## Amendment No. $\underline{1}$ (for drafter's use only)

|         | CHAMBER ACTION Senate House                                    |
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| 5       | ORIGINAL STAMP BELOW   |
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| 11      | Representative(s) Murman offered the following:                |
| 12      | Representative(s) Murman Offered the following.                |
| 13      | Amendment  |
| 14      | On page 3, line 29 to page 6, line 16                          |
| 15      | remove from the bill: all said lines                           |
| 16      | Temove from the Bili dir burd fines                            |
| 17      | and insert in lieu thereof:                                    |
| 18      | Section 2. Section 394.741, Florida Statutes, is               |
| 19      | created to read:   |
| 20      | 394.741 Accreditation requirements for providers of            |
| 21      | behavioral health care services                                |
| 22      | (1) As used in this section, the term "behavioral              |
| 23      | health care services" means mental health and substance abuse  |
| 24      | treatment services.  |
| 25      | (2) Notwithstanding any provision of law to the                |
| 26      | contrary, accreditation shall be accepted by the agency and    |
| 27      | department in lieu of the agency's and department's facility   |
| 28      | licensure on-site review requirements and shall be accepted as |
| 29      | a substitute for the department's administrative and program   |
| 30      | monitoring requirements, except as required by subsections (3) |
| 31      | and (4):   |

| 1  | (a) Any organization from which the department                 |
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| 2  | purchases behavioral health care services that is accredited   |
| 3  | by the Joint Commission on Accreditation of Healthcare         |
| 4  | Organizations or the Council on Accreditation for Children and |
| 5  | Family Services, or have those services that are being         |
| 6  | purchased by the department accredited by CARFthe              |
| 7  | Rehabilitation Accreditation Commission.                       |
| 8  | (b) Any mental health facility licensed by the agency          |
| 9  | or any substance abuse component licensed by the department    |
| 10 | that is accredited by the Joint Commission on Accreditation of |
| 11 | Healthcare Organizations, CARFthe Rehabilitation               |
| 12 | Accreditation Commission or the Council on Accreditation of    |
| 13 | Children and Family Services.                                  |
| 14 | (c) Any network of providers from which the department         |
| 15 | or the agency purchase behavioral health care services         |
| 16 | accredited by the Joint Commission on Accreditation of         |
| 17 | Healthcare Organizations, CARFthe Rehabilitation               |
| 18 | Accreditation Commission, the Council on Accreditation of      |
| 19 | Children and Family Services, or the National Committee for    |
| 20 | Quality Assurance. A provider organization, which is part of   |
| 21 | an accredited network, is afforded the same rights under this  |
| 22 | part.  |
| 23 | (3) For mental health services, the department and the         |

- (3) For mental health services, the department and the agency may adopt rules that establish:
- Additional standards for monitoring and licensing accredited programs and facilities that the department and the agency have determined are not specifically and distinctly covered by the accreditation standards and processes. These standards and the associated monitoring must not duplicate the standards and processes already covered by the accrediting bodies.

- (b) An on-site monitoring process between 24 months and 36 months after accreditation for non-residential facilities to assure that accredited organizations exempt from licensing and monitoring activities under this part continue to comply with critical standards.
- (c) An on-site monitoring process between 12 months and 24 months after accreditation for residential facilities to assure that accredited organizations exempt from licensing and monitoring activities under this part continue to comply with critical standards.
- (4) For substance abuse services, the department shall conduct full licensure inspections every three years and shall develop in rule criteria which would justify more frequent inspections.
- (5) The department and the agency shall be given access to all accreditation reports, corrective action plans, and performance data submitted to the accrediting organizations. When major deficiencies, as defined by the accrediting organization, are identified through the accreditation process, the department and the agency may perform followup monitoring to assure that such deficiencies are corrected and that the corrections are sustained over time. Proof of compliance with fire and health safety standards will be submitted as required by rule.
- (6) The department or agency, by accepting the survey or inspection of an accrediting organization, does not forfeit its rights to perform inspections at any time, including contract monitoring to ensure that deliverables are provided in accordance with the contract.

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all organizations under contract with the department for the provision of behavioral healthcare services, or licensed by the agency or department to be accredited. The department and the agency shall also report to the Legislature by January 1, 2003 on the viability of privatizing all licensure and monitoring functions through an accrediting organization. The accreditation requirements of this section shall apply to contracted organizations that are already accredited immediately upon becoming law.