

**Minutes of the  
Medical Care Advisory Committee Meeting  
Tuesday, July 31, 2012  
1:00 PM – 3:00 PM  
AHCA Conference Room B  
Participants/Invitees**

**Members Present**

Martha Pierce  
Amy Guinan  
Jennifer Lange  
Robert Payne, DDS  
Richard R. Thacker, DO

**AHCA Staff Present**

Justin Senior  
Phil Williams  
Beth Kidder  
Anne Wells  
Melanie Brown-Woofter  
Carla Sims

**Members Not Present**

Paul Belcher  
Secretary Chuck Corley  
DOH Representative

**Participating by Phone**

Catherine Moffitt, MD

**Non-Member Speakers**

Gayla Sumner, Ph.D.

**Welcoming Remarks/Roll Call**

The Medical Care Advisory Committee (MCAC) meeting began with welcoming remarks by Deputy Secretary for Medicaid, Justin Senior, followed by Committee member introductions.

**Minutes**

Carla Sims advised that the minutes of the March 13, 2012, MCAC meeting had been sent to committee members for review prior to the meeting, and asked if there were any questions or comments. With no questions or comments by Committee members, a motion was made and seconded for approval of the minutes.

**Updates of Long-term Care Managed Care Invitations to Negotiate (ITN)**

Beth Kidder, Assistant Deputy Secretary for Medicaid Operations, provided an update on Long-term Care Managed Care, explaining that the Agency for Health Care Administration (Agency) released the Long-term Care Managed Care Invitation to Negotiate on June 29, 2012.

Ms. Kidder added that the Agency released responses to written inquiries on July 30, 2012, with over 550 questions answered. She also directed participants to a handout identifying a number of other deadlines including:

Deadline for Receipt of Responses	August 28, 2012
Public Opening of Responses	August 29, 2012
Publish List of Respondents for Provider Comments	August 31, 2012
<b>Anticipated</b> Dates for Negotiation	Nov. 13, 2012 - Jan. 4, 2013
<b>Anticipated</b> Posting of Notice of Intent to Award	January 15, 2013
<b>Anticipated</b> Roll out	August 2013

Dr. Richard Thacker asked if the Agency would be negotiating with insurance companies for Long-term Care services for nursing homes.

Ms. Kidder explained that Statewide Managed Care is broken into two components; Long-term Care Managed Care, and Managed Medical Assistance. She advised that nursing home services are covered under Long-term Care Managed Care.

Dr. Thacker then asked how patients would be assigned, and whether plans could refuse patients.

Beth Kidder explained that plans cannot refuse patients. Patients will have an opportunity to choose their plan, and will have 90 days to change their mind. However, if a choice is not made, a plan will be assigned.

Dr. Thacker stated that in Tallahassee there are less than 10 physicians that provide long term care and nursing home care. He noted that continuity of care for these individuals is very important, and asked if patients had an existing relationship with a provider, could that provider be grandfathered in?

Ms. Kidder explained that the provider would have to be part of a Managed Care Plan. She also noted that the Long-term Care portion of Statewide Medicaid Managed Care does not cover physician services. Those services are covered under the Managed Medical Assistance portion of the Statewide Medicaid Managed Care Plan, the coverage provisions of which she offered to highlight at a future Committee meeting.

### **Managed Care Providers – Non-binding Letter of Intent**

Referring to the handout provided, Ms. Kidder noted that the following managed care providers have submitted non-binding letters of intent for Long-term Care Managed Care: Aetna Better Health; American Eldercare; Amerigroup; AvanteGroup; Brevard Alzheimer’s Foundation Inc.; Catholic Health Services; Ganot Capital LLC; Florida Healthcare Plus, Inc.; Freedom Health; Humana; Miami Jewish Health Systems; Molina; Neighborly Care Network; Prestige Health Choice; Simply Healthcare; Sunshine State Health Plan; Tri-County Life Care; Universal; United; WellCare; Worldnet Services Corp.

### **Department of Juvenile Justice (DJJ) – Mental Health Services for Kids**

Gayla Sumner, Ph.D., with the Department of Juvenile Justice (DJJ), provided meeting participants with

information on the mental health services DJJ provides to children under its care.

Referring to the PowerPoint handout provided, Dr. Sumner explained that comprehensive assessments are conducted on each individual entering the juvenile justice system. These assessments are primarily accomplished through administration of the psychosocial evaluations provided in the community by Treatment Alternatives for Safer Communities (TASC) providers funded by DCF. Based on assessment results and the specific needs of the individual, DJJ uses a variety of treatment methodologies to assist those in the juvenile justice system. Services provided include, but are not limited to:

Diversion Services - which are non-judicial alternatives to keep youth who have committed a delinquent act from being handled through the traditional juvenile justice system. Diversion Services include programs such as the Drug Court, Teen Court, Juvenile Alternative Services Program (JASP), Intensive Delinquency Diversion Services (IDDS), Civil Citation, Boy and Girl Scouts, Boys and Girls Clubs, mentoring programs, and alternative schools.

Redirection Services - which include the delivery of family-centered evidence-based practices to youth who are at risk for return to, or placement in, a secure residential commitment program. Through these practices, youth and those in the environment in which the youth reside are provided with skills, including mental health or substance abuse services, to strengthen his/her pro-social behavior and to strengthen the family unit.

Specialized Treatment Services in Residential Commitment Programs - which include Comprehensive Mental Health Services, Intensive Mental Health Services, Substance Abuse Services, Substance Abuse Treatment Programs, Substance Abuse Overlay Services, Mental Health Overlay Services, and Behavioral Health Overlay Services

Mental Health Residential Service Programs – includes services provided to youth who have mental health and/or substance use disorders in DJJ residential commitment programs whose level of impairment and maladaptive behavior impedes their ability to function in a general offender program. Also provides substance abuse treatment for youths with co-occurring mental health and substance related disorders.

Dr. Thacker asked, for purposes of the DJJ program, what age is defined as youth?

Dr. Sumner replied that for participation in DJJ programs, youth are individuals 21 and under that have not been adjudicated as an adult.

Dr. Thacker then asked, what assessment tools are used by DJJ, and who administers these assessments? Referring back the handout, Dr. Sumner advised that the Positive Achievement Change Tool (PACT) is currently administered to every youth who enters Florida's juvenile justice system. However, she noted that in the future the Massachusetts Youth Screening Instrument (MAYSI) would be used. She also advised that the assessments are administered by licensed contractors, not employees of DJJ.

Amy Guinan noted that she sees a lot of kids whose mental health issues aren't addressed early enough, and they end up in the juvenile justice system. She wanted to know if the tools used by DJJ are effective in properly placing children. She also asked, what happens if an individual is issued a written civil citation?

Dr. Sumner replied that the tools used by DJJ are very effective, and depending on the risk posed, an individual who is issued a civil citation may be diverted, and may not enter the juvenile justice system at all.

Dr. Sumner also noted that the latest OPPAGA study conducted on the services provided by DJJ are available on the DJJ website at the following web address:

[http://www.djj.state.fl.us/docs/car-reports/\(2010-11-car\)-methodology-\(final\).pdf?sfvrsn=2](http://www.djj.state.fl.us/docs/car-reports/(2010-11-car)-methodology-(final).pdf?sfvrsn=2)

### **Preferred Drug List (PDL) Updates**

Anne Wells, Bureau Chief of the Bureau of Medicaid Pharmacy Services, provided the committee with information on the Preferred Drug List (PDL). She also briefly discussed the Medicaid Pharmaceutical and Therapeutics (P&T) Committee and the Drug Utilization Review (DUR) Board.

Ms. Wells explained that the P&T Committee is made up of eleven members, appointed by the Governor. The purpose of this committee is to develop and implement a voluntary Medicaid preferred prescribed drug designation program, as mandated by the 2000 Florida legislature. In addition, Ms. Wells noted that the DUR Board reviews and approves drug use criteria and standards for both prospective and retrospective drug use reviews. It applies these criteria and standards in the application of DUR activities, and reviews. It then reports the results of the drug use reviews, and recommends and evaluates educational intervention programs. The DUR Board also prepares an annual report regarding the DUR program for the Deputy Secretary for Florida Medicaid.

Dr. Thacker stated that he had served on the P&T Committee in the past and felt the committee would be marginalized and would no longer make a difference once Managed Care was expanded. Anne Wells responded that she appreciated his input, but did not think that would happen, as the Preferred Drug List would continue to be necessary.

Dr. Thacker added that he did not want to see changes made to the regimen of someone who has been stable on a medication for many years. He requested that medications not be changed based solely on the PDL. He noted that someone needed to be the “champion” for these individuals, making sure that changes aren’t made to medications that have worked for 20 years.

Phil Williams advised that current contracts with the managed care plans have language regarding the PDL. He also advised that staff from AHCA and the Department of Elder Affairs will be working on Long-term Care negotiations and that stakeholders will have an opportunity to provide comments to the Agency.

Dr. Thacker stated that since the Medical Care Advisory Committee was to serve in an advisory capacity to the Agency, he did not think it was necessary for members of the committee to attend a stakeholders meeting to have their concerns addressed by the Agency.

Mr. Williams indicated agreement.

### **Health Care Exchange**

Jennifer Lange, with the Department of Children and Families (DCF), briefly discussed the Health Care Exchange, explaining that in theory, an exchange is a market place (website) where individuals can find

health insurance coverage options to meet their needs. The exchange may be run by either the federal or state government.

Ms. Lange noted that while the Health Care Exchange must be operational by 2014, in Florida, it has still not been decided who will run the exchange. She also advised that, not a lot of definitive answers are known about the Health Care Exchange at this time, and suggested the issue be discussed again at a future meeting.

### **Next Meeting**

As the meeting drew to a close, committee members recommended the following topics for the next meeting, which is tentatively set for November 2012:

- Prior Meeting Follow-up
- Bill Analysis
- Pending Legislation
- Pending State Plan Amendment that would expand the range of overlay services available to DJJ youth
- Provider credentialing as part of Statewide Medicaid Managed Care
- Review of HMO Marketing and Prohibitions
- Access to care and continuity of care, especially in under-served areas, under managed care

With only a few minutes left in the allotted meeting time, Phil Williams recognized Stan Whittaker, Chairman of the Florida Council of Advance Practice Nurses, who was in attendance at the meeting. Mr. Whittaker shared that he would like members to consider adding nurse representation to the Medical Care Advisory Committee.

Jennifer Lange asked if the nurses being discussed were associated with any organizations already represented on the Committee.

Mr. Whittaker said that the Florida Council of Advance Practice Nurses is not directly associated with any of the current Committee members.

Dr. Thacker noted that he was in favor of adding a nursing representative to the Committee, and would also like to see the pharmaceutical industry represented, as long as there is no financial conflict of interest. The need for additional representation of Medicaid enrollees was also expressed.

Carla Sims advised members that appointments to the Committee had to be made by the Deputy Secretary for Medicaid, Justin Senior. The request would be discussed with Mr. Senior and a follow-up discussion on the issue would be added to the agenda of the next meeting.

### **Adjourn**

At 3:00 p.m. the meeting was adjourned.