

Section ____ Creating 409.XXX Medicaid Special Needs Plan for Persons with a Severe Mental Illness

- (1) An integrated Medicaid physical and behavioral health managed special needs plan shall be developed specifically for persons with a severe mental illness.
 - (a) The plan shall be a single statewide provider service network.
 - (b) The plan shall be reimbursed on a capitated or fee-for-service basis consistent with general Medicaid requirements for reimbursement of provider service networks. The special need plan shall use a integrated health model whose network consists mainly of safety nets providers who have longstanding community relationships and local support and who can provide a full continuum of physical and behavioral health care services.
 - (c) The plan shall be competitively bid and fully implemented statewide by April 1, 2013.
- (2) Eligibility: For purposes of this plan, "severely mentally ill" means a child or adult who is a Medicaid beneficiary with schizophrenia; a schizoaffective disorder; major depression; a delusional disorder; psychosis; a serious emotional disturbance including a conduct disorder; an attention deficit hyperactivity disorder; a panic disorder, an obsessive-compulsive disorder; someone whose psychotropic drug use indicates they have a substantial mental illness, a Medicaid eligible person served by the mental health and substance abuse program of the Department of Children and Families, or, in the past year, has met at least one of the following severity criteria: admission to a state hospital or two or more psychiatric inpatient or crisis stabilization unit admissions.
 - (a) Medicaid beneficiaries meeting the above-mentioned criteria, who are required to enroll in a managed care plan but fail to select a managed care plan shall be assigned to the special needs plan.
 - (b) In addition to individuals that meet the above-mentioned criteria, Medicaid beneficiaries served by Medicaid-enrolled community mental health agencies or who voluntarily choose to enroll in the special needs plan shall be presumed to meet plan enrollment criteria.
 - (c) Individuals that are dually eligible, pregnant women or individuals in state institutions are exempt from enrollment in a special needs plan.
 - (d) The Agency for Health Care Administration is not required to complete a diagnostic eligibility assessment for purposes of determining eligibility for enrollment in the special needs plan.

- (e) For current beneficiaries with a claims history, a determination shall be made, for assignment purposes, based on current Medicaid data. New beneficiaries without a claims history or a diagnosis of a severe mental illness may not be assigned to the special need plan until the first annual open enrollment period. Newly eligible individuals, however, may choose to join the special needs plan.
- (3) If capitated, the special needs plan's capitation rates shall be risk adjusted to reflect the risk of serving persons who are seriously mentally and who may have co-morbid conditions.
- (4) The special needs plan shall be required to dedicate at least 85 percent of its behavioral health capitation rate to behavioral health direct services or an 85 percent medical loss ratio methodology shall be developed by the Agency through the achieved savings rebate methodology outlined in s. 409.967(3)F.S.
- (5) The plan shall use a medical home platform as the foundation for its member care and have a fully functioning chronic care and disease management program.
- (6) In selecting a special needs plan the agency shall consider the plan's expertise and experience in serving persons with a severe mental illness, its network of service providers with the expertise of serving adults and children with a severe mental illness, and its record of providing care to individuals with severe mental illnesses for multiple public payers.