

1                   A bill to be entitled  
2           An act relating to behavioral health services;  
3           amending s. 394.461, F.S.; authorizing the Department  
4           of Children and Families to approve receiving systems  
5           for behavioral health care; making technical changes;  
6           requiring the department to approve specified  
7           facilities as receiving systems under certain  
8           circumstances; authorizing the department to adopt  
9           rules for the approval and the suspension or  
10          withdrawal of approval of receiving systems; amending  
11          s. 394.879, F.S.; deleting an obsolete provision;  
12          amending s. 394.9082, F.S.; revising the reporting  
13          requirements of the acute care services utilization  
14          database; requiring the department to post certain  
15          data on its website; creating the Substance Abuse and  
16          Mental Health (SAMH) Safety Net Network; requiring the  
17          department and the agency to determine the scope of  
18          services offered; requiring the agency to contract  
19          with managing entities or their representatives to  
20          implement delivery of community mental health and  
21          substance abuse services to certain Medicaid-eligible  
22          individuals; providing for determination of rates for  
23          services and development of payment mechanisms;  
24          exempting certain providers from auditing and public  
25          employment requirements; requiring an annual report to

26 | the department and the Legislature; amending s.  
 27 | 397.6955, F.S.; specifying that certain court hearings  
 28 | must be scheduled within 5 court working days unless a  
 29 | continuance is granted; authorizing the agency, in  
 30 | consultation with the department, to seek federal  
 31 | authorization for administrative claiming pursuant to  
 32 | a specified federal program to fund community  
 33 | treatment and family intervention services; requiring  
 34 | the department, in collaboration with the agency, to  
 35 | document local funding of behavioral health services;  
 36 | providing for the agency to seek certain federal  
 37 | matching funds; providing an effective date.

38 |  
 39 | Be It Enacted by the Legislature of the State of Florida:

40 |  
 41 | Section 1. Section 394.461, Florida Statutes, is amended  
 42 | to read:

43 | 394.461 Designation of receiving and treatment facilities;  
 44 | approval of ~~and~~ receiving systems.—The department is authorized  
 45 | to designate and monitor receiving facilities and, ~~treatment~~  
 46 | ~~facilities, and receiving systems~~ and ~~may~~ suspend or withdraw  
 47 | such designation for a facility's failure to comply with this  
 48 | part and rules adopted under this part. The department is  
 49 | authorized to approve receiving systems developed pursuant to s.  
 50 | 394.4573. Unless designated by the department, facilities may

51 ~~not are not permitted to~~ hold or treat involuntary patients  
52 under this part.

53 (1) RECEIVING FACILITY.—The department may designate any  
54 community facility as a receiving facility. Any other facility  
55 within the state, including a private facility or a federal  
56 facility, may be so designated by the department, provided that  
57 such designation is agreed to by the governing body or authority  
58 of the facility.

59 (2) TREATMENT FACILITY.—The department may designate any  
60 state-owned, state-operated, or state-supported facility as a  
61 state treatment facility. A civil patient may ~~shall~~ not be  
62 admitted to a state treatment facility without previously  
63 undergoing a transfer evaluation. Before a court hearing for  
64 involuntary placement in a state treatment facility, the court  
65 shall receive and consider the information documented in the  
66 transfer evaluation. Any other facility, including a private  
67 facility or a federal facility, may be designated as a treatment  
68 facility by the department, provided that such designation is  
69 agreed to by the appropriate governing body or authority of the  
70 facility.

71 (3) PRIVATE FACILITIES.—Private facilities designated as  
72 receiving and treatment facilities by the department may provide  
73 examination and treatment of involuntary patients, as well as  
74 voluntary patients, and are subject to all the provisions of  
75 this part.

76 (4) REPORTING REQUIREMENTS.—

77 (a) A facility designated as a public receiving or  
 78 treatment facility under this section shall report to the  
 79 department on an annual basis the following data, unless these  
 80 data are currently being submitted to the Agency for Health Care  
 81 Administration:

- 82 1. Number of licensed beds.
- 83 2. Number of contract days.
- 84 3. Number of admissions by payor class and diagnoses.
- 85 4. Number of bed days by payor class.
- 86 5. Average length of stay by payor class.
- 87 6. Total revenues by payor class.

88 (b) For the purposes of this subsection, "payor class"  
 89 means Medicare, Medicare HMO, Medicaid, Medicaid HMO, private-  
 90 pay health insurance, private-pay health maintenance  
 91 organization, private preferred provider organization, the  
 92 Department of Children and Families, other government programs,  
 93 self-pay patients, and charity care.

94 (c) The data required under this subsection shall be  
 95 submitted to the department no later than 90 days following the  
 96 end of the facility's fiscal year. A facility designated as a  
 97 public receiving or treatment facility shall submit its initial  
 98 report for the 6-month period following such designation ~~ending~~  
 99 ~~June 30, 2008~~.

100 (d) The department shall issue an annual report based on

101 the data required pursuant to this subsection. The report must  
 102 ~~shall~~ include individual facilities' data, as well as statewide  
 103 totals. The report shall be submitted to the Governor, the  
 104 President of the Senate, and the Speaker of the House of  
 105 Representatives.

106 (5) RECEIVING SYSTEM.—The department shall approve  
 107 ~~designate~~ as a receiving system one or more facilities serving a  
 108 defined geographic area developed pursuant to s. 394.4573 which  
 109 is responsible for assessment and evaluation, both voluntary and  
 110 involuntary, and treatment, stabilization, or triage for  
 111 patients who have a mental illness, a substance use disorder, or  
 112 co-occurring disorders. Any transportation plans developed  
 113 pursuant to s. 394.462 must support the operation of the  
 114 receiving system.

115 (6) RULES.—The department may adopt rules relating to:

116 (a) Procedures and criteria for receiving and evaluating  
 117 facility applications for designation, which may include onsite  
 118 facility inspection and evaluation of an applicant's licensing  
 119 status and performance history, as well as consideration of  
 120 local service needs.

121 (b) Minimum standards consistent with this part that a  
 122 facility must meet and maintain in order to be designated as a  
 123 receiving or treatment facility and procedures for monitoring  
 124 continued adherence to such standards.

125 (c) Procedures and criteria for designating and approving

126 receiving systems which may include consideration of the  
127 adequacy of services provided by facilities within the receiving  
128 system to meet the needs of the geographic area using available  
129 resources.

130 (d) Procedures for receiving complaints against a  
131 designated facility or designated receiving system and for  
132 initiating inspections and investigations of facilities or  
133 receiving systems alleged to have violated ~~the provisions of~~  
134 this part or rules adopted under this part.

135 (e) Procedures and criteria for the suspension or  
136 withdrawal of designation as a receiving or treatment facility  
137 and for the suspension or withdrawal of approval of a ~~or~~  
138 receiving system.

139 Section 2. Subsection (6) of section 394.879, Florida  
140 Statutes, is amended to read:

141 394.879 Rules; enforcement.—

142 (6) The department and the Agency for Health Care  
143 Administration shall develop a plan to provide options for a  
144 single, consolidated license for a provider that offers multiple  
145 types of either mental health services or substance abuse  
146 services, or both, regulated under this chapter and chapter 397,  
147 respectively. In the plan, the department and the agency shall  
148 identify the statutory revisions necessary to accomplish the  
149 consolidation. To the extent possible, the department and the  
150 agency shall accomplish such consolidation administratively and

151 | ~~by rule. The department and the agency shall submit the plan to~~  
152 | ~~the Governor, the President of the Senate, and the Speaker of~~  
153 | ~~the House of Representatives by November 1, 2016.~~

154 |       Section 3. Paragraph (a) of subsection (10) of section  
155 | 394.9082, Florida Statutes, is republished, paragraph (b) of  
156 | that subsection is amended, paragraph (f) is added to that  
157 | subsection, and subsection (11) is added to that section, to  
158 | read:

159 |       394.9082 Behavioral health managing entities.—

160 |       (10) ACUTE CARE SERVICES UTILIZATION DATABASE.—The  
161 | department shall develop, implement, and maintain standards  
162 | under which a managing entity shall collect utilization data  
163 | from all public receiving facilities situated within its  
164 | geographical service area and all detoxification and addictions  
165 | receiving facilities under contract with the managing entity. As  
166 | used in this subsection, the term "public receiving facility"  
167 | means an entity that meets the licensure requirements of, and is  
168 | designated by, the department to operate as a public receiving  
169 | facility under s. 394.875 and that is operating as a licensed  
170 | crisis stabilization unit.

171 |       (a) The department shall develop standards and protocols  
172 | to be used for data collection, storage, transmittal, and  
173 | analysis. The standards and protocols shall allow for  
174 | compatibility of data and data transmittal between public  
175 | receiving facilities, detoxification facilities, addictions

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176 receiving facilities, managing entities, and the department for  
177 the implementation, and to meet the requirements, of this  
178 subsection.

179 (b) A managing entity shall require providers specified in  
180 paragraph (a) to submit data, in real time or at least daily, to  
181 the managing entity for:

182 1. All admissions and discharges of clients receiving  
183 public receiving facility services who qualify as indigent, as  
184 defined in s. 394.4787.

185 2. All admissions and discharges of clients receiving  
186 substance abuse services in an addictions receiving facility or  
187 detoxification facility pursuant to parts IV and V of chapter  
188 397 who qualify as indigent.

189 3. The current active census of total licensed ~~and~~  
190 ~~utilized~~ beds, the number of beds purchased by the department,  
191 the number of clients qualifying as indigent occupying ~~who~~  
192 ~~occupy any of those beds, and~~ the total number of unoccupied  
193 licensed beds, regardless of funding, ~~and the number in excess~~  
194 ~~of licensed capacity. Crisis units licensed for both adult and~~  
195 ~~child use will report as a single unit.~~

196 (f) The department shall post on its website, by facility,  
197 the data collected pursuant to this subsection and update such  
198 posting monthly.

199 (11) SUBSTANCE ABUSE AND MENTAL HEALTH (SAMH) SAFETY NET  
200 NETWORK.-



201        (a) It is the intent of the Legislature to create the  
202        Substance Abuse and Mental Health (SAMH) Safety Net Network to  
203        support and enhance the community mental health and substance  
204        abuse services currently provided by managing entities. The SAMH  
205        Safety Net Network shall consist of the managing entities and  
206        their contracted provider networks as those terms are defined in  
207        this section. The department and the agency shall establish the  
208        SAMH Safety Net Network by adding specific behavioral health  
209        services currently provided by managing entities to the state  
210        Medicaid plan and adjusting the number of units of services for  
211        specific Medicaid services to better serve Medicaid-eligible  
212        individuals with severe and persistent mental health and  
213        substance use disorders, and their families, who are currently  
214        served by managing entities. It is the intent of the Legislature  
215        to have the department submit documentation of general revenue  
216        expenditures to the agency for the state match for the services  
217        and for the agency to pay managing entities the federal Medicaid  
218        portion for services provided.

219        1. Behavioral health services currently provided by  
220        managing entities through the Substance Abuse and Mental Health  
221        Program shall be added to the state Medicaid plan and these  
222        services shall be provided exclusively through the SAMH Safety  
223        Net Network created under this subsection. Such services may  
224        include, but are not limited to: outpatient detoxification,  
225        supported employment, housing supports, residential care and

226 treatment, intensive team case management, targeted case  
227 management for individuals with substance use disorders, family  
228 intervention treatment teams, residential detoxification, adult  
229 day care, and crisis intervention. The department and the agency  
230 shall determine which services are essential for individuals  
231 served by managing entities through coordinated systems of care  
232 and which services will most efficiently use state and federal  
233 resources.

234 2. The state Medicaid plan currently limits the amount of  
235 behavioral health services that may be provided to a covered  
236 individual. However, the SAMH Safety Net Network is authorized  
237 to provide Medicaid reimbursable services beyond these limits  
238 when providing services including, but not limited to:  
239 assessment, case management, day treatment, group therapy, and  
240 individual psychotherapy.

241 (b) The agency shall contract with each managing entity,  
242 or with an administrative services organization representing all  
243 managing entities, to plan, coordinate, and contract for  
244 delivering the community mental health and substance abuse  
245 services described in paragraph (a) through the SAMH Safety Net  
246 Network, improving access to behavioral health care, promoting  
247 the continuity of such services, contracting for such services,  
248 and supporting efficient and effective delivery of such services  
249 under this section. The contract shall require managing entities  
250 to provide specified services to Medicaid-eligible individuals

251 with specified behaviors, diagnoses, or addictions. The required  
252 general revenue matching funds for the services shall be derived  
253 from the existing unmatched general revenue funds within the  
254 SAMH Program and documented through general revenue expenditure  
255 submissions by the department. The Medicaid reimbursement for  
256 services provided by the SAMH Safety Net Network shall be  
257 limited to the availability of general revenue matching funds  
258 within the SAMH Program for such purpose. The agency and the  
259 department shall develop performance measures to evaluate the  
260 impact of the SAMH Safety Net Network and to determine the  
261 adequacy, timeliness, and quality of the services provided for  
262 specified target populations and the efficiency of the services  
263 in addressing mental health and substance use disorders within a  
264 community.

265 (c) The agency, in consultation with the department and  
266 managing entities, shall determine the rates for the services  
267 added to the state Medicaid plan. The rates shall be developed  
268 based on the full cost of the services and reasonable  
269 administrative costs for providers and managing entities.

270 (d) Each managing entity, in collaboration with the  
271 department and contracted providers, shall develop and implement  
272 payment mechanisms, including, but not limited to, sub-  
273 capitation and case rates; strategies; and innovations that  
274 reduce a provider's administrative burden and increase the focus  
275 on a consumer's outcome. Each managing entity shall submit a

276 report by January 1, 2018, and annually thereafter, to the  
277 department, the President of the Senate, and the Speaker of the  
278 House of Representatives detailing the results of its efforts  
279 under this paragraph.

280 (e) Contracted providers are considered vendors and not  
281 subrecipients as defined in s. 215.97. Managing entities and  
282 their contracted providers are not public employees for purposes  
283 of chapter 112.

284 Section 4. Subsection (2) of section 397.6955, Florida  
285 Statutes, is amended to read:

286 397.6955 Duties of court upon filing of petition for  
287 involuntary services.—

288 (2) The court shall schedule a hearing to be held on the  
289 petition within 5 court working days unless a continuance is  
290 granted. The court may appoint a magistrate to preside at the  
291 hearing.

292 Section 5. The Agency for Health Care Administration, in  
293 consultation with the Department of Children and Families, shall  
294 seek federal authorization for administrative claiming pursuant  
295 to the Medicaid Administrative Claiming Program to fund:

296 (1) The department's team-based interventions, including,  
297 but not limited to, community action treatment teams and family  
298 intervention treatment teams, that focus on the entire family to  
299 prevent out-of-home placements in the child welfare, behavioral  
300 health, and criminal justice systems.

301        (2) The department's child welfare community-based care  
302 lead agency case managers who are responsible for locating,  
303 coordinating, and monitoring necessary and appropriate services  
304 extending beyond direct services for Medicaid-eligible children,  
305 including, but not limited to, outreach, referral, eligibility  
306 determination, and case management.

307        (3) Central receiving facility services for individuals  
308 with mental health or substance use disorders.

309        Section 6. The Department of Children and Families, in  
310 collaboration with the Agency for Health Care Administration,  
311 shall document the extent to which behavioral health services  
312 are funded with contributions from units of local government.  
313 The agency shall seek federal authority to have these funds  
314 qualify for federal matching funds as certified expenditures.

315        Section 7. This act shall take effect July 1, 2017.