

1                   A bill to be entitled  
2           An act relating to quality improvement initiatives for  
3           entities regulated by the Agency for Health Care  
4           Administration; amending s. 394.4574, F.S.; providing  
5           responsibilities of the Department of Children and  
6           Family Services and mental health service providers  
7           for mental health residents who reside in assisted  
8           living facilities; directing the agency to impose  
9           contract penalties on Medicaid prepaid health plans  
10          under specified circumstances; directing the  
11          department to impose contract penalties on mental  
12          health service providers under specified  
13          circumstances; directing the department and the agency  
14          to enter into an interagency agreement for the  
15          enforcement of their respective responsibilities and  
16          procedures related thereto; amending s. 395.1055,  
17          F.S.; revising provisions relating to agency rules  
18          regarding standards for infection control,  
19          housekeeping, and sanitary conditions in a hospital;  
20          requiring housekeeping and sanitation staff to employ  
21          and document compliance with specified cleaning and  
22          disinfecting procedures; authorizing imposition of  
23          administrative fines for noncompliance; amending s.  
24          400.0078, F.S.; requiring specified information  
25          regarding the confidentiality of complaints to the  
26          State Long-Term Care Ombudsman Program to be provided  
27          to residents of a long-term care facility upon  
28          admission to the facility; amending s. 408.05, F.S.;

29 directing the agency to collect, compile, analyze, and  
30 distribute specified health care information for  
31 specified uses; providing for the agency to release  
32 data necessary for the administration of the Medicaid  
33 program to quality improvement collaboratives for  
34 specified purposes; amending s. 408.802, F.S.;

35 providing that the provisions of part II of ch. 408,  
36 F.S., the Health Care Licensing Procedures Act, apply  
37 to assisted living facility administrators; amending  
38 s. 408.820, F.S.; exempting assisted living facility  
39 administrators from specified provisions of part II of  
40 ch. 408, F.S., the Health Care Licensing Procedures  
41 Act; amending s. 409.212, F.S.; increasing a  
42 limitation on additional supplementation a person who  
43 receives optional supplementation may receive;

44 creating s. 409.986, F.S.; providing definitions;

45 directing the agency to establish and implement  
46 methodologies to adjust Medicaid rates for hospitals,  
47 nursing homes, and managed care plans; providing  
48 criteria for and limits on the amount of Medicaid  
49 payment rate adjustments; directing the agency to seek  
50 federal approval to implement a performance payment  
51 system; providing for implementation of the system in  
52 fiscal year 2015-2016; authorizing the agency to  
53 appoint a technical advisory panel; providing  
54 applicability of the performance payment system to  
55 general hospitals, skilled nursing facilities, and  
56 managed care plans and providing criteria therefor;

57 | amending s. 415.1034, F.S.; providing that specified  
58 | persons who have regulatory responsibilities over or  
59 | provide services to persons residing in certain  
60 | facilities must report suspected incidents of abuse to  
61 | the central abuse hotline; amending s. 429.02, F.S.;  
62 | revising definitions applicable to the Assisted Living  
63 | Facilities Act; amending s. 429.07, F.S.; requiring  
64 | that an assisted living facility be under the  
65 | management of a licensed assisted living facility  
66 | administrator; providing for a reduced number of  
67 | monitoring visits for an assisted living facility that  
68 | is licensed to provide extended congregate care  
69 | services under specified circumstances; providing for  
70 | a reduced number of monitoring visits for an assisted  
71 | living facility that is licensed to provide limited  
72 | nursing services under specified circumstances;  
73 | amending s. 429.075, F.S.; providing additional  
74 | requirements for a limited mental health license;  
75 | removing specified assisted living facility  
76 | requirements; authorizing a training provider to  
77 | charge a fee for the training required of facility  
78 | administrators and staff; revising provisions for  
79 | application for a limited mental health license;  
80 | creating s. 429.0751, F.S.; providing requirements for  
81 | an assisted living facility that has mental health  
82 | residents; requiring the assisted living facility to  
83 | enter into a cooperative agreement with a mental  
84 | health care service provider; providing for the

85 development of a community living support plan;  
86 specifying who may have access to the plan; requiring  
87 documentation of mental health resident assessments;  
88 amending s. 429.178, F.S.; conforming cross-  
89 references; amending s. 429.19, F.S.; providing fines  
90 and penalties for specified violations by an assisted  
91 living facility; creating s. 429.231, F.S.; directing  
92 the Department of Elderly Affairs to create an  
93 advisory council to review the facts and circumstances  
94 of unexpected deaths in assisted living facilities and  
95 of elopements that result in harm to a resident;  
96 providing duties; providing for appointment and terms  
97 of members; providing for meetings; requiring a  
98 report; providing for per diem and travel expenses;  
99 amending s. 429.34, F.S.; providing a schedule for the  
100 inspection of assisted living facilities; providing  
101 exceptions; providing for fees for additional  
102 inspections after specified violations; creating s.  
103 429.50, F.S.; prohibiting a person from performing the  
104 duties of an assisted living facility administrator  
105 without a license; providing qualifications for  
106 licensure; providing exceptions; providing license and  
107 license renewal fees; providing grounds for revocation  
108 or denial of licensure; providing rulemaking  
109 authority; authorizing the agency to issue a temporary  
110 license to an assisted living facility administrator  
111 under certain conditions and for a specified period of  
112 time; amending s. 429.52, F.S.; providing training,

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113 competency testing, and continuing education  
 114 requirements for assisted living facility  
 115 administrators and license applicants; specifying  
 116 entities that may provide training; providing a  
 117 definition; requiring assisted living facility  
 118 trainers to keep certain training records and submit  
 119 those records to the agency; providing rulemaking  
 120 authority; amending s. 429.54, F.S.; requiring the  
 121 Agency for Health Care Administration, the Department  
 122 of Elderly Affairs, the Department of Children and  
 123 Family Services, and the Agency for Persons with  
 124 Disabilities to develop or modify electronic  
 125 information systems and other systems to ensure  
 126 efficient communication regarding regulation of  
 127 assisted living facilities, subject to the  
 128 availability of funds; providing an appropriation and  
 129 authorizing positions; providing an effective date.

130

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

132

133 Section 1. Section 394.4574, Florida Statutes, is amended  
 134 to read:

135 394.4574 Department responsibilities for a mental health  
 136 resident who resides in an assisted living facility ~~that holds a~~  
 137 ~~limited mental health license.~~—

138 (1) The term "mental health resident," for purposes of  
 139 this section, means an individual who receives social security  
 140 disability income due to a mental disorder as determined by the

141 Social Security Administration or receives supplemental security  
 142 income due to a mental disorder as determined by the Social  
 143 Security Administration and receives optional state  
 144 supplementation.

145 (2) The department must ensure that:

146 (a) A mental health resident has been assessed by a  
 147 psychiatrist, clinical psychologist, clinical social worker, or  
 148 psychiatric nurse, or an individual who is supervised by one of  
 149 these professionals, and determined to be appropriate to reside  
 150 in an assisted living facility. The documentation must be  
 151 provided to the administrator of the facility within 30 days  
 152 after the mental health resident has been admitted to the  
 153 facility. An evaluation completed upon discharge from a state  
 154 mental hospital meets the requirements of this subsection  
 155 related to appropriateness for placement as a mental health  
 156 resident if it was completed within 90 days prior to admission  
 157 to the facility.

158 (b) A cooperative agreement, as required in s. 429.0751  
 159 429.075, is developed between the mental health care services  
 160 provider that serves a mental health resident and ~~the~~  
 161 ~~administrator of the assisted living facility with a limited~~  
 162 ~~mental health license~~ in which the mental health resident is  
 163 living. ~~Any entity that provides Medicaid prepaid health plan~~  
 164 ~~services shall ensure the appropriate coordination of health~~  
 165 ~~care services with an assisted living facility in cases where a~~  
 166 ~~Medicaid recipient is both a member of the entity's prepaid~~  
 167 ~~health plan and a resident of the assisted living facility. If~~  
 168 ~~the entity is at risk for Medicaid targeted case management and~~

169 ~~behavioral health services, the entity shall inform the assisted~~  
 170 ~~living facility of the procedures to follow should an emergent~~  
 171 ~~condition arise.~~

172 (c) The community living support plan, as defined in s.  
 173 429.02, has been prepared by a mental health resident and a  
 174 mental health case manager of that resident in consultation with  
 175 the administrator of the facility or the administrator's  
 176 designee. The plan must be provided to the administrator of the  
 177 assisted living facility ~~with a limited mental health license~~ in  
 178 which the mental health resident lives. The support plan and the  
 179 agreement may be in one document.

180 (d) The assisted living facility ~~with a limited mental~~  
 181 ~~health license~~ is provided with documentation that the  
 182 individual meets the definition of a mental health resident.

183 (e) The mental health services provider assigns a case  
 184 manager to each mental health resident who lives in an assisted  
 185 living facility ~~with a limited mental health license~~. The case  
 186 manager is responsible for coordinating the development of and  
 187 implementation of the community living support plan defined in  
 188 s. 429.02. The plan must be updated as needed, but at least  
 189 annually, to ensure that the ongoing needs of the residents are  
 190 addressed.

191 (3) A Medicaid prepaid health plan shall ensure the  
 192 appropriate coordination of health care services with an  
 193 assisted living facility when a Medicaid recipient is both a  
 194 member of the entity's prepaid health plan and a resident of the  
 195 assisted living facility. If the Medicaid prepaid health plan is  
 196 responsible for Medicaid-targeted case management and behavioral

197 health services, the plan shall inform the assisted living  
 198 facility of the procedures to follow when an emergent condition  
 199 arises.

200 (4) The department shall include in contracts with mental  
 201 health service providers provisions that require the service  
 202 provider to assign a case manager for a mental health resident,  
 203 prepare a community living support plan, enter into a  
 204 cooperative agreement with the assisted living facility, and  
 205 otherwise comply with the provisions of this section. The  
 206 department shall establish and impose contract penalties for  
 207 mental health service providers under contract with the  
 208 department that fail to comply with this section.

209 (5) The Agency for Health Care Administration shall  
 210 establish and impose contract penalties for Medicaid prepaid  
 211 health plans that fail to comply with this section.

212 (6) The department shall enter into an interagency  
 213 agreement with the Agency for Health Care Administration that  
 214 delineates their respective responsibilities and procedures for  
 215 enforcing the requirements of this section with respect to  
 216 assisted living facilities and mental health service providers.

217 (7) ~~(3)~~ The Secretary of Children and Family Services, in  
 218 consultation with the Agency for Health Care Administration,  
 219 shall annually require each district administrator to develop,  
 220 with community input, detailed plans that demonstrate how the  
 221 district will ensure the provision of state-funded mental health  
 222 and substance abuse treatment services to residents of assisted  
 223 living facilities ~~that hold a limited mental health license.~~  
 224 These plans must be consistent with the substance abuse and



225 mental health district plan developed pursuant to s. 394.75 and  
 226 must address case management services; access to consumer-  
 227 operated drop-in centers; access to services during evenings,  
 228 weekends, and holidays; supervision of the clinical needs of the  
 229 residents; and access to emergency psychiatric care.

230 Section 2. Paragraph (b) of subsection (1) of section  
 231 395.1055, Florida Statutes, is amended to read:

232 395.1055 Rules and enforcement.—

233 (1) The agency shall adopt rules pursuant to ss.  
 234 120.536(1) and 120.54 to implement the provisions of this part,  
 235 which shall include reasonable and fair minimum standards for  
 236 ensuring that:

237 (b) Infection control, housekeeping, sanitary conditions,  
 238 and medical record procedures that will adequately protect  
 239 patient care and safety are established and implemented. These  
 240 procedures shall require housekeeping and sanitation staff to  
 241 wear masks and gloves when cleaning patient rooms, to disinfect  
 242 environmental surfaces in patient rooms in accordance with the  
 243 time instructions on the label of the disinfectant used by the  
 244 hospital, and to document compliance with this paragraph. The  
 245 agency may impose an administrative fine for each day that a  
 246 violation of this paragraph occurs.

247 Section 3. Subsection (2) of section 400.0078, Florida  
 248 Statutes, is amended to read:

249 400.0078 Citizen access to State Long-Term Care Ombudsman  
 250 Program services.—

251 (2) ~~Every resident or representative of a resident shall~~  
 252 ~~receive,~~ Upon admission to a long-term care facility, each

253 resident or representative of a resident must receive  
 254 information regarding:

255 (a)1. The purpose of the State Long-Term Care Ombudsman  
 256 Program;

257 2. The statewide toll-free telephone number for receiving  
 258 complaints;

259 3. The residents rights under s. 429.28, including  
 260 information that retaliatory action cannot be taken against a  
 261 resident for presenting grievances or for exercising any other  
 262 of these rights; and

263 4. Other relevant information regarding how to contact the  
 264 program.

265 (b) Residents or their representatives must be furnished  
 266 additional copies of this information upon request.

267 Section 4. Subsection (3) of section 408.05, Florida  
 268 Statutes, is amended to read:

269 408.05 Florida Center for Health Information and Policy  
 270 Analysis.—

271 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.—The agency  
 272 shall collect, compile, analyze, and distribute ~~In order to~~  
 273 ~~produce comparable and uniform~~ health information and  
 274 statistics. Such information shall be used for developing the  
 275 ~~development of~~ policy recommendations, evaluating program and  
 276 provider performance, and facilitating the independent and  
 277 collaborative quality improvement activities of providers,  
 278 payors, and others involved in the delivery of health services.

279 The agency shall perform the following functions:

280 (a) Coordinate the activities of state agencies involved

281 in the design and implementation of the comprehensive health  
282 information system.

283 (b) Undertake research, development, and evaluation  
284 respecting the comprehensive health information system.

285 (c) Review the statistical activities of state agencies to  
286 ensure that they are consistent with the comprehensive health  
287 information system.

288 (d) Develop written agreements with local, state, and  
289 federal agencies for the sharing of health-care-related data or  
290 using the facilities and services of such agencies. State  
291 agencies, local health councils, and other agencies under state  
292 contract shall assist the center in obtaining, compiling, and  
293 transferring health-care-related data maintained by state and  
294 local agencies. Written agreements must specify the types,  
295 methods, and periodicity of data exchanges and specify the types  
296 of data that will be transferred to the center.

297 (e) Establish by rule the types of data collected,  
298 compiled, processed, used, or shared. Decisions regarding center  
299 data sets should be made based on consultation with the State  
300 Consumer Health Information and Policy Advisory Council and  
301 other public and private users regarding the types of data which  
302 should be collected and their uses. The center shall establish  
303 standardized means for collecting health information and  
304 statistics under laws and rules administered by the agency.

305 (f) Establish minimum health-care-related data sets which  
306 are necessary on a continuing basis to fulfill the collection  
307 requirements of the center and which shall be used by state  
308 agencies in collecting and compiling health-care-related data.

309 The agency shall periodically review ongoing health care data  
 310 collections of the Department of Health and other state agencies  
 311 to determine if the collections are being conducted in  
 312 accordance with the established minimum sets of data.

313 (g) Establish advisory standards to ensure the quality of  
 314 health statistical and epidemiological data collection,  
 315 processing, and analysis by local, state, and private  
 316 organizations.

317 (h) Prescribe standards for the publication of health-  
 318 care-related data reported pursuant to this section which ensure  
 319 the reporting of accurate, valid, reliable, complete, and  
 320 comparable data. Such standards should include advisory warnings  
 321 to users of the data regarding the status and quality of any  
 322 data reported by or available from the center.

323 (i) Prescribe standards for the maintenance and  
 324 preservation of the center's data. This should include methods  
 325 for archiving data, retrieval of archived data, and data editing  
 326 and verification.

327 (j) Ensure that strict quality control measures are  
 328 maintained for the dissemination of data through publications,  
 329 studies, or user requests.

330 (k) Develop, in conjunction with the State Consumer Health  
 331 Information and Policy Advisory Council, and implement a long-  
 332 range plan for making available health care quality measures and  
 333 financial data that will allow consumers to compare health care  
 334 services. The health care quality measures and financial data  
 335 the agency must make available shall include, but is not limited  
 336 to, pharmaceuticals, physicians, health care facilities, and

337 health plans and managed care entities. The agency shall update  
 338 the plan and report on the status of its implementation  
 339 annually. The agency shall also make the plan and status report  
 340 available to the public on its Internet website. As part of the  
 341 plan, the agency shall identify the process and timeframes for  
 342 implementation, any barriers to implementation, and  
 343 recommendations of changes in the law that may be enacted by the  
 344 Legislature to eliminate the barriers. As preliminary elements  
 345 of the plan, the agency shall:

346       1. Make available patient-safety indicators, inpatient  
 347 quality indicators, and performance outcome and patient charge  
 348 data collected from health care facilities pursuant to s.  
 349 408.061(1)(a) and (2). The terms "patient-safety indicators" and  
 350 "inpatient quality indicators" shall be as defined by the  
 351 Centers for Medicare and Medicaid Services, the National Quality  
 352 Forum, the Joint Commission ~~on Accreditation of Healthcare~~  
 353 ~~Organizations~~, the Agency for Healthcare Research and Quality,  
 354 the Centers for Disease Control and Prevention, or a similar  
 355 national entity that establishes standards to measure the  
 356 performance of health care providers, or by other states. The  
 357 agency shall determine which conditions, procedures, health care  
 358 quality measures, and patient charge data to disclose based upon  
 359 input from the council. When determining which conditions and  
 360 procedures are to be disclosed, the council and the agency shall  
 361 consider variation in costs, variation in outcomes, and  
 362 magnitude of variations and other relevant information. When  
 363 determining which health care quality measures to disclose, the  
 364 agency:

365 a. Shall consider such factors as volume of cases; average  
 366 patient charges; average length of stay; complication rates;  
 367 mortality rates; and infection rates, among others, which shall  
 368 be adjusted for case mix and severity, if applicable.

369 b. May consider such additional measures that are adopted  
 370 by the Centers for Medicare and Medicaid Studies, National  
 371 Quality Forum, the Joint Commission ~~on Accreditation of~~  
 372 ~~Healthcare Organizations~~, the Agency for Healthcare Research and  
 373 Quality, Centers for Disease Control and Prevention, or a  
 374 similar national entity that establishes standards to measure  
 375 the performance of health care providers, or by other states.

376  
 377 When determining which patient charge data to disclose, the  
 378 agency shall include such measures as the average of  
 379 undiscounted charges on frequently performed procedures and  
 380 preventive diagnostic procedures, the range of procedure charges  
 381 from highest to lowest, average net revenue per adjusted patient  
 382 day, average cost per adjusted patient day, and average cost per  
 383 admission, among others.

384 2. Make available performance measures, benefit design,  
 385 and premium cost data from health plans licensed pursuant to  
 386 chapter 627 or chapter 641. The agency shall determine which  
 387 health care quality measures and member and subscriber cost data  
 388 to disclose, based upon input from the council. When determining  
 389 which data to disclose, the agency shall consider information  
 390 that may be required by either individual or group purchasers to  
 391 assess the value of the product, which may include membership  
 392 satisfaction, quality of care, current enrollment or membership,

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393 coverage areas, accreditation status, premium costs, plan costs,  
394 premium increases, range of benefits, copayments and  
395 deductibles, accuracy and speed of claims payment, credentials  
396 of physicians, number of providers, names of network providers,  
397 and hospitals in the network. Health plans shall make available  
398 to the agency any such data or information that is not currently  
399 reported to the agency or the office.

400 3. Determine the method and format for public disclosure  
401 of data reported pursuant to this paragraph. The agency shall  
402 make its determination based upon input from the State Consumer  
403 Health Information and Policy Advisory Council. At a minimum,  
404 the data shall be made available on the agency's Internet  
405 website in a manner that allows consumers to conduct an  
406 interactive search that allows them to view and compare the  
407 information for specific providers. The website must include  
408 such additional information as is determined necessary to ensure  
409 that the website enhances informed decisionmaking among  
410 consumers and health care purchasers, which shall include, at a  
411 minimum, appropriate guidance on how to use the data and an  
412 explanation of why the data may vary from provider to provider.

413 4. Publish on its website undiscounted charges for no  
414 fewer than 150 of the most commonly performed adult and  
415 pediatric procedures, including outpatient, inpatient,  
416 diagnostic, and preventative procedures.

417 (1) Assist quality improvement collaboratives by releasing  
418 information to the providers, payors, or entities representing  
419 and working on behalf of providers and payors. The agency shall  
420 release such data, which is deemed necessary for the

421 administration of the Medicaid program, to quality improvement  
 422 collaboratives for evaluation of the incidence of potentially  
 423 preventable events.

424 Section 5. Subsection (31) is added to section 408.802,  
 425 Florida Statutes, to read:

426 408.802 Applicability.—The provisions of this part apply  
 427 to the provision of services that require licensure as defined  
 428 in this part and to the following entities licensed, registered,  
 429 or certified by the agency, as described in chapters 112, 383,  
 430 390, 394, 395, 400, 429, 440, 483, and 765:

431 (31) Assisted living facility administrators, as provided  
 432 under part I of chapter 429.

433 Section 6. Subsection (29) is added to section 408.820,  
 434 Florida Statutes, to read:

435 408.820 Exemptions.—Except as prescribed in authorizing  
 436 statutes, the following exemptions shall apply to specified  
 437 requirements of this part:

438 (29) Assisted living facility administrators, as provided  
 439 under part I of chapter 429, are exempt from ss. 408.806(7),  
 440 408.810(4)-(10), and 408.811.

441 Section 7. Paragraph (c) of subsection (4) of section  
 442 409.212, Florida Statutes, is amended to read:

443 409.212 Optional supplementation.—

444 (4) In addition to the amount of optional supplementation  
 445 provided by the state, a person may receive additional  
 446 supplementation from third parties to contribute to his or her  
 447 cost of care. Additional supplementation may be provided under  
 448 the following conditions:



449 (c) The additional supplementation shall not exceed four  
 450 ~~two~~ times the provider rate recognized under the optional state  
 451 supplementation program.

452 Section 8. Section 409.986, Florida Statutes, is created  
 453 to read:

454 409.986 Quality adjustments to Medicaid rates.-

455 (1) As used in this section, the term:

456 (a) "Expected rate" means the risk-adjusted rate for each  
 457 provider that accounts for the severity of illness, diagnosis  
 458 related groups, and the age of a patient.

459 (b) "Hospital-acquired infections" means infections not  
 460 present and without evidence of incubation at the time of  
 461 admission to a hospital.

462 (c) "Observed rate" means the actual number for each  
 463 provider of potentially preventable events divided by the number  
 464 of cases in which potentially preventable events may have  
 465 occurred.

466 (d) "Potentially preventable admission" means an admission  
 467 of a person to a hospital that might have reasonably been  
 468 prevented with adequate access to ambulatory care or health care  
 469 coordination.

470 (e) "Potentially preventable ancillary service" means a  
 471 health care service provided or ordered by a physician or other  
 472 health care provider to supplement or support the evaluation or  
 473 treatment of a patient, including a diagnostic test, laboratory  
 474 test, therapy service, or radiology service, that may not be  
 475 reasonably necessary for the provision of quality health care or  
 476 treatment.

477 (f) "Potentially preventable complication" means a harmful  
478 event or negative outcome with respect to a person, including an  
479 infection or surgical complication, that:

480 1. Occurs after the person's admission to a hospital or  
481 long-term care facility; and

482 2. May have resulted from the care, lack of care, or  
483 treatment provided during the hospital or long-term care  
484 facility stay rather than from a natural progression of an  
485 underlying disease.

486 (g) "Potentially preventable emergency department visit"  
487 means treatment of a person in a hospital emergency room or  
488 freestanding emergency medical care facility for a condition  
489 that does not require or should not have required emergency  
490 medical attention because the condition can or could have been  
491 treated or prevented by a physician or other health care  
492 provider in a nonemergency setting.

493 (h) "Potentially preventable event" means a potentially  
494 preventable admission, a potentially preventable ancillary  
495 service, a potentially preventable complication, a potentially  
496 preventable emergency department visit, a potentially  
497 preventable readmission, or a combination of those events.

498 (i) "Potentially preventable readmission" means a return  
499 hospitalization of a person within 15 days that may have  
500 resulted from deficiencies in the care or treatment provided to  
501 the person during a previous hospital stay or from deficiencies  
502 in posthospital discharge followup. The term does not include a  
503 hospital readmission necessitated by the occurrence of unrelated  
504 events after the discharge. The term includes the readmission of

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505 a person to a hospital for:

506 1. The same condition or procedure for which the person  
507 was previously admitted;

508 2. An infection or other complication resulting from care  
509 previously provided; or

510 3. A condition or procedure that indicates that a surgical  
511 intervention performed during a previous admission was  
512 unsuccessful in achieving the anticipated outcome.

513 (j) "Quality improvement collaboration" means a structured  
514 process involving multiple providers and subject matter experts  
515 to focus on a specific aspect of quality care in order to  
516 analyze past performance and plan, implement, and evaluate  
517 specific improvement methods.

518 (2) The agency shall establish and implement methodologies  
519 to adjust Medicaid payment rates for hospitals, nursing homes,  
520 and managed care plans based on evidence of improved patient  
521 outcomes. Payment adjustments shall be dependent on  
522 consideration of specific outcome measures for each provider  
523 category, documented activities by providers to improve  
524 performance, and evidence of significant improvement over time.  
525 Measurement of outcomes shall include appropriate risk  
526 adjustments, exclude cases that cannot be determined to be  
527 preventable, and waive adjustments for providers with too few  
528 cases to calculate reliable rates.

529 (a) Performance-based payment adjustments may be made up  
530 to 1 percent of each qualified provider's rate for hospital  
531 inpatient services, hospital outpatient services, nursing home  
532 care, and the plan-specific capitation rate for prepaid health

533 plans. Adjustments for activities to improve performance may be  
534 made up to 0.25 percent based on evidence of a provider's  
535 engagement in activities specified in this section.

536 (b) Outcome measures shall be established for a base year,  
537 which may be state fiscal year 2010-2011 or a more recent 12-  
538 month period.

539 (3) Methodologies established pursuant to this section  
540 shall use existing databases, including Medicaid claims,  
541 encounter data compiled pursuant to s. 409.9122(14), and  
542 hospital discharge data compiled pursuant to s. 408.061(1)(a).  
543 To the extent possible, the agency shall use methods for  
544 determining outcome measures in use by other payors.

545 (4) The agency shall seek any necessary federal approval  
546 for the performance payment system and implement the system in  
547 state fiscal year 2015-2016.

548 (5) The agency may appoint a technical advisory panel for  
549 each provider category in order to solicit advice and  
550 recommendations during the development and implementation of the  
551 performance payment system.

552 (6) The performance payment system for hospitals shall  
553 apply to general hospitals as defined in s. 395.002. The outcome  
554 measures used to allocate positive payment adjustments shall  
555 consist of one or more potentially preventable events such as  
556 potentially preventable readmissions and potentially preventable  
557 complications.

558 (a) For each 12-month period after the base year, the  
559 agency shall determine the expected rate and the observed rate  
560 for specific outcome indicators for each hospital. The

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561 difference between the expected and observed rates shall be used  
562 to establish a performance rate for each hospital. Hospitals  
563 shall be ranked based on performance rates.

564 (b) For at least the first three rate-setting periods  
565 after the performance payment system is implemented, a positive  
566 payment adjustment shall be made to hospitals in the top 10  
567 percentiles, based on their performance rates, and the 10  
568 hospitals with the best year-to-year improvement among those  
569 hospitals that did not rank in the top 10 percentiles. After the  
570 third period of performance payment, the agency may replace the  
571 criteria specified in this subsection with quantified benchmarks  
572 for determining which providers qualify for positive payment  
573 adjustments.

574 (c) Quality improvement activities that may earn positive  
575 payment adjustments include:

576 1. Complying with requirements that reduce hospital-  
577 acquired infections pursuant to s. 395.1055(1)(b); or

578 2. Actively engaging in a quality improvement  
579 collaboration that focuses on reducing potentially preventable  
580 admissions, potentially preventable readmissions, or hospital-  
581 acquired infections.

582 (7) The performance payment system for skilled nursing  
583 facilities shall apply to facilities licensed pursuant to part  
584 II of chapter 400 with current Medicaid provider service  
585 agreements. The outcome measures used to allocate positive  
586 payment adjustments shall consist of one or more of the  
587 following rates: the percentage of residents experiencing falls  
588 with major injuries, the percentage of residents with

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589 potentially preventable hospital admissions, the percentage of  
590 residents using potentially preventable emergency department  
591 services, or the percentage of residents with pressure ulcers  
592 that are new or worsened.

593 (a) For each 12-month period after the base year, the  
594 agency shall determine the expected rate and the observed rate  
595 for specific outcome indicators for each skilled nursing  
596 facility. The difference between the expected and observed rates  
597 shall be used to establish a performance rate for each skilled  
598 nursing facility. Facilities shall be ranked based on  
599 performance rates.

600 (b) For at least the first three rate-setting periods  
601 after the performance payment system is implemented, a positive  
602 payment adjustment shall be made to facilities in the top three  
603 percentiles, based on their performance rates, and the 10  
604 facilities with the best year-to-year improvement among  
605 facilities that did not rank in the top three percentiles. After  
606 the third period of performance payment, the agency may replace  
607 the criteria specified in this subsection with quantified  
608 benchmarks for determining which facilities qualify for positive  
609 payment adjustments.

610 (c) Quality improvement activities that may earn positive  
611 payment adjustments include:

612 1. Actively engaging in a comprehensive fall-prevention  
613 program.

614 2. Actively engaging in a quality improvement  
615 collaboration that focuses on reducing potentially preventable  
616 hospital admissions or reducing the percentage of residents with

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617 pressure ulcers that are new or worsened.

618 (8) A performance payment system shall apply to all  
619 managed care plans. The outcome measures used to allocate  
620 positive payment adjustments shall consist of one or more  
621 potentially preventable events, such as potentially preventable  
622 initial hospital admissions, potentially preventable emergency  
623 department visits, or potentially preventable ancillary  
624 services.

625 (a) For each 12-month period after the base year, the  
626 agency shall determine the expected rate and the observed rate  
627 for specific outcome indicators for each managed care plan. The  
628 difference between the expected and observed rates shall be used  
629 to establish a performance rate for each plan. Managed care  
630 plans shall be ranked based on performance rates.

631 (b) For at least the first three rate-setting periods  
632 after the performance payment system is implemented, a positive  
633 payment adjustment shall be made to the top 10 managed care  
634 plans. After the third period during which the performance  
635 payment system is implemented, the agency may replace the  
636 criteria specified in this subsection with quantified benchmarks  
637 for determining which plans qualify for positive payment  
638 adjustments.

639 (9) Payment adjustments made pursuant to this section may  
640 not result in expenditures that exceed the amounts appropriated  
641 in the General Appropriations Act for hospitals, nursing homes,  
642 and managed care plans.

643 Section 9. Paragraph (a) of subsection (1) of section  
644 415.1034, Florida Statutes, is amended to read:

645 415.1034 Mandatory reporting of abuse, neglect, or  
 646 exploitation of vulnerable adults; mandatory reports of death.-

647 (1) MANDATORY REPORTING.-

648 (a) Any person, including, but not limited to, ~~any~~:

649 1. A physician, osteopathic physician, medical examiner,  
 650 chiropractic physician, nurse, paramedic, emergency medical  
 651 technician, or hospital personnel engaged in the admission,  
 652 examination, care, or treatment of vulnerable adults;

653 2. A health professional or mental health professional  
 654 other than one listed in subparagraph 1.;

655 3. A practitioner who relies solely on spiritual means for  
 656 healing;

657 4. Nursing home staff; assisted living facility staff;  
 658 adult day care center staff; adult family-care home staff;  
 659 social worker; or other professional adult care, residential, or  
 660 institutional staff;

661 5. A state, county, or municipal criminal justice employee  
 662 or law enforcement officer;

663 6. An employee of the Department of Business and  
 664 Professional Regulation conducting inspections of public lodging  
 665 establishments under s. 509.032;

666 7. A Florida advocacy council member or long-term care  
 667 ombudsman council member; ~~or~~

668 8. A bank, savings and loan, or credit union officer,  
 669 trustee, or employee; or

670 9. An employee or agent of a state or local agency who has  
 671 regulatory responsibilities over or who provides services to  
 672 persons residing in a state-licensed assisted living facility,



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673  
674 who knows, or has reasonable cause to suspect, that a vulnerable  
675 adult has been or is being abused, neglected, or exploited must  
676 ~~shall~~ immediately report such knowledge or suspicion to the  
677 central abuse hotline.

678 Section 10. Subsections (7) and (8) of section 429.02,  
679 Florida Statutes, are amended to read:

680 429.02 Definitions.—When used in this part, the term:

681 (7) "Community living support plan" means a written  
682 document prepared by a mental health resident and the resident's  
683 mental health case manager in consultation with the  
684 administrator of an assisted living facility ~~with a limited~~  
685 ~~mental health license~~ or the administrator's designee. A copy  
686 must be provided to the administrator. The plan must include  
687 information about the supports, services, and special needs of  
688 the resident which enable the resident to live in the assisted  
689 living facility and a method by which facility staff can  
690 recognize and respond to the signs and symptoms particular to  
691 that resident which indicate the need for professional services.

692 (8) "Cooperative agreement" means a written statement of  
693 understanding between a mental health care provider and the  
694 administrator of the assisted living facility ~~with a limited~~  
695 ~~mental health license~~ in which a mental health resident is  
696 living. The agreement must specify directions for accessing  
697 emergency and after-hours care for the mental health resident. A  
698 single cooperative agreement may service all mental health  
699 residents who are clients of the same mental health care  
700 provider.

701 Section 11. Subsection (1) and paragraphs (b) and (c) of  
 702 subsection (3) of section 429.07, Florida Statutes, are amended  
 703 to read:

704 429.07 License required; fee.—

705 (1) The requirements of part II of chapter 408 apply to  
 706 the provision of services that require licensure pursuant to  
 707 this part and part II of chapter 408 and to entities licensed by  
 708 or applying for such licensure from the agency pursuant to this  
 709 part. A license issued by the agency is required in order to  
 710 operate an assisted living facility in this state. Effective  
 711 July 1, 2013, an assisted living facility may not operate in  
 712 this state unless the facility is under the management of an  
 713 assisted living facility administrator licensed pursuant to s.  
 714 429.50.

715 (3) In addition to the requirements of s. 408.806, each  
 716 license granted by the agency must state the type of care for  
 717 which the license is granted. Licenses shall be issued for one  
 718 or more of the following categories of care: standard, extended  
 719 congregate care, limited nursing services, or limited mental  
 720 health.

721 (b) An extended congregate care license shall be issued to  
 722 facilities providing, directly or through contract, services  
 723 beyond those authorized in paragraph (a), including services  
 724 performed by persons licensed under part I of chapter 464 and  
 725 supportive services, as defined by rule, to persons who would  
 726 otherwise be disqualified from continued residence in a facility  
 727 licensed under this part.

728 1. In order for extended congregate care services to be

729 provided, the agency must first determine that all requirements  
730 established in law and rule are met and must specifically  
731 designate, on the facility's license, that such services may be  
732 provided and whether the designation applies to all or part of  
733 the facility. Such designation may be made at the time of  
734 initial licensure or relicensure, or upon request in writing by  
735 a licensee under this part and part II of chapter 408. The  
736 notification of approval or the denial of the request shall be  
737 made in accordance with part II of chapter 408. Existing  
738 facilities qualifying to provide extended congregate care  
739 services must have maintained a standard license and may not  
740 have been subject to administrative sanctions during the  
741 previous 2 years, or since initial licensure if the facility has  
742 been licensed for less than 2 years, for any of the following  
743 reasons:

- 744 a. A class I or class II violation;
- 745 b. Three or more repeat or recurring class III violations  
746 of identical or similar resident care standards from which a  
747 pattern of noncompliance is found by the agency;
- 748 c. Three or more class III violations that were not  
749 corrected in accordance with the corrective action plan approved  
750 by the agency;
- 751 d. Violation of resident care standards which results in  
752 requiring the facility to employ the services of a consultant  
753 pharmacist or consultant dietitian;
- 754 e. Denial, suspension, or revocation of a license for  
755 another facility licensed under this part in which the applicant  
756 for an extended congregate care license has at least 25 percent

757 ownership interest; or

758 f. Imposition of a moratorium pursuant to this part or

759 part II of chapter 408 or initiation of injunctive proceedings.

760 2. A facility that is licensed to provide extended

761 congregate care services shall maintain a written progress

762 report on each person who receives services which describes the

763 type, amount, duration, scope, and outcome of services that are

764 rendered and the general status of the resident's health. A

765 registered nurse, or appropriate designee, representing the

766 agency shall visit the facility at least once a year ~~quarterly~~

767 to monitor residents who are receiving extended congregate care

768 services and to determine if the facility is in compliance with

769 this part, part II of chapter 408, and relevant rules. One of

770 the visits may be in conjunction with the regular survey. The

771 monitoring visits may be provided through contractual

772 arrangements with appropriate community agencies. A registered

773 nurse shall serve as part of the team that inspects the

774 facility. The agency may waive a ~~one of the required yearly~~

775 monitoring visit ~~visits~~ for a facility that has been licensed

776 for at least 24 months to provide extended congregate care

777 services, if, during the inspection, the registered nurse

778 determines that extended congregate care services are being

779 provided appropriately, and if the facility has no:

780 a. Class I or class II violations and no uncorrected class

781 III violations;

782 b. Citations for a licensure violation which resulted from

783 referrals by the ombudsman to the agency; or

784 c. Citation for a licensure violation which resulted from

785 complaints to the agency. ~~The agency must first consult with the~~  
786 ~~long-term care ombudsman council for the area in which the~~  
787 ~~facility is located to determine if any complaints have been~~  
788 ~~made and substantiated about the quality of services or care.~~  
789 ~~The agency may not waive one of the required yearly monitoring~~  
790 ~~visits if complaints have been made and substantiated.~~

791 3. A facility that is licensed to provide extended  
792 congregate care services must:

793 a. Demonstrate the capability to meet unanticipated  
794 resident service needs.

795 b. Offer a physical environment that promotes a homelike  
796 setting, provides for resident privacy, promotes resident  
797 independence, and allows sufficient congregate space as defined  
798 by rule.

799 c. Have sufficient staff available, taking into account  
800 the physical plant and firesafety features of the building, to  
801 assist with the evacuation of residents in an emergency.

802 d. Adopt and follow policies and procedures that maximize  
803 resident independence, dignity, choice, and decisionmaking to  
804 permit residents to age in place, so that moves due to changes  
805 in functional status are minimized or avoided.

806 e. Allow residents or, if applicable, a resident's  
807 representative, designee, surrogate, guardian, or attorney in  
808 fact to make a variety of personal choices, participate in  
809 developing service plans, and share responsibility in  
810 decisionmaking.

811 f. Implement the concept of managed risk.

812 g. Provide, directly or through contract, the services of

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813 a person licensed under part I of chapter 464.

814 h. In addition to the training mandated in s. 429.52,  
815 provide specialized training as defined by rule for facility  
816 staff.

817 4. A facility that is licensed to provide extended  
818 congregate care services is exempt from the criteria for  
819 continued residency set forth in rules adopted under s. 429.41.  
820 A licensed facility must adopt its own requirements within  
821 guidelines for continued residency set forth by rule. However,  
822 the facility may not serve residents who require 24-hour nursing  
823 supervision. A licensed facility that provides extended  
824 congregate care services must also provide each resident with a  
825 written copy of facility policies governing admission and  
826 retention.

827 5. The primary purpose of extended congregate care  
828 services is to allow residents, as they become more impaired,  
829 the option of remaining in a familiar setting from which they  
830 would otherwise be disqualified for continued residency. A  
831 facility licensed to provide extended congregate care services  
832 may also admit an individual who exceeds the admission criteria  
833 for a facility with a standard license, if the individual is  
834 determined appropriate for admission to the extended congregate  
835 care facility.

836 6. Before the admission of an individual to a facility  
837 licensed to provide extended congregate care services, the  
838 individual must undergo a medical examination as provided in s.  
839 429.26(4) and the facility must develop a preliminary service  
840 plan for the individual.

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841           7. When a facility can no longer provide or arrange for  
842 services in accordance with the resident's service plan and  
843 needs and the facility's policy, the facility shall make  
844 arrangements for relocating the person in accordance with s.  
845 429.28(1)(k).

846           8. Failure to provide extended congregate care services  
847 may result in denial of extended congregate care license  
848 renewal.

849           (c) A limited nursing services license shall be issued to  
850 a facility that provides services beyond those authorized in  
851 paragraph (a) and as specified in this paragraph.

852           1. In order for limited nursing services to be provided in  
853 a facility licensed under this part, the agency must first  
854 determine that all requirements established in law and rule are  
855 met and must specifically designate, on the facility's license,  
856 that such services may be provided. Such designation may be made  
857 at the time of initial licensure or relicensure, or upon request  
858 in writing by a licensee under this part and part II of chapter  
859 408. Notification of approval or denial of such request shall be  
860 made in accordance with part II of chapter 408. Existing  
861 facilities qualifying to provide limited nursing services shall  
862 have maintained a standard license and may not have been subject  
863 to administrative sanctions that affect the health, safety, and  
864 welfare of residents for the previous 2 years or since initial  
865 licensure if the facility has been licensed for less than 2  
866 years.

867           2. Facilities that are licensed to provide limited nursing  
868 services shall maintain a written progress report on each person

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869 who receives such nursing services, which report describes the  
870 type, amount, duration, scope, and outcome of services that are  
871 rendered and the general status of the resident's health. A  
872 registered nurse representing the agency shall visit such  
873 facilities at least once ~~twice~~ a year to monitor residents who  
874 are receiving limited nursing services and to determine if the  
875 facility is in compliance with applicable provisions of this  
876 part, part II of chapter 408, and related rules. The monitoring  
877 visits may be provided through contractual arrangements with  
878 appropriate community agencies. A registered nurse shall also  
879 serve as part of the team that inspects such facility. The  
880 agency may waive a monitoring visit for a facility that has been  
881 licensed for at least 24 months to provide limited nursing  
882 services and if the facility has no:

883 a. Class I or class II violations and no uncorrected class  
884 III violations;

885 b. Citations for a licensure violation which resulted from  
886 referrals by the ombudsman to the agency; or

887 c. Citation for a licensure violation which resulted from  
888 complaints to the agency.

889 3. A person who receives limited nursing services under  
890 this part must meet the admission criteria established by the  
891 agency for assisted living facilities. When a resident no longer  
892 meets the admission criteria for a facility licensed under this  
893 part, arrangements for relocating the person shall be made in  
894 accordance with s. 429.28(1)(k), unless the facility is licensed  
895 to provide extended congregate care services.

896 Section 12. Section 429.075, Florida Statutes, is amended



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897 to read:

898 429.075 Limited mental health license.—In order to serve  
 899 three or more mental health residents, an assisted living  
 900 facility ~~that serves three or more mental health residents~~ must  
 901 obtain a limited mental health license.

902 (1) To obtain a limited mental health license, a facility:

903 (a) Must hold a standard license as an assisted living  
 904 facility; and

905 (b) Must not have been subject to administrative sanctions  
 906 during the previous 2 years, or since initial licensure if the  
 907 assisted living facility has been licensed for less than 2  
 908 years, for any of the following reasons:

909 1. One or more class I violations imposed by final agency  
 910 action;

911 2. Three or more class II violations imposed by final  
 912 agency action;

913 3. Ten or more class III violations that were not  
 914 corrected in accordance with s. 408.811(4);

915 4. Denial, suspension, or revocation of a license for  
 916 another assisted living facility licensed under this part in  
 917 which the license applicant had at least a 25-percent ownership  
 918 interest; or

919 5. Imposition of a moratorium pursuant to this part or  
 920 part II of chapter 408 or initiation of injunctive proceedings.  
 921 ~~any current uncorrected deficiencies or violations, and must~~  
 922 ~~ensure that,~~

923 (2) Within 6 months after receiving a limited mental  
 924 health license, the facility administrator and the staff of the

925 facility who are in direct contact with mental health residents  
926 must complete training of no less than 6 hours related to their  
927 duties. This training shall be approved by the Department of  
928 Children and Family Services. A training provider may charge a  
929 reasonable fee for the training.

930 (3) Application for a limited mental health license ~~Such~~  
931 ~~designation~~ may be made at the time of initial licensure or  
932 relicensure or upon request in writing by a licensee under this  
933 part and part II of chapter 408. Notification of approval or  
934 denial of the license ~~such request~~ shall be made in accordance  
935 with this part, part II of chapter 408, and applicable rules.  
936 ~~This training will be provided by or approved by the Department~~  
937 ~~of Children and Family Services.~~

938 (4) ~~(2)~~ Facilities licensed to provide services to mental  
939 health residents shall provide appropriate supervision and  
940 staffing to provide for the health, safety, and welfare of such  
941 residents.

942 ~~(3) A facility that has a limited mental health license~~  
943 ~~must:~~

944 ~~(a) Have a copy of each mental health resident's community~~  
945 ~~living support plan and the cooperative agreement with the~~  
946 ~~mental health care services provider. The support plan and the~~  
947 ~~agreement may be combined.~~

948 ~~(b) Have documentation that is provided by the Department~~  
949 ~~of Children and Family Services that each mental health resident~~  
950 ~~has been assessed and determined to be able to live in the~~  
951 ~~community in an assisted living facility with a limited mental~~  
952 ~~health license.~~

953 ~~(c) Make the community living support plan available for~~  
 954 ~~inspection by the resident, the resident's legal guardian, the~~  
 955 ~~resident's health care surrogate, and other individuals who have~~  
 956 ~~a lawful basis for reviewing this document.~~

957 ~~(d) Assist the mental health resident in carrying out the~~  
 958 ~~activities identified in the individual's community living~~  
 959 ~~support plan.~~

960 ~~(4) A facility with a limited mental health license may~~  
 961 ~~enter into a cooperative agreement with a private mental health~~  
 962 ~~provider. For purposes of the limited mental health license, the~~  
 963 ~~private mental health provider may act as the case manager.~~

964 Section 13. Section 429.0751, Florida Statutes, is created  
 965 to read:

966 429.0751 Mental health residents.—An assisted living  
 967 facility that has one or more mental health residents must:

968 (1) Enter into a cooperative agreement with the mental  
 969 health care service provider responsible for providing services  
 970 to the mental health resident, including a mental health care  
 971 service provider responsible for providing private pay services  
 972 to the mental health resident, to ensure coordination of care.

973 (2) Consult with the mental health case manager and the  
 974 mental health resident in the development of a community living  
 975 support plan and maintain a copy of each mental health  
 976 resident's community living support plan.

977 (3) Make the community living support plan available for  
 978 inspection by the resident, the resident's legal guardian, the  
 979 resident's health care surrogate, and other individuals who have  
 980 a lawful basis for reviewing this document.

981           (4) Assist the mental health resident in carrying out the  
 982 activities identified in the individual's community living  
 983 support plan.

984           (5) Have documentation that is provided by the Department  
 985 of Children and Family Services that each mental health resident  
 986 has been assessed and determined to be able to live in the  
 987 community in an assisted living facility.

988           Section 14. Paragraphs (a) and (b) of subsection (2) of  
 989 section 429.178, Florida Statutes, are amended to read:

990           429.178 Special care for persons with Alzheimer's disease  
 991 or other related disorders.—

992           (2) (a) An individual who is employed by a facility that  
 993 provides special care for residents with Alzheimer's disease or  
 994 other related disorders, and who has regular contact with such  
 995 residents, must complete up to 4 hours of initial dementia-  
 996 specific training developed or approved by the department. The  
 997 training shall be completed within 3 months after beginning  
 998 employment and shall satisfy the core training requirements of  
 999 s. 429.52(2)(d) ~~429.52(2)(g)~~.

1000           (b) A direct caregiver who is employed by a facility that  
 1001 provides special care for residents with Alzheimer's disease or  
 1002 other related disorders, and who provides direct care to such  
 1003 residents, must complete the required initial training and 4  
 1004 additional hours of training developed or approved by the  
 1005 department. The training shall be completed within 9 months  
 1006 after beginning employment and shall satisfy the core training  
 1007 requirements of s. 429.52(2)(d) ~~429.52(2)(g)~~.

1008           Section 15. Subsection (2) of section 429.19, Florida

1009 Statutes, is amended to read:

1010 429.19 Violations; imposition of administrative fines;  
1011 grounds.—

1012 (2) Each violation of this part and adopted rules shall be  
1013 classified according to the nature of the violation and the  
1014 gravity of its probable effect on facility residents.

1015 (a) The agency shall indicate the classification on the  
1016 written notice of the violation as follows:

1017 1. ~~(a)~~ Class "I" violations are defined in s. 408.813. The  
1018 agency shall issue a citation regardless of correction. The  
1019 agency shall impose an administrative fine for a cited class I  
1020 violation in an amount not less than \$5,000 and not exceeding  
1021 \$10,000 for each violation.

1022 2. ~~(b)~~ Class "II" violations are defined in s. 408.813. The  
1023 agency may issue a citation regardless of correction. The agency  
1024 shall impose an administrative fine for a cited class II  
1025 violation in an amount not less than \$1,000 and not exceeding  
1026 \$5,000 for each violation.

1027 3. ~~(c)~~ Class "III" violations are defined in s. 408.813.  
1028 The agency shall impose an administrative fine for a cited class  
1029 III violation in an amount not less than \$500 and not exceeding  
1030 \$1,000 for each violation.

1031 4. ~~(d)~~ Class "IV" violations are defined in s. 408.813. The  
1032 agency shall impose an administrative fine for a cited class IV  
1033 violation in an amount not less than \$100 and not exceeding \$200  
1034 for each violation.

1035 (b) In lieu of the penalties provided in paragraph (a),  
1036 the agency shall impose a \$10,000 penalty for a violation that

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1037 results in the death of a resident.

1038 (c) Notwithstanding paragraph (a), if the assisted living  
 1039 facility is cited for a violation in the same class as a prior  
 1040 violation cited within the past 24 months, the agency shall  
 1041 double the fine for a subsequent violation.

1042 Section 16. Section 429.231, Florida Statutes, is created  
 1043 to read:

1044 429.231 Advisory council; membership; duties.—

1045 (1) The department shall establish an advisory council to  
 1046 review the facts and circumstances of unexpected deaths in  
 1047 assisted living facilities and of elopements that result in harm  
 1048 to a resident. The purpose of this review is to:

1049 (a) Achieve a greater understanding of the causes and  
 1050 contributing factors of the unexpected deaths and elopements.

1051 (b) Identify any gaps, deficiencies, or problems in the  
 1052 delivery of services to the residents.

1053 (2) Based on the review, the advisory council shall make  
 1054 recommendations for:

1055 (a) Industry best practices that could be used to prevent  
 1056 unexpected deaths and elopements.

1057 (b) Training and educational requirements for employees  
 1058 and administrators of assisted living facilities.

1059 (c) Changes in the law, rules, or other policies to  
 1060 prevent unexpected deaths and elopements.

1061 (3) The advisory council shall prepare an annual  
 1062 statistical report on the incidence and causes of unexpected  
 1063 deaths in assisted living facilities and of elopements that  
 1064 result in harm to residents during the prior calendar year. The

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1065 advisory council shall submit a copy of the report by December  
1066 31 of each year to the Governor, the President of the Senate,  
1067 and the Speaker of the House of Representatives. The report may  
1068 make recommendations for state action, including specific  
1069 policy, procedural, regulatory, or statutory changes, and any  
1070 other recommended preventive action.

1071 (4) The advisory council shall consist of the following  
1072 members:

1073 (a) The Secretary of Elderly Affairs, or a designee, who  
1074 shall be the chair.

1075 (b) The Secretary of Health Care Administration, or a  
1076 designee.

1077 (c) The Secretary of Children and Family Services, or a  
1078 designee.

1079 (d) The State Long-Term Care Ombudsman, or a designee.

1080 (e) The following members, selected by the Governor:

1081 1. An owner or administrator of an assisted living  
1082 facility with fewer than 17 beds.

1083 2. An owner or administrator of an assisted living  
1084 facility with 17 or more beds.

1085 3. An owner or administrator of an assisted living  
1086 facility with a limited mental health license.

1087 4. A representative from each of three statewide  
1088 associations that represent assisted living facilities.

1089 5. A resident of an assisted living facility.

1090 (5) The advisory council shall meet at the call of the  
1091 chair, but at least twice each calendar year. The chair may  
1092 appoint ad hoc committees as necessary to carry out the duties

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1093 of the council.

1094 (6) The members of the advisory council selected by the  
 1095 Governor shall be appointed to staggered terms of office which  
 1096 may not exceed 2 years. Members are eligible for reappointment.

1097 (7) Members of the advisory council shall serve without  
 1098 compensation, but are entitled to reimbursement for per diem and  
 1099 travel expenses incurred in the performance of their duties as  
 1100 provided in s. 112.061 and to the extent that funds are  
 1101 available.

1102 Section 17. Section 429.34, Florida Statutes, is amended  
 1103 to read:

1104 429.34 Right of entry and inspection.—

1105 (1) In addition to the requirements of s. 408.811, any  
 1106 duly designated officer or employee of the department, the  
 1107 Department of Children and Family Services, the Medicaid Fraud  
 1108 Control Unit of the Office of the Attorney General, the state or  
 1109 local fire marshal, or a member of the state or local long-term  
 1110 care ombudsman council ~~may shall have the right to~~ enter  
 1111 unannounced upon and into the premises of any facility licensed  
 1112 pursuant to this part in order to determine the state of  
 1113 compliance with ~~the provisions of~~ this part, part II of chapter  
 1114 408, and applicable rules. Data collected by the state or local  
 1115 long-term care ombudsman councils or the state or local advocacy  
 1116 councils may be used by the agency in investigations involving  
 1117 violations of regulatory standards.

1118 (2) In accordance with s. 408.811, every 24 months the  
 1119 agency shall conduct at least one unannounced inspection to  
 1120 determine compliance with this part, part II of chapter 408, and



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1121 applicable rules. If the assisted living facility is accredited  
1122 by the Joint Commission, the Council on Accreditation, or the  
1123 Commission on Accreditation of Rehabilitation Facilities, the  
1124 agency may conduct inspections less frequently, but in no event  
1125 less than once every 5 years.

1126 (a) Two additional inspections shall be conducted every 6  
1127 months for the next year if the assisted living facility has  
1128 been cited for a class I violation or two or more class II  
1129 violations arising from separate inspections within a 60-day  
1130 period. In addition to any fines imposed on an assisted living  
1131 facility under s. 429.19, the agency shall assess a fee of \$69  
1132 per bed for each of the additional two inspections, not to  
1133 exceed \$12,000 per inspection.

1134 (b) The agency shall verify through subsequent inspections  
1135 that any violation identified during an inspection is corrected.  
1136 However, the agency may verify the correction of a class III or  
1137 class IV violation unrelated to resident rights or resident care  
1138 without reinspection if the facility submits adequate written  
1139 documentation that the violation has been corrected.

1140 Section 18. Section 429.50, Florida Statutes, is created  
1141 to read:

1142 429.50 Assisted living facility administrator;  
1143 qualifications; licensure; fees; continuing education.—

1144 (1) The requirements of part II of chapter 408 apply to  
1145 the provision of services that require licensure pursuant to  
1146 this section. Effective July 1, 2013, an assisted living  
1147 facility administrator must have a license issued by the agency.

1148 (2) To be eligible to be licensed as an assisted living

1149 facility administrator, an applicant must:  
 1150 (a) Be at least 21 years old.  
 1151 (b) Complete 30 hours of core training and 10 hours of  
 1152 supplemental training described in s. 429.52.  
 1153 (c) Pass the competency test described in s. 429.52 with a  
 1154 minimum score of 80.  
 1155 (d) Complete background screening pursuant to s. 429.174.  
 1156 (e) Otherwise meet the requirements of this part.  
 1157 (3) Notwithstanding paragraphs (2) (b) and (c), the agency  
 1158 may grant a license to an applicant who:  
 1159 (a) Has been employed as an assisted living facility  
 1160 administrator for 2 of the 5 years immediately preceding July 1,  
 1161 2013, is in compliance with the continuing education  
 1162 requirements in this part, and has not been an assisted living  
 1163 facility administrator that was cited for a class I or class II  
 1164 violation within the previous 2 years; or  
 1165 (b) Is licensed in accordance with part II of chapter 468  
 1166 and is in compliance with the continuing education requirements  
 1167 in part II of chapter 468.  
 1168 (4) The license shall be renewed biennially.  
 1169 (5) The fees for licensure shall be \$150 for the initial  
 1170 licensure and \$150 for each licensure renewal.  
 1171 (6) A licensed assisted living facility administrator must  
 1172 complete continuing education described in s. 429.52 for a  
 1173 minimum of 18 hours every 2 years.  
 1174 (7) The agency shall deny or revoke the license if the  
 1175 applicant or licensee:  
 1176 (a) Was the assisted living facility administrator of

1177 record for or had a controlling interest in a provider licensed  
 1178 by the agency under this chapter, part II of chapter 408, or  
 1179 applicable rules, when the provider was cited for violations  
 1180 that resulted in denial or revocation of a license; or

1181 (b) Has a final agency action for unlicensed activity  
 1182 pursuant to this chapter, part II of chapter 408, or applicable  
 1183 rules.

1184 (8) The agency may deny or revoke the license if the  
 1185 applicant or licensee was the assisted living facility  
 1186 administrator of record for or had a controlling interest in a  
 1187 provider licensed by the agency under this chapter, part II of  
 1188 chapter 408, or applicable rules, when the provider was cited  
 1189 for violations within the previous 3 years that resulted in a  
 1190 resident's death.

1191 (9) The agency may adopt rules as necessary to administer  
 1192 this section.

1193 Section 19. For the purpose of staggering license  
 1194 expiration dates, the Agency for Health Care Administration may  
 1195 issue a license for less than a 2-year period for assisted  
 1196 living facility administrator licensure as authorized in this  
 1197 act. The agency shall charge a prorated licensure fee for this  
 1198 shortened period. This section and the authority granted under  
 1199 this section expire December 31, 2013.

1200 Section 20. Section 429.52, Florida Statutes, is amended  
 1201 to read:

1202 429.52 Staff, administrator, and administrator license  
 1203 applicant training and educational programs; core educational  
 1204 requirement.-

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1205           (1) Administrators, applicants to become administrators,  
 1206 and other assisted living facility staff must meet minimum  
 1207 training and education requirements established by the  
 1208 Department of Elderly Affairs by rule. This training and  
 1209 education is intended to assist facilities to appropriately  
 1210 respond to the needs of residents, to maintain resident care and  
 1211 facility standards, and to meet licensure requirements.

1212           (2) For assisted living facility staff other than  
 1213 administrators, ~~The department shall establish a competency test~~  
 1214 ~~and a minimum required score to indicate successful completion~~  
 1215 ~~of the training and educational requirements. The competency~~  
 1216 ~~test must be developed by the department in conjunction with the~~  
 1217 ~~agency and providers.~~ the required training and education, which  
 1218 may be provided as inservice training, must cover at least the  
 1219 following topics:

1220           (a) Reporting major incidents and reporting adverse  
 1221 incidents ~~State law and rules relating to assisted living~~  
 1222 ~~facilities.~~

1223           (b) Resident rights and identifying and reporting abuse,  
 1224 neglect, and exploitation.

1225           (c) Emergency procedures, including firesafety and  
 1226 resident elopement response policies and procedures ~~Special~~  
 1227 ~~needs of elderly persons, persons with mental illness, and~~  
 1228 ~~persons with developmental disabilities and how to meet those~~  
 1229 ~~needs.~~

1230           (d) General information on interacting with individuals  
 1231 with Alzheimer's disease and related disorders ~~Nutrition and~~  
 1232 ~~food service, including acceptable sanitation practices for~~

1233 ~~preparing, storing, and serving food.~~

1234 ~~(c) Medication management, recordkeeping, and proper~~

1235 ~~techniques for assisting residents with self-administered~~

1236 ~~medication.~~

1237 ~~(f) Firesafety requirements, including fire evacuation~~

1238 ~~drill procedures and other emergency procedures.~~

1239 ~~(g) Care of persons with Alzheimer's disease and related~~

1240 ~~disorders.~~

1241 ~~(3) Effective January 1, 2004, a new facility~~

1242 ~~administrator must complete the required training and education,~~

1243 ~~including the competency test, within a reasonable time after~~

1244 ~~being employed as an administrator, as determined by the~~

1245 ~~department. Failure to do so is a violation of this part and~~

1246 ~~subjects the violator to an administrative fine as prescribed in~~

1247 ~~s. 429.19. Administrators licensed in accordance with part II of~~

1248 ~~chapter 468 are exempt from this requirement. Other licensed~~

1249 ~~professionals may be exempted, as determined by the department~~

1250 ~~by rule.~~

1251 ~~(4) Administrators are required to participate in~~

1252 ~~continuing education for a minimum of 12 contact hours every 2~~

1253 ~~years.~~

1254 (3)~~(5)~~ Staff involved with the management of medications

1255 and assisting with the self-administration of medications under

1256 s. 429.256 must complete a minimum of 4 additional hours of

1257 training provided by a registered nurse, licensed pharmacist, or

1258 department staff. The department shall establish by rule the

1259 minimum requirements of this additional training.

1260 ~~(6)~~ Other facility staff shall participate in training

1261 relevant to their job duties as specified by rule of the  
 1262 department.

1263 ~~(4)-(7)~~ If the department or the agency determines that  
 1264 there are problems in a facility that could be reduced through  
 1265 specific staff training or education beyond that already  
 1266 required under this section, the department or the agency may  
 1267 require, and provide, or cause to be provided, the training or  
 1268 education of any personal care staff in the facility.

1269 (5) The department, in consultation with the agency, the  
 1270 Department of Children and Family Services, and stakeholders,  
 1271 shall approve a standardized core training curriculum that must  
 1272 be completed by an applicant for licensure as an assisted living  
 1273 facility administrator. The curriculum must be offered in  
 1274 English and Spanish and timely updated to reflect changes in the  
 1275 law, rules, and best practices. The required training must  
 1276 cover, at a minimum, the following topics:

1277 (a) State law and rules relating to assisted living  
 1278 facilities.

1279 (b) Residents' rights and procedures for identifying and  
 1280 reporting abuse, neglect, and exploitation.

1281 (c) Special needs of elderly persons, persons who have  
 1282 mental illnesses, and persons who have developmental  
 1283 disabilities and how to meet those needs.

1284 (d) Nutrition and food service, including acceptable  
 1285 sanitation practices for preparing, storing, and serving food.

1286 (e) Medication management, recordkeeping, and proper  
 1287 techniques for assisting residents who self-administer  
 1288 medication.

1289           (f) Firesafety requirements, including procedures for fire  
 1290 evacuation drills and other emergency procedures.

1291           (g) Care of persons who have Alzheimer's disease and  
 1292 related disorders.

1293           (h) Elopement prevention.

1294           (i) Aggression and behavior management, deescalation  
 1295 techniques, and proper protocols and procedures of the Baker Act  
 1296 as provided in part I of chapter 394.

1297           (j) Do-not-resuscitate orders.

1298           (k) Infection control.

1299           (l) Admission, continuing residency, and best practices in  
 1300 the assisted living industry.

1301           (m) Phases of care and interacting with residents.

1302           (6) The department, in consultation with the agency, the  
 1303 Department of Children and Family Services, and stakeholders,  
 1304 shall approve a supplemental training curriculum consisting of  
 1305 topics related to extended congregate care, limited mental  
 1306 health, and business operations, including human resources,  
 1307 financial management, and supervision of staff, which must be  
 1308 completed by an applicant for licensure as an assisted living  
 1309 facility administrator.

1310           (7) The department shall approve a competency test for  
 1311 applicants for licensure as an assisted living facility  
 1312 administrator which tests the individual's comprehension of the  
 1313 training required in subsections (5) and (6). The competency  
 1314 test must be reviewed annually and timely updated to reflect  
 1315 changes in the law, rules, and best practices. The competency  
 1316 test must be offered in English and Spanish and may be made

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1317 available through testing centers.

1318 (8) The department, in consultation with the agency and  
1319 stakeholders, shall approve curricula for continuing education  
1320 for administrators and staff members of an assisted living  
1321 facility. Continuing education shall include topics similar to  
1322 that of the core training required for staff members and  
1323 applicants for licensure as assisted living facility  
1324 administrators. Continuing education may be offered through  
1325 online courses, and any fees associated with the online service  
1326 shall be borne by the licensee or the assisted living facility.  
1327 Required continuing education must, at a minimum, cover the  
1328 following topics:

1329 (a) Elopement prevention.

1330 (b) Deescalation techniques.

1331 (c) Phases of care and interacting with residents.

1332 (9) Effective January 1, 2013, the training required by  
1333 this section shall be conducted by:

1334 (a) Any Florida College System institution;

1335 (b) Any nonpublic postsecondary educational institution  
1336 licensed or exempted from licensure pursuant to chapter 1005; or

1337 (c) Any statewide association that contracts with the  
1338 department to provide training. The department may specify  
1339 minimum trainer qualifications in the contract. For the purposes  
1340 of this section, the term "statewide association" means any  
1341 statewide entity which represents and provides technical  
1342 assistance to assisted living facilities.

1343 (10) Assisted living facility trainers shall keep a record  
1344 of individuals who complete training and shall submit the record



1345 to the agency within 30 days after the individual completes the  
 1346 course.

1347 (11) The department shall adopt rules as necessary to  
 1348 administer this section.

1349 ~~(8) The department shall adopt rules related to these~~  
 1350 ~~training requirements, the competency test, necessary~~  
 1351 ~~procedures, and competency test fees and shall adopt or contract~~  
 1352 ~~with another entity to develop a curriculum, which shall be used~~  
 1353 ~~as the minimum core training requirements. The department shall~~  
 1354 ~~consult with representatives of stakeholder associations and~~  
 1355 ~~agencies in the development of the curriculum.~~

1356 ~~(9) The training required by this section shall be~~  
 1357 ~~conducted by persons registered with the department as having~~  
 1358 ~~the requisite experience and credentials to conduct the~~  
 1359 ~~training. A person seeking to register as a trainer must provide~~  
 1360 ~~the department with proof of completion of the minimum core~~  
 1361 ~~training education requirements, successful passage of the~~  
 1362 ~~competency test established under this section, and proof of~~  
 1363 ~~compliance with the continuing education requirement in~~  
 1364 ~~subsection (4).~~

1365 ~~(10) A person seeking to register as a trainer must also:~~

1366 ~~(a) Provide proof of completion of a 4-year degree from an~~  
 1367 ~~accredited college or university and must have worked in a~~  
 1368 ~~management position in an assisted living facility for 3 years~~  
 1369 ~~after being core certified;~~

1370 ~~(b) Have worked in a management position in an assisted~~  
 1371 ~~living facility for 5 years after being core certified and have~~  
 1372 ~~1 year of teaching experience as an educator or staff trainer~~

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1373 ~~for persons who work in assisted living facilities or other~~  
 1374 ~~long term care settings;~~

1375 ~~(c) Have been previously employed as a core trainer for~~  
 1376 ~~the department; or~~

1377 ~~(d) Meet other qualification criteria as defined in rule,~~  
 1378 ~~which the department is authorized to adopt.~~

1379 ~~(11) The department shall adopt rules to establish trainer~~  
 1380 ~~registration requirements.~~

1381 Section 21. Section 429.54, Florida Statutes, is amended  
 1382 to read:

1383 429.54 Collection of information; local subsidy;  
 1384 interagency communication.—

1385 (1) To enable the department to collect the information  
 1386 requested by the Legislature regarding the actual cost of  
 1387 providing room, board, and personal care in assisted living  
 1388 facilities, the department may ~~is authorized to~~ conduct field  
 1389 visits and audits of facilities as ~~may be~~ necessary. The owners  
 1390 of randomly sampled facilities shall submit such reports,  
 1391 audits, and accountings of cost as the department may require by  
 1392 rule; however, ~~provided that~~ such reports, audits, and  
 1393 accountings may not be more than ~~shall be~~ the minimum necessary  
 1394 to implement the provisions of this subsection ~~section~~. Any  
 1395 facility selected to participate in the study shall cooperate  
 1396 with the department by providing cost of operation information  
 1397 to interviewers.

1398 (2) Local governments or organizations may contribute to  
 1399 the cost of care of local facility residents by further  
 1400 subsidizing the rate of state-authorized payment to such

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1401 facilities. Implementation of local subsidy shall require  
1402 departmental approval and may ~~shall~~ not result in reductions in  
1403 the state supplement.

1404 (3) Subject to the availability of funds, the agency, the  
1405 department, the Department of Children and Family Services, and  
1406 the Agency for Persons with Disabilities shall develop or modify  
1407 electronic systems of communication among state-supported  
1408 automated systems to ensure that relevant information pertaining  
1409 to the regulation of assisted living facilities and assisted  
1410 living facility staff is timely and effectively communicated  
1411 among agencies in order to facilitate the protection of  
1412 residents.

1413 Section 22. For fiscal year 2012-2013, 8 full-time  
1414 equivalent positions, with associated salary rate of 324,962,  
1415 are authorized and the sum of \$554,399 in recurring funds from  
1416 the Health Care Trust Fund of the Agency for Health Care  
1417 Administration are appropriated to the Agency for Health Care  
1418 Administration for the purpose of carrying out the regulatory  
1419 activities provided in this act.

1420 Section 23. This act shall take effect July 1, 2012.