Amendment No.

CHAMBER ACTION

Senate House

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Representative Fresen offered the following:

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Amendment

Remove lines 158-190 and insert:

(b) A cooperative agreement, as required in s. 429.075, is developed between the mental health care services provider that serves a mental health resident and the administrator of the assisted living facility with a limited mental health license in which the mental health resident is living. The cooperative agreement must provide detailed information concerning case management services; access to consumer-operated drop-in centers; reliable access to mental health care services during evenings, weekends, and holidays that avoids the use of hospital emergency departments except in emergencies; supervision of clinical needs of mental health residents; and access to emergency psychiatric care. Any entity that provides Medicaid 603421

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prepaid health plan services shall ensure the appropriate coordination of health care services with an assisted living facility in cases where a Medicaid recipient is both a member of the entity's prepaid health plan and a resident of the assisted living facility. If the entity is at risk for Medicaid targeted case management and behavioral health services, the entity shall inform the assisted living facility of the procedures to follow should an emergent condition arise.

- (c) The community living support plan, as defined in s. 429.02, has been prepared by a mental health resident and a mental health case manager of that resident in consultation with the administrator of the facility or the administrator's designee. The plan must be provided to the administrator of the assisted living facility with a limited mental health license in which the mental health resident lives. The support plan and the agreement may be in one document.
- (d) The assisted living facility with a limited mental health license is provided with documentation that the individual meets the definition of a mental health resident.
- (e) The mental health services provider assigns a case manager to each mental health resident who lives in an assisted living facility with a limited mental health license. The case manager is responsible for coordinating the development of and implementation of the community living support plan defined in s. 429.02. The plan must be updated at least annually to ensure that the ongoing needs of a mental health resident are addressed. The community living support plan must include a detailed description of how the clinical needs of a mental 603421

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 health resident will be supervised; how often the case manager will see a mental health resident; how a mental health resident may access the case manager; how the case manager will identify conditions indicative of a change in a mental health resident's condition that might warrant changes in clinical supervision; procedures for the assisted living facility to contact the case manager on behalf of a mental health resident; and steps to be taken by the case manager to ensure that a mental health resident has access to appropriate emergency psychiatric care through the mental health care services provider. A case manager shall keep a record of the date and time of any face-to-face interaction with the mental health resident and make the record available to the department for inspection. The record must be retained for 2 years after the date of the last interaction.

(f) Adequate and consistent monitoring and enforcement of community living support plans and cooperative agreements are provided by the department for mental health residents who live in assisted living facilities.