

1 A bill to be entitled
2 An act relating to behavioral health managing
3 entities; amending s. 394.9082, F.S.; requiring the
4 Department of Children and Families to contract
5 biennially for specified functions; requiring the
6 department to contract for recommendations for certain
7 transparency improvements; requiring the department to
8 prepare and present to the Governor and Legislature a
9 specified final report by a specified date; requiring
10 managing entities to report required data to the
11 department in a standardized electronic format;
12 providing requirements for such format; requiring
13 managing entities to electronically submit to the
14 department certain documents in a specified format and
15 with specified metadata; requiring managing entities
16 to submit certain specific measures to the department;
17 requiring the department to post and maintain such
18 measures on its website by a specified date every
19 month; providing an exception; providing requirements
20 for such measures; requiring managing entities to
21 report each measure using a standard methodology
22 determined by the department; providing requirements
23 for such measures; providing that implementation of
24 specified requirements is contingent on certain
25 appropriations; providing an effective date.

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

Section 1. Subsection (7) of section 394.9082, Florida Statutes, is amended, paragraph (n) is added to subsection (3), and paragraphs (v) and (w) are added to subsection (5) of that section, to read:

394.9082 Behavioral health managing entities.—

(3) DEPARTMENT DUTIES.—The department shall:

(n)1. Contract for all of the following:

a. Biennial operational and financial audits of each managing entity to include all of the following:

(I) A review of business practices, personnel, financial records, related parties, compensation, and other areas as determined by the department.

(II) The services administered, the method of provider payment, expenditures, outcomes, and other information as determined by the department.

(III) Referral patterns, including managing entity referral volume; provider referral assignments; services referred; length of time to obtain services; and key referral performance measures.

(IV) Provider network adequacy and provider network participation in the department's available bed platform, the Opioid Data Management System, the Agency for Health Care

51 Administration Event Notification Service, and other department
52 required provider data submissions.

53 (V) Audits of each managing entity's expenditures and
54 claims. Such an audit must do both of the following:

55 (A) Compare services administered through each managing
56 entity, the outcomes of each managing entity's expenditures,
57 each managing entity's expenditures for behavioral health
58 services, and any other information as determined by the
59 department.

60 (B) Analyze services funded by each managing entity
61 rendered to individuals who are also Medicaid beneficiaries to,
62 at a minimum, assess the extent to which managing entities are
63 funding services that are also available as covered services
64 under the Medicaid program.

65 b. Recommendations to improve transparency of system
66 performance, including, but not limited to, metrics and criteria
67 used to measure each managing entity's performance and patient
68 and system outcomes, and the format and method to be used to
69 collect and report necessary data and information.

70 2. Prepare a report of the information gathered in
71 subparagraph 1. and present the final report on or before
72 December 1, 2025, to the Governor, the President of the Senate,
73 and the Speaker of the House of Representatives.

74 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

75 (v) Report all required data to the department in a

76 standardized electronic format to ensure interoperability and to
77 facilitate data analysis. The submission format must meet all of
78 the following criteria:

79 1. Payments made to providers for services reported in a
80 format that reflects the client; the service provided; the date
81 the service is provided; the place where the service is
82 provided; the diagnosis, if available; and other information
83 typically reported in a standardized format for electronic data
84 interchange that is used for health care claims processing.

85 2. Information must be organized into discrete, machine-
86 readable data elements that allow for efficient processing and
87 integration with other datasets.

88 3. All data fields must comply with established protocols
89 as specified by the department.

90 4. The standardized format must be compatible with
91 automated systems to enable the downloading, parsing, and
92 combining of data with other sources for analysis.

93 5. Submissions must pass validation checks to confirm
94 adherence to the required data structure and format before the
95 submission is accepted.

96 (w) Submit to the department all documents that are
97 required under contract for submission on a routine basis in an
98 electronic format that allows for accurate text recognition and
99 data extraction as specified by the department, which may
100 include, but is not limited to, Portable Document Format or

101 machine-readable text files. The documents must be accompanied
102 by metadata containing key information that ensures proper
103 organization, processing, and integration into the department's
104 systems. The required metadata must include, but is not limited
105 to, all of the following elements:

106 1. A descriptive and unique name for the document,
107 following any naming conventions prescribed by the department.

108 2. The date the document is uploaded.

109 3. A predefined classification indicating the nature or
110 category of the document.

111 4. Any relevant identifiers, such as application numbers,
112 case numbers, or tracking codes, as specified by the department.

113 5. The name, contact information, and any other required
114 identification number, which may include, but is not limited to,
115 a contract, license, or registration number, of the person or
116 organization submitting the document.

117 6. Any other metadata fields as prescribed by the
118 department to facilitate accurate processing and analysis.

119 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.—

120 (a) Managing entities shall collect and submit data to the
121 department regarding persons served, outcomes of persons served,
122 costs of services provided through the department's contract,
123 and other data as required by the department. The department
124 shall evaluate managing entity performance and the overall
125 progress made by the managing entity, together with other

126 systems, in meeting the community's behavioral health needs,
127 based on consumer-centered outcome measures that reflect
128 national standards, if possible, that can be accurately
129 measured. The department shall work with managing entities to
130 establish performance standards, including, but not limited to:

131 1.~~(a)~~ The extent to which individuals in the community
132 receive services, including, but not limited to, parents or
133 caregivers involved in the child welfare system who need
134 behavioral health services.

135 2.~~(b)~~ The improvement in the overall behavioral health of
136 a community.

137 3.~~(c)~~ The improvement in functioning or progress in the
138 recovery of individuals served by the managing entity, as
139 determined using person-centered measures tailored to the
140 population.

141 4.~~(d)~~ The success of strategies to:

142 a.1. Divert admissions from acute levels of care, jails,
143 prisons, and forensic facilities as measured by, at a minimum,
144 the total number and percentage of clients who, during a
145 specified period, experience multiple admissions to acute levels
146 of care, jails, prisons, or forensic facilities;

147 b.2. Integrate behavioral health services with the child
148 welfare system; and

149 c.3. Address the housing needs of individuals being
150 released from public receiving facilities who are homeless.

151 5.~~(e)~~ Consumer and family satisfaction.

152 6.~~(f)~~ The level of engagement of key community
153 constituencies, such as law enforcement agencies, community-
154 based care lead agencies, juvenile justice agencies, the courts,
155 school districts, local government entities, hospitals, and
156 other organizations, as appropriate, for the geographical
157 service area of the managing entity.

158 (b) Managing entities must submit specific measures to the
159 department regarding individual outcomes and system functioning,
160 which the department must post to, and maintain on, its website
161 by the 22nd of every month or if the 22nd day occurs on a
162 weekend or a holiday under s. 110.117(1), the report must be
163 posted before the conclusion of the next business day. The
164 posted measures must reflect performance for the previous
165 calendar month, including year-to-date totals and annual trends.
166 Each managing entity must report each measure using a standard
167 methodology determined by the department and submit the data to
168 the department by the deadline specified by the department. The
169 measures shall include data from individuals served by each
170 managing entity for services funded by the managing entity, to
171 the extent feasible and appropriate. The measures shall be
172 reported and posted stratified by, at a minimum, whether the
173 individual is a child or an adult and whether the individual is
174 a Medicaid recipient. Such measures shall include, at a minimum,
175 all of the following:

176 1. The number and percentage of individuals who are high
177 utilizers of crisis behavioral health services.

178 2. The number and percentage of individuals referred to
179 outpatient behavioral health services after their discharge from
180 a receiving or treatment facility, an emergency department under
181 this chapter, or an inpatient or residential licensed service
182 component under chapter 397 and who begin receiving such
183 services within 7 days after discharge.

184 3. The average wait time for initial appointments for
185 behavioral health services, categorized by the type of service.

186 4. The number and percentage of individuals with
187 significant behavioral health symptoms who are seeking urgent
188 but noncrisis acute care and who are scheduled to be seen by a
189 provider within 1 business day after initial contact with the
190 provider.

191 5. The number and percentage of emergency department
192 visits per capita for behavioral health-related issues.

193 6. The incidence of medication errors.

194 7. The number and percentage of adverse incidents,
195 including, but not limited to, self-harm, occurring during
196 inpatient and outpatient behavioral health services.

197 8. The number and percentage of individuals with co-
198 occurring conditions who receive integrated care.

199 9. The number and percentage of individuals discharged
200 from a receiving or treatment facility under this chapter or an

201 inpatient or residential licensed service component under
202 chapter 397 who successfully transition to ongoing services at
203 the appropriate level of care.

204 10. The rate of readmissions to emergency departments due
205 to behavioral health issues or to crisis stabilization units,
206 addictions receiving facilities, or other inpatient levels of
207 care under this chapter and chapter 397 within 30 days after
208 discharge from inpatient or outpatient behavioral health
209 services.

210 11. The average length of stay for inpatient behavioral
211 health services.

212 **Section 2.** This act shall be implemented to the extent of
213 available appropriations contained in the annual General
214 Appropriations Act for such purpose.

215 **Section 3.** This act shall take effect July 1, 2025.