

Amendment No.

CHAMBER ACTION

Senate

House

.

1 Representative Gonzalez offered the following:

2
3 **Amendment to Amendment (128436) (with title amendment)**

4 Remove lines 5-2388 of the amendment and insert:

5 Section 1. Section 394.4574, Florida Statutes, is amended
6 to read:

7 394.4574 Department responsibilities for a mental health
8 resident who resides in an assisted living facility ~~that holds a~~
9 ~~limited mental health license.~~

10 (1) The term "mental health resident," for purposes of
11 this section, means an individual who receives social security
12 disability income due to a mental disorder as determined by the
13 Social Security Administration or receives supplemental security
14 income due to a mental disorder as determined by the Social
15 Security Administration and receives optional state
16 supplementation.

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

17 (2) The department must ensure that:

18 (a) A mental health resident has been assessed by a
19 psychiatrist, clinical psychologist, clinical social worker, or
20 psychiatric nurse, or an individual who is supervised by one of
21 these professionals, and determined to be appropriate to reside
22 in an assisted living facility. The documentation must be
23 provided to the administrator of the facility within 30 days
24 after the mental health resident has been admitted to the
25 facility. An evaluation completed upon discharge from a state
26 mental hospital meets the requirements of this subsection
27 related to appropriateness for placement as a mental health
28 resident if it was completed within 90 days prior to admission
29 to the facility.

30 (b) A cooperative agreement, as required in s. 429.0751
31 ~~429.075~~, is developed between the mental health care services
32 provider that serves a mental health resident and ~~the~~
33 ~~administrator of the assisted living facility with a limited~~
34 ~~mental health license~~ in which the mental health resident is
35 living. ~~Any entity that provides Medicaid prepaid health plan~~
36 ~~services shall ensure the appropriate coordination of health~~
37 ~~care services with an assisted living facility in cases where a~~
38 ~~Medicaid recipient is both a member of the entity's prepaid~~
39 ~~health plan and a resident of the assisted living facility. If~~
40 ~~the entity is at risk for Medicaid targeted case management and~~
41 ~~behavioral health services, the entity shall inform the assisted~~
42 ~~living facility of the procedures to follow should an emergent~~
43 ~~condition arise.~~

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

44 (c) The community living support plan, as defined in s.
45 429.02, has been prepared by a mental health resident and a
46 mental health case manager of that resident in consultation with
47 the administrator of the facility or the administrator's
48 designee. The plan must be provided to the administrator of the
49 assisted living facility ~~with a limited mental health license~~ in
50 which the mental health resident lives. The support plan and the
51 agreement may be in one document.

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

55 (e) The mental health services provider assigns a case
56 manager to each mental health resident who lives in an assisted
57 living facility ~~with a limited mental health license~~. The case
58 manager is responsible for coordinating the development of and
59 implementation of the community living support plan defined in
60 s. 429.02. The plan must be updated as needed, but at least
61 annually, to ensure that the ongoing needs of the residents are
62 addressed.

63
64 The department shall adopt rules to implement the community
65 living support plans and cooperative agreements established
66 under this section.

67 (3) A Medicaid prepaid health plan shall ensure the
68 appropriate coordination of health care services with an
69 assisted living facility when a Medicaid recipient is both a
70 member of the entity's prepaid health plan and a resident of the
71 assisted living facility. If the Medicaid prepaid health plan is

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

72 responsible for Medicaid-targeted case management and behavioral
73 health services, the plan shall inform the assisted living
74 facility of the procedures to follow when an emergent condition
75 arises.

76 (4) The department shall include in contracts with mental
77 health service providers provisions that require the service
78 provider to assign a case manager for a mental health resident,
79 prepare a community living support plan, enter into a
80 cooperative agreement with the assisted living facility, and
81 otherwise comply with the provisions of this section. The
82 department shall establish and impose contract penalties for
83 mental health service providers under contract with the
84 department that fail to comply with this section.

85 (5) The Agency for Health Care Administration shall
86 include in contracts with Medicaid prepaid health plans
87 provisions that require the mental health service provider to
88 prepare a community living support plan, enter into a
89 cooperative agreement with the assisted living facility, and
90 otherwise comply with the provisions of this section. The agency
91 shall also establish and impose contract penalties for Medicaid
92 prepaid health plans that fail to comply with this section.

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

98 (7)~~(3)~~ The Secretary of Children and Family Services, in
99 consultation with the Agency for Health Care Administration,
228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

100 shall annually require each district administrator to develop,
101 with community input, detailed plans that demonstrate how the
102 district will ensure the provision of state-funded mental health
103 and substance abuse treatment services to residents of assisted
104 living facilities ~~that hold a limited mental health license.~~
105 These plans must be consistent with the substance abuse and
106 mental health district plan developed pursuant to s. 394.75 and
107 must address case management services; access to consumer-
108 operated drop-in centers; access to services during evenings,
109 weekends, and holidays; supervision of the clinical needs of the
110 residents; and access to emergency psychiatric care.

111 Section 2. Subsection (1) of section 395.002, Florida
112 Statutes, is amended to read:

113 395.002 Definitions.—As used in this chapter:

114 (1) "Accrediting organizations" means national
115 accreditation organizations that are approved by the Centers for
116 Medicare and Medicaid Services and whose standards incorporate
117 comparable licensure regulations required by the state ~~the Joint~~
118 ~~Commission on Accreditation of Healthcare Organizations, the~~
119 ~~American Osteopathic Association, the Commission on~~
120 ~~Accreditation of Rehabilitation Facilities, and the~~
121 ~~Accreditation Association for Ambulatory Health Care, Inc.~~

122 Section 3. Section 395.1051, Florida Statutes, is amended
123 to read:

124 395.1051 Duty to notify ~~patients.~~—

125 (1) An appropriately trained person designated by each
126 licensed facility shall inform each patient, or an individual
127 identified pursuant to s. 765.401(1), in person about adverse
228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

128 incidents that result in serious harm to the patient.

129 Notification of outcomes of care that result in harm to the

130 patient under this section does ~~shall~~ not constitute an

131 acknowledgment or admission of liability and may not, ~~nor can it~~

132 be introduced as evidence.

133 (2) A hospital must provide notice to all obstetrical
134 physicians with privileges at the hospital at least 120 days
135 before the hospital closes an obstetrics department or ceases to
136 provide obstetrical services.

137 Section 4. Paragraph (b) of subsection (1) of section
138 395.1055, Florida Statutes, is amended to read:

139 395.1055 Rules and enforcement.—

140 (1) The agency shall adopt rules pursuant to ss.
141 120.536(1) and 120.54 to implement the provisions of this part,
142 which shall include reasonable and fair minimum standards for
143 ensuring that:

144 (b) Infection control, housekeeping, sanitary conditions,
145 and medical record procedures that will adequately protect
146 patient care and safety are established and implemented. These
147 procedures shall require housekeeping and sanitation staff to
148 wear masks and gloves when cleaning patient rooms, to disinfect
149 environmental surfaces in patient rooms in accordance with the
150 time instructions on the label of the disinfectant used by the
151 hospital, and to document compliance with this paragraph. The
152 agency may impose an administrative fine for each day that a
153 violation of this paragraph occurs.

154 Section 5. Subsection (2) of section 400.0078, Florida
155 Statutes, is amended to read:

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

156 400.0078 Citizen access to State Long-Term Care Ombudsman
157 Program services.-

158 (2) ~~Every resident or representative of a resident shall~~
159 ~~receive,~~ Upon admission to a long-term care facility, each
160 resident or representative of a resident must receive
161 information regarding:

162 (a)1. The purpose of the State Long-Term Care Ombudsman
163 Program;~~;~~

164 2. The statewide toll-free telephone number for receiving
165 complaints;~~;~~

166 3. The residents rights under s. 429.28, including
167 information that retaliatory action cannot be taken against a
168 resident for presenting grievances or for exercising any other
169 of these rights; and

170 4. Other relevant information regarding how to contact the
171 program.

172 (b) Residents or their representatives must be furnished
173 additional copies of this information upon request.

174 Section 6. Subsection (3) of section 408.05, Florida
175 Statutes, is amended to read:

176 408.05 Florida Center for Health Information and Policy
177 Analysis.-

178 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.-The agency
179 shall collect, compile, analyze, and distribute ~~In order to~~
180 ~~produce comparable and uniform~~ health information and
181 statistics. Such information shall be used for developing the
182 ~~development of~~ policy recommendations, evaluating program and
183 provider performance, and facilitating the independent and

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

184 collaborative quality improvement activities of providers,
185 payors, and others involved in the delivery of health services.

186 The agency shall perform the following functions:

187 (a) Coordinate the activities of state agencies involved
188 in the design and implementation of the comprehensive health
189 information system.

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

192 (c) Review the statistical activities of state agencies to
193 ensure that they are consistent with the comprehensive health
194 information system.

195 (d) Develop written agreements with local, state, and
196 federal agencies for the sharing of health-care-related data or
197 using the facilities and services of such agencies. State
198 agencies, local health councils, and other agencies under state
199 contract shall assist the center in obtaining, compiling, and
200 transferring health-care-related data maintained by state and
201 local agencies. Written agreements must specify the types,
202 methods, and periodicity of data exchanges and specify the types
203 of data that will be transferred to the center.

204 (e) Establish by rule the types of data collected,
205 compiled, processed, used, or shared. Decisions regarding center
206 data sets should be made based on consultation with the State
207 Consumer Health Information and Policy Advisory Council and
208 other public and private users regarding the types of data which
209 should be collected and their uses. The center shall establish
210 standardized means for collecting health information and
211 statistics under laws and rules administered by the agency.

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

212 (f) Establish minimum health-care-related data sets which
213 are necessary on a continuing basis to fulfill the collection
214 requirements of the center and which shall be used by state
215 agencies in collecting and compiling health-care-related data.
216 The agency shall periodically review ongoing health care data
217 collections of the Department of Health and other state agencies
218 to determine if the collections are being conducted in
219 accordance with the established minimum sets of data.

220 (g) Establish advisory standards to ensure the quality of
221 health statistical and epidemiological data collection,
222 processing, and analysis by local, state, and private
223 organizations.

224 (h) Prescribe standards for the publication of health-
225 care-related data reported pursuant to this section which ensure
226 the reporting of accurate, valid, reliable, complete, and
227 comparable data. Such standards should include advisory warnings
228 to users of the data regarding the status and quality of any
229 data reported by or available from the center.

230 (i) Prescribe standards for the maintenance and
231 preservation of the center's data. This should include methods
232 for archiving data, retrieval of archived data, and data editing
233 and verification.

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

237 (k) Develop, in conjunction with the State Consumer Health
238 Information and Policy Advisory Council, and implement a long-
239 range plan for making available health care quality measures and
228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

240 financial data that will allow consumers to compare health care
241 services. The health care quality measures and financial data
242 the agency must make available shall include, but is not limited
243 to, pharmaceuticals, physicians, health care facilities, and
244 health plans and managed care entities. The agency shall update
245 the plan and report on the status of its implementation
246 annually. The agency shall also make the plan and status report
247 available to the public on its Internet website. As part of the
248 plan, the agency shall identify the process and timeframes for
249 implementation, any barriers to implementation, and
250 recommendations of changes in the law that may be enacted by the
251 Legislature to eliminate the barriers. As preliminary elements
252 of the plan, the agency shall:

253 1. Make available patient-safety indicators, inpatient
254 quality indicators, and performance outcome and patient charge
255 data collected from health care facilities pursuant to s.
256 408.061(1)(a) and (2). The terms "patient-safety indicators" and
257 "inpatient quality indicators" shall be as defined by the
258 Centers for Medicare and Medicaid Services, the National Quality
259 Forum, the Joint Commission ~~on Accreditation of Healthcare~~
260 ~~Organizations~~, the Agency for Healthcare Research and Quality,
261 the Centers for Disease Control and Prevention, or a similar
262 national entity that establishes standards to measure the
263 performance of health care providers, or by other states. The
264 agency shall determine which conditions, procedures, health care
265 quality measures, and patient charge data to disclose based upon
266 input from the council. When determining which conditions and
267 procedures are to be disclosed, the council and the agency shall

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

268 consider variation in costs, variation in outcomes, and
269 magnitude of variations and other relevant information. When
270 determining which health care quality measures to disclose, the
271 agency:

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

276 b. May consider such additional measures that are adopted
277 by the Centers for Medicare and Medicaid Studies, National
278 Quality Forum, the Joint Commission ~~on Accreditation of~~
279 ~~Healthcare Organizations~~, the Agency for Healthcare Research and
280 Quality, Centers for Disease Control and Prevention, or a
281 similar national entity that establishes standards to measure
282 the performance of health care providers, or by other states.

283
284 When determining which patient charge data to disclose, the
285 agency shall include such measures as the average of
286 undiscounted charges on frequently performed procedures and
287 preventive diagnostic procedures, the range of procedure charges
288 from highest to lowest, average net revenue per adjusted patient
289 day, average cost per adjusted patient day, and average cost per
290 admission, among others.

291 2. Make available performance measures, benefit design,
292 and premium cost data from health plans licensed pursuant to
293 chapter 627 or chapter 641. The agency shall determine which
294 health care quality measures and member and subscriber cost data
295 to disclose, based upon input from the council. When determining
228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

296 which data to disclose, the agency shall consider information
297 that may be required by either individual or group purchasers to
298 assess the value of the product, which may include membership
299 satisfaction, quality of care, current enrollment or membership,
300 coverage areas, accreditation status, premium costs, plan costs,
301 premium increases, range of benefits, copayments and
302 deductibles, accuracy and speed of claims payment, credentials
303 of physicians, number of providers, names of network providers,
304 and hospitals in the network. Health plans shall make available
305 to the agency any such data or information that is not currently
306 reported to the agency or the office.

307 3. Determine the method and format for public disclosure
308 of data reported pursuant to this paragraph. The agency shall
309 make its determination based upon input from the State Consumer
310 Health Information and Policy Advisory Council. At a minimum,
311 the data shall be made available on the agency's Internet
312 website in a manner that allows consumers to conduct an
313 interactive search that allows them to view and compare the
314 information for specific providers. The website must include
315 such additional information as is determined necessary to ensure
316 that the website enhances informed decisionmaking among
317 consumers and health care purchasers, which shall include, at a
318 minimum, appropriate guidance on how to use the data and an
319 explanation of why the data may vary from provider to provider.

320 4. Publish on its website undiscounted charges for no
321 fewer than 150 of the most commonly performed adult and
322 pediatric procedures, including outpatient, inpatient,
323 diagnostic, and preventative procedures.

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

324 (1) Assist quality improvement collaboratives by releasing
325 information to the providers, payors, or entities representing
326 and working on behalf of providers and payors. The agency shall
327 release such data, which is deemed necessary for the
328 administration of the Medicaid program, to quality improvement
329 collaboratives for evaluation of the incidence of potentially
330 preventable events.

331 Section 7. Subsection (31) is added to section 408.802,
332 Florida Statutes, to read:

333 408.802 Applicability.—The provisions of this part apply
334 to the provision of services that require licensure as defined
335 in this part and to the following entities licensed, registered,
336 or certified by the agency, as described in chapters 112, 383,
337 390, 394, 395, 400, 429, 440, 483, and 765:

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

340 Section 8. Subsection (29) is added to section 408.820,
341 Florida Statutes, to read:

342 408.820 Exemptions.—Except as prescribed in authorizing
343 statutes, the following exemptions shall apply to specified
344 requirements of this part:

345 (29) Assisted living facility administrators, as provided
346 under part I of chapter 429, are exempt from ss. 408.806(7),
347 408.810(4)-(10), and 408.811.

348 Section 9. Paragraph (c) of subsection (4) of section
349 409.212, Florida Statutes, is amended to read:

350 409.212 Optional supplementation.—

Amendment No.

351 (4) In addition to the amount of optional supplementation
352 provided by the state, a person may receive additional
353 supplementation from third parties to contribute to his or her
354 cost of care. Additional supplementation may be provided under
355 the following conditions:

356 (c) The additional supplementation shall not exceed four
357 ~~two~~ times the provider rate recognized under the optional state
358 supplementation program.

359 Section 10. Section 409.986, Florida Statutes, is created
360 to read:

361 409.986 Quality adjustments to Medicaid rates.-

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

363 (a) "Expected rate" means the risk-adjusted rate for each
364 provider that accounts for the severity of illness, diagnosis
365 related groups, and the age of a patient.

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

369 (c) "Observed rate" means the actual number for each
370 provider of potentially preventable events divided by the number
371 of cases in which potentially preventable events may have
372 occurred.

373 (d) "Potentially preventable admission" means an admission
374 of a person to a hospital that might have reasonably been
375 prevented with adequate access to ambulatory care or health care
376 coordination.

377 (e) "Potentially preventable ancillary service" means a
378 health care service provided or ordered by a physician or other

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

379 health care provider to supplement or support the evaluation or
380 treatment of a patient, including a diagnostic test, laboratory
381 test, therapy service, or radiology service, that may not be
382 reasonably necessary for the provision of quality health care or
383 treatment.

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

- 387 1. Occurs after the person's admission to a hospital; and
388 2. May have resulted from the care, lack of care, or
389 treatment provided during the hospital stay rather than from a
390 natural progression of an underlying disease.

391 (g) "Potentially preventable emergency department visit"
392 means treatment of a person in a hospital emergency room or
393 freestanding emergency medical care facility for a condition
394 that does not require or should not have required emergency
395 medical attention because the condition can or could have been
396 treated or prevented by a physician or other health care
397 provider in a nonemergency setting.

398 (h) "Potentially preventable event" means a potentially
399 preventable admission, a potentially preventable ancillary
400 service, a potentially preventable complication, a potentially
401 preventable emergency department visit, a potentially
402 preventable readmission, or a combination of those events.

403 (i) "Potentially preventable readmission" means a return
404 hospitalization of a person within 15 days that may have
405 resulted from deficiencies in the care or treatment provided to
406 the person during a previous hospital stay or from deficiencies

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

407 in posthospital discharge followup. The term does not include a
408 hospital readmission necessitated by the occurrence of unrelated
409 events after the discharge. The term includes the readmission of
410 a person to a hospital for:

411 1. The same condition or procedure for which the person
412 was previously admitted;

413 2. An infection or other complication resulting from care
414 previously provided; or

415 3. A condition or procedure that indicates that a surgical
416 intervention performed during a previous admission was
417 unsuccessful in achieving the anticipated outcome.

418 (j) "Quality improvement collaboration" means a structured
419 process involving multiple providers and subject matter experts
420 to focus on a specific aspect of quality care in order to
421 analyze past performance and plan, implement, and evaluate
422 specific improvement methods.

423 (2) The agency shall establish and implement methodologies
424 to adjust Medicaid payment rates for hospitals, nursing homes,
425 and managed care plans based on evidence of improved patient
426 outcomes. Payment adjustments shall be dependent on
427 consideration of specific outcome measures for each provider
428 category, documented activities by providers to improve
429 performance, and evidence of significant improvement over time.
430 Measurement of outcomes shall include appropriate risk
431 adjustments, exclude cases that cannot be determined to be
432 preventable, and waive adjustments for providers with too few
433 cases to calculate reliable rates.

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

434 (a) Performance-based payment adjustments may be made up
435 to 1 percent of each qualified provider's rate for hospital
436 inpatient services, hospital outpatient services, nursing home
437 care, and the plan-specific capitation rate for prepaid health
438 plans. Adjustments for activities to improve performance may be
439 made up to 0.25 percent based on evidence of a provider's
440 engagement in activities specified in this section.

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

444 (3) Methodologies established pursuant to this section
445 shall use existing databases, including Medicaid claims,
446 encounter data compiled pursuant to s. 409.9122(14), and
447 hospital discharge data compiled pursuant to s. 408.061(1)(a).
448 To the extent possible, the agency shall use methods for
449 determining outcome measures in use by other payors.

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

453 (5) The agency may appoint a technical advisory panel for
454 each provider category in order to solicit advice and
455 recommendations during the development and implementation of the
456 performance payment system.

457 (6) The performance payment system for hospitals shall
458 apply to general hospitals as defined in s. 395.002. The outcome
459 measures used to allocate positive payment adjustments shall
460 consist of one or more potentially preventable events such as

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

461 potentially preventable readmissions and potentially preventable
462 complications.

463 (a) For each 12-month period after the base year, the
464 agency shall determine the expected rate and the observed rate
465 for specific outcome indicators for each hospital. The
466 difference between the expected and observed rates shall be used
467 to establish a performance rate for each hospital. Hospitals
468 shall be ranked based on performance rates.

469 (b) For at least the first three rate-setting periods
470 after the performance payment system is implemented, a positive
471 payment adjustment shall be made to hospitals in the top 10
472 percentiles, based on their performance rates, and the 10
473 hospitals with the best year-to-year improvement among those
474 hospitals that did not rank in the top 10 percentiles. After the
475 third period of performance payment, the agency may replace the
476 criteria specified in this subsection with quantified benchmarks
477 for determining which providers qualify for positive payment
478 adjustments.

479 (c) Quality improvement activities that may earn positive
480 payment adjustments include:

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

483 2. Actively engaging in a quality improvement
484 collaboration that focuses on reducing potentially preventable
485 admissions, potentially preventable readmissions, or hospital-
486 acquired infections.

487 (7) The performance payment system for skilled nursing
488 facilities shall apply to facilities licensed pursuant to part

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

489 II of chapter 400 with current Medicaid provider service
490 agreements. The agency, after consultation with the technical
491 advisory panel established in subsection (5), shall select
492 outcome measures to be used to allocate positive payment
493 adjustments. The outcome measures shall be consistent with the
494 federal Quality Assurance and Performance Improvement
495 requirements and include one or more of the following clinical
496 care areas: pressure sores, falls, or hospitalizations.

497 (a) For each 12-month period after the base year, the
498 agency shall determine the expected rate and the observed rate
499 for specific outcome indicators for each skilled nursing
500 facility. The difference between the expected and observed rates
501 shall be used to establish a performance rate for each skilled
502 nursing facility. Facilities shall be ranked based on
503 performance rates.

504 (b) For at least the first three rate-setting periods
505 after the performance payment system is implemented, a positive
506 payment adjustment shall be made to facilities in the top three
507 percentiles, based on their performance rates, and the 10
508 facilities with the best year-to-year improvement among
509 facilities that did not rank in the top three percentiles. After
510 the third period of performance payment, the agency may replace
511 the criteria specified in this subsection with quantified
512 benchmarks for determining which facilities qualify for positive
513 payment adjustments.

514 (c) Quality improvement activities that may earn positive
515 payment adjustments include:

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

516 1. Actively engaging in a comprehensive fall-prevention
517 program.

518 2. Actively engaging in a quality improvement
519 collaboration that focuses on reducing potentially preventable
520 hospital admissions or reducing the percentage of residents with
521 pressure ulcers that are new or worsened.

522 (8) A performance payment system shall apply to all
523 managed care plans. The outcome measures used to allocate
524 positive payment adjustments shall consist of one or more
525 potentially preventable events, such as potentially preventable
526 initial hospital admissions, potentially preventable emergency
527 department visits, or potentially preventable ancillary
528 services.

529 (a) For each 12-month period after the base year, the
530 agency shall determine the expected rate and the observed rate
531 for specific outcome indicators for each managed care plan. The
532 difference between the expected and observed rates shall be used
533 to establish a performance rate for each plan. Managed care
534 plans shall be ranked based on performance rates.

535 (b) For at least the first three rate-setting periods
536 after the performance payment system is implemented, a positive
537 payment adjustment shall be made to the top 10 managed care
538 plans. After the third period during which the performance
539 payment system is implemented, the agency may replace the
540 criteria specified in this subsection with quantified benchmarks
541 for determining which plans qualify for positive payment
542 adjustments.

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

543 (9) Payment adjustments made pursuant to this section may
544 not result in expenditures that exceed the amounts appropriated
545 in the General Appropriations Act for hospitals, nursing homes,
546 and managed care plans.

547 Section 11. Paragraph (a) of subsection (1) of section
548 415.1034, Florida Statutes, is amended to read:

549 415.1034 Mandatory reporting of abuse, neglect, or
550 exploitation of vulnerable adults; mandatory reports of death.—

551 (1) MANDATORY REPORTING.—

552 (a) Any person, including, but not limited to,~~any~~:

553 1. A physician, osteopathic physician, medical examiner,
554 chiropractic physician, nurse, paramedic, emergency medical
555 technician, or hospital personnel engaged in the admission,
556 examination, care, or treatment of vulnerable adults;

557 2. A health professional or mental health professional
558 other than one listed in subparagraph 1.;

559 3. A practitioner who relies solely on spiritual means for
560 healing;

561 4. Nursing home staff; assisted living facility staff;
562 adult day care center staff; adult family-care home staff;
563 social worker; or other professional adult care, residential, or
564 institutional staff;

565 5. A state, county, or municipal criminal justice employee
566 or law enforcement officer;

567 6. An employee of the Department of Business and
568 Professional Regulation conducting inspections of public lodging
569 establishments under s. 509.032;

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

570 7. A Florida advocacy council member or long-term care
571 ombudsman council member; ~~or~~

572 8. A bank, savings and loan, or credit union officer,
573 trustee, or employee; or

574 9. An employee or agent of a state or local agency who has
575 regulatory responsibilities over or who provides services to
576 persons residing in a state-licensed assisted living facility,

577
578 who knows, or has reasonable cause to suspect, that a vulnerable
579 adult has been or is being abused, neglected, or exploited must
580 ~~shall~~ immediately report such knowledge or suspicion to the
581 central abuse hotline.

582 Section 12. Subsections (7) and (8) of section 429.02,
583 Florida Statutes, are amended to read:

584 429.02 Definitions.—When used in this part, the term:

585 (7) "Community living support plan" means a written
586 document prepared by a mental health resident and the resident's
587 mental health case manager in consultation with the
588 administrator of an assisted living facility ~~with a limited~~
589 ~~mental health license~~ or the administrator's designee. A copy
590 must be provided to the administrator. The plan must include
591 information about the supports, services, and special needs of
592 the resident which enable the resident to live in the assisted
593 living facility and a method by which facility staff can
594 recognize and respond to the signs and symptoms particular to
595 that resident which indicate the need for professional services.

596 (8) "Cooperative agreement" means a written statement of
597 understanding between a mental health care provider and the

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

598 administrator of the assisted living facility ~~with a limited~~
599 ~~mental health license~~ in which a mental health resident is
600 living. The agreement must specify directions for accessing
601 emergency and after-hours care for the mental health resident. A
602 single cooperative agreement may service all mental health
603 residents who are clients of the same mental health care
604 provider.

605 Section 13. Subsection (1) and paragraphs (b) and (c) of
606 subsection (3) of section 429.07, Florida Statutes, are amended
607 to read:

608 429.07 License required; fee.—

609 (1) The requirements of part II of chapter 408 apply to
610 the provision of services that require licensure pursuant to
611 this part and part II of chapter 408 and to entities licensed by
612 or applying for such licensure from the agency pursuant to this
613 part. A license issued by the agency is required in order to
614 operate an assisted living facility in this state. Effective
615 July 1, 2013, an assisted living facility may not operate in
616 this state unless the facility is under the management of an
617 assisted living facility administrator licensed pursuant to s.
618 429.50.

619 (3) In addition to the requirements of s. 408.806, each
620 license granted by the agency must state the type of care for
621 which the license is granted. Licenses shall be issued for one
622 or more of the following categories of care: standard, extended
623 congregate care, limited nursing services, or limited mental
624 health.

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

625 (b) An extended congregate care license shall be issued to
626 facilities providing, directly or through contract, services
627 beyond those authorized in paragraph (a), including services
628 performed by persons licensed under part I of chapter 464 and
629 supportive services, as defined by rule, to persons who would
630 otherwise be disqualified from continued residence in a facility
631 licensed under this part.

632 1. In order for extended congregate care services to be
633 provided, the agency must first determine that all requirements
634 established in law and rule are met and must specifically
635 designate, on the facility's license, that such services may be
636 provided and whether the designation applies to all or part of
637 the facility. Such designation may be made at the time of
638 initial licensure or relicensure, or upon request in writing by
639 a licensee under this part and part II of chapter 408. The
640 notification of approval or the denial of the request shall be
641 made in accordance with part II of chapter 408. Existing
642 facilities qualifying to provide extended congregate care
643 services must have maintained a standard license and may not
644 have been subject to administrative sanctions during the
645 previous 2 years, or since initial licensure if the facility has
646 been licensed for less than 2 years, for any of the following
647 reasons:

- 648 a. A class I or class II violation;
- 649 b. Three or more repeat or recurring class III violations
650 of identical or similar resident care standards from which a
651 pattern of noncompliance is found by the agency;

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

652 c. Three or more class III violations that were not
653 corrected in accordance with the corrective action plan approved
654 by the agency;

655 d. Violation of resident care standards which results in
656 requiring the facility to employ the services of a consultant
657 pharmacist or consultant dietitian;

658 e. Denial, suspension, or revocation of a license for
659 another facility licensed under this part in which the applicant
660 for an extended congregate care license has at least 25 percent
661 ownership interest; or

662 f. Imposition of a moratorium pursuant to this part or
663 part II of chapter 408 or initiation of injunctive proceedings.

664 2. A facility that is licensed to provide extended
665 congregate care services shall maintain a written progress
666 report on each person who receives services which describes the
667 type, amount, duration, scope, and outcome of services that are
668 rendered and the general status of the resident's health. A
669 registered nurse, or appropriate designee, representing the
670 agency shall visit the facility at least once a year ~~quarterly~~
671 to monitor residents who are receiving extended congregate care
672 services and to determine if the facility is in compliance with
673 this part, part II of chapter 408, and relevant rules. One of
674 the visits may be in conjunction with the regular survey. The
675 monitoring visits may be provided through contractual
676 arrangements with appropriate community agencies. A registered
677 nurse shall serve as part of the team that inspects the
678 facility. The agency may waive a ~~one of the required yearly~~
679 monitoring visit ~~visits~~ for a facility that has been licensed

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

680 for at least 24 months to provide extended congregate care
681 services, if, during the inspection, the registered nurse
682 determines that extended congregate care services are being
683 provided appropriately, and if the facility has no:

684 a. Class I or class II violations and no uncorrected class
685 III violations;

686 b. Citations for a licensure violation which resulted from
687 referrals by the ombudsman to the agency; or

688 c. Citation for a licensure violation which resulted from
689 complaints to the agency. The agency must first consult with the
690 long-term care ombudsman council for the area in which the
691 facility is located to determine if any complaints have been
692 made and substantiated about the quality of services or care.
693 The agency may not waive one of the required yearly monitoring
694 visits if complaints have been made and substantiated.

695 3. A facility that is licensed to provide extended
696 congregate care services must:

697 a. Demonstrate the capability to meet unanticipated
698 resident service needs.

699 b. Offer a physical environment that promotes a homelike
700 setting, provides for resident privacy, promotes resident
701 independence, and allows sufficient congregate space as defined
702 by rule.

703 c. Have sufficient staff available, taking into account
704 the physical plant and firesafety features of the building, to
705 assist with the evacuation of residents in an emergency.

706 d. Adopt and follow policies and procedures that maximize
707 resident independence, dignity, choice, and decisionmaking to
228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

708 permit residents to age in place, so that moves due to changes
709 in functional status are minimized or avoided.

710 e. Allow residents or, if applicable, a resident's
711 representative, designee, surrogate, guardian, or attorney in
712 fact to make a variety of personal choices, participate in
713 developing service plans, and share responsibility in
714 decisionmaking.

715 f. Implement the concept of managed risk.

716 g. Provide, directly or through contract, the services of
717 a person licensed under part I of chapter 464.

718 h. In addition to the training mandated in s. 429.52,
719 provide specialized training as defined by rule for facility
720 staff.

721 4. A facility that is licensed to provide extended
722 congregate care services is exempt from the criteria for
723 continued residency set forth in rules adopted under s. 429.41.
724 A licensed facility must adopt its own requirements within
725 guidelines for continued residency set forth by rule. However,
726 the facility may not serve residents who require 24-hour nursing
727 supervision. A licensed facility that provides extended
728 congregate care services must also provide each resident with a
729 written copy of facility policies governing admission and
730 retention.

731 5. The primary purpose of extended congregate care
732 services is to allow residents, as they become more impaired,
733 the option of remaining in a familiar setting from which they
734 would otherwise be disqualified for continued residency. A
735 facility licensed to provide extended congregate care services

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

736 may also admit an individual who exceeds the admission criteria
737 for a facility with a standard license, if the individual is
738 determined appropriate for admission to the extended congregate
739 care facility.

740 6. Before the admission of an individual to a facility
741 licensed to provide extended congregate care services, the
742 individual must undergo a medical examination as provided in s.
743 429.26(4) and the facility must develop a preliminary service
744 plan for the individual.

745 7. When a facility can no longer provide or arrange for
746 services in accordance with the resident's service plan and
747 needs and the facility's policy, the facility shall make
748 arrangements for relocating the person in accordance with s.
749 429.28(1)(k).

750 8. Failure to provide extended congregate care services
751 may result in denial of extended congregate care license
752 renewal.

753 (c) A limited nursing services license shall be issued to
754 a facility that provides services beyond those authorized in
755 paragraph (a) and as specified in this paragraph.

756 1. In order for limited nursing services to be provided in
757 a facility licensed under this part, the agency must first
758 determine that all requirements established in law and rule are
759 met and must specifically designate, on the facility's license,
760 that such services may be provided. Such designation may be made
761 at the time of initial licensure or relicensure, or upon request
762 in writing by a licensee under this part and part II of chapter
763 408. Notification of approval or denial of such request shall be
228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

764 made in accordance with part II of chapter 408. Existing
765 facilities qualifying to provide limited nursing services shall
766 have maintained a standard license and may not have been subject
767 to administrative sanctions that affect the health, safety, and
768 welfare of residents for the previous 2 years or since initial
769 licensure if the facility has been licensed for less than 2
770 years.

771 2. Facilities that are licensed to provide limited nursing
772 services shall maintain a written progress report on each person
773 who receives such nursing services, which report describes the
774 type, amount, duration, scope, and outcome of services that are
775 rendered and the general status of the resident's health. A
776 registered nurse representing the agency shall visit such
777 facilities at least once ~~twice~~ a year to monitor residents who
778 are receiving limited nursing services and to determine if the
779 facility is in compliance with applicable provisions of this
780 part, part II of chapter 408, and related rules. The monitoring
781 visits may be provided through contractual arrangements with
782 appropriate community agencies. A registered nurse shall also
783 serve as part of the team that inspects such facility. The
784 agency may waive a monitoring visit for a facility that has been
785 licensed for at least 24 months to provide limited nursing
786 services and if the facility has no:

787 a. Class I or class II violations and no uncorrected class
788 III violations;

789 b. Citations for a licensure violation which resulted from
790 referrals by the ombudsman to the agency; or

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

791 c. Citation for a licensure violation which resulted from
792 complaints to the agency.

793 3. A person who receives limited nursing services under
794 this part must meet the admission criteria established by the
795 agency for assisted living facilities. When a resident no longer
796 meets the admission criteria for a facility licensed under this
797 part, arrangements for relocating the person shall be made in
798 accordance with s. 429.28(1)(k), unless the facility is licensed
799 to provide extended congregate care services.

800 Section 14. Section 429.075, Florida Statutes, is amended
801 to read:

802 429.075 Limited mental health license.—In order to serve
803 three or more mental health residents, an assisted living
804 facility ~~that serves three or more mental health residents~~ must
805 obtain a limited mental health license.

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

807 (a) Must hold a standard license as an assisted living
808 facility; ~~and~~

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

813 1. One or more class I violations imposed by final agency
814 action;

815 2. Three or more class II violations imposed by final
816 agency action;

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

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

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

823 5. Imposition of a moratorium pursuant to this part or
824 part II of chapter 408 or initiation of injunctive proceedings.
825 ~~any current uncorrected deficiencies or violations, and must~~
826 ~~ensure that,~~

827 (2) Within 6 months after receiving a limited mental
828 health license, the facility administrator and the staff of the
829 facility who are in direct contact with mental health residents
830 must complete training of no less than 6 hours related to their
831 duties. This training shall be approved by the Department of
832 Children and Family Services. A training provider may charge a
833 reasonable fee for the training.

834 (3) Application for a limited mental health license ~~Such~~
835 ~~designation~~ may be made at the time of initial licensure or
836 relicensure or upon request in writing by a licensee under this
837 part and part II of chapter 408. Notification of approval or
838 denial of the license ~~such request~~ shall be made in accordance
839 with this part, part II of chapter 408, and applicable rules.
840 ~~This training will be provided by or approved by the Department~~
841 ~~of Children and Family Services.~~

842 (4) ~~(2)~~ Facilities licensed to provide services to mental
843 health residents shall provide appropriate supervision and
844 staffing to provide for the health, safety, and welfare of such
845 residents.

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

846 ~~(3) A facility that has a limited mental health license~~
847 ~~must:~~

848 ~~(a) Have a copy of each mental health resident's community~~
849 ~~living support plan and the cooperative agreement with the~~
850 ~~mental health care services provider. The support plan and the~~
851 ~~agreement may be combined.~~

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

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

861 ~~(d) Assist the mental health resident in carrying out the~~
862 ~~activities identified in the individual's community living~~
863 ~~support plan.~~

864 ~~(4) A facility with a limited mental health license may~~
865 ~~enter into a cooperative agreement with a private mental health~~
866 ~~provider. For purposes of the limited mental health license, the~~
867 ~~private mental health provider may act as the case manager.~~

868 Section 15. Section 429.0751, Florida Statutes, is created
869 to read:

870 429.0751 Mental health residents.—An assisted living
871 facility that has one or more mental health residents must:

872 (1) Enter into a cooperative agreement with the mental
873 health care service provider responsible for providing services

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

874 to the mental health resident, including a mental health care
875 service provider responsible for providing private pay services
876 to the mental health resident, to ensure coordination of care.

877 (2) Consult with the mental health case manager and the
878 mental health resident in the development of a community living
879 support plan and maintain a copy of each mental health
880 resident's community living support plan.

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

885 (4) Assist the mental health resident in carrying out the
886 activities identified in the individual's community living
887 support plan.

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

892 Section 16. Paragraphs (a) and (b) of subsection (2) of
893 section 429.178, Florida Statutes, are amended to read:

894 429.178 Special care for persons with Alzheimer's disease
895 or other related disorders.—

896 (2) (a) An individual who is employed by a facility that
897 provides special care for residents with Alzheimer's disease or
898 other related disorders, and who has regular contact with such
899 residents, must complete up to 4 hours of initial dementia-
900 specific training developed or approved by the department. The
901 training shall be completed within 3 months after beginning

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

902 employment and shall satisfy the core training requirements of
903 s. 429.52(2)(d) ~~429.52(2)(g)~~.

904 (b) A direct caregiver who is employed by a facility that
905 provides special care for residents with Alzheimer's disease or
906 other related disorders, and who provides direct care to such
907 residents, must complete the required initial training and 4
908 additional hours of training developed or approved by the
909 department. The training shall be completed within 9 months
910 after beginning employment and shall satisfy the core training
911 requirements of s. 429.52(2)(d) ~~429.52(2)(g)~~.

912 Section 17. Subsection (2) of section 429.19, Florida
913 Statutes, is amended to read:

914 429.19 Violations; imposition of administrative fines;
915 grounds.—

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

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

921 ~~1.(a)~~ Class "I" violations are defined in s. 408.813. The
922 agency shall issue a citation regardless of correction. The
923 agency shall impose an administrative fine for a cited class I
924 violation in an amount not less than \$5,000 and not exceeding
925 \$10,000 for each violation.

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

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

929 violation in an amount not less than \$1,000 and not exceeding
930 \$5,000 for each violation.

931 3.(e) Class "III" violations are defined in s. 408.813.
932 The agency shall impose an administrative fine for a cited class
933 III violation in an amount not less than \$500 and not exceeding
934 \$1,000 for each violation.

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

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

942 (c) Notwithstanding paragraph (a), if the assisted living
943 facility is cited for a class I or class II violation and within
944 24 months the facility is cited for another class I or class II
945 violation, the agency shall double the fine for the subsequent
946 violation if the violation is in the same class as the previous
947 violation.

948 Section 18. Section 429.195, Florida Statutes, is amended
949 to read:

950 429.195 Rebates prohibited; penalties.—

951 (1) It is unlawful for any assisted living facility
952 licensed under this part to contract or promise to pay or
953 receive any commission, bonus, kickback, or rebate or engage in
954 any split-fee arrangement in any form whatsoever with any
955 person, health care provider, or health care facility as
956 provided in s. 817.505 ~~physician, surgeon, organization, agency,~~
228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

957 ~~or person, either directly or indirectly, for residents referred~~
958 ~~to an assisted living facility licensed under this part. A~~
959 ~~facility may employ or contract with persons to market the~~
960 ~~facility, provided the employee or contract provider clearly~~
961 ~~indicates that he or she represents the facility. A person or~~
962 ~~agency independent of the facility may provide placement or~~
963 ~~referral services for a fee to individuals seeking assistance in~~
964 ~~finding a suitable facility; however, any fee paid for placement~~
965 ~~or referral services must be paid by the individual looking for~~
966 ~~a facility, not by the facility.~~

967 (2) This section does not apply to:

968 (a) Any individual employed by the assisted living
969 facility or with whom the facility contracts to market the
970 facility if the individual clearly indicates that he or she
971 works with or for the facility.

972 (b) Payments by an assisted living facility to a referral
973 service that provides information, consultation, or referrals to
974 consumers to assist them in finding appropriate care or housing
975 options for seniors or disabled adults, if such referred
976 consumers are not Medicaid recipients.

977 (c) A resident of an assisted living facility who refers
978 to the assisted living facility a friend, family member, or
979 other individual with whom the resident has a personal
980 relationship, in which case the assisted living facility may
981 provide a monetary reward to the resident for making such
982 referral.

983 (3)(2) A violation of this section shall be considered
984 patient brokering and is punishable as provided in s. 817.505.
228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

985 Section 19. Paragraph (j) is added to subsection (3) of
986 section 817.505, Florida Statutes, to read:

987 817.505 Patient brokering prohibited; exceptions;
988 penalties.—

989 (3) This section shall not apply to:

990 (j) Any payment permitted under s. 429.195(2).

991 Section 20. Section 429.231, Florida Statutes, is created
992 to read:

993 429.231 Advisory council; membership; duties.—

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

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

1000 (b) Identify any gaps, deficiencies, or problems in the
1001 delivery of services to the residents.

1002 (2) Based on the review, the advisory council shall make
1003 recommendations for:

1004 (a) Industry best practices that could be used to prevent
1005 unexpected deaths and elopements.

1006 (b) Training and educational requirements for employees
1007 and administrators of assisted living facilities.

1008 (c) Changes in the law, rules, or other policies to
1009 prevent unexpected deaths and elopements.

1010 (3) The advisory council shall prepare an annual
1011 statistical report on the incidence and causes of unexpected
1012 deaths in assisted living facilities and of elopements that

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1013 result in harm to residents during the prior calendar year. The
1014 advisory council shall submit a copy of the report by December
1015 31 of each year to the Governor, the President of the Senate,
1016 and the Speaker of the House of Representatives. The report may
1017 make recommendations for state action, including specific
1018 policy, procedural, regulatory, or statutory changes, and any
1019 other recommended preventive action.

1020 (4) The advisory council shall consist of the following
1021 members:

1022 (a) The Secretary of Elderly Affairs, or a designee, who
1023 shall be the chair.

1024 (b) The Secretary of Health Care Administration, or a
1025 designee.

1026 (c) The Secretary of Children and Family Services, or a
1027 designee.

1028 (d) The State Long-Term Care Ombudsman, or a designee.

1029 (e) The following members, selected by the Governor:

1030 1. An owner or administrator of an assisted living
1031 facility with fewer than 17 beds.

1032 2. An owner or administrator of an assisted living
1033 facility with 17 or more beds.

1034 3. An owner or administrator of an assisted living
1035 facility with a limited mental health license.

1036 4. A representative from each of three statewide
1037 associations that represent assisted living facilities.

1038 5. A resident of an assisted living facility.

1039 (5) The advisory council shall meet at the call of the
1040 chair, but at least twice each calendar year. The chair may

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1041 appoint ad hoc committees as necessary to carry out the duties
1042 of the council.

1043 (6) The members of the advisory council selected by the
1044 Governor shall be appointed to staggered terms of office which
1045 may not exceed 2 years. Members are eligible for reappointment.

1046 (7) Members of the advisory council shall serve without
1047 compensation, but are entitled to reimbursement for per diem and
1048 travel expenses incurred in the performance of their duties as
1049 provided in s. 112.061 and to the extent that funds are
1050 available.

1051 Section 21. Section 429.34, Florida Statutes, is amended
1052 to read:

1053 429.34 Right of entry and inspection.-

1054 (1) In addition to the requirements of s. 408.811, any
1055 duly designated officer or employee of the department, the
1056 Department of Children and Family Services, the Medicaid Fraud
1057 Control Unit of the Office of the Attorney General, the state or
1058 local fire marshal, or a member of the state or local long-term
1059 care ombudsman council ~~may shall have the right to~~ enter
1060 unannounced upon and into the premises of any facility licensed
1061 pursuant to this part in order to determine the state of
1062 compliance with ~~the provisions of~~ this part, part II of chapter
1063 408, and applicable rules. Data collected by the state or local
1064 long-term care ombudsman councils or the state or local advocacy
1065 councils may be used by the agency in investigations involving
1066 violations of regulatory standards.

1067 (2) In accordance with s. 408.811, every 24 months the
1068 agency shall conduct at least one unannounced inspection to

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1069 determine compliance with this part, part II of chapter 408, and
1070 applicable rules. If the assisted living facility is accredited
1071 by the Joint Commission, the Council on Accreditation, or the
1072 Commission on Accreditation of Rehabilitation Facilities, the
1073 agency may conduct inspections less frequently, but in no event
1074 less than once every 5 years.

1075 (a) Two additional inspections shall be conducted every 6
1076 months for the next year if the assisted living facility has
1077 been cited for a class I violation or two or more class II
1078 violations arising from separate inspections within a 60-day
1079 period. In addition to any fines imposed on an assisted living
1080 facility under s. 429.19, the agency shall assess a fee of \$69
1081 per bed for each of the additional two inspections, not to
1082 exceed \$12,000 per inspection.

1083 (b) The agency shall verify through subsequent inspections
1084 that any violation identified during an inspection is corrected.
1085 However, the agency may verify the correction of a class III or
1086 class IV violation unrelated to resident rights or resident care
1087 without reinspection if the facility submits adequate written
1088 documentation that the violation has been corrected.

1089 Section 22. Section 429.50, Florida Statutes, is created
1090 to read:

1091 429.50 Assisted living facility administrator;
1092 qualifications; licensure; fees; continuing education.—

1093 (1) The requirements of part II of chapter 408 apply to
1094 the provision of services that require licensure pursuant to
1095 this section. Effective July 1, 2013, an assisted living
1096 facility administrator must have a license issued by the agency.

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1097 (2) To be eligible to be licensed as an assisted living
1098 facility administrator, an applicant must provide proof of a
1099 current and valid assisted living facility administrator
1100 certification and complete background screening pursuant to s.
1101 429.174.

1102 (3) Notwithstanding subsection (2), the agency may grant
1103 an initial license to an applicant who:

1104 (a)1. Has been employed as an assisted living facility
1105 administrator for 2 of the 5 years immediately preceding July 1,
1106 2013, or who is employed as an assisted living facility
1107 administrator on June 1, 2013;

1108 2. Is in compliance with the continuing education
1109 requirements in this part;

1110 3. Within 2 years before the initial application for an
1111 assisted living facility administrator license, has not been the
1112 administrator of an assisted living facility when a Class I or
1113 Class II violation occurred for which the facility was cited by
1114 final agency action; and

1115 4. Has completed background screening pursuant to s.
1116 429.174; or

1117 (b) Is licensed in accordance with part II of chapter 468,
1118 is in compliance with the continuing education requirements in
1119 part II of chapter 468, and has completed background screening
1120 pursuant to s. 429.174.

1121 (4) An assisted living facility administrator
1122 certification must be issued by a third-party credentialing
1123 entity under contract with the agency, and, for the initial
1124 certification, the entity must certify that the individual:

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

- 1125 (a) Is at least 21 years old.
- 1126 (b) Has completed 30 hours of core training and 10 hours
1127 of supplemental training as described in s. 429.52.
- 1128 (c) Has passed the competency test described in s. 429.52
1129 with a minimum score of 80.
- 1130 (d) Has otherwise met the requirements of this part.
- 1131 (5) The agency shall contract with one or more third-party
1132 credentialing entities for the purpose of certifying assisted
1133 living facility administrators. A third-party credentialing
1134 entity must be a nonprofit organization that has met nationally
1135 recognized standards for developing and administering
1136 professional certification programs. The contract must require
1137 that a third-party credentialing entity:
- 1138 (a) Develop a competency test as described in s.
1139 429.52(7).
- 1140 (b) Maintain an Internet-based database, accessible to the
1141 public, of all persons holding an assisted living facility
1142 administrator certification.
- 1143 (c) Require continuing education consistent with s. 429.52
1144 and, at least, biennial certification renewal for persons
1145 holding an assisted living facility administrator certification.
- 1146 (6) The license shall be renewed biennially.
- 1147 (7) The fees for licensure shall be \$150 for the initial
1148 licensure and \$150 for each licensure renewal.
- 1149 (8) A licensed assisted living facility administrator must
1150 complete continuing education described in s. 429.52 for a
1151 minimum of 18 hours every 2 years.

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1152 (9) The agency shall deny or revoke the license if the
1153 applicant or licensee:

1154 (a) Was the assisted living facility administrator of
1155 record for an assisted living facility licensed by the agency
1156 under this chapter, part II of chapter 408, or applicable rules,
1157 when the facility was cited for violations that resulted in
1158 denial or revocation of a license; or

1159 (b) Has a final agency action for unlicensed activity
1160 pursuant to this chapter, part II of chapter 408, or applicable
1161 rules.

1162 (10) The agency may deny or revoke the license if the
1163 applicant or licensee was the assisted living facility
1164 administrator of record for an assisted living facility licensed
1165 by the agency under this chapter, part II of chapter 408, or
1166 applicable rules, when the facility was cited for violations
1167 within the previous 3 years that resulted in a resident's death.

1168 (11) The agency may adopt rules as necessary to administer
1169 this section.

1170 Section 23. For the purpose of staggering license
1171 expiration dates, the Agency for Health Care Administration may
1172 issue a license for less than a 2-year period for assisted
1173 living facility administrator licensure as authorized in this
1174 act. The agency shall charge a prorated licensure fee for this
1175 shortened period. This section and the authority granted under
1176 this section expire December 31, 2013.

1177 Section 24. Effective January 1, 2013, section 429.52,
1178 Florida Statutes, is amended to read:

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1179 429.52 Staff, administrator, and administrator license
1180 applicant training and educational programs; core educational
1181 requirement.-

1182 (1) Administrators, applicants to become administrators,
1183 and other assisted living facility staff must meet minimum
1184 training and education requirements established by the
1185 Department of Elderly Affairs by rule. This training and
1186 education is intended to assist facilities to appropriately
1187 respond to the needs of residents, to maintain resident care and
1188 facility standards, and to meet licensure requirements.

1189 (2) For assisted living facility staff other than
1190 administrators, ~~The department shall establish a competency test~~
1191 ~~and a minimum required score to indicate successful completion~~
1192 ~~of the training and educational requirements. The competency~~
1193 ~~test must be developed by the department in conjunction with the~~
1194 ~~agency and providers.~~ the required training and education, which
1195 may be provided as inservice training, must cover at least the
1196 following topics:

1197 (a) Reporting major incidents and reporting adverse
1198 incidents ~~State law and rules relating to assisted living~~
1199 ~~facilities.~~

1200 (b) Resident rights and identifying and reporting abuse,
1201 neglect, and exploitation.

1202 (c) Emergency procedures, including firesafety and
1203 resident elopement response policies and procedures ~~Special~~
1204 ~~needs of elderly persons, persons with mental illness, and~~
1205 ~~persons with developmental disabilities and how to meet those~~
1206 ~~needs.~~

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1207 (d) General information on interacting with individuals
1208 with Alzheimer's disease and related disorders ~~Nutrition and~~
1209 ~~food service, including acceptable sanitation practices for~~
1210 ~~preparing, storing, and serving food.~~

1211 ~~(e) Medication management, recordkeeping, and proper~~
1212 ~~techniques for assisting residents with self-administered~~
1213 ~~medication.~~

1214 ~~(f) Firesafety requirements, including fire evacuation~~
1215 ~~drill procedures and other emergency procedures.~~

1216 ~~(g) Care of persons with Alzheimer's disease and related~~
1217 ~~disorders.~~

1218 ~~(3) Effective January 1, 2004, a new facility~~
1219 ~~administrator must complete the required training and education,~~
1220 ~~including the competency test, within a reasonable time after~~
1221 ~~being employed as an administrator, as determined by the~~
1222 ~~department. Failure to do so is a violation of this part and~~
1223 ~~subjects the violator to an administrative fine as prescribed in~~
1224 ~~s. 429.19. Administrators licensed in accordance with part II of~~
1225 ~~chapter 468 are exempt from this requirement. Other licensed~~
1226 ~~professionals may be exempted, as determined by the department~~
1227 ~~by rule.~~

1228 ~~(4) Administrators are required to participate in~~
1229 ~~continuing education for a minimum of 12 contact hours every 2~~
1230 ~~years.~~

1231 (3)-(5) Staff involved with the management of medications
1232 and assisting with the self-administration of medications under
1233 s. 429.256 must complete a minimum of 4 additional hours of
1234 training provided by a registered nurse, licensed pharmacist, or
228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1235 department staff. The department shall establish by rule the
1236 minimum requirements of this additional training.

1237 ~~(6)~~ Other facility staff shall participate in training
1238 relevant to their job duties as specified by rule of the
1239 department.

1240 (4)~~(7)~~ If the department or the agency determines that
1241 there are problems in a facility that could be reduced through
1242 specific staff training or education beyond that already
1243 required under this section, the department or the agency may
1244 require, and provide, or cause to be provided, the training or
1245 education of any personal care staff in the facility.

1246 (5) The department, in consultation with the agency, the
1247 Department of Children and Family Services, and stakeholders,
1248 shall approve a standardized core training curriculum that must
1249 be completed by an applicant for licensure as an assisted living
1250 facility administrator. The curriculum must be offered in
1251 English and Spanish and timely updated to reflect changes in the
1252 law, rules, and best practices. The required training must
1253 cover, at a minimum, the following topics:

1254 (a) State law and rules relating to assisted living
1255 facilities.

1256 (b) Residents' rights and procedures for identifying and
1257 reporting abuse, neglect, and exploitation.

1258 (c) Special needs of elderly persons, persons who have
1259 mental illnesses, and persons who have developmental
1260 disabilities and how to meet those needs.

1261 (d) Nutrition and food service, including acceptable
1262 sanitation practices for preparing, storing, and serving food.

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1263 (e) Medication management, recordkeeping, and proper
1264 techniques for assisting residents who self-administer
1265 medication.

1266 (f) Firesafety requirements, including procedures for fire
1267 evacuation drills and other emergency procedures.

1268 (g) Care of persons who have Alzheimer's disease and
1269 related disorders.

1270 (h) Elopement prevention.

1271 (i) Aggression and behavior management, deescalation
1272 techniques, and proper protocols and procedures of the Baker Act
1273 as provided in part I of chapter 394.

1274 (j) Do-not-resuscitate orders.

1275 (k) Infection control.

1276 (l) Admission, continuing residency, and best practices in
1277 the assisted living industry.

1278 (m) Phases of care and interacting with residents.

1279 (6) The department, in consultation with the agency, the
1280 Department of Children and Family Services, and stakeholders,
1281 shall approve a supplemental training curriculum consisting of
1282 topics related to extended congregate care, limited mental
1283 health, and business operations, including human resources,
1284 financial management, and supervision of staff, which must be
1285 completed by an applicant for licensure as an assisted living
1286 facility administrator.

1287 (7) The department shall approve a competency test for
1288 applicants for licensure as an assisted living facility
1289 administrator which tests the individual's comprehension of the
1290 training required in subsections (5) and (6). The competency

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1291 test must be reviewed annually and timely updated to reflect
1292 changes in the law, rules, and best practices. The competency
1293 test must be offered in English and Spanish and may be made
1294 available through testing centers.

1295 (8) The department, in consultation with the agency and
1296 stakeholders, shall approve curricula for continuing education
1297 for administrators and staff members of an assisted living
1298 facility. Continuing education shall include topics similar to
1299 that of the core training required for staff members and
1300 applicants for licensure as assisted living facility
1301 administrators. Continuing education may be offered through
1302 online courses, and any fees associated with the online service
1303 shall be borne by the licensee or the assisted living facility.
1304 Required continuing education must, at a minimum, cover the
1305 following topics:

1306 (a) Elopement prevention.

1307 (b) Deescalation techniques.

1308 (c) Phases of care and interacting with residents.

1309 (9) The training required by this section shall be
1310 conducted by:

1311 (a) Any Florida College System institution;

1312 (b) Any nonpublic postsecondary educational institution
1313 licensed or exempted from licensure pursuant to chapter 1005; or

1314 (c) Any statewide association that contracts with the
1315 department to provide training. The department may specify
1316 minimum trainer qualifications in the contract. For the purposes
1317 of this section, the term "statewide association" means any

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1318 statewide entity which represents and provides technical
1319 assistance to assisted living facilities.

1320 (10) Assisted living facility trainers shall keep a record
1321 of individuals who complete training and shall, within 30 days
1322 after the individual completes the course, electronically submit
1323 the record to the agency and to all third-party credentialing
1324 entities under contract with the agency pursuant to s.
1325 429.50(5).

1326 (11) The department shall adopt rules as necessary to
1327 administer this section.

1328 ~~(8) The department shall adopt rules related to these~~
1329 ~~training requirements, the competency test, necessary~~
1330 ~~procedures, and competency test fees and shall adopt or contract~~
1331 ~~with another entity to develop a curriculum, which shall be used~~
1332 ~~as the minimum core training requirements. The department shall~~
1333 ~~consult with representatives of stakeholder associations and~~
1334 ~~agencies in the development of the curriculum.~~

1335 ~~(9) The training required by this section shall be~~
1336 ~~conducted by persons registered with the department as having~~
1337 ~~the requisite experience and credentials to conduct the~~
1338 ~~training. A person seeking to register as a trainer must provide~~
1339 ~~the department with proof of completion of the minimum core~~
1340 ~~training education requirements, successful passage of the~~
1341 ~~competency test established under this section, and proof of~~
1342 ~~compliance with the continuing education requirement in~~
1343 ~~subsection (4).~~

1344 ~~(10) A person seeking to register as a trainer must also:~~

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1345 ~~(a) Provide proof of completion of a 4-year degree from an~~
1346 ~~accredited college or university and must have worked in a~~
1347 ~~management position in an assisted living facility for 3 years~~
1348 ~~after being core certified;~~

1349 ~~(b) Have worked in a management position in an assisted~~
1350 ~~living facility for 5 years after being core certified and have~~
1351 ~~1 year of teaching experience as an educator or staff trainer~~
1352 ~~for persons who work in assisted living facilities or other~~
1353 ~~long-term care settings;~~

1354 ~~(c) Have been previously employed as a core trainer for~~
1355 ~~the department; or~~

1356 ~~(d) Meet other qualification criteria as defined in rule,~~
1357 ~~which the department is authorized to adopt.~~

1358 ~~(11) The department shall adopt rules to establish trainer~~
1359 ~~registration requirements.~~

1360 Section 25. Section 429.54, Florida Statutes, is amended
1361 to read:

1362 429.54 Collection of information; local subsidy;
1363 interagency communication.-

1364 (1) To enable the department to collect the information
1365 requested by the Legislature regarding the actual cost of
1366 providing room, board, and personal care in assisted living
1367 facilities, the department may ~~is authorized to~~ conduct field
1368 visits and audits of facilities as ~~may be~~ necessary. The owners
1369 of randomly sampled facilities shall submit such reports,
1370 audits, and accountings of cost as the department may require by
1371 rule; however, ~~provided that~~ such reports, audits, and
1372 accountings may not be more than ~~shall be~~ the minimum necessary

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1373 to implement the provisions of this subsection ~~section~~. Any
1374 facility selected to participate in the study shall cooperate
1375 with the department by providing cost of operation information
1376 to interviewers.

1377 (2) Local governments or organizations may contribute to
1378 the cost of care of local facility residents by further
1379 subsidizing the rate of state-authorized payment to such
1380 facilities. Implementation of local subsidy shall require
1381 departmental approval and may ~~shall~~ not result in reductions in
1382 the state supplement.

1383 (3) Subject to the availability of funds, the agency, the
1384 department, the Department of Children and Family Services, and
1385 the Agency for Persons with Disabilities shall develop or modify
1386 electronic systems of communication among state-supported
1387 automated systems to ensure that relevant information pertaining
1388 to the regulation of assisted living facilities and assisted
1389 living facility staff is timely and effectively communicated
1390 among agencies in order to facilitate the protection of
1391 residents.

1392 Section 26. Effective upon this act becoming a law,
1393 subsection (3) is added to section 430.707, Florida Statutes, to
1394 read:

1395 430.707 Contracts.—

1396 (3) Notwithstanding subsection (2) and subject to federal
1397 approval of the application to be a site for the Program of All-
1398 inclusive Care for the Elderly (PACE), the agency shall contract
1399 with one not-for-profit organization with more than 30 years of
1400 experience as a licensed hospice provider and currently licensed

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1401 as a hospice provider to serve clients who reside west and north
 1402 of the St. Johns River in Duval County and clients who reside in
 1403 Clay and Alachua Counties. The not-for-profit organization shall
 1404 provide PACE services to frail elders who reside in Duval, Clay,
 1405 and Alachua Counties. The not-for-profit organization shall be
 1406 exempt from the requirements of chapter 641. The agency, in
 1407 consultation with the department and subject to appropriation,
 1408 shall approve up to 150 initial enrollees in the PACE
 1409 established by the organization to serve frail elders who reside
 1410 west and north of the St. Johns River in Duval County and
 1411 clients who reside in Clay and Alachua Counties.

1412 Section 27. For fiscal year 2012-2013, 8 full-time
 1413 equivalent positions, with associated salary rate of 324,962,
 1414 are authorized and the sum of \$554,399 in recurring funds from
 1415 the Health Care Trust Fund of the Agency for Health Care
 1416 Administration are appropriated to the Agency for Health Care
 1417 Administration for the purpose of carrying out the regulatory
 1418 activities provided in this act.

1419 Section 28. Except as otherwise expressly provided in this
 1420 act, this act shall take effect July 1, 2012.

1421

1422

1423

1424

T I T L E A M E N D M E N T

1425

Remove lines 2396-2563 of the amendment and insert:

1426

An act relating to quality improvement initiatives for
entities regulated by the Agency for Health Care

1427

Administration; amending s. 394.4574, F.S.; providing

1428

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1429 responsibilities of the Department of Children and
1430 Family Services and mental health service providers
1431 for mental health residents who reside in assisted
1432 living facilities; directing the agency to impose
1433 contract penalties on Medicaid prepaid health plans
1434 under specified circumstances; directing the
1435 department to impose contract penalties on mental
1436 health service providers under specified
1437 circumstances; directing the department and the agency
1438 to enter into an interagency agreement for the
1439 enforcement of their respective responsibilities and
1440 procedures related thereto; amending s. 395.002, F.S.;
1441 revising the definition of the term "accrediting
1442 organizations"; amending s. 395.1051, F.S.; requiring
1443 a hospital to provide notice to all obstetrical
1444 physicians with privileges at that hospital within a
1445 specified period of time before the hospital closes an
1446 obstetrics department or ceases to provide obstetrical
1447 services; amending s. 395.1055, F.S.; revising
1448 provisions relating to agency rules regarding
1449 standards for infection control, housekeeping, and
1450 sanitary conditions in a hospital; requiring
1451 housekeeping and sanitation staff to employ and
1452 document compliance with specified cleaning and
1453 disinfecting procedures; authorizing imposition of
1454 administrative fines for noncompliance; amending s.
1455 400.0078, F.S.; requiring specified information
1456 regarding the confidentiality of complaints to the

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Page 53 of 58

Amendment No.

1457 State Long-Term Care Ombudsman Program to be provided
1458 to residents of a long-term care facility upon
1459 admission to the facility; amending s. 408.05, F.S.;
1460 directing the agency to collect, compile, analyze, and
1461 distribute specified health care information for
1462 specified uses; providing for the agency to release
1463 data necessary for the administration of the Medicaid
1464 program to quality improvement collaboratives for
1465 specified purposes; amending s. 408.802, F.S.;
1466 providing that the provisions of part II of ch. 408,
1467 F.S., the Health Care Licensing Procedures Act, apply
1468 to assisted living facility administrators; amending
1469 s. 408.820, F.S.; exempting assisted living facility
1470 administrators from specified provisions of part II of
1471 ch. 408, F.S., the Health Care Licensing Procedures
1472 Act; amending s. 409.212, F.S.; increasing a
1473 limitation on additional supplementation a person who
1474 receives optional supplementation may receive;
1475 creating s. 409.986, F.S.; providing definitions;
1476 directing the agency to establish and implement
1477 methodologies to adjust Medicaid rates for hospitals,
1478 nursing homes, and managed care plans; providing
1479 criteria for and limits on the amount of Medicaid
1480 payment rate adjustments; directing the agency to seek
1481 federal approval to implement a performance payment
1482 system; providing for implementation of the system in
1483 fiscal year 2015-2016; authorizing the agency to
1484 appoint a technical advisory panel; providing

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Amendment No.

1485 applicability of the performance payment system to
1486 general hospitals, skilled nursing facilities, and
1487 managed care plans and providing criteria therefor;
1488 amending s. 415.1034, F.S.; providing that specified
1489 persons who have regulatory responsibilities over or
1490 provide services to persons residing in certain
1491 facilities must report suspected incidents of abuse to
1492 the central abuse hotline; amending s. 429.02, F.S.;
1493 revising definitions applicable to the Assisted Living
1494 Facilities Act; amending s. 429.07, F.S.; requiring
1495 that an assisted living facility be under the
1496 management of a licensed assisted living facility
1497 administrator; providing for a reduced number of
1498 monitoring visits for an assisted living facility that
1499 is licensed to provide extended congregate care
1500 services under specified circumstances; providing for
1501 a reduced number of monitoring visits for an assisted
1502 living facility that is licensed to provide limited
1503 nursing services under specified circumstances;
1504 amending s. 429.075, F.S.; providing additional
1505 requirements for a limited mental health license;
1506 removing specified assisted living facility
1507 requirements; authorizing a training provider to
1508 charge a fee for the training required of facility
1509 administrators and staff; revising provisions for
1510 application for a limited mental health license;
1511 creating s. 429.0751, F.S.; providing requirements for
1512 an assisted living facility that has mental health

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Page 55 of 58

Amendment No.

1513 residents; requiring the assisted living facility to
1514 enter into a cooperative agreement with a mental
1515 health care service provider; providing for the
1516 development of a community living support plan;
1517 specifying who may have access to the plan; requiring
1518 documentation of mental health resident assessments;
1519 amending s. 429.178, F.S.; conforming cross-
1520 references; amending s. 429.19, F.S.; providing fines
1521 and penalties for specified violations by an assisted
1522 living facility; amending s. 429.195, F.S.; revising
1523 applicability of prohibitions on rebates provided by
1524 an assisted living facility for certain referrals;
1525 amending s. 817.505, F.S.; providing an exception from
1526 prohibitions relating to patient brokering; creating
1527 s. 429.231, F.S.; directing the Department of Elderly
1528 Affairs to create an advisory council to review the
1529 facts and circumstances of unexpected deaths in
1530 assisted living facilities and of elopements that
1531 result in harm to a resident; providing duties;
1532 providing for appointment and terms of members;
1533 providing for meetings; requiring a report; providing
1534 for per diem and travel expenses; amending s. 429.34,
1535 F.S.; providing a schedule for the inspection of
1536 assisted living facilities; providing exceptions;
1537 providing for fees for additional inspections after
1538 specified violations; creating s. 429.50, F.S.;

1539 prohibiting a person from performing the duties of an
1540 assisted living facility administrator without a

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Page 56 of 58

Amendment No.

1541 license; providing qualifications for licensure;
1542 providing requirements for the issuance of assisted
1543 living facility administrator certifications;
1544 providing agency responsibilities; providing
1545 exceptions; providing license and license renewal
1546 fees; providing grounds for revocation or denial of
1547 licensure; providing rulemaking authority; authorizing
1548 the agency to issue a temporary license to an assisted
1549 living facility administrator under certain conditions
1550 and for a specified period of time; amending s.
1551 429.52, F.S.; providing training, competency testing,
1552 and continuing education requirements for assisted
1553 living facility administrators and license applicants;
1554 specifying entities that may provide training;
1555 providing a definition; requiring assisted living
1556 facility trainers to keep certain training records and
1557 submit those records to the agency; providing
1558 rulemaking authority; amending s. 429.54, F.S.;
1559 requiring the Agency for Health Care Administration,
1560 the Department of Elderly Affairs, the Department of
1561 Children and Family Services, and the Agency for
1562 Persons with Disabilities to develop or modify
1563 electronic information systems and other systems to
1564 ensure efficient communication regarding regulation of
1565 assisted living facilities, subject to the
1566 availability of funds; amending s. 430.707, F.S.;
1567 authorizing the Agency for Health Care Administration
1568 to contract with a specified organization to provide

228621

Approved For Filing: 3/9/2012 4:29:00 PM

Page 57 of 58

Amendment No.

1569 services under the federal Program of All-inclusive
1570 Care for the Elderly in specified counties; exempting
1571 such organizations from ch. 641, F.S., relating to
1572 health care services programs; authorizing, subject to
1573 appropriation, enrollment slots for the program in
1574 such counties; providing an appropriation and
1575 authorizing positions; providing effective dates.
1576