Presentation Overview

- How Members Qualify for Serious Mental Illness (SMI) Specialty Product Services under the New Statewide Medicaid Managed Care (SMMC) Contracts

- Mental Health Service Delivery in the SMMC Contracts

- How the Agency for Health Care Administration Funds Programs with Local Provider Participation Funds (LPPFs)

Serious Mental Illness and Specialty Product Services

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Medicaid SMI Eligibility

- Medicaid employs a Case Finding Algorithm (CFA) that uses claims and encounter data to determine whether Medicaid members are eligible for SMI Specialty Product Services under the new Statewide Medicaid Managed Care Contracts (SMMC 3.0).

- Algorithm Development
  - National Institute of Mental Health (NIMH)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)

Algorithm Implementation

- The Algorithm is run monthly by Medicaid Data Analytics to flag Florida Medicaid members 6 years or older as SMI or Non-SMI.

- The Algorithm looks at 12-months of claims and encounter data.

- Members identified are eligible for SMI Specialty Product services the following month.
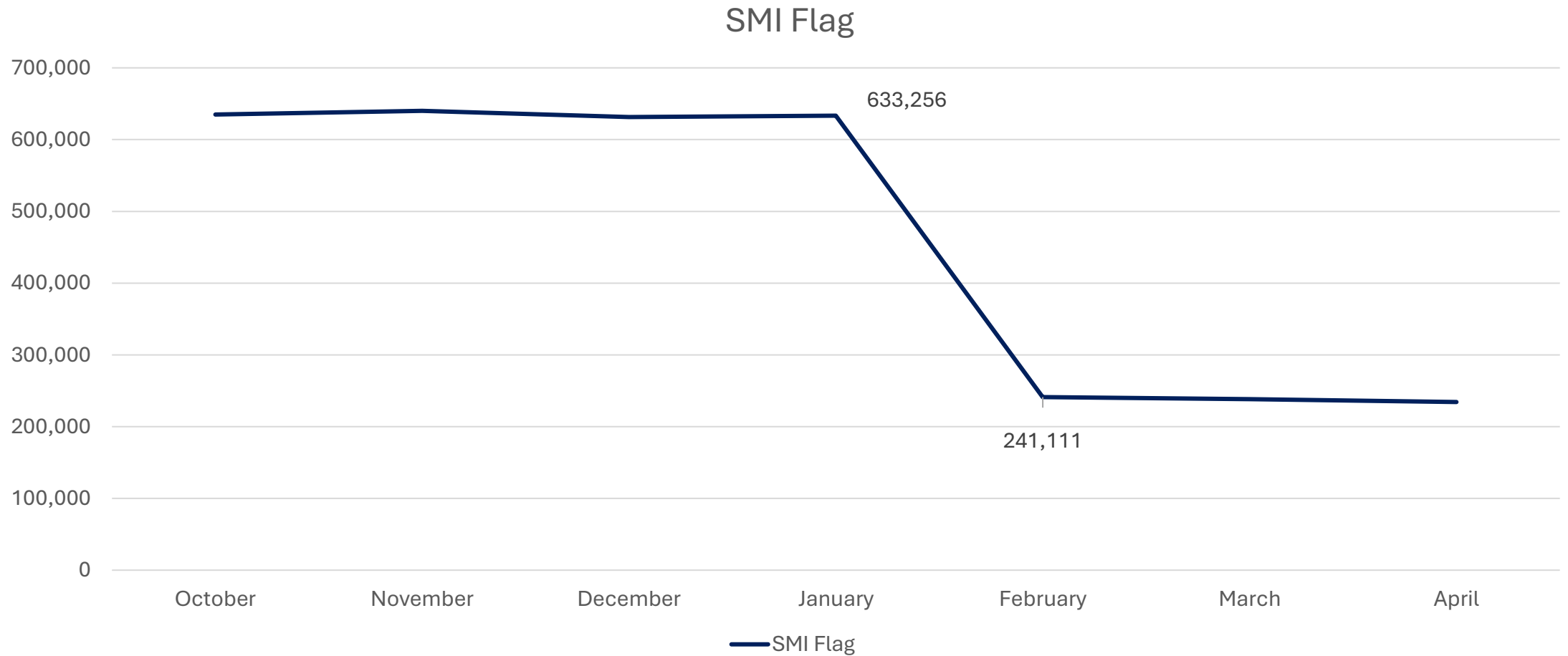
SMMC SMI Algorithm Criteria

Groups	Characteristics
Group 1	Psychotic disorders (includes Schizophrenia and delusional disorders)
Group 2	Bipolar disorders (includes manic episodes)
Group 3	Mood Disorders (includes major depression)
Group 4	Anxiety Disorders (includes stress-related anxiety)
Group 5	Other mental health disorders
Group 6	Suicide Attempt

- Requires one or more qualifying claims or encounters within a 12-month service window (24 months for a suicide attempt).

Algorithm Improvements with SMMC 3.0

- Excludes pharmacy claims to avoid off-label use for non-mental illness conditions reducing false positive rates.

- Removes permanency of SMI flag and recognizes that improvement in mental health status is possible.

- A more accurate algorithm helps to ensure plans are paid more accurately for services delivered to their members.

SMI Case Finding Statistics

SMI Flag

700,000

633,256

600,000

500,000

400,000

300,000

241,111

200,000

100,000

0

October   November   December   January   February   March   April

— SMI Flag

SMMC 3.0 SMI Specialty Product Services

- Case Management

- Enhanced Mental Health Provider Ratios

- Additional Expanded Benefits

- Mental and Behavioral Health Services are available to all members of SMMC 3.0 regardless of SMI Special Condition status.

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Behavioral Health Services

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Florida Medicaid Behavioral Health Services

Florida Medicaid covers a broad array of inpatient and outpatient behavioral health services for a comprehensive approach to treatment and recovery. These services include assessments and evaluations, behavioral therapies, recovery support, case management services, and crisis management.

Medicaid enrollees receive services through the Statewide Medicaid Managed Care (SMMC) and fee-for-service (FFS) delivery systems.

Outpatient Services

Behavioral health outpatient services are available for enrollees who do not require an overnight stay in a healthcare facility. A variety of services provides an individualized approach to medically necessary treatment and recovery.

Assessment/Treatment Plan	Recovery Support
Assessment	Psychosocial Rehabilitation
Treatment Plan Development	Behavioral Health Clubhouse
Treatment Plan Review	Medical Services
Case Management Services	**Therapy Services**
Case Management- SMMC Care Coordination	Individual Therapy and Family Therapy
Targeted Case Management	Group Therapy
Treatment Services	**Crisis Services**
Florida Assertive Community Treatment (FACT)	Mobile Crisis Services (Summer 2025)

Inpatient and Residential Services

Behavioral health inpatient services are available for enrollees who require more intensive treatment of one or more days spent overnight in a healthcare facility. Enrollees may select the least restrictive (i.e., residential versus inpatient) option for clinically appropriate services.

Inpatient	Residential
Statewide Inpatient Psychiatric Program (SIPP)	Qualified Residential Treatment Program (QRTP) (Summer 2025)
State Mental Health	Therapeutic Group Care
Inpatient Hospital Services	Medical Foster Care Services

Florida Medicaid Delivery Systems

Fee-for-Service (FFS) providers:	Statewide Medicaid Managed Care (SMMC) providers:
Must enroll in Florida Medicaid	Must enroll in Florida Medicaid
Must bill using the Medicaid Portal	Must contract with a SMMC health plan
May choose to limit the number of Medicaid recipients they see	Must bill the recipient's plan for reimbursement
May choose whether they accept new recipients	Must follow their SMMC health plan contract

Provider Services: https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-operations/recipient-and-provider-assistance/provider-services

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New SMMC 3.0 Contracts

- The Agency SMMC 3.0 program began February 1, 2025.

- The Agency entered into new contracts with health and dental plans to greatly benefit enrollees and providers

- SMMC 3.0 program highlights include enhanced access to specialized care coordination:

  - Supporting Childhood and Adolescent Mental Health

  - Behavioral Health Coordination Requirements for Child Welfare

  - Behavioral Health Care Coordination Requirements

Enhanced Access to Specialized Care Coordination

Supporting Childhood and Adolescent Mental Health
Plans providing MMA services will partner with DCF to offer evidence-based programs for children with intense behaviors, when medically necessary.
Plans provide specialized care coordination for children with high utilization of crisis stabilization unit (CSU) and inpatient psychiatric hospital services.
Plans are required to perform high utilizer medical record and case management file reviews for enrollees who are high utilizers of CSU and inpatient psychiatric hospital services, Baker Act receiving facilities, and/or CSUs within a six (6)-month period.
Plans will coordinate with schools and school districts for school-based services.

Enhanced Access to Specialized Care Coordination

Behavioral Health Coordination: Child Welfare	Behavioral Health Care Coordination Requirements: SMI
• Case manager caseloads not exceeding 100:1.	• Plans offering the SMI specialty products will have case manager caseloads not exceeding 200:1.
• Plans will offer streamlined or waived prior authorizations of services to enrollees involved in the child welfare system.	• Must maintain, at a minimum, monthly telephone contact with the enrollees and every 90 days either via phone or in-person, contact the enrollee/enrollee representative to review/update the plan of care and discuss authorized services.
• Required to maintain network contracts with 90% of providers available in each region for Statewide Inpatient Psychiatric Program (SIPP) services.	• All plans offering specialty products will complete a root cause analysis (RCA) within 14 days following a critical event involving a specialty product enrollee.
• Plans offering any specialty products must maintain, at a minimum, monthly telephone contact with the enrollees and every 90 days either via phone or in-person, contact the enrollee/enrollee representative to review/update the plan of care and discuss authorized services.	

ILOS vs Expanded Benefits

SMMC health plan ILOS (In Lieu of Services) and expanded benefits comparisons:

ILOS	Expanded Benefits
Alternative services or settings to Medicaid State Plan services	Additional services not covered under the Medicaid State Plan
Paid by the state as part of the health plan's capitated payment	Paid by the plan at no cost to the state
Both must be approved by AHCA and reflected in the SMMC contract	

SMMC Expanded Benefits Examples

Sample Behavioral Health Related Expanded Benefits
Behavioral individual therapy sessions to caregivers
Over the counter medications
Behavioral health day services/day treatment for adults
Substance abuse treatment or detoxification services (outpatient)
Housing assistance – monetary assistance for rent, moving expenses, or other incidentals
Family and caregiver support services
Respite care
Activity therapies (e.g., music therapy, art therapy, equine therapy)

Behavioral Health ILOS Examples

Medicaid State Plan Service	Health Plan's In Lieu of Service
Inpatient Detoxification Hospital Care	Ambulatory Detox, Addictions/Detox Receiving Facilities, Substance Abuse Intensive Outpatient Program (IOP), Substance Abuse Short-term Residential Treatment
Emergency Department (ED) Visit, or Inpatient Hospitalization for SMI or SUD	Transitional Housing Services and/or Tenancy Sustaining Services
Emergency Behavioral Health Care	Mobile Crisis Assessment and Intervention
Inpatient Hospital	Intensive Outpatient Mental Health
Inpatient Psychiatric Hospital	Partial Hospitalization Program (PHP), First Episode Psychosis Program, Freestanding Psychiatric Hospital, Specialty Psychiatric Hospitals
Inpatient Psychiatric Care	Crisis Stabilization Units
Clubhouse	Drop-in Center
Outpatient Clinic Visits, ED Visits, or Hospitalization	Functional Family Therapy in Home or Community
Psychological Testing	Infant Mental Health Pre and Post Testing Services
Therapeutic Behavioral On-site Services	Family Training and Counseling for Child Development
Therapeutic Group Care Services or SIPP	Community-Based Wrap-Around Services
Inpatient and Residential Stay or SIPP	Multi-Systemic Therapy
Psychosocial Rehabilitation (PSR)	Self-help and Peer Services

Agency Collaboration

The Agency has several Interagency Agreements in place with other Florida government agencies to ensure quality health care for Floridians. Mental health and SUD related topics are included within these agreements.

Agreement Partner	Agreement Topic
Agency for Persons with Disabilities	iBudget Waiver
Department of Children and Families	Medicaid operations
Department of Health	Children's Medical Services

Department of Children and Families

The Agency works closely with DCF.

DCF:

- Determines individuals' eligibility for Medicaid,
- Is responsible for mental health and substance abuse services rule-making, and
- Provides the Florida behavioral health safety net that compliments and supplements Florida Medicaid coverage.

The Agency and DCF share facility licensing responsibilities.

- The Agency licenses hospitals and psychiatric facilities.
- The Department licenses SUD facilities and child-caring agencies.

DCF Collaboration
Regional Behavioral Health Collaboratives

The Agency is partnering with DCF in six Regional Behavioral Health Collaboratives led by DCF. The Collaboratives were created in 2024 House Bill (HB) 7021 to facilitate:

- Enhanced interagency communication and coordination,

- Development of regional strategies to address community challenges, and

- Improvement of local behavioral health service accessibility, availability, and quality.

Upcoming Medicaid Coverage of DCF-funded services

The Agency is developing new Medicaid coverage for existing DCF services:

- Qualified Residential Treatment Program (QRTP) services for children and youth in the Child Welfare system who are victims of trauma, and

- Mobile Crisis Services provided by DCF's statewide network of Mobile Response Teams (MRTs).

Medicaid Coverage of Residential Care

The Agency is working with DCF to design a Section 1115 demonstration waiver for services delivered in an Institution for Mental Disease (IMD) setting.

- The "IMD waiver" will include services for both serious mental illness/serious emotional disorder (SMI/SED) and substance use disorder (SUD).

- In additional to expanding residential care, the waiver will:
  - Strengthen the continuum of care to reduce the need for IMD placement (e.g., peer services, first episode psychosis, etc.).
  - Provide opportunities to expand education, prevention, and early intervention services.

Data Sharing Promotes Collaboration

The Agency establishes data sharing agreements to improve service coordination and monitoring across agencies. The agreements specify the data elements to be shared, data security requirements, and how the data may be used. The Agency has three current agreements that are related to mental health and substance use services.

Entity	Agreement Title and Purpose
DCF	**Medicaid Claim Data Exchange for All Children Under the Care and Supervision of Florida's Child Welfare System -** for ongoing monitoring of all children under the Department of Children and Families (Department) care receiving Psychotropic and Opioid Medications.
DCF	**High Utilizers of Crisis Stabilization Services -** to identify children and adolescents who are the highest utilizers of crisis stabilization services and collaborate to improve the quality of behavioral health services.

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What are LPPFs?

- **Local Participation Provider Funds (LPPFs)** are **non-state public funds** contributed by **local government entities** or **government-owned providers** to help finance the state share of Medicaid expenditures.

- LPPFs are authorized under **42 CFR 433.51**
  - Subject to CMS approval and State oversight

How do LPPFs Work?

- A **Local Government Entity** assesses a uniform tax assessment on participating providers.

- The state uses these funds as the **non-federal share** of Medicaid expenditures.

- The federal government matches the amount at the applicable Federal Medical Assistance Percentage (FMAP).

- Funds are then used to reimburse providers through approved Medicaid programs.

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Florida's LPPFs

Escambia County	Hernando County	Pinellas County
Okaloosa County	Marion County	Pasco County
Bay County	Lake County	Hillsborough County
Leon County	Clay County	Polk County
Orange County	Hendry County	Indian River County
Osceola County	Lee County	Palm Beach County
Charlotte County	Miami-Dade County	Broward County
Collier County	Volusia County	Brevard County
Citrus County	Desoto County	

Questions?