HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 959 Administrative Monitoring of Mental Health and Substance Abuse Service

Providers

SPONSOR(S): Health & Human Services Access Subcommittee; Young and others

TIED BILLS: IDEN./SIM. BILLS: SB 1366

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Health & Human Services Access Subcommittee	15 Y, 0 N, As CS	Batchelor	Schoolfield
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

CS/HB 959 amends s. 402.7306, F.S., which relates to administrative monitoring of service providers. The bill adds administrative, programmatic and licensure monitoring of mental health and substance abuse providers to the requirements of this section. In addition, the Behavioral Health Managing Entities under contract to the Department of Children and Families and their contracted monitoring agents are added to the list of agencies affected by this section.

The bill limits agencies who perform administrative, licensure, and programmatic monitoring of mental health and substance abuse providers to once every three years if the provider is accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation. The bill limits the monitoring exception to the services the provider is accredited for.

Finally, the bill adds mental health and substance abuse service providers to the list of providers authorized to use an internet data warehouse for archiving administrative and fiscal records. An agency that conducts administrative monitoring of these service providers is required to use this data warehouse for document requests.

The bill provides an effective date upon becoming law.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives. STORAGE NAME: h0959a.HSAS

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Contract Monitoring

State agency procurement contracts typically include oversight mechanisms for contract management and program monitoring. Contract monitors ensure that contractually required services are delivered in accordance with the terms of the contract, approve corrective action plans for non-compliant providers, and withhold payment when services are not delivered or do not meet quality standards.

In November 2008, Children's Home Society of Florida (CHS) surveyed 162 contract programs, in an effort to "assess the quantity of external contract monitoring of CHS programs and identify any potential areas of duplication across monitoring by state and designated lead agencies.¹"

According to the responses, between October 1, 2007 and September 30, 2008, 104 programs were monitored 154 times by state agencies, and 1,369 documents were requested in advance of site monitoring visits. Of the document requests, 488 (36 percent) were requested by other state agencies or other departments within a state agency during the past year. According to the survey, examples of duplicative document requests include:

- Finance and Accounting Procedures;
- Human Resources Policies and Procedures:
- List of Board of Directors and Board Meeting Minutes;
- · Financial Audit and Management Letter;
- IRS forms;
- Bv-laws: and
- Articles of Incorporation.

During site visits, reviewers evaluated the same policies and procedures reviewed by other state agencies and professional program staff spent an average of 60 hours on each site visit.

House Bill 5305 (2010)

In 2010 the Legislature passed House Bill 5305² establishing s. 402.7306, F.S. to limit administrative monitoring to once every three years, if the contracted provider of child welfare services is accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation (COA).

HB 5305 also authorized private-sector development and implementation of an Internet-based secure and consolidated data warehouse for maintaining corporate, fiscal and administrative records related to child welfare provider contracts, and required state agencies that contract with child welfare providers to access records from this database.

Coordination of Contracted Services

The 2010 Legislature also passed Senate Bill 2386³ creating s. 287.0575, F.S., requiring the coordination of contracted services related to providers under contract with the Department of Children and Families (DCF), Agency for Persons with Disabilities (APD), Department of Health (DOH), the Department of Elder Affairs (DOEA), and the Department of Veterans Affairs (DVA).

¹ CHS, Case Study-Contract Monitoring Survey (December 3, 2008).

² Chapter 2010-158 Laws of Florida.

³ Chapter 2010-151 Laws of Florida

This section of law provides that contract service providers must provide contract managers with comprehensive lists of their health and human services contracts if they have more than one contract with more than one agency, establish a single lead administrative coordinator for each contract service provider among agencies having multiple contracts, and requires that each agency contracting for health and human services annually evaluate the performance of the designated lead coordinator. ⁴

Behavioral Health Managing Entities

Behavioral Health Managing Entities are established in s 394.9082, F.S., to provide more efficient oversight and coordination of mental health and substance abuse service programs under DCF. The managing entity is under contract with DCF to manage the day-to-day operational delivery of behavioral health services through an organized system of care. The goal is to effectively coordinate, integrate and manage the delivery of behavioral health services.

Current Licensure Authority

Mental health providers are licensed by the Agency for Health Care Administration (AHCA) under the authority of chapter 394 Part IV, F.S. Substance Abuse providers are licensed by DCF under the authority of s. 397.401, F.S. In addition, s. 394.741, F.S. provides that accreditation must be accepted as a substitute for facility onsite licensure review and administrative and programmatic requirements for mental health and substance abuse treatment services.⁷

Child welfare providers are licensed as child placing agencies and residential child caring agencies by the Department of Children and Family Services under the authority of s. 409.175, F.S.

Effect of Proposed Changes

The Committee Substitute for HB 959 amends s. 402.7306, F.S., which relates to administrative monitoring of service providers. The bill adds administrative, programmatic and licensure monitoring of mental health and substance abuse providers to the requirements of this section. In addition, the Behavioral Health Managing Entities under contract to the Department of Children and Families and their contracted monitoring agents are added to the list of agencies affected by this section.

The bill limits agencies who perform administrative, licensure, and programmatic monitoring of mental health and substance abuse providers to once every three years if the provider is accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation. The bill limits the monitoring exception to the services the provider is accredited for.

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B. SECTION DIRECTORY:

Section 1: Amends s. 402.7306, F.S., relating to administrative monitoring.

Section 2: Provides an effective date upon becoming law.

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⁴ s. 287.0575, F.S.

⁵ s. 394.9082(2)(d), F.S.

⁶ s. 394.9082(5), F.S.

⁷ s. 394.741, F.S.,

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

		Revenues: None.		
		Expenditures: None.		
В.	FIS	CAL IMPACT ON LOCAL GOVERNMENTS:		
		Revenues: None.		
		Expenditures: None.		
C.	DIR Nor	RECT ECONOMIC IMPACT ON PRIVATE SECTOR: ne.		
D.	FIS Nor	CAL COMMENTS: ne.		
III. COMMENTS				
A.	СО	NSTITUTIONAL ISSUES:		
		Applicability of Municipality/County Mandates Provision: Not applicable. This bill does not appear to affect county or municipal governments.		
		Other: None.		
В.	RUI Nor	LE-MAKING AUTHORITY: ne.		
C.	DR. Nor	AFTING ISSUES OR OTHER COMMENTS: ne.		
		IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES		
		rch 23, 2011, the Health and Human Services Access Subcommittee adopted one amendment to Bill 959.		
		nendment provides for limitations on administrative, programmatic and licensure monitoring of health and substance abuse providers and separates them from administrative monitoring of child		

The bill limits the monitoring exception to the services the provider is accredited for.

DATE: 3/27/2011

welfare providers.

The bill was reported favorably as a Committee Substitute. This analysis reflects the committee substitute.

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