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A bill to be entitled An act relating to assisted living facilities; amending s. 394.4574, F.S.; providing responsibilities of the Department of Children and Families and mental health service providers for mental health residents who reside in assisted living facilities; directing the agency to impose contract penalties on Medicaid prepaid health plans under specified circumstances; directing the department to impose contract penalties on mental health service providers under specified circumstances; directing the department and the agency to enter into an interagency agreement for the enforcement of their respective responsibilities and procedures related thereto; amending s. 409.212, F.S.; increasing a limitation on additional supplementation a person who receives optional supplementation may receive; amending s. 429.02, F.S.; revising definitions applicable to the Assisted Living Facilities Act; amending s. 429.26, F.S.; providing that the owner or administrator of a facility is responsible for arranging medical evaluations and reevaluations of individuals admitted to or residing in the facility to assess appropriateness of admission or continued residence; requiring that the medical examination be conducted by a physician, physician assistant, or nurse practitioner and that the subsequent report be submitted within a specified timeframe; requiring the medical examination report to

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be recorded on a specified form provided by the Agency for Health Care Administration; providing immunity from liability for owners and administrators under certain circumstances; amending s. 429.29, F.S.; providing that a cause of action does not accrue against an employee or agent of a facility unless the employee or agent has been found personally quilty of a criminal offense that constitutes abuse, neglect, or exploitation; amending s. 429.34, F.S.; providing a schedule for the inspection of assisted living facilities; providing exceptions; providing for fees for additional inspections after specified violations; amending s. 429.41, F.S.; including policies and procedures relating to infection control in established standards for assisted living facilities; authorizing the Agency for Health Care Administration to establish health quality initiative pilot projects; amending s. 429.52, F.S.; providing training, competency testing, and continuing education requirements for assisted living facility administrators and license applicants; specifying entities that may provide training; providing a definition; requiring assisted living facility trainers to keep certain training records and submit those records to the agency; providing rulemaking authority; providing an effective date.

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

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

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

- (1) The term "mental health resident," for purposes of this section, means an individual who receives social security disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental security income due to a mental disorder as determined by the Social Security Administration and receives optional state supplementation.
 - (2) The department must ensure that:
- (a) A mental health resident has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be provided to the administrator of the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident if it was completed within 90 days before prior to admission to the facility.
- (b) A cooperative agreement, as required in s. $\underline{429.0751}$ $\underline{429.075}$, is developed between the mental health care services

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provider that serves a mental health resident and the administrator of the assisted living facility with a limited mental health license in which the mental health resident is living. Any entity that provides Medicaid prepaid health plan services shall ensure the appropriate coordination of health care services with an assisted living facility in cases where a Medicaid recipient is both a member of the entity's prepaid health plan and a resident of the assisted living facility. If the entity is at risk for Medicaid targeted case management and behavioral health services, the entity shall inform the assisted living facility of the procedures to follow should an emergent condition arise.

- (c) The community living support plan, as defined in s. 429.02, has been prepared by a mental health resident and a mental health case manager of that resident in consultation with the administrator of the facility or the administrator's designee. The plan must be provided to the administrator of the assisted living facility with a limited mental health license in which the mental health resident lives. The support plan and the agreement may be in one document.
- (d) The assisted living facility with a limited mental health license is provided with documentation that the individual meets the definition of a mental health resident.
- (e) The mental health services provider assigns a case manager to each mental health resident who lives in an assisted living facility with a limited mental health license. The case manager is responsible for coordinating the development of and implementation of the community living support plan defined in

s. 429.02. The plan must be updated <u>as needed</u>, <u>but</u> at least annually, to ensure that the ongoing needs of the residents are addressed.

- The department shall adopt rules to implement the community living support plans and cooperative agreements established under this section.
- appropriate coordination of health care services with an assisted living facility when a Medicaid recipient is both a member of the entity's prepaid health plan and a resident of the assisted living facility. If the Medicaid prepaid health plan is responsible for Medicaid-targeted case management and behavioral health services, the plan shall inform the assisted living facility of the procedures to follow when an emergent condition arises.
- (4) The department shall include in contracts with mental health service providers provisions that require the service provider to assign a case manager for a mental health resident, prepare a community living support plan, enter into a cooperative agreement with the assisted living facility, and otherwise comply with the provisions of this section. The department shall establish and impose contract penalties for mental health service providers under contract with the department that fail to comply with this section.
- (5) The Agency for Health Care Administration shall include in contracts with Medicaid prepaid health plans provisions that require the mental health service provider to

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prepare a community living support plan, enter into a cooperative agreement with the assisted living facility, and otherwise comply with the provisions of this section. The agency shall also establish and impose contract penalties for Medicaid prepaid health plans that fail to comply with this section.

- (6) The department shall enter into an interagency agreement with the Agency for Health Care Administration that delineates their respective responsibilities and procedures for enforcing the requirements of this section with respect to assisted living facilities and mental health service providers.
- (7) (3) The Secretary of Children and Family Services, in consultation with the Agency for Health Care Administration, shall annually require each district administrator to develop, with community input, detailed plans that demonstrate how the district will ensure the provision of state-funded mental health and substance abuse treatment services to residents of assisted living facilities that hold a limited mental health license. These plans must be consistent with the substance abuse and mental health district plan developed pursuant to s. 394.75 and must address case management services; access to consumer-operated drop-in centers; access to services during evenings, weekends, and holidays; supervision of the clinical needs of the residents; and access to emergency psychiatric care.
- Section 2. Paragraph (c) of subsection (4) of section 409.212, Florida Statutes, is amended to read:
 - 409.212 Optional supplementation.
- (4) In addition to the amount of optional supplementation provided by the state, a person may receive additional

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supplementation from third parties to contribute to his or her cost of care. Additional supplementation may be provided under the following conditions:

- (c) The additional supplementation shall not exceed <u>four</u> two times the provider rate recognized under the optional state supplementation program.
- Section 3. Subsections (7) and (8) of section 429.02, Florida Statutes, are amended, subsections (15), (16), and (17) are renumbered as subsections (16), (17), and (18), respectively, present subsections (18) through (26) are renumbered as subsections (20) through (28), respectively, and new subsections (15) and (19) are added to that section, to read:
 - 429.02 Definitions.-When used in this part, the term:
- document prepared by a mental health resident and the resident's mental health case manager in consultation with the administrator of an assisted living facility with a limited mental health license or the administrator's designee. A copy must be provided to the administrator. The plan must include information about the supports, services, and special needs of the resident which enable the resident to live in the assisted living facility and a method by which facility staff can recognize and respond to the signs and symptoms particular to that resident which indicate the need for professional services.
- (8) "Cooperative agreement" means a written statement of understanding between a mental health care provider and the administrator of the assisted living facility with a limited

mental health license in which a mental health resident is living. The agreement must specify directions for accessing emergency and after-hours care for the mental health resident. A single cooperative agreement may service all mental health residents who are clients of the same mental health care provider.

- (15) "Point-of-care devices" means testing equipment designed and approved to be used by the resident with assistance and supervision from trained staff to help gather, collect, and record information regarding the resident's condition.
- (19) "Medication technician" means an unlicensed staff member who has completed 6 hours of training approved by the department and provided by a trainer that is certified by the department. A medication technician is authorized to provide assistance with the self-administration of medications and provide assistance with point-of-care devices.
- Section 4. Subsections (1) and (4) of section 429.26, Florida Statutes, are amended to read:
- 429.26 Appropriateness of placements; examinations of residents.—
- (1) The owner or administrator of a facility is responsible for arranging a medical evaluation to determine determining the appropriateness of admission of an individual to the facility and for arranging a medical reevaluation at least annually or when a significant change in condition is observed and reported to the administrator regarding determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of

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the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The owner or administrator shall base his or her determination of the initial and continuing appropriateness of placement of an individual in a facility on a medical examination report, conducted within 60 days before admission by a physician, physician assistant, or nurse practitioner. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, quardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families Family Services, the administrator must notify the appropriate contact person in the applicable department.

(4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report, which is recorded on AHCA form 1823, the Resident Health Assessment for Assisted Living Facilities, as required by Rule 58A-5.0181(2)(b), Florida Administrative Code, shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission

and continued stay in the facility. The owner or administrator is required to ensure that the AHCA Form 1823 is thoroughly completed. An owner or administrator who obtains the medical evaluation and verifies its completeness is not personally liable in any administrative, civil, or criminal action for any error in determining that an individual is appropriate for admission or continued residency. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.

Section 5. Subsection (1) of section 429.29, Florida Statutes, is amended to read:

429.29 Civil actions to enforce rights.-

(1) Any person or resident whose rights as specified in this part are violated shall have a cause of action. The action may be brought by the resident or his or her guardian, or by a person or organization acting on behalf of a resident with the consent of the resident or his or her guardian, or by the personal representative of the estate of a deceased resident regardless of the cause of death. If the action alleges a claim for the resident's rights or for negligence that caused the death of the resident, the claimant shall be required to elect either survival damages pursuant to s. 46.021 or wrongful death damages pursuant to s. 768.21 before the initial pretrial

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conference. If the action alleges a claim for the resident's rights or for negligence that did not cause the death of the resident, the personal representative of the estate may recover damages for the negligence that caused injury to the resident. The action may be brought in any court of competent jurisdiction to enforce such rights and to recover actual damages, and punitive damages for violation of the rights of a resident or negligence. Any resident who prevails in seeking injunctive relief or a claim for an administrative remedy is entitled to recover the costs of the action and a reasonable attorney's fee assessed against the defendant not to exceed \$25,000. Fees shall be awarded solely for the injunctive or administrative relief and not for any claim or action for damages whether such claim or action is brought together with a request for an injunction or administrative relief or as a separate action, except as provided under s. 768.79 or the Florida Rules of Civil Procedure. Sections 429.29-429.298 provide the exclusive remedy for a cause of action for recovery of damages for the personal injury or death of a resident arising out of negligence or a violation of rights specified in s. 429.28. This section does not preclude theories of recovery not arising out of negligence or s. 429.28 which are available to a resident or to the agency. The provisions of chapter 766 do not apply to any cause of action brought under ss. 429.29-429.298. Section 6. Section 429.34, Florida Statutes, is amended to

429.34 Right of entry and inspection.-

(1) In addition to the requirements of s. 408.811, any

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duly designated officer or employee of the department, the Department of Children and Families Family Services, the Medicaid Fraud Control Unit of the Office of the Attorney General, the state or local fire marshal, or a member of the state or local long-term care ombudsman council may shall have the right to enter unannounced upon and into the premises of any facility licensed pursuant to this part in order to determine the state of compliance with the provisions of this part, part II of chapter 408, and applicable rules. Data collected by the state or local long-term care ombudsman councils or the state or local advocacy councils may be used by the agency in investigations involving violations of regulatory standards.

- (2) In accordance with s. 408.811, every 24 months the agency shall conduct at least one unannounced inspection to determine compliance with this part, part II of chapter 408, and applicable rules. If the assisted living facility is accredited by the Joint Commission, the Council on Accreditation, or the Commission on Accreditation of Rehabilitation Facilities, the agency may conduct inspections less frequently, but in no event less than once every 5 years.
- (a) Two additional inspections shall be conducted every 6 months for the next year if the assisted living facility has been cited for a class I violation or two or more class II violations arising from separate inspections within a 60-day period. In addition to any fines imposed on an assisted living facility under s. 429.19, the agency shall assess a fee of \$69 per bed for each of the additional two inspections, not to exceed \$12,000 per inspection.

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

Section 7. Paragraph (h) of subsection (1) of section 429.41, Florida Statutes, is amended to read:

429.41 Rules establishing standards.-

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- It is the intent of the Legislature that rules published and enforced pursuant to this section shall include criteria by which a reasonable and consistent quality of resident care and quality of life may be ensured and the results of such resident care may be demonstrated. Such rules shall also ensure a safe and sanitary environment that is residential and noninstitutional in design or nature. It is further intended that reasonable efforts be made to accommodate the needs and preferences of residents to enhance the quality of life in a facility. The agency, in consultation with the department, may adopt rules to administer the requirements of part II of chapter 408. In order to provide safe and sanitary facilities and the highest quality of resident care accommodating the needs and preferences of residents, the department, in consultation with the agency, the Department of Children and Family Services, and the Department of Health, shall adopt rules, policies, and procedures to administer this part, which must include reasonable and fair minimum standards in relation to:
 - (h) The care and maintenance of residents, which must

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- 1. The supervision of residents;
- 2. The provision of personal services;
- 368 3. The provision of, or arrangement for, social and leisure activities;
 - 4. The arrangement for appointments and transportation to appropriate medical, dental, nursing, or mental health services, as needed by residents;
 - 5. The management of medication;
 - 6. Policies and procedures relating to infection control;
 - 7.6. The nutritional needs of residents;
 - 8.7. Resident records; and
 - 9.8. Internal risk management and quality assurance.
- 378 Section 8. Section 429.52, Florida Statutes, is amended to read:
 - 429.52 Staff training and educational programs; core educational requirement.—
 - (1) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the Department of Elderly Affairs by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements.
 - (2) The department shall establish a competency test and a minimum required score to indicate successful completion of the training and educational requirements. The competency test must be developed by the department in conjunction with the agency

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and providers. The required training and education must cover at least the following topics:

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

- (b) Resident rights and identifying and reporting abuse, neglect, and exploitation.
- (c) Special needs of elderly persons, persons with mental illness, and persons with developmental disabilities and how to meet those needs.
- (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food.
- (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication.
- (f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures.
- (g) Care of persons with Alzheimer's disease and related disorders.
- (3) Effective January 1, 2004, a new facility administrator must complete the required training and education, including the competency test, within a reasonable time after being employed as an administrator, as determined by the department. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the department by rule.

(4) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years.

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- (5) Medication technicians Staff involved with the management of medications and assisting with the selfadministration of medications under s. 429.256 must complete a minimum of 6 4 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff. The department shall establish by rule the minimum requirements of medication technician this additional training, which shall address infection control, safe handling and use of point-ofcare devices, communicating with case managers and health care providers, and methods of assistance with the selfadministration of medications. The department shall authorize approved training for medication technicians to be conducted using online materials and courses approved by the department. An online training course must administer a posttest, provide a certificate with a passing score on the document, and provide a unique identification number for the person who was trained. The department shall post on its website approved courses and certified trainers approved to offer medication technician training. The department shall maintain a list of approved devices as new technologies make point-of-care devices more accessible. The department shall establish requirements for the training of staff and supervision of point-of-care devices used by residents in a licensed facility.
- (6) Other facility staff shall participate in training relevant to their job duties as specified by rule of the

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449 department.

- (7) If the department or the agency determines that there are problems in a facility that could be reduced through specific staff training or education beyond that already required under this section, the department or the agency may require, and provide, or cause to be provided, the training or education of any personal care staff in the facility.
- (8) The department, in consultation with the agency, the Department of Children and Families, and stakeholders, shall approve a standardized core training curriculum that must be completed by an applicant for licensure as an assisted living facility administrator. The curriculum must be offered in English and Spanish and timely updated to reflect changes in the law, rules, and best practices. The required training must cover, at a minimum, the following topics:
- (a) State law and rules relating to assisted living facilities.
- (b) Residents' rights and procedures for identifying and reporting abuse, neglect, and exploitation.
- (c) Special needs of elderly persons, persons who have mental illnesses, and persons who have developmental disabilities and how to meet those needs.
- (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food.
- (e) Medication management, recordkeeping, and proper techniques for assisting residents who self-administer medication.
 - (f) Firesafety requirements, including procedures for fire

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evacuation drills and other emergency procedures.

- (g) Care of persons who have Alzheimer's disease and related disorders.
 - (h) Elopement prevention.

- (i) Aggression and behavior management, deescalation techniques, and proper protocols and procedures of the Baker Act as provided in part I of chapter 394.
 - (j) Do-not-resuscitate orders.
 - (k) Infection control.
- (1) Admission, continuing residency, and best practices in the assisted living industry.
 - (m) Phases of care and interacting with residents.
- Department of Children and Families, and stakeholders, shall approve a supplemental training curriculum consisting of topics related to extended congregate care, limited mental health, and business operations, including human resources, financial management, and supervision of staff, which must be completed by an applicant for licensure as an assisted living facility administrator.
- (10) The department shall approve a competency test for applicants for licensure as an assisted living facility administrator which tests the individual's comprehension of the training required in subsections (5) and (6). The competency test must be reviewed annually and timely updated to reflect changes in the law, rules, and best practices. The competency test must be offered in English and Spanish and may be made available through testing centers.

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(11) The department, in consultation with the agency and stakeholders, shall approve curricula for continuing education for administrators and staff members of an assisted living facility. Continuing education shall include topics similar to that of the core training required for staff members and applicants for licensure as assisted living facility administrators. Continuing education may be offered through online courses, and any fees associated with the online service shall be borne by the licensee or the assisted living facility. Required continuing education must, at a minimum, cover the following topics: (a) Elopement prevention.429.50. Deescalation techniques. (b) Phases of care and interacting with residents. (C) (10) The training required by this section shall be conducted by: Any Florida College System institution; (a) (b) Any nonpublic postsecondary educational institution

- licensed or exempted from licensure pursuant to chapter 1005; or
- Any statewide association that contracts with the department to provide training. The department may specify minimum trainer qualifications in the contract. For the purposes of this section, the term "statewide association" means any statewide entity that represents and provides technical assistance to assisted living facilities.
- (12) Assisted living facility trainers shall keep a record of individuals who complete training and shall, within 30 days after the individual completes the course, electronically submit

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the record to the agency and to all third-party credentialing entities under contract with the agency pursuant to s. 429.50(5).

- (13) The department shall adopt rules as necessary to administer this section.
- (8) The department shall adopt rules related to these training requirements, the competency test, necessary procedures, and competency test fees and shall adopt or contract with another entity to develop a curriculum, which shall be used as the minimum core training requirements. The department shall consult with representatives of stakeholder associations and agencies in the development of the curriculum.
- conducted by persons registered with the department as having the requisite experience and credentials to conduct the training. A person seeking to register as a trainer must provide the department with proof of completion of the minimum core training education requirements, successful passage of the competency test established under this section, and proof of compliance with the continuing education requirement in subsection (4).
 - (10) A person seeking to register as a trainer must also:
- (a) Provide proof of completion of a 4-year degree from an accredited college or university and must have worked in a management position in an assisted living facility for 3 years after being core certified;
- (b) Have worked in a management position in an assisted living facility for 5 years after being core certified and have

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1 year of teaching experience as an educator or staff trainer for persons who work in assisted living facilities or other long-term care settings;

- (c) Have been previously employed as a core trainer for the department; or
- (d) Meet other qualification criteria as defined in rule, which the department is authorized to adopt.
- (11) The department shall adopt rules to establish trainer registration requirements.

Section 9. The Agency for Health Care Administration may establish pilot projects to test consultative health quality initiatives in the state. The pilot projects shall include criteria for quality improvement plans and a means of measuring progress towards implementation of the plans. The pilot projects shall include data collection requirements regarding resident satisfaction, quality of care indicators, and use of best practices by frontline caregivers.

Section 10. This act shall take effect July 1, 2013.