are added to section 394.4574, Florida Statutes, to read: 2 3 394.4574 Department responsibilities for a mental health resident who resides in an assisted living facility 4 5 that holds a limited mental health license. --6 (4) The Department of Children and Family Services 7 shall establish a demonstration project in the Department of 8 Children and Family Services district 4 for the purpose of 9 developing evidence-based practices in the delivery of 10 state-funded behavioral health care services and support 11 through the use of specialty behavioral health care providers to persons who reside in assisted living facilities that hold 12 a limited mental health license. Participation in the program 13 of fee-for-service options is voluntary for Medicaid 14 recipients and recipients of state-funded services. 15 (5)(a) The department shall create an advisory 16 17 committee to make recommendations to the Agency for Health Care Administration and the Department of Children and Family 18 19 Services for the demonstration project that shall be developed by the Department of Children and Family Services in 20 consultation with the Agency for Health Care Administration. 21 The advisory committee shall solicit input from stakeholders, 22 residents, facility administrators and advocates relative to 23 24 the standards, criteria, and array of services that will be 25 included. The advisory committee membership shall include 26 (b) 27 local community partners that include residents, advocates, 28 private and publicly funded behavioral health care providers, 29 representatives of the Agency for Health Care Administration 30 and the Department of Children and Family Services, and local

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government facility administrators. Other representatives may include the following:

- 1. One person who is a member of the Florida Psychiatric Society, selected by the society;
- 2. One person who is a member of the Florida Council for Behavioral Health, selected by the council;
- 3. One person who is a member of the National Alliance for the Mentally Ill, selected by the state affiliate;
- 4. One person who is a member of the Florida Assisted Living Affiliation, selected by the affiliation; and
- 5. One person who is a member of the local advocacy council, selected by the local council.

Each member or representative on the advisory committee must serve at his or her own expense.

- (c) The advisory committee shall establish goals, elect a chairman, and be governed by the latest edition of Roberts Rules of Order. The chairman shall direct the work of the advisory committee and may appoint subcommittees as deemed appropriate by the chairman. In addition, the chairman shall be responsible to ensure that minutes of meetings are kept and community input is solicited. The meetings shall convene upon the call of the chairman.
- (6)(a) For the purposes of this demonstration project, the term "specialty behavioral health provider" means a public or private behavioral health care entity, provider, or organization or coalition of providers that holds a contract with the Department of Children and Family Services and can offer a full array of state-funded behavioral health care services to residents who live in state-licensed assisted living facilities that hold a limited mental health license in

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district 4. The services that are provided on a
    fee-for-service basis shall be provided directly by the
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    specialty behavioral health care provider. The Department of
    Children and Family Services for the purpose of this
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    demonstration project shall allow private providers the
    opportunity to seek a contract in order to compete and provide
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    state-funded behavioral health care services.
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          (b) In constructing the requirements for the specialty
    behavioral health care provider demonstration project, the
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    Agency for Health Care Administration and the Department of
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    Children and Family Services shall ensure that the providers
    develop and implement a plan to ensure the provision of the
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    services and requirements as referenced under this section.
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    The demonstration project shall include requirements for
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    intensive case management services, provisions for on-call
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    case managers, and vocational support services, and include a
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    requirement for the development of evidence-based models and
    practices in the delivery of community-based behavioral health
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    care services that includes strategies for reducing the
    utilization of state-funded inpatient psychiatric care.
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    models should demonstrate new approaches and allow for maximum
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    input from consumers, family members, and facility
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    administrators. Services provided under the demonstration
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    project shall be fee-for-service and cost-neutral for the
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    Agency for Health Care Administration and for the Department
    of Children and Family Services. The Department of Children
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    and Family Services in consultation with the Agency for Health
    Care Administration shall use a request for information
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    process for the purpose of procurement and to ensure
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    competition and choice.
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(c) For Medicaid-eligible residents that live in assisted living facilities that hold a limited mental health license in district 4 and are enrolled in the MediPass program under a "fee for service" arrangement for the provision of Medicaid-funded behavioral health care services, the Department of Children and Family Services and the Agency for Health Care Administration shall allow any behavioral health care provider in district 4 that meets the eligibility requirements for this demonstration project to become a "specialty behavioral health care" provider. This shall include both nonprofit and private behavioral health care providers, organizations, and entities or coalitions of providers.

(d) Each eligible specialty behavioral health care

provider that is qualified under the requirements of the demonstration project shall be permitted to seek and develop cooperative agreements with administrators of assisted living facilities that hold a limited mental health license in district 4. The cooperative agreements shall be for a minimum period of 1 year during the course of the demonstration project and shall be binding on both parties for the duration of the agreement. The cooperative agreements shall include provisions that will serve to promote the development of evidence-based practices and models as outlined in the procurement document for the project. For the purposes of this demonstration project, the provisions of the cooperative agreement shall be focused on improving the coordination of services, improved communication, detailed protocols that relate to the supervision of the clinical needs of the residents, and all other provisions currently required under existing statute.

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(7) If the Agency for Health Care Administration implements a prepaid behavioral health care plan in district 4, the Agency for Health Care Administration shall seek federal waivers to implement an alternative prepaid behavioral health care plan in district 4 to demonstrate innovation and to develop evidence-based practices that will improve the coordination, satisfaction, and delivery of all state-funded behavioral health care services to residents that live in assisted living facilities located in district 4 that hold a limited mental health license. The Agency for Health Care Administration in developing the alternative prepaid program for persons who reside in assisted living facilities that hold a limited mental health license in district 4 shall include provisions that ensure that the demonstration capitation rate shall be based on no more than 90 percent of the historic service utilization from fee-for-service base, and shall include all outpatient state-funded behavioral health care services and inpatient psychiatric services and shall exempt medications. The Agency for Health Care Administration and the Department of Children and Family Services shall also calculate a rate for the non-Medicaid residents served in the demonstration area and shall ensure that the capitation rate does not result in the displacement of residents and is consistent with the resident's right of access to adequate and appropriate health care under s. 400.428. The district 4 demonstration project must be implemented no later than January 1, 2005, and shall continue for not less than 3 years following the date of implementation. The advisory committee shall complete its work

at the end of the 3-year period.

1	(9) The Office of Program Policy Analysis and
2	Government Accountability shall conduct an evaluation of the
3	demonstration project at the end of the first year and a
4	review at the end of the 3-year period. The evaluation must
5	assess the recidivism of residents from the assisted living
6	facility that holds a limited mental health license to the
7	inpatient hospital setting, improvement in resident behavioral
8	health outcomes, resident satisfaction with care, improvements
9	in program competencies and linkages, increased tenure of case
10	management relationships with residents, and implementation of
11	meaningful plans of recovery. Following the evaluation and
12	review, the office shall prepare a report and submit a copy to
13	the President of the Senate and the Speaker of the House of
14	Representatives in a timely manner.
15	Section 2. This act shall take effect July 1, 2004.
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17	STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
18	COMMITTEE SUBSTITUTE FOR CS for SB 1706
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20	The committee substitute makes the following changes to CS/SB
21	1706:
22	Deletes a representative from the Advocacy Center for Persons with Disabilities from the advisory committee and specifies
23	that members of the advisory committee will serve at their own expense. Specifies that the advisory committee shall complete
24	it's work at the end of the first 3-year period the project is in operation.
25	Requires OPPAGA to do an evaluation of the demonstration
26	project after the first year, then a review of the project at the end of the 3rd year.
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