1 A bill to be entitled 2 An act relating to assisted living facilities; amending s. 400.402, F.S.; revising 3 4 definitions; providing additional definitions; 5 amending s. 400.407, F.S.; deleting an 6 additional license fee assessed against 7 facilities that provide limited mental health services; amending s. 400.4075, F.S.; revising 8 9 requirements for a facility in obtaining a 10 limited mental health license; requiring certain training for the facility administrator 11 and staff; requiring a facility that holds a 12 13 limited mental health license to maintain a copy of the community living support plan and a 14 15 cooperative agreement for each mental health resident and verify that such resident meets 16 17 certain requirements; amending s. 400.426, 18 F.S.; revising provisions to reflect the 19 transfer of certain duties to the Department of Children and Family Services; providing that an 20 21 assessment completed through the Comprehensive 22 Assessment and Review for Long-Term Care 23 Services (CARES) Program fulfills certain requirements for a medical examination; 24 25 requiring certain documentation for a mental 26 health resident who resides in an assisted 27 living facility that holds a limited mental 28 health license; providing for an evaluation of a mental health resident in certain instances; 29 30 amending s. 394.455, F.S.; revising definitions to reflect the transfer of duties to the

1 Department of Children and Family Services; 2 creating s. 394.4574, F.S.; providing 3 requirements under the Baker Act for the Department of Children and Family Services with 4 5 respect to a mental health resident who resides in an assisted living facility that holds a 6 7 limited mental health license; providing the 8 department with certain responsibilities 9 related to a mental health resident; amending 10 ss. 651.011 and 651.118, F.S.; correcting cross references; providing an effective date. 11

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

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Section 1. Present subsections (9) through (26) of section 400.402, Florida Statutes, are renumbered as subsections (11) through (28), respectively, new subsections (9) and (10) are added to said section, and renumbered subsections (17) and (22) are amended, to read:

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400.402 Definitions.--When used in this part, unless the context otherwise requires, the term:

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document prepared by a mental health resident and the mental health case manager of that resident in consultation with the administrator of the facility or the administrator's designee. A copy must be provided to the administrator of the assisted living facility with a limited mental health license in which the mental health resident lives. The plan must include information about the supports, services, and special needs of the resident, that enable the resident to live in the assisted living facility.

of understanding between a mental health care services

provider designated by the Department of Children and Family

Services and the administrator of the assisted living facility

with a limited mental health license in which a mental health

resident is living. The agreement specifies directions for

accessing emergency and after-hours care for the mental health

resident and a method for the staff of the facility to

recognize and respond to the signs and symptoms particular to

that mental health resident that indicate the need for

professional services. The cooperative agreement may be a

component of the community living support plan.

(17)(15) "Mental health resident" means an individual who receives social security disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental security income due to a mental disorder as determined by the Social Security Administration and receives optional state supplementation.÷

- (a) Is a member of a specified population group having priority for district alcohol, drug abuse, and mental health services as provided in s. 394.75(4); and
- (b) Has been determined to be in need of primary care services as provided in s. 394.675(1)(a).
- (22)(20) "Service plan" means a written plan, developed and agreed upon by the resident and, if applicable, the resident's representative or designee or the resident's surrogate, guardian, or attorney in fact, if any, and the administrator or designee representing the facility, which addresses the unique physical and psychosocial needs, abilities, and personal preferences of each resident receiving extended congregate care services or mental health services.

The plan shall include a brief written description, in easily understood language, of what services shall be provided, who shall provide the services, when the services shall be rendered, and the purposes and benefits of the services.

Section 2. Paragraph (b) of subsection (1), paragraph (a) of subsection (3), and paragraphs (c) and (d) of subsection (4) of section 400.407, Florida Statutes, are amended to read:

400.407 License required; fee, display.-(1)

- (b)1. Any person found guilty of violating paragraph (a) who, upon notification by the agency, fails, within 10 working days after receiving such notification, to apply for a license commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- 2. Any person found to be in violation of paragraph (a) due to a change in s. 400.402(3), (18), (24), or (25) (16), (22), or (23) or a modification in department policy pertaining to personal services as provided for in s. 400.402(16) and who, upon notification by the agency, fails, within 10 working days after receiving such notification, to apply for a license commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- 3. Except as provided for in subparagraph 2., any person who violates paragraph (a) who previously operated a licensed facility or concurrently operates a licensed facility and an unlicensed facility commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

- 4. Any person who fails to obtain a license after agency notification may be fined for each day of noncompliance pursuant to s. 400.419(1)(b).
- 5. When an owner has an interest in more than one facility, and fails to license any one of these facilities, the agency may revoke the license or impose a moratorium on any or all of the licensed facilities until such time as the delinquent facility is licensed.
- 6. If the agency determines that an owner is operating or maintaining a facility without obtaining a license authorizing such operation and determines that a condition exists in the facility that poses a threat to the health, safety, or welfare of a resident of the facility, the owner commits neglect as defined in s. 415.102 and is subject to the same actions and penalties specified in ss. 400.414 and 400.419 for a negligent act seriously affecting the health, safety, or welfare of a resident of the facility.
- (3) Any license granted by the agency shall state the maximum resident capacity of the facility, the type of care for which the license is granted, the date the license is issued, the expiration date of the license, and any other information deemed necessary by the agency. Licenses shall be issued for one or more of the following categories of care: standard, extended congregate care, limited nursing services, or limited mental health services.
- (a) A standard license shall be issued to facilities providing one or more of the <u>personal</u> services identified in s. 400.402(16). Such facilities may also employ or contract with a person licensed under chapter 464 to administer medications and perform other tasks as specified in s. 400.4255.

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(c) In addition to the total fee assessed under paragraph (a), the agency shall require facilities that are licensed to provide limited nursing services under this part to pay an additional fee per licensed facility. The amount of the biennial fee shall be \$200 per license, with an additional fee of \$10 per resident based on the total licensed resident capacity of the facility. The total biennial fee may shall not exceed \$2,000, no part of which shall be returned to the facility. Beginning July 1, 1990, The agency may adjust the \$200 biennial license fee and the maximum total license fee once each year by not more than the average rate of inflation

for the 12 months immediately preceding the increase.

(d) In addition to the total fee assessed under paragraph (a), the agency shall require that facilities designated to provide limited mental health services under this part pay an additional fee per licensed facility. The biennial fee shall be \$200 per facility with an additional fee of \$10 per resident based on the capacity of the facility for limited mental health services. The total fee shall not exceed \$1,000, no part of which shall be returned to the facility. Beginning July 1, 1990, the agency may adjust the \$200 biennial license fee and the maximum total license fee once each year by not more than the average rate of inflation for the 12 months immediately preceding the increase.

Section 3. Section 400.4075, Florida Statutes, 1996 Supplement, is amended to read:

400.4075 Limited mental health license.--An assisted living facility that serves three or more mental health residents must obtain a limited mental health license.

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(1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility and must ensure that within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents complete training of no less than 6 hours related to their duties. This training will be provided by or approved by the Department of Children and Family Services. A limited mental health license shall be issued to facilities that provide services to mental health residents who meet the criteria of s. 400.402(15).

(1) In order for services to be provided to mental health residents in a facility licensed under this part, the agency shall first determine that all requirements established in law and rule are met and shall specifically designate, on the facility's license, that services may be provided to mental health residents, and shall designate the number of such residents who may receive services. Such designation may be made at the time of initial licensure or biennial relicensure, or if requested in writing by a licensee under this part. Notification of approval or denial of such request shall be made within 90 days after receipt of such request and all necessary documentation. Existing facilities qualifying to provide services to such residents shall meet the licensing standards in this section and shall not have been subject to administrative sanctions which affect the health, safety, or welfare of residents for the previous 2 years or since initial licensure if the facility has been licensed for less than 2 years.

(2) Facilities licensed to provide services to mental health residents shall provide appropriate supervision and

staffing, as defined by rule, to provide for the health, safety, and welfare of such residents.

- (3) A facility that has a limited mental health license must:
- (a) Have a copy of each mental health resident's community living support plan and the cooperative agreement with the mental health care services provider. The support plan and the agreement may be combined.
- (b) Have documentation that is provided by the

 Department of Children and Family Services that each mental
 health resident has been assessed and determined to be able to
 live in the community in an assisted living facility with a
 limited mental health license.
- (c) Make the community living support plan available for inspection by the resident, the resident's legal guardian, the resident's health care surrogate, and other individuals who have a lawful basis for reviewing this document.
- (d) Assist the mental health resident in carrying out the activities identified in the individual's community living support plan.
- (3) In addition to the training as provided in s.

 400.452, staff in facilities that are authorized to provide
 services to mental health residents shall receive training, as
 defined by rule, on the special needs of such residents.
- (4) Facilities designated to provide services to mental health residents may not have more than the maximum resident capacity for the facility.
- (5) A mental health resident who receives services under this part shall meet the admission criteria established by the department for assisted living facilities. When a resident no longer meets the admission criteria for a facility

licensed under this part, arrangements for relocating the person shall be made in accordance with s. 400.428(1)(k).

- (6) An assisted living facility serving mental health residents under this part shall have on file for each mental health resident a written mental health plan. The plan shall be open and available for inspection by the resident, the resident's legal guardian, if any, the resident's health care surrogate, if any, and all other entities or individuals having lawful access to such records. The department shall establish standards regarding the format and content of such plans.
- (7) Facilities licensed to provide services to mental health residents under this part shall be required to have a written agreement with the nearest publicly funded community facility as defined in s. 394.455 or a licensed mental health professional designated by the district alcohol, drug abuse, and mental health program office. The agreement shall specify the manner in which the clinical mental health services that are included in residents' mental health plans shall be accessed and delivered.

Section 4. Subsections (1), (4), (6), (7), and (8) of section 400.426, Florida Statutes, 1996 Supplement, are amended to read:

- 400.426 Appropriateness of placements; examinations of residents.--
- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the

care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Family Health and Rehabilitative Services, the administrator must notify the appropriate contact person in the applicable department.

- examined by a licensed physician or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use utilize the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills this requirement for a medical examination.
- (6) Any resident accepted in a facility and placed by the department or the Department of <u>Children and Family Health</u> and Rehabilitative Services shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the

appropriateness of placement in a facility. The findings of this pursuant to such examination shall be recorded on the 2 3 examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the 4 5 facility owner or administrator. In the case of a mental 6 health resident, the Department of Children and Family 7 Services must provide documentation that the individual has been assessed and determined to be able to live in the 8 9 community in an assisted living facility with a limited mental health license. This documentation must be in the facility 10 within 30 days after the mental health resident has been 11 admitted to the facility. In addition, any resident placed by 12 13 the department or the Department of Health and Rehabilitative Services who is a mental health resident shall also be 14 15 evaluated by a mental health professional, as defined in s. 394.455(2), (4), (20), (22), or (23), to assess the resident's 16 17 appropriateness for placement in a facility. The applicable 18 department shall provide to the facility administrator any 19 information about the resident that would help the administrator meet his or her responsibilities under 20 21 subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and 22 23 advise the operator whom to call should problems arise. The applicable department shall advise and assist the facility 24 25 administrator where the special needs of residents who are 26 recipients of optional state supplementation require such 27 assistance. 28 (7) The Department of Children and Family Health and 29 Rehabilitative Services may require an examination for

supplemental security income and optional state

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and shall provide the such examination whenever a resident's condition requires it. Any facility administrator; personnel of the agency, the department, or the Department of Children and Family Health and Rehabilitative Services; or long-term care ombudsman council member who believes a resident needs to be evaluated shall notify the resident's case manager, who shall take appropriate action. A report of the examination findings shall be provided to the resident's case manager and the facility administrator to help the administrator meet his or her responsibilities under subsection (1).

(8) If, at any time after admission to a facility, a resident appears to need care beyond that which the facility is licensed to provide, the agency shall require the resident to be physically examined by a licensed physician or licensed nurse practitioner. This or evaluated by an appropriate mental health professional, as defined in s. 394.455(2), (4), (20), (22), or (23); such examination shall, to the extent possible, be performed by the resident's preferred physician or nurse practitioner or mental health professional and shall be paid for by the resident with personal funds, except as provided in s. 400.418(1)(b). Following this Pursuant to such examination, the examining physician or licensed nurse practitioner shall complete and sign a medical form provided by the agency. The completed medical form shall be submitted to the agency within 30 days after from the date the facility owner or administrator is notified by the agency that the physical examination is required. After consultation with the physician or licensed nurse practitioner who performed the examination, a medical review team designated by the agency shall then determine whether the resident is appropriately residing in the facility. The medical review team shall base

its decision on a comprehensive review of the resident's physical and functional status, including the resident's preferences, and not on an isolated health-related problem. In 3 the case of a mental health resident, if the resident appears 4 5 to have needs in addition to those identified in the community 6 living support plan, the agency may require an evaluation by a 7 mental health professional, as determined by the Department of 8 Children and Family Services. A facility may must not be 9 required to retain a resident who requires more services or care than the facility is able to provide in accordance with 10 its policies and criteria for admission and continued 11 residency. Members of the medical review team making the final 12 13 determination may shall not include the agency personnel who 14 initially questioned the appropriateness of a resident's 15 placement. Such determination is shall be final and binding upon the facility and the resident. Any resident who is 16 17 determined by the medical review team to be inappropriately 18 residing in a facility shall be given 30 days' written notice 19 to relocate by the owner or administrator, unless the 20 resident's continued residence in the facility presents an imminent danger to the health, safety, or welfare of the 21 resident or a substantial probability exists that death or 22 23 serious physical harm would result to the resident if allowed 24 to remain in the facility. Section 5. Subsections (8) and (28) of section 25 26 394.455, Florida Statutes, 1996 Supplement, are amended to 27 read: 28 394.455 Definitions.--As used in this part, unless the 29 context clearly requires otherwise, the term: 30 "Department" means the Department of Children and

Family Health and Rehabilitative Services.

(28) "Secretary" means the Secretary of Children and 1 Family Health and Rehabilitative Services. 2 Section 6. Section 394.4574, Florida Statutes, is 3 created to read: 4 5 394.4574 Department responsibilities for a mental 6 health resident who resides in an assisted living facility 7 that holds a limited mental health license. --(1) "Mental health resident" for purposes of this 8 9 subsection, means an individual who receives social security 10 disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental 11 security income due to a mental disorder as determined by the 12 13 Social Security Administration and receives optional state 14 supplementation. 15 (2) The department must ensure that: (a) A mental health resident has been assessed and 16 17 determined to be able to live in the community in an assisted 18 living facility with a limited mental health license. 19 Documentation verifying this information must be provided to 20 the administrator of the assisted living facility with a 21 limited mental health license in which the mental health 22 resident lives within 30 days after the mental health resident 23 is admitted to the assisted living facility with a limited 24 mental health license. 25 (b) A cooperative agreement, as required in s. 26 400.4075, is developed between the mental health care services 27 provider designated by the department for a mental health 28 resident, and the administrator of the assisted living 29 facility with a limited mental health license in which the

mental health resident is living. The Medicaid managed care

plan contractor shall be the mental health services provider

in the case of a mental health resident eligible for mental health services through a Medicaid managed care plan.

- (c) The community living support plan, as defined in s. 400.402, has been prepared by a mental health resident and a mental health case manager of that resident in consultation with the administrator of the facility or the administrator's designee. The plan must be provided to the administrator of the assisted living facility with a limited mental health license in which the mental health resident lives. The community living support plan and the cooperative agreement may be in one document.
- (d) The assisted living facility with a limited mental health license is provided with documentation that the individual meets the definition of a mental health resident.
- (e) The mental health services provider assigns a case manager to each mental health resident who lives in an assisted living facility with a limited mental health license. The case manager is responsible for coordinating the development of and implementation of the community living support plan defined in s. 400.402. The plan must be updated at least annually.

Section 7. Subsection (2) of section 651.011, Florida Statutes, 1996 Supplement, is amended to read:

651.011 Definitions.--For the purposes of this chapter, the term:

(2) "Continuing care" or "care" means furnishing pursuant to an agreement shelter, food, and either nursing care or personal services as defined in s. 400.402(16), whether such nursing care or personal services are provided in the facility or in another setting designated by the agreement for continuing care, to an individual not related by

consanguinity or affinity to the provider furnishing such care, upon payment of an entrance fee. Other personal services provided shall be designated in the continuing care agreement. Agreements to provide continuing care include agreements to provide care for any duration, including agreements that are terminable by either party.

Section 8. Subsection (8) of section 651.118, Florida Statutes, 1996 Supplement, is amended to read:

651.118 Agency for Health Care Administration; certificates of need; sheltered beds; community beds.--

(8) A provider may petition the Agency for Health Care Administration to use a designated number of sheltered nursing home beds to provide extended congregate care as defined in s. 400.402(11)if the beds are in a distinct area of the nursing home which can be adapted to meet the requirements for extended congregate care. The provider may subsequently use such beds as sheltered beds after notifying the agency of the intended change.

Section 9. This act shall take effect upon becoming a law.

HOUSE SUMMARY Revises licensure requirements and responsibilities for assisted living facilities that provide limited mental health services to mental health residents. Provides definitions. Eliminates an additional license fee for such facilities. Requires certain training for facility administrators and for staff who are in direct contact with such residents. Requires contact with such residents. Requires for such residents and cooperative agreements for such residents. with such residents. Requires community living support plans and cooperative agreements for such residents, and verification that the resident meets certain requirements. Authorizes use of assessments of the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program to fulfill certain medical examination requirements. Specifies responsibilities of the Department of Children and Family Services for staff training and for resident assessment, placement, documentation and evaluation documentation, and evaluation. 2.6