

1 addictions receiving facility. The facilities providing such
2 integrated services shall be licensed as an adult crisis
3 stabilization unit as provided under part IV, and shall meet
4 all licensure requirements for such units.

5 (2) An integrated mental health crisis stabilization
6 unit and addictions receiving facility may provide services
7 under this section to adults, 18 years of age or older, who
8 fall into one or more of the following categories:

9 (a) An adult meeting the requirements for voluntary
10 admission for mental health treatment under s. 394.4625.

11 (b) An adult meeting the criteria for involuntary
12 examination for mental illness under s. 394.463.

13 (c) An adult qualifying for voluntary admission for
14 substance abuse treatment under s. 397.601.

15 (d) An adult meeting the criteria for involuntary
16 admission for substance abuse impairment under s. 397.675.

17 (3) The department, in consultation with the agency,
18 shall adopt by rule standards that address eligibility
19 criteria; clinical procedures; staffing requirements;
20 operational, administrative, and financing requirements; and
21 the investigation of complaints. Standards that are
22 implemented specific to substance abuse treatment services
23 shall meet or exceed existing standards for addiction
24 receiving facilities.

25 Section 2. Paragraph (a) of subsection (8) of section
26 409.906, Florida Statutes, is amended to read:

27 409.906 Optional Medicaid services.--Subject to
28 specific appropriations, the agency may make payments for
29 services which are optional to the state under Title XIX of
30 the Social Security Act and are furnished by Medicaid
31 providers to recipients who are determined to be eligible on

1 | the dates on which the services were provided. Any optional
2 | service that is provided shall be provided only when medically
3 | necessary and in accordance with state and federal law.
4 | Optional services rendered by providers in mobile units to
5 | Medicaid recipients may be restricted or prohibited by the
6 | agency. Nothing in this section shall be construed to prevent
7 | or limit the agency from adjusting fees, reimbursement rates,
8 | lengths of stay, number of visits, or number of services, or
9 | making any other adjustments necessary to comply with the
10 | availability of moneys and any limitations or directions
11 | provided for in the General Appropriations Act or chapter 216.
12 | If necessary to safeguard the state's systems of providing
13 | services to elderly and disabled persons and subject to the
14 | notice and review provisions of s. 216.177, the Governor may
15 | direct the Agency for Health Care Administration to amend the
16 | Medicaid state plan to delete the optional Medicaid service
17 | known as "Intermediate Care Facilities for the Developmentally
18 | Disabled." Optional services may include:
19 | (8) COMMUNITY MENTAL HEALTH SERVICES.--
20 | (a) The agency may pay for rehabilitative services
21 | provided to a recipient by a mental health or substance abuse
22 | provider ~~under contract with the agency or the Department of~~
23 | ~~Children and Family Services to provide such services.~~ Those
24 | services which are psychiatric in nature shall be rendered or
25 | recommended by a psychiatrist, and those services which are
26 | medical in nature shall be rendered or recommended by a
27 | physician or psychiatrist. The agency must develop a provider
28 | enrollment process for community mental health providers which
29 | bases provider enrollment on an assessment of service need.
30 | The provider enrollment process shall be designed to control
31 | costs, prevent fraud and abuse, consider provider expertise

1 and capacity, and assess provider success in managing
2 utilization of care and measuring treatment outcomes.
3 Providers will be selected through a competitive procurement
4 or selective contracting process. In addition to other
5 community mental health providers, the agency shall consider
6 ~~for~~ enrollment of mental health programs licensed under
7 chapter 395 and group practices licensed under chapter 458,
8 chapter 459, chapter 490, or chapter 491. The agency is ~~also~~
9 authorized to continue operation of its behavioral health
10 utilization management program and may develop new services if
11 ~~these actions are~~ necessary to ensure savings from the
12 implementation of the utilization management system. The
13 agency shall coordinate the implementation of this enrollment
14 process with the Department of Children and Family Services
15 and the Department of Juvenile Justice. The substance abuse
16 and mental health program of the Department of Children and
17 Family Services shall participate with the agency in the
18 assessment of service needs and program development. The
19 agency is authorized to utilize diagnostic criteria in setting
20 reimbursement rates, to preauthorize certain high-cost or
21 highly utilized services, to limit or eliminate coverage for
22 certain services, or to make any other adjustments necessary
23 to comply with any limitations or directions provided for in
24 the General Appropriations Act.

25 Section 3. Subsection (1) of section 766.101, Florida
26 Statutes, is amended to read:

27 766.101 Medical review committee, immunity from
28 liability.--

29 (1) As used in this section:

30 (a) The term "medical review committee" or "committee"
31 means:

1 1.a. A committee of a hospital or ambulatory surgical
2 center licensed under chapter 395 or a health maintenance
3 organization certificated under part I of chapter 641;~~7~~

4 b. A committee of a physician-hospital organization, a
5 provider-sponsored organization, or an integrated delivery
6 system;~~7~~

7 c. A committee of a state or local professional
8 society of health care providers;~~7~~

9 d. A committee of a medical staff of a licensed
10 hospital or nursing home, provided the medical staff operates
11 pursuant to written bylaws that have been approved by the
12 governing board of the hospital or nursing home;~~7~~

13 e. A committee of the Department of Corrections or the
14 Correctional Medical Authority as created under s. 945.602, or
15 employees, agents, or consultants of either the department or
16 the authority or both;~~7~~

17 f. A committee of a professional service corporation
18 formed under chapter 621 or a corporation organized under
19 chapter 607 or chapter 617, which is formed and operated for
20 the practice of medicine as defined in s. 458.305(3), and
21 which has at least 25 health care providers who routinely
22 provide health care services directly to patients;~~7~~

23 ~~g.~~ A committee of employees, agents, or consultants of
24 the Department of Children and Family Services conducting peer
25 review, utilization review, and mortality review of mental
26 health treatment services provided to persons served under
27 chapter 394;

28 ~~h.g.~~ A committee of a mental health treatment facility
29 licensed under chapter 394 or a community mental health center
30 as defined in s. 394.907, provided the quality assurance
31

1 program operates pursuant to the guidelines which have been
2 approved by the governing board of the agency;~~17~~

3 ~~i.h.~~ A committee of a substance abuse treatment and
4 education prevention program licensed under chapter 397
5 provided the quality assurance program operates pursuant to
6 the guidelines which have been approved by the governing board
7 of the agency;~~17~~

8 ~~i.i.~~ A peer review or utilization review committee
9 organized under chapter 440;~~17~~

10 ~~k.j.~~ A committee of the Department of Health, a county
11 health department, healthy start coalition, or certified rural
12 health network, when reviewing quality of care, or employees
13 of these entities when reviewing mortality records;~~17~~ or

14 ~~l.k.~~ A continuous quality improvement committee of a
15 pharmacy licensed pursuant to chapter 465,

16
17 which committee is formed to evaluate and improve the quality
18 of health care rendered by providers of health service or to
19 determine that health services rendered were professionally
20 indicated or were performed in compliance with the applicable
21 standard of care or that the cost of health care rendered was
22 considered reasonable by the providers of professional health
23 services in the area; or

24 2. A committee of an insurer, self-insurer, or joint
25 underwriting association of medical malpractice insurance, or
26 other persons conducting review under s. 766.106.

27 (b) The term "health care providers" means physicians
28 licensed under chapter 458, osteopathic physicians licensed
29 under chapter 459, podiatric physicians licensed under chapter
30 461, optometrists licensed under chapter 463, dentists
31 licensed under chapter 466, chiropractic physicians licensed

