COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

Committee/Subcommittee hearing bill: Health Care Appropriations Subcommittee

Representative Maney offered the following:

Amendment

Remove lines 1764-1798 and insert:

the department under s. 394.9082(3)(c) and is in need of such services.

2.~~3.~~ Recovery support opportunities under s. 394.4573(2)(l), including, but not limited to, connection to a peer specialist.

(3) During the discharge transition process and while the patient is present unless determined inappropriate by a licensed medical practitioner, a receiving facility shall coordinate, face-to-face or through electronic means, discharge plans to a less restrictive community behavioral health provider, a peer

specialist, a case manager, or a care coordination service. The transition process must include all of the following criteria:

(a) Implementation of policies and procedures outlining strategies for how the receiving facility will comprehensively address the needs of patients who demonstrate a high use of receiving facility services to avoid or reduce future use of crisis stabilization services.

(b) Developing and including in discharge paperwork a personalized crisis prevention plan that identifies stressors, early warning signs or symptoms, and strategies to deal with crisis.

(c) Requiring a staff member to seek to engage a family member, legal guardian, legal representative, or natural support in discharge planning and meet face to face or through electronic means to review the discharge instructions, including prescribed medications, follow-up appointments, and any other recommended services or follow-up resources, and document the outcome of such meeting.

(d) When the recommended level of care at discharge is not immediately available to the patient, the receiving facility must at a minimum initiate a referral to an appropriate provider to meet the needs of the patient to continue care until the recommended level of care is available.