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1 A bill to be entitled  
2 An act relating to quality improvement initiatives for  
3 entities regulated by the Agency for Health Care  
4 Administration; amending s. 394.4574, F.S.; providing  
5 responsibilities of the Department of Children and  
6 Family Services and mental health service providers  
7 for mental health residents who reside in assisted  
8 living facilities; directing the agency to impose  
9 contract penalties on Medicaid prepaid health plans  
10 under specified circumstances; directing the  
11 department to impose contract penalties on mental  
12 health service providers under specified  
13 circumstances; directing the department and the agency  
14 to enter into an interagency agreement for the  
15 enforcement of their respective responsibilities and  
16 procedures related thereto; amending s. 395.1055,  
17 F.S.; revising provisions relating to agency rules  
18 regarding standards for infection control,  
19 housekeeping, and sanitary conditions in a hospital;  
20 requiring housekeeping and sanitation staff to employ  
21 and document compliance with specified cleaning and  
22 disinfecting procedures; authorizing imposition of  
23 administrative fines for noncompliance; amending s.  
24 400.0078, F.S.; requiring specified information  
25 regarding the confidentiality of complaints to the  
26 State Long-Term Care Ombudsman Program to be provided  
27 to residents of a long-term care facility upon  
28 admission to the facility; amending s. 408.05, F.S.;

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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29 directing the agency to collect, compile, analyze, and  
30 distribute specified health care information for  
31 specified uses; providing for the agency to release  
32 data necessary for the administration of the Medicaid  
33 program to quality improvement collaboratives for  
34 specified purposes; amending s. 408.802, F.S.;

35 providing that the provisions of part II of ch. 408,  
36 F.S., the Health Care Licensing Procedures Act, apply  
37 to assisted living facility administrators; amending  
38 s. 408.820, F.S.; exempting assisted living facility  
39 administrators from specified provisions of part II of  
40 ch. 408, F.S., the Health Care Licensing Procedures  
41 Act; creating s. 409.986, F.S.; providing definitions;

42 directing the agency to establish and implement  
43 methodologies to adjust Medicaid rates for hospitals,  
44 nursing homes, and managed care plans; providing  
45 criteria for and limits on the amount of Medicaid  
46 payment rate adjustments; directing the agency to seek  
47 federal approval to implement a performance payment  
48 system; providing for implementation of the system in  
49 fiscal year 2015-2016; authorizing the agency to  
50 appoint a technical advisory panel; providing  
51 applicability of the performance payment system to  
52 general hospitals, skilled nursing facilities, and  
53 managed care plans and providing criteria therefor;

54 amending s. 415.1034, F.S.; providing that specified  
55 persons who have regulatory responsibilities over or  
56 provide services to persons residing in certain

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57 facilities must report suspected incidents of abuse to  
58 the central abuse hotline; amending s. 429.02, F.S.;  
59 revising definitions applicable to the Assisted Living  
60 Facilities Act; amending s. 429.07, F.S.; requiring  
61 that an assisted living facility be under the  
62 management of a licensed assisted living facility  
63 administrator; amending s. 429.075, F.S.; providing  
64 additional requirements for a limited mental health  
65 license; removing specified assisted living facility  
66 requirements; authorizing a training provider to  
67 charge a fee for the training required of facility  
68 administrators and staff; revising provisions for  
69 application for a limited mental health license;  
70 creating s. 429.0751, F.S.; providing requirements for  
71 an assisted living facility that has mental health  
72 residents; requiring the assisted living facility to  
73 enter into a cooperative agreement with a mental  
74 health care service provider; providing for the  
75 development of a community living support plan;  
76 specifying who may have access to the plan; requiring  
77 documentation of mental health resident assessments;  
78 amending s. 429.178, F.S.; conforming cross-  
79 references; amending s. 429.19, F.S.; providing fines  
80 and penalties for specified violations by an assisted  
81 living facility; creating s. 429.231, F.S.; directing  
82 the Department of Elderly Affairs to create an  
83 advisory council to review the facts and circumstances  
84 of unexpected deaths in assisted living facilities and

85 | of elopements that result in harm to a resident;  
86 | providing duties; providing for appointment and terms  
87 | of members; providing for meetings; requiring a  
88 | report; providing for per diem and travel expenses;  
89 | amending s. 429.34, F.S.; providing a schedule for the  
90 | inspection of assisted living facilities; providing  
91 | exceptions; providing for fees for additional  
92 | inspections after specified violations; creating s.  
93 | 429.50, F.S.; prohibiting a person from performing the  
94 | duties of an assisted living facility administrator  
95 | without a license; providing qualifications for  
96 | licensure; providing exceptions; providing license and  
97 | license renewal fees; providing grounds for revocation  
98 | or denial of licensure; providing rulemaking  
99 | authority; authorizing the agency to issue a temporary  
100 | license to an assisted living facility administrator  
101 | under certain conditions and for a specified period of  
102 | time; amending s. 429.52, F.S.; providing training,  
103 | competency testing, and continuing education  
104 | requirements for assisted living facility  
105 | administrators and license applicants; specifying  
106 | entities that may provide training; providing a  
107 | definition; requiring assisted living facility  
108 | trainers to keep certain training records and submit  
109 | those records to the agency; providing rulemaking  
110 | authority; amending s. 429.54, F.S.; requiring the  
111 | Agency for Health Care Administration, the Department  
112 | of Elderly Affairs, the Department of Children and

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113 Family Services, and the Agency for Persons with  
 114 Disabilities to develop or modify electronic  
 115 information systems and other systems to ensure  
 116 efficient communication regarding regulation of  
 117 assisted living facilities, subject to the  
 118 availability of funds; providing an effective date.  
 119

120 Be It Enacted by the Legislature of the State of Florida:  
 121

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

124 394.4574 Department responsibilities for a mental health  
 125 resident who resides in an assisted living facility ~~that holds a~~  
 126 ~~limited mental health license.~~

127 (1) The term "mental health resident," for purposes of  
 128 this section, means an individual who receives social security  
 129 disability income due to a mental disorder as determined by the  
 130 Social Security Administration or receives supplemental security  
 131 income due to a mental disorder as determined by the Social  
 132 Security Administration and receives optional state  
 133 supplementation.

134 (2) The department must ensure that:

135 (a) A mental health resident has been assessed by a  
 136 psychiatrist, clinical psychologist, clinical social worker, or  
 137 psychiatric nurse, or an individual who is supervised by one of  
 138 these professionals, and determined to be appropriate to reside  
 139 in an assisted living facility. The documentation must be  
 140 provided to the administrator of the facility within 30 days

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141 after the mental health resident has been admitted to the  
142 facility. An evaluation completed upon discharge from a state  
143 mental hospital meets the requirements of this subsection  
144 related to appropriateness for placement as a mental health  
145 resident if it was completed within 90 days prior to admission  
146 to the facility.

147 (b) A cooperative agreement, as required in s. 429.0751  
148 ~~429.075~~, is developed between the mental health care services  
149 provider that serves a mental health resident and ~~the~~  
150 ~~administrator of the assisted living facility with a limited~~  
151 ~~mental health license~~ in which the mental health resident is  
152 living. ~~Any entity that provides Medicaid prepaid health plan~~  
153 ~~services shall ensure the appropriate coordination of health~~  
154 ~~care services with an assisted living facility in cases where a~~  
155 ~~Medicaid recipient is both a member of the entity's prepaid~~  
156 ~~health plan and a resident of the assisted living facility. If~~  
157 ~~the entity is at risk for Medicaid targeted case management and~~  
158 ~~behavioral health services, the entity shall inform the assisted~~  
159 ~~living facility of the procedures to follow should an emergent~~  
160 ~~condition arise.~~

161 (c) The community living support plan, as defined in s.  
162 429.02, has been prepared by a mental health resident and a  
163 mental health case manager of that resident in consultation with  
164 the administrator of the facility or the administrator's  
165 designee. The plan must be provided to the administrator of the  
166 assisted living facility ~~with a limited mental health license~~ in  
167 which the mental health resident lives. The support plan and the  
168 agreement may be in one document.

169 (d) The assisted living facility ~~with a limited mental~~  
 170 ~~health license~~ is provided with documentation that the  
 171 individual meets the definition of a mental health resident.

172 (e) The mental health services provider assigns a case  
 173 manager to each mental health resident who lives in an assisted  
 174 living facility ~~with a limited mental health license~~. The case  
 175 manager is responsible for coordinating the development of and  
 176 implementation of the community living support plan defined in  
 177 s. 429.02. The plan must be updated as needed, but at least  
 178 annually, to ensure that the ongoing needs of the residents are  
 179 addressed.

180 (3) A Medicaid prepaid health plan shall ensure the  
 181 appropriate coordination of health care services with an  
 182 assisted living facility when a Medicaid recipient is both a  
 183 member of the entity's prepaid health plan and a resident of the  
 184 assisted living facility. If the Medicaid prepaid health plan is  
 185 responsible for Medicaid-targeted case management and behavioral  
 186 health services, the plan shall inform the assisted living  
 187 facility of the procedures to follow when an emergent condition  
 188 arises.

189 (4) The department shall include in contracts with mental  
 190 health service providers provisions that require the service  
 191 provider to assign a case manager for a mental health resident,  
 192 prepare a community living support plan, enter into a  
 193 cooperative agreement with the assisted living facility, and  
 194 otherwise comply with the provisions of this section. The  
 195 department shall establish and impose contract penalties for  
 196 mental health service providers under contract with the

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197 department that fail to comply with this section.

198 (5) The Agency for Health Care Administration shall  
 199 establish and impose contract penalties for Medicaid prepaid  
 200 health plans that fail to comply with this section.

201 (6) The department shall enter into an interagency  
 202 agreement with the Agency for Health Care Administration that  
 203 delineates their respective responsibilities and procedures for  
 204 enforcing the requirements of this section with respect to  
 205 assisted living facilities and mental health service providers.

206 (7)~~(3)~~ The Secretary of Children and Family Services, in  
 207 consultation with the Agency for Health Care Administration,  
 208 shall annually require each district administrator to develop,  
 209 with community input, detailed plans that demonstrate how the  
 210 district will ensure the provision of state-funded mental health  
 211 and substance abuse treatment services to residents of assisted  
 212 living facilities ~~that hold a limited mental health license.~~  
 213 These plans must be consistent with the substance abuse and  
 214 mental health district plan developed pursuant to s. 394.75 and  
 215 must address case management services; access to consumer-  
 216 operated drop-in centers; access to services during evenings,  
 217 weekends, and holidays; supervision of the clinical needs of the  
 218 residents; and access to emergency psychiatric care.

219 Section 2. Paragraph (b) of subsection (1) of section  
 220 395.1055, Florida Statutes, is amended to read:

221 395.1055 Rules and enforcement.—

222 (1) The agency shall adopt rules pursuant to ss.  
 223 120.536(1) and 120.54 to implement the provisions of this part,  
 224 which shall include reasonable and fair minimum standards for



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225 ensuring that:

226 (b) Infection control, housekeeping, sanitary conditions,  
227 and medical record procedures that will adequately protect  
228 patient care and safety are established and implemented. These  
229 procedures shall require housekeeping and sanitation staff to  
230 wear masks and gloves when cleaning patient rooms, to disinfect  
231 environmental surfaces in patient rooms in accordance with the  
232 time instructions on the label of the disinfectant used by the  
233 hospital, and to document compliance with this paragraph. The  
234 agency may impose an administrative fine for each day that a  
235 violation of this paragraph occurs.

236 Section 3. Subsection (2) of section 400.0078, Florida  
237 Statutes, is amended to read:

238 400.0078 Citizen access to State Long-Term Care Ombudsman  
239 Program services.—

240 (2) ~~Every resident or representative of a resident shall~~  
241 ~~receive,~~ Upon admission to a long-term care facility, each  
242 resident or representative of a resident must receive  
243 information regarding the purpose of the State Long-Term Care  
244 Ombudsman Program, the statewide toll-free telephone number for  
245 receiving complaints, the confidentiality of a complaint if the  
246 complaint will result in the identification of the resident  
247 about whom the complaint is made and the confidentiality of the  
248 complainant's name and identity, and other relevant information  
249 regarding how to contact the program. Residents or their  
250 representatives must be furnished additional copies of this  
251 information upon request.

252 Section 4. Subsection (3) of section 408.05, Florida

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253 Statutes, is amended to read:

254 408.05 Florida Center for Health Information and Policy  
255 Analysis.—

256 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.—The agency  
257 shall collect, compile, analyze, and distribute ~~In order to~~  
258 ~~produce comparable and uniform~~ health information and  
259 statistics. Such information shall be used for developing the  
260 ~~development of~~ policy recommendations, evaluating program and  
261 provider performance, and facilitating the independent and  
262 collaborative quality improvement activities of providers,  
263 payors, and others involved in the delivery of health services.

264 The agency shall perform the following functions:

265 (a) Coordinate the activities of state agencies involved  
266 in the design and implementation of the comprehensive health  
267 information system.

268 (b) Undertake research, development, and evaluation  
269 respecting the comprehensive health information system.

270 (c) Review the statistical activities of state agencies to  
271 ensure that they are consistent with the comprehensive health  
272 information system.

273 (d) Develop written agreements with local, state, and  
274 federal agencies for the sharing of health-care-related data or  
275 using the facilities and services of such agencies. State  
276 agencies, local health councils, and other agencies under state  
277 contract shall assist the center in obtaining, compiling, and  
278 transferring health-care-related data maintained by state and  
279 local agencies. Written agreements must specify the types,  
280 methods, and periodicity of data exchanges and specify the types

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281 of data that will be transferred to the center.

282 (e) Establish by rule the types of data collected,  
283 compiled, processed, used, or shared. Decisions regarding center  
284 data sets should be made based on consultation with the State  
285 Consumer Health Information and Policy Advisory Council and  
286 other public and private users regarding the types of data which  
287 should be collected and their uses. The center shall establish  
288 standardized means for collecting health information and  
289 statistics under laws and rules administered by the agency.

290 (f) Establish minimum health-care-related data sets which  
291 are necessary on a continuing basis to fulfill the collection  
292 requirements of the center and which shall be used by state  
293 agencies in collecting and compiling health-care-related data.  
294 The agency shall periodically review ongoing health care data  
295 collections of the Department of Health and other state agencies  
296 to determine if the collections are being conducted in  
297 accordance with the established minimum sets of data.

298 (g) Establish advisory standards to ensure the quality of  
299 health statistical and epidemiological data collection,  
300 processing, and analysis by local, state, and private  
301 organizations.

302 (h) Prescribe standards for the publication of health-  
303 care-related data reported pursuant to this section which ensure  
304 the reporting of accurate, valid, reliable, complete, and  
305 comparable data. Such standards should include advisory warnings  
306 to users of the data regarding the status and quality of any  
307 data reported by or available from the center.

308 (i) Prescribe standards for the maintenance and

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309 preservation of the center's data. This should include methods  
 310 for archiving data, retrieval of archived data, and data editing  
 311 and verification.

312 (j) Ensure that strict quality control measures are  
 313 maintained for the dissemination of data through publications,  
 314 studies, or user requests.

315 (k) Develop, in conjunction with the State Consumer Health  
 316 Information and Policy Advisory Council, and implement a long-  
 317 range plan for making available health care quality measures and  
 318 financial data that will allow consumers to compare health care  
 319 services. The health care quality measures and financial data  
 320 the agency must make available shall include, but is not limited  
 321 to, pharmaceuticals, physicians, health care facilities, and  
 322 health plans and managed care entities. The agency shall update  
 323 the plan and report on the status of its implementation  
 324 annually. The agency shall also make the plan and status report  
 325 available to the public on its Internet website. As part of the  
 326 plan, the agency shall identify the process and timeframes for  
 327 implementation, any barriers to implementation, and  
 328 recommendations of changes in the law that may be enacted by the  
 329 Legislature to eliminate the barriers. As preliminary elements  
 330 of the plan, the agency shall:

- 331 1. Make available patient-safety indicators, inpatient  
 332 quality indicators, and performance outcome and patient charge  
 333 data collected from health care facilities pursuant to s.  
 334 408.061(1) (a) and (2). The terms "patient-safety indicators" and  
 335 "inpatient quality indicators" shall be as defined by the  
 336 Centers for Medicare and Medicaid Services, the National Quality

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337 Forum, the Joint Commission ~~on Accreditation of Healthcare~~  
338 ~~Organizations~~, the Agency for Healthcare Research and Quality,  
339 the Centers for Disease Control and Prevention, or a similar  
340 national entity that establishes standards to measure the  
341 performance of health care providers, or by other states. The  
342 agency shall determine which conditions, procedures, health care  
343 quality measures, and patient charge data to disclose based upon  
344 input from the council. When determining which conditions and  
345 procedures are to be disclosed, the council and the agency shall  
346 consider variation in costs, variation in outcomes, and  
347 magnitude of variations and other relevant information. When  
348 determining which health care quality measures to disclose, the  
349 agency:

350 a. Shall consider such factors as volume of cases; average  
351 patient charges; average length of stay; complication rates;  
352 mortality rates; and infection rates, among others, which shall  
353 be adjusted for case mix and severity, if applicable.

354 b. May consider such additional measures that are adopted  
355 by the Centers for Medicare and Medicaid Studies, National  
356 Quality Forum, the Joint Commission ~~on Accreditation of~~  
357 ~~Healthcare Organizations~~, the Agency for Healthcare Research and  
358 Quality, Centers for Disease Control and Prevention, or a  
359 similar national entity that establishes standards to measure  
360 the performance of health care providers, or by other states.

361  
362 When determining which patient charge data to disclose, the  
363 agency shall include such measures as the average of  
364 undiscounted charges on frequently performed procedures and

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365 preventive diagnostic procedures, the range of procedure charges  
366 from highest to lowest, average net revenue per adjusted patient  
367 day, average cost per adjusted patient day, and average cost per  
368 admission, among others.

369 2. Make available performance measures, benefit design,  
370 and premium cost data from health plans licensed pursuant to  
371 chapter 627 or chapter 641. The agency shall determine which  
372 health care quality measures and member and subscriber cost data  
373 to disclose, based upon input from the council. When determining  
374 which data to disclose, the agency shall consider information  
375 that may be required by either individual or group purchasers to  
376 assess the value of the product, which may include membership  
377 satisfaction, quality of care, current enrollment or membership,  
378 coverage areas, accreditation status, premium costs, plan costs,  
379 premium increases, range of benefits, copayments and  
380 deductibles, accuracy and speed of claims payment, credentials  
381 of physicians, number of providers, names of network providers,  
382 and hospitals in the network. Health plans shall make available  
383 to the agency any such data or information that is not currently  
384 reported to the agency or the office.

385 3. Determine the method and format for public disclosure  
386 of data reported pursuant to this paragraph. The agency shall  
387 make its determination based upon input from the State Consumer  
388 Health Information and Policy Advisory Council. At a minimum,  
389 the data shall be made available on the agency's Internet  
390 website in a manner that allows consumers to conduct an  
391 interactive search that allows them to view and compare the  
392 information for specific providers. The website must include

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393 such additional information as is determined necessary to ensure  
394 that the website enhances informed decisionmaking among  
395 consumers and health care purchasers, which shall include, at a  
396 minimum, appropriate guidance on how to use the data and an  
397 explanation of why the data may vary from provider to provider.

398 4. Publish on its website undiscounted charges for no  
399 fewer than 150 of the most commonly performed adult and  
400 pediatric procedures, including outpatient, inpatient,  
401 diagnostic, and preventative procedures.

402 (1) Assist quality improvement collaboratives by releasing  
403 information to the providers, payors, or entities representing  
404 and working on behalf of providers and payors. The agency shall  
405 release such data, which is deemed necessary for the  
406 administration of the Medicaid program, to quality improvement  
407 collaboratives for evaluation of the incidence of potentially  
408 preventable events.

409 Section 5. Subsection (31) is added to section 408.802,  
410 Florida Statutes, to read:

411 408.802 Applicability.—The provisions of this part apply  
412 to the provision of services that require licensure as defined  
413 in this part and to the following entities licensed, registered,  
414 or certified by the agency, as described in chapters 112, 383,  
415 390, 394, 395, 400, 429, 440, 483, and 765:

416 (31) Assisted living facility administrators, as provided  
417 under part I of chapter 429.

418 Section 6. Subsection (29) is added to section 408.820,  
419 Florida Statutes, to read:

420 408.820 Exemptions.—Except as prescribed in authorizing

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421 statutes, the following exemptions shall apply to specified  
422 requirements of this part:

423 (29) Assisted living facility administrators, as provided  
424 under part I of chapter 429, are exempt from ss. 408.806(7),  
425 408.810(4)-(10), and 408.811.

426 Section 7. Section 409.986, Florida Statutes, is created  
427 to read:

428 409.986 Quality adjustments to Medicaid rates.-

429 (1) As used in this section, the term:

430 (a) "Expected rate" means the risk-adjusted rate for each  
431 provider that accounts for the severity of illness, All Patient  
432 Refined-Diagnosis Related Groups, and the age of a patient.

433 (b) "Hospital-acquired infections" means infections not  
434 present and without evidence of incubation at the time of  
435 admission to a hospital.

436 (c) "Observed rate" means the actual number for each  
437 provider of potentially preventable events divided by the number  
438 of cases in which potentially preventable events may have  
439 occurred.

440 (d) "Potentially preventable admission" means an admission  
441 of a person to a hospital that might have reasonably been  
442 prevented with adequate access to ambulatory care or health care  
443 coordination.

444 (e) "Potentially preventable ancillary service" means a  
445 health care service provided or ordered by a physician or other  
446 health care provider to supplement or support the evaluation or  
447 treatment of a patient, including a diagnostic test, laboratory  
448 test, therapy service, or radiology service, that may not be



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449 reasonably necessary for the provision of quality health care or  
450 treatment.

451 (f) "Potentially preventable complication" means a harmful  
452 event or negative outcome with respect to a person, including an  
453 infection or surgical complication, that:

454 1. Occurs after the person's admission to a hospital or  
455 long-term care facility; and

456 2. May have resulted from the care, lack of care, or  
457 treatment provided during the hospital or long-term care  
458 facility stay rather than from a natural progression of an  
459 underlying disease.

460 (g) "Potentially preventable emergency department visit"  
461 means treatment of a person in a hospital emergency room or  
462 freestanding emergency medical care facility for a condition  
463 that does not require or should not have required emergency  
464 medical attention because the condition can or could have been  
465 treated or prevented by a physician or other health care  
466 provider in a nonemergency setting.

467 (h) "Potentially preventable event" means a potentially  
468 preventable admission, a potentially preventable ancillary  
469 service, a potentially preventable complication, a potentially  
470 preventable emergency department visit, a potentially  
471 preventable readmission, or a combination of those events.

472 (i) "Potentially preventable readmission" means a return  
473 hospitalization of a person within 15 days that may have  
474 resulted from deficiencies in the care or treatment provided to  
475 the person during a previous hospital stay or from deficiencies  
476 in posthospital discharge followup. The term does not include a

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477 hospital readmission necessitated by the occurrence of unrelated  
478 events after the discharge. The term includes the readmission of  
479 a person to a hospital for:

480 1. The same condition or procedure for which the person  
481 was previously admitted;

482 2. An infection or other complication resulting from care  
483 previously provided; or

484 3. A condition or procedure that indicates that a surgical  
485 intervention performed during a previous admission was  
486 unsuccessful in achieving the anticipated outcome.

487 (j) "Quality improvement collaboration" means a structured  
488 process involving multiple providers and subject matter experts  
489 to focus on a specific aspect of quality care in order to  
490 analyze past performance and plan, implement, and evaluate  
491 specific improvement methods.

492 (2) The agency shall establish and implement methodologies  
493 to adjust Medicaid payment rates for hospitals, nursing homes,  
494 and managed care plans based on evidence of improved patient  
495 outcomes. Payment adjustments shall be dependent on  
496 consideration of specific outcome measures for each provider  
497 category, documented activities by providers to improve  
498 performance, and evidence of significant improvement over time.  
499 Measurement of outcomes shall include appropriate risk  
500 adjustments, exclude cases that cannot be determined to be  
501 preventable, and waive adjustments for providers with too few  
502 cases to calculate reliable rates.

503 (a) Performance-based payment adjustments may be made up  
504 to 1 percent of each qualified provider's rate for hospital

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505 inpatient services, hospital outpatient services, nursing home  
506 care, and the plan-specific capitation rate for prepaid health  
507 plans. Adjustments for activities to improve performance may be  
508 made up to 0.25 percent based on evidence of a provider's  
509 engagement in activities specified in this section.

510 (b) Outcome measures shall be established for a base year,  
511 which may be state fiscal year 2010-2011 or a more recent 12-  
512 month period.

513 (3) Methodologies established pursuant to this section  
514 shall use existing databases, including Medicaid claims,  
515 encounter data compiled pursuant to s. 409.9122(14), and  
516 hospital discharge data compiled pursuant to s. 408.061(1)(a).  
517 To the extent possible, the agency shall use methods for  
518 determining outcome measures in use by other payors.

519 (4) The agency shall seek any necessary federal approval  
520 for the performance payment system and implement the system in  
521 state fiscal year 2015-2016.

522 (5) The agency may appoint a technical advisory panel for  
523 each provider category in order to solicit advice and  
524 recommendations during the development and implementation of the  
525 performance payment system.

526 (6) The performance payment system for hospitals shall  
527 apply to general hospitals as defined in s. 395.002. The outcome  
528 measures used to allocate positive payment adjustments shall  
529 consist of one or more potentially preventable events such as  
530 potentially preventable readmissions and potentially preventable  
531 complications.

532 (a) For each 12-month period after the base year, the

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533 agency shall determine the expected rate and the observed rate  
534 for specific outcome indicators for each hospital. The  
535 difference between the expected and observed rates shall be used  
536 to establish a performance rate for each hospital. Hospitals  
537 shall be ranked based on performance rates.

538 (b) For at least the first three rate-setting periods  
539 after the performance payment system is implemented, a positive  
540 payment adjustment shall be made to hospitals in the top 10  
541 percentiles, based on their performance rates, and the 10  
542 hospitals with the best year-to-year improvement among those  
543 hospitals that did not rank in the top 10 percentiles. After the  
544 third period of performance payment, the agency may replace the  
545 criteria specified in this subsection with quantified benchmarks  
546 for determining which providers qualify for positive payment  
547 adjustments.

548 (c) Quality improvement activities that may earn positive  
549 payment adjustments include:

550 1. Complying with requirements that reduce hospital-  
551 acquired infections pursuant to s. 395.1055(1)(b); or

552 2. Actively engaging in a quality improvement  
553 collaboration that focuses on reducing potentially preventable  
554 admissions, potentially preventable readmissions, or hospital-  
555 acquired infections.

556 (7) The performance payment system for skilled nursing  
557 facilities shall apply to facilities licensed pursuant to part  
558 II of chapter 400 with current Medicaid provider service  
559 agreements. The outcome measures used to allocate positive  
560 payment adjustments shall consist of one or more of the

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561 following rates: the percentage of residents experiencing falls  
562 with major injuries, the percentage of residents with  
563 potentially preventable hospital admissions, the percentage of  
564 residents using potentially preventable emergency department  
565 services, or the percentage of residents with pressure ulcers  
566 that are new or worsened.

567 (a) For each 12-month period after the base year, the  
568 agency shall determine the expected rate and the observed rate  
569 for specific outcome indicators for each skilled nursing  
570 facility. The difference between the expected and observed rates  
571 shall be used to establish a performance rate for each skilled  
572 nursing facility. Facilities shall be ranked based on  
573 performance rates.

574 (b) For at least the first three rate-setting periods  
575 after the performance payment system is implemented, a positive  
576 payment adjustment shall be made to facilities in the top three  
577 percentiles, based on their performance rates, and the 10  
578 facilities with the best year-to-year improvement among  
579 facilities that did not rank in the top three percentiles. After  
580 the third period of performance payment, the agency may replace  
581 the criteria specified in this subsection with quantified  
582 benchmarks for determining which facilities qualify for positive  
583 payment adjustments.

584 (c) Quality improvement activities that may earn positive  
585 payment adjustments include:

- 586 1. Actively engaging in a comprehensive fall-prevention  
587 program.
- 588 2. Actively engaging in a quality improvement

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589 collaboration that focuses on reducing potentially preventable  
590 hospital admissions or reducing the percentage of residents with  
591 pressure ulcers that are new or worsened.

592 (8) A performance payment system shall apply to all  
593 managed care plans. The outcome measures used to allocate  
594 positive payment adjustments shall consist of one or more  
595 potentially preventable events, such as potentially preventable  
596 initial hospital admissions, potentially preventable emergency  
597 department visits, or potentially preventable ancillary  
598 services.

599 (a) For each 12-month period after the base year, the  
600 agency shall determine the expected rate and the observed rate  
601 for specific outcome indicators for each managed care plan. The  
602 difference between the expected and observed rates shall be used  
603 to establish a performance rate for each plan. Managed care  
604 plans shall be ranked based on performance rates.

605 (b) For at least the first three rate-setting periods  
606 after the performance payment system is implemented, a positive  
607 payment adjustment shall be made to the top 10 managed care  
608 plans. After the third period during which the performance  
609 payment system is implemented, the agency may replace the  
610 criteria specified in this subsection with quantified benchmarks  
611 for determining which plans qualify for positive payment  
612 adjustments.

613 Section 8. Paragraph (a) of subsection (1) of section  
614 415.1034, Florida Statutes, is amended to read:

615 415.1034 Mandatory reporting of abuse, neglect, or  
616 exploitation of vulnerable adults; mandatory reports of death.-

617 (1) MANDATORY REPORTING.—  
 618 (a) Any person, including, but not limited to, ~~any~~:  
 619 1. A physician, osteopathic physician, medical examiner,  
 620 chiropractic physician, nurse, paramedic, emergency medical  
 621 technician, or hospital personnel engaged in the admission,  
 622 examination, care, or treatment of vulnerable adults;  
 623 2. A health professional or mental health professional  
 624 other than one listed in subparagraph 1.;  
 625 3. A practitioner who relies solely on spiritual means for  
 626 healing;  
 627 4. Nursing home staff; assisted living facility staff;  
 628 adult day care center staff; adult family-care home staff;  
 629 social worker; or other professional adult care, residential, or  
 630 institutional staff;  
 631 5. A state, county, or municipal criminal justice employee  
 632 or law enforcement officer;  
 633 6. An employee of the Department of Business and  
 634 Professional Regulation conducting inspections of public lodging  
 635 establishments under s. 509.032;  
 636 7. A Florida advocacy council member or long-term care  
 637 ombudsman council member; ~~or~~  
 638 8. A bank, savings and loan, or credit union officer,  
 639 trustee, or employee; or  
 640 9. An employee or agent of a state or local agency who has  
 641 regulatory responsibilities over or who provides services to  
 642 persons residing in a state-licensed assisted living facility,  
 643  
 644 who knows, or has reasonable cause to suspect, that a vulnerable

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645 adult has been or is being abused, neglected, or exploited must  
646 ~~shall~~ immediately report such knowledge or suspicion to the  
647 central abuse hotline.

648 Section 9. Subsections (7) and (8) of section 429.02,  
649 Florida Statutes, are amended to read:

650 429.02 Definitions.—When used in this part, the term:

651 (7) "Community living support plan" means a written  
652 document prepared by a mental health resident and the resident's  
653 mental health case manager in consultation with the  
654 administrator of an assisted living facility ~~with a limited~~  
655 ~~mental health license~~ or the administrator's designee. A copy  
656 must be provided to the administrator. The plan must include  
657 information about the supports, services, and special needs of  
658 the resident which enable the resident to live in the assisted  
659 living facility and a method by which facility staff can  
660 recognize and respond to the signs and symptoms particular to  
661 that resident which indicate the need for professional services.

662 (8) "Cooperative agreement" means a written statement of  
663 understanding between a mental health care provider and the  
664 administrator of the assisted living facility ~~with a limited~~  
665 ~~mental health license~~ in which a mental health resident is  
666 living. The agreement must specify directions for accessing  
667 emergency and after-hours care for the mental health resident. A  
668 single cooperative agreement may service all mental health  
669 residents who are clients of the same mental health care  
670 provider.

671 Section 10. Subsection (1) of section 429.07, Florida  
672 Statutes, is amended to read:



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673 429.07 License required; fee.—

674 (1) The requirements of part II of chapter 408 apply to  
 675 the provision of services that require licensure pursuant to  
 676 this part and part II of chapter 408 and to entities licensed by  
 677 or applying for such licensure from the agency pursuant to this  
 678 part. A license issued by the agency is required in order to  
 679 operate an assisted living facility in this state. Effective  
 680 July 1, 2013, an assisted living facility may not operate in  
 681 this state unless the facility is under the management of an  
 682 assisted living facility administrator licensed pursuant to s.  
 683 429.50.

684 Section 11. Section 429.075, Florida Statutes, is amended  
 685 to read:

686 429.075 Limited mental health license.—In order to serve  
 687 three or more mental health residents, an assisted living  
 688 facility ~~that serves three or more mental health residents~~ must  
 689 obtain a limited mental health license.

690 (1) To obtain a limited mental health license, a facility:

691 (a) Must hold a standard license as an assisted living  
 692 facility; and,

693 (b) Must not have been subject to administrative sanctions  
 694 during the previous 2 years, or since initial licensure if the  
 695 assisted living facility has been licensed for less than 2  
 696 years, for any of the following reasons:

697 1. One or more class I violations imposed by final agency  
 698 action;

699 2. Three or more class II violations imposed by final  
 700 agency action;

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701 3. Ten or more class III violations that were not  
702 corrected in accordance with s. 408.811(4);

703 4. Denial, suspension, or revocation of a license for  
704 another assisted living facility licensed under this part in  
705 which the license applicant had at least a 25-percent ownership  
706 interest; or

707 5. Imposition of a moratorium pursuant to this part or  
708 part II of chapter 408 or initiation of injunctive proceedings.  
709 ~~any current uncorrected deficiencies or violations, and must~~  
710 ~~ensure that,~~

711 (2) Within 6 months after receiving a limited mental  
712 health license, the facility administrator and the staff of the  
713 facility who are in direct contact with mental health residents  
714 must complete training of no less than 6 hours related to their  
715 duties. This training shall be approved by the Department of  
716 Children and Family Services. A training provider may charge a  
717 reasonable fee for the training.

718 (3) Application for a limited mental health license ~~Such~~  
719 ~~designation~~ may be made at the time of initial licensure or  
720 relicensure or upon request in writing by a licensee under this  
721 part and part II of chapter 408. Notification of approval or  
722 denial of the license ~~such request~~ shall be made in accordance  
723 with this part, part II of chapter 408, and applicable rules.  
724 ~~This training will be provided by or approved by the Department~~  
725 ~~of Children and Family Services.~~

726 (4)-(2) Facilities licensed to provide services to mental  
727 health residents shall provide appropriate supervision and  
728 staffing to provide for the health, safety, and welfare of such

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729 residents.

730 ~~(3) A facility that has a limited mental health license~~  
731 ~~must:~~

732 ~~(a) Have a copy of each mental health resident's community~~  
733 ~~living support plan and the cooperative agreement with the~~  
734 ~~mental health care services provider. The support plan and the~~  
735 ~~agreement may be combined.~~

736 ~~(b) Have documentation that is provided by the Department~~  
737 ~~of Children and Family Services that each mental health resident~~  
738 ~~has been assessed and determined to be able to live in the~~  
739 ~~community in an assisted living facility with a limited mental~~  
740 ~~health license.~~

741 ~~(c) Make the community living support plan available for~~  
742 ~~inspection by the resident, the resident's legal guardian, the~~  
743 ~~resident's health care surrogate, and other individuals who have~~  
744 ~~a lawful basis for reviewing this document.~~

745 ~~(d) Assist the mental health resident in carrying out the~~  
746 ~~activities identified in the individual's community living~~  
747 ~~support plan.~~

748 ~~(4) A facility with a limited mental health license may~~  
749 ~~enter into a cooperative agreement with a private mental health~~  
750 ~~provider. For purposes of the limited mental health license, the~~  
751 ~~private mental health provider may act as the case manager.~~

752 Section 12. Section 429.0751, Florida Statutes, is created  
753 to read:

754 429.0751 Mental health residents.—An assisted living  
755 facility that has one or more mental health residents must:

756 (1) Enter into a cooperative agreement with the mental

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757 health care service provider responsible for providing services  
758 to the mental health resident, including a mental health care  
759 service provider responsible for providing private pay services  
760 to the mental health resident, to ensure coordination of care.

761 (2) Consult with the mental health case manager and the  
762 mental health resident in the development of a community living  
763 support plan and maintain a copy of each mental health  
764 resident's community living support plan.

765 (3) Make the community living support plan available for  
766 inspection by the resident, the resident's legal guardian, the  
767 resident's health care surrogate, and other individuals who have  
768 a lawful basis for reviewing this document.

769 (4) Assist the mental health resident in carrying out the  
770 activities identified in the individual's community living  
771 support plan.

772 (5) Have documentation that is provided by the Department  
773 of Children and Family Services that each mental health resident  
774 has been assessed and determined to be able to live in the  
775 community in an assisted living facility.

776 Section 13. Paragraphs (a) and (b) of subsection (2) of  
777 section 429.178, Florida Statutes, are amended to read:

778 429.178 Special care for persons with Alzheimer's disease  
779 or other related disorders.—

780 (2) (a) An individual who is employed by a facility that  
781 provides special care for residents with Alzheimer's disease or  
782 other related disorders, and who has regular contact with such  
783 residents, must complete up to 4 hours of initial dementia-  
784 specific training developed or approved by the department. The

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785 training shall be completed within 3 months after beginning  
 786 employment and shall satisfy the core training requirements of  
 787 s. 429.52(2)(d) ~~429.52(2)(g)~~.

788 (b) A direct caregiver who is employed by a facility that  
 789 provides special care for residents with Alzheimer's disease or  
 790 other related disorders, and who provides direct care to such  
 791 residents, must complete the required initial training and 4  
 792 additional hours of training developed or approved by the  
 793 department. The training shall be completed within 9 months  
 794 after beginning employment and shall satisfy the core training  
 795 requirements of s. 429.52(2)(d) ~~429.52(2)(g)~~.

796 Section 14. Subsection (2) of section 429.19, Florida  
 797 Statutes, is amended to read:

798 429.19 Violations; imposition of administrative fines;  
 799 grounds.—

800 (2) Each violation of this part and adopted rules shall be  
 801 classified according to the nature of the violation and the  
 802 gravity of its probable effect on facility residents.

803 (a) The agency shall indicate the classification on the  
 804 written notice of the violation as follows:

805 ~~1.(a)~~ 1.(a) Class "I" violations are defined in s. 408.813. The  
 806 agency shall issue a citation regardless of correction. The  
 807 agency shall impose an administrative fine for a cited class I  
 808 violation in an amount not less than \$5,000 and not exceeding  
 809 \$10,000 for each violation.

810 ~~2.(b)~~ 2.(b) Class "II" violations are defined in s. 408.813. The  
 811 agency may issue a citation regardless of correction. The agency  
 812 shall impose an administrative fine for a cited class II

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813 violation in an amount not less than \$1,000 and not exceeding  
814 \$5,000 for each violation.

815 ~~3.(e)~~ Class "III" violations are defined in s. 408.813.  
816 The agency shall impose an administrative fine for a cited class  
817 III violation in an amount not less than \$500 and not exceeding  
818 \$1,000 for each violation.

819 ~~4.(d)~~ Class "IV" violations are defined in s. 408.813. The  
820 agency shall impose an administrative fine for a cited class IV  
821 violation in an amount not less than \$100 and not exceeding \$200  
822 for each violation.

823 (b) In lieu of the penalties provided in paragraph (a),  
824 the agency shall impose a \$10,000 penalty for a violation that  
825 results in the death of a resident.

826 (c) Notwithstanding paragraph (a), if the assisted living  
827 facility is cited for a violation in the same class as a prior  
828 violation cited within the past 24 months, the agency shall  
829 double the fine for a subsequent violation.

830 Section 15. Section 429.231, Florida Statutes, is created  
831 to read:

832 429.231 Advisory council; membership; duties.—

833 (1) The department shall establish an advisory council to  
834 review the facts and circumstances of unexpected deaths in  
835 assisted living facilities and of elopements that result in harm  
836 to a resident. The purpose of this review is to:

837 (a) Achieve a greater understanding of the causes and  
838 contributing factors of the unexpected deaths and elopements.

839 (b) Identify any gaps, deficiencies, or problems in the  
840 delivery of services to the residents.

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841 (2) Based on the review, the advisory council shall make  
842 recommendations for:

843 (a) Industry best practices that could be used to prevent  
844 unexpected deaths and elopements.

845 (b) Training and educational requirements for employees  
846 and administrators of assisted living facilities.

847 (c) Changes in the law, rules, or other policies to  
848 prevent unexpected deaths and elopements.

849 (3) The advisory council shall prepare an annual  
850 statistical report on the incidence and causes of unexpected  
851 deaths in assisted living facilities and of elopements that  
852 result in harm to residents during the prior calendar year. The  
853 advisory council shall submit a copy of the report by December  
854 31 of each year to the Governor, the President of the Senate,  
855 and the Speaker of the House of Representatives. The report may  
856 make recommendations for state action, including specific  
857 policy, procedural, regulatory, or statutory changes, and any  
858 other recommended preventive action.

859 (4) The advisory council shall consist of the following  
860 members:

861 (a) The Secretary of Elderly Affairs, or a designee, who  
862 shall be the chair.

863 (b) The Secretary of Health Care Administration, or a  
864 designee.

865 (c) The Secretary of Children and Family Services, or a  
866 designee.

867 (d) The State Long-Term Care Ombudsman, or a designee.

868 (e) The following members, selected by the Governor:

- 869        1. An owner or administrator of an assisted living  
 870 facility with fewer than 17 beds.
- 871        2. An owner or administrator of an assisted living  
 872 facility with 17 or more beds.
- 873        3. An owner or administrator of an assisted living  
 874 facility with a limited mental health license.
- 875        4. A representative from each of three statewide  
 876 associations that represent assisted living facilities.
- 877        5. A resident of an assisted living facility.
- 878        (5) The advisory council shall meet at the call of the  
 879 chair, but at least twice each calendar year. The chair may  
 880 appoint ad hoc committees as necessary to carry out the duties  
 881 of the council.
- 882        (6) The members of the advisory council selected by the  
 883 Governor shall be appointed to staggered terms of office which  
 884 may not exceed 2 years. Members are eligible for reappointment.
- 885        (7) Members of the advisory council shall serve without  
 886 compensation, but are entitled to reimbursement for per diem and  
 887 travel expenses incurred in the performance of their duties as  
 888 provided in s. 112.061 and to the extent that funds are  
 889 available.

890        Section 16. Section 429.34, Florida Statutes, is amended  
 891 to read:

892        429.34 Right of entry and inspection.—

893        (1) In addition to the requirements of s. 408.811, any  
 894 duly designated officer or employee of the department, the  
 895 Department of Children and Family Services, the Medicaid Fraud  
 896 Control Unit of the Office of the Attorney General, the state or



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897 local fire marshal, or a member of the state or local long-term  
898 care ombudsman council ~~may shall have the right to~~ enter  
899 unannounced upon and into the premises of any facility licensed  
900 pursuant to this part in order to determine the state of  
901 compliance with ~~the provisions of~~ this part, part II of chapter  
902 408, and applicable rules. Data collected by the state or local  
903 long-term care ombudsman councils or the state or local advocacy  
904 councils may be used by the agency in investigations involving  
905 violations of regulatory standards.

906 (2) In accordance with s. 408.811, every 24 months the  
907 agency shall conduct at least one unannounced inspection to  
908 determine compliance with this part, part II of chapter 408, and  
909 applicable rules. If the assisted living facility is accredited  
910 by the Joint Commission, the Council on Accreditation, or the  
911 Commission on Accreditation of Rehabilitation Facilities, the  
912 agency may conduct inspections less frequently, but in no event  
913 less than once every 5 years.

914 (a) Two additional inspections shall be conducted every 6  
915 months for the next year if the assisted living facility has  
916 been cited for a class I violation or two or more class II  
917 violations arising from separate inspections within a 60-day  
918 period. In addition to any fines imposed on an assisted living  
919 facility under s. 429.19, the agency shall assess a fee of \$69  
920 per bed for each of the additional two inspections, not to  
921 exceed \$12,000 per inspection.

922 (b) The agency shall verify through subsequent inspections  
923 that any violation identified during an inspection is corrected.  
924 However, the agency may verify the correction of a class III or

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925 class IV violation unrelated to resident rights or resident care  
926 without reinspection if the facility submits adequate written  
927 documentation that the violation has been corrected.

928 Section 17. Section 429.50, Florida Statutes, is created  
929 to read:

930 429.50 Assisted living facility administrator;  
931 qualifications; licensure; fees; continuing education.-

932 (1) The requirements of part II of chapter 408 apply to  
933 the provision of services that require licensure pursuant to  
934 this section. Effective July 1, 2013, an assisted living  
935 facility administrator must have a license issued by the agency.

936 (2) To be eligible to be licensed as an assisted living  
937 facility administrator, an applicant must:

938 (a) Be at least 21 years old.

939 (b) Complete 30 hours of core training and 10 hours of  
940 supplemental training described in s. 429.52.

941 (c) Pass the competency test described in s. 429.52 with a  
942 minimum score of 80.

943 (d) Complete background screening pursuant to s. 429.174.

944 (e) Otherwise meet the requirements of this part.

945 (3) Notwithstanding paragraphs (2) (b) and (c), the agency  
946 may grant a license to an applicant who:

947 (a) Has been employed as an assisted living facility  
948 administrator for 2 of the 5 years immediately preceding July 1,  
949 2013, is in compliance with the continuing education  
950 requirements in this part, and has not been an assisted living  
951 facility administrator that was cited for a class I or class II  
952 violation within the previous 2 years; or

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953 (b) Is licensed in accordance with part II of chapter 468  
954 and is in compliance with the continuing education requirements  
955 in part II of chapter 468.

956 (4) The license shall be renewed biennially.

957 (5) The fees for licensure shall be \$150 for the initial  
958 licensure and \$150 for each licensure renewal.

959 (6) A licensed assisted living facility administrator must  
960 complete continuing education described in s. 429.52 for a  
961 minimum of 18 hours every 2 years.

962 (7) The agency shall deny or revoke the license if the  
963 applicant or licensee:

964 (a) Was the assisted living facility administrator of  
965 record for or had a controlling interest in a provider licensed  
966 by the agency under this chapter, part II of chapter 408, or  
967 applicable rules, when the provider was cited for violations  
968 that resulted in denial or revocation of a license; or

969 (b) Has a final agency action for unlicensed activity  
970 pursuant to this chapter, part II of chapter 408, or applicable  
971 rules.

972 (8) The agency may deny or revoke the license if the  
973 applicant or licensee was the assisted living facility  
974 administrator of record for or had a controlling interest in a  
975 provider licensed by the agency under this chapter, part II of  
976 chapter 408, or applicable rules, when the provider was cited  
977 for violations within the previous 3 years that resulted in a  
978 resident's death.

979 (9) The agency may adopt rules as necessary to administer  
980 this section.

981           Section 18. For the purpose of staggering license  
 982 expiration dates, the Agency for Health Care Administration may  
 983 issue a license for less than a 2-year period for assisted  
 984 living facility administrator licensure as authorized in this  
 985 act. The agency shall charge a prorated licensure fee for this  
 986 shortened period. This section and the authority granted under  
 987 this section expire December 31, 2013.

988           Section 19. Section 429.52, Florida Statutes, is amended  
 989 to read:

990           429.52 Staff, administrator, and administrator license  
 991 applicant training and educational programs; core educational  
 992 requirement.—

993           (1) Administrators, applicants to become administrators,  
 994 and other assisted living facility staff must meet minimum  
 995 training and education requirements established by the  
 996 Department of Elderly Affairs by rule. This training and  
 997 education is intended to assist facilities to appropriately  
 998 respond to the needs of residents, to maintain resident care and  
 999 facility standards, and to meet licensure requirements.

1000           (2) For assisted living facility staff other than  
 1001 administrators, ~~The department shall establish a competency test~~  
 1002 ~~and a minimum required score to indicate successful completion~~  
 1003 ~~of the training and educational requirements. The competency~~  
 1004 ~~test must be developed by the department in conjunction with the~~  
 1005 ~~agency and providers.~~ the required training and education, which  
 1006 may be provided as inservice training, must cover at least the  
 1007 following topics:

1008           (a) Reporting major incidents and reporting adverse

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1009 ~~incidents~~ State law and rules relating to assisted living  
 1010 facilities.

1011 (b) Resident rights and identifying and reporting abuse,  
 1012 neglect, and exploitation.

1013 (c) Emergency procedures, including firesafety and  
 1014 resident elopement response policies and procedures ~~Special~~  
 1015 ~~needs of elderly persons, persons with mental illness, and~~  
 1016 ~~persons with developmental disabilities and how to meet those~~  
 1017 ~~needs.~~

1018 (d) General information on interacting with individuals  
 1019 with Alzheimer's disease and related disorders ~~Nutrition and~~  
 1020 ~~food service, including acceptable sanitation practices for~~  
 1021 ~~preparing, storing, and serving food.~~

1022 ~~(e) Medication management, recordkeeping, and proper~~  
 1023 ~~techniques for assisting residents with self-administered~~  
 1024 ~~medication.~~

1025 ~~(f) Firesafety requirements, including fire evacuation~~  
 1026 ~~drill procedures and other emergency procedures.~~

1027 ~~(g) Care of persons with Alzheimer's disease and related~~  
 1028 ~~disorders.~~

1029 ~~(3) Effective January 1, 2004, a new facility~~  
 1030 ~~administrator must complete the required training and education,~~  
 1031 ~~including the competency test, within a reasonable time after~~  
 1032 ~~being employed as an administrator, as determined by the~~  
 1033 ~~department. Failure to do so is a violation of this part and~~  
 1034 ~~subjects the violator to an administrative fine as prescribed in~~  
 1035 ~~s. 429.19. Administrators licensed in accordance with part II of~~  
 1036 ~~chapter 468 are exempt from this requirement. Other licensed~~

1037 ~~professionals may be exempted, as determined by the department~~  
 1038 ~~by rule.~~

1039 ~~(4) Administrators are required to participate in~~  
 1040 ~~continuing education for a minimum of 12 contact hours every 2~~  
 1041 ~~years.~~

1042 (3)~~(5)~~ Staff involved with the management of medications  
 1043 and assisting with the self-administration of medications under  
 1044 s. 429.256 must complete a minimum of 4 additional hours of  
 1045 training provided by a registered nurse, licensed pharmacist, or  
 1046 department staff. The department shall establish by rule the  
 1047 minimum requirements of this additional training.

1048 ~~(6)~~ Other facility staff shall participate in training  
 1049 relevant to their job duties as specified by rule of the  
 1050 department.

1051 (4)~~(7)~~ If the department or the agency determines that  
 1052 there are problems in a facility that could be reduced through  
 1053 specific staff training or education beyond that already  
 1054 required under this section, the department or the agency may  
 1055 require, and provide, or cause to be provided, the training or  
 1056 education of any personal care staff in the facility.

1057 (5) The department, in consultation with the agency, the  
 1058 Department of Children and Family Services, and stakeholders,  
 1059 shall approve a standardized core training curriculum that must  
 1060 be completed by an applicant for licensure as an assisted living  
 1061 facility administrator. The curriculum must be offered in  
 1062 English and Spanish and timely updated to reflect changes in the  
 1063 law, rules, and best practices. The required training must  
 1064 cover, at a minimum, the following topics:

- 1065        (a) State law and rules relating to assisted living
- 1066 facilities.
- 1067        (b) Residents' rights and procedures for identifying and
- 1068 reporting abuse, neglect, and exploitation.
- 1069        (c) Special needs of elderly persons, persons who have
- 1070 mental illnesses, and persons who have developmental
- 1071 disabilities and how to meet those needs.
- 1072        (d) Nutrition and food service, including acceptable
- 1073 sanitation practices for preparing, storing, and serving food.
- 1074        (e) Medication management, recordkeeping, and proper
- 1075 techniques for assisting residents who self-administer
- 1076 medication.
- 1077        (f) Firesafety requirements, including procedures for fire
- 1078 evacuation drills and other emergency procedures.
- 1079        (g) Care of persons who have Alzheimer's disease and
- 1080 related disorders.
- 1081        (h) Elopement prevention.
- 1082        (i) Aggression and behavior management, deescalation
- 1083 techniques, and proper protocols and procedures of the Baker Act
- 1084 as provided in part I of chapter 394.
- 1085        (j) Do-not-resuscitate orders.
- 1086        (k) Infection control.
- 1087        (l) Admission, continuing residency, and best practices in
- 1088 the assisted living industry.
- 1089        (m) Phases of care and interacting with residents.
- 1090        (6) The department, in consultation with the agency, the
- 1091 Department of Children and Family Services, and stakeholders,
- 1092 shall approve a supplemental training curriculum consisting of

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1093 topics related to extended congregate care, limited mental  
1094 health, and business operations, including human resources,  
1095 financial management, and supervision of staff, which must be  
1096 completed by an applicant for licensure as an assisted living  
1097 facility administrator.

1098 (7) The department shall approve a competency test for  
1099 applicants for licensure as an assisted living facility  
1100 administrator which tests the individual's comprehension of the  
1101 training required in subsections (5) and (6). The competency  
1102 test must be reviewed annually and timely updated to reflect  
1103 changes in the law, rules, and best practices. The competency  
1104 test must be offered in English and Spanish and may be made  
1105 available through testing centers.

1106 (8) The department, in consultation with the agency and  
1107 stakeholders, shall approve curricula for continuing education  
1108 for administrators and staff members of an assisted living  
1109 facility. Continuing education shall include topics similar to  
1110 that of the core training required for staff members and  
1111 applicants for licensure as assisted living facility  
1112 administrators. Continuing education may be offered through  
1113 online courses, and any fees associated with the online service  
1114 shall be borne by the licensee or the assisted living facility.  
1115 Required continuing education must, at a minimum, cover the  
1116 following topics:

1117 (a) Elopement prevention.

1118 (b) Deescalation techniques.

1119 (c) Phases of care and interacting with residents.

1120 (9) Effective January 1, 2013, the training required by



1121 this section shall be conducted by:  
 1122 (a) Any Florida College System institution;  
 1123 (b) Any nonpublic postsecondary educational institution  
 1124 licensed or exempted from licensure pursuant to chapter 1005; or  
 1125 (c) Any statewide association that contracts with the  
 1126 department to provide training. The department may specify  
 1127 minimum trainer qualifications in the contract. For the purposes  
 1128 of this section, the term "statewide association" means any  
 1129 statewide entity which represents and provides technical  
 1130 assistance to assisted living facilities.  
 1131 (10) Assisted living facility trainers shall keep a record  
 1132 of individuals who complete training and shall submit the record  
 1133 to the agency within 30 days after the individual completes the  
 1134 course.  
 1135 (11) The department shall adopt rules as necessary to  
 1136 administer this section.  
 1137 ~~(8) The department shall adopt rules related to these~~  
 1138 ~~training requirements, the competency test, necessary~~  
 1139 ~~procedures, and competency test fees and shall adopt or contract~~  
 1140 ~~with another entity to develop a curriculum, which shall be used~~  
 1141 ~~as the minimum core training requirements. The department shall~~  
 1142 ~~consult with representatives of stakeholder associations and~~  
 1143 ~~agencies in the development of the curriculum.~~  
 1144 ~~(9) The training required by this section shall be~~  
 1145 ~~conducted by persons registered with the department as having~~  
 1146 ~~the requisite experience and credentials to conduct the~~  
 1147 ~~training. A person seeking to register as a trainer must provide~~  
 1148 ~~the department with proof of completion of the minimum core~~

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1149 ~~training education requirements, successful passage of the~~  
 1150 ~~competency test established under this section, and proof of~~  
 1151 ~~compliance with the continuing education requirement in~~  
 1152 ~~subsection (4).~~

1153 ~~(10) A person seeking to register as a trainer must also:~~

1154 ~~(a) Provide proof of completion of a 4 year degree from an~~  
 1155 ~~accredited college or university and must have worked in a~~  
 1156 ~~management position in an assisted living facility for 3 years~~  
 1157 ~~after being core certified;~~

1158 ~~(b) Have worked in a management position in an assisted~~  
 1159 ~~living facility for 5 years after being core certified and have~~  
 1160 ~~1 year of teaching experience as an educator or staff trainer~~  
 1161 ~~for persons who work in assisted living facilities or other~~  
 1162 ~~long-term care settings;~~

1163 ~~(c) Have been previously employed as a core trainer for~~  
 1164 ~~the department; or~~

1165 ~~(d) Meet other qualification criteria as defined in rule,~~  
 1166 ~~which the department is authorized to adopt.~~

1167 ~~(11) The department shall adopt rules to establish trainer~~  
 1168 ~~registration requirements.~~

1169 Section 20. Section 429.54, Florida Statutes, is amended  
 1170 to read:

1171 429.54 Collection of information; local subsidy;  
 1172 interagency communication.-

1173 (1) To enable the department to collect the information  
 1174 requested by the Legislature regarding the actual cost of  
 1175 providing room, board, and personal care in assisted living  
 1176 facilities, the department may ~~is authorized to~~ conduct field

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1177 visits and audits of facilities as ~~may be~~ necessary. The owners  
1178 of randomly sampled facilities shall submit such reports,  
1179 audits, and accountings of cost as the department may require by  
1180 rule; however, ~~provided that~~ such reports, audits, and  
1181 accountings may not be more than ~~shall be~~ the minimum necessary  
1182 to implement the provisions of this subsection ~~section~~. Any  
1183 facility selected to participate in the study shall cooperate  
1184 with the department by providing cost of operation information  
1185 to interviewers.

1186 (2) Local governments or organizations may contribute to  
1187 the cost of care of local facility residents by further  
1188 subsidizing the rate of state-authorized payment to such  
1189 facilities. Implementation of local subsidy shall require  
1190 departmental approval and may ~~shall~~ not result in reductions in  
1191 the state supplement.

1192 (3) Subject to the availability of funds, the agency, the  
1193 department, the Department of Children and Family Services, and  
1194 the Agency for Persons with Disabilities shall develop or modify  
1195 electronic systems of communication among state-supported  
1196 automated systems to ensure that relevant information pertaining  
1197 to the regulation of assisted living facilities and assisted  
1198 living facility staff is timely and effectively communicated  
1199 among agencies in order to facilitate the protection of  
1200 residents.

1201 Section 21. This act shall take effect July 1, 2012.