

By the Committee on Children, Families, and Elder Affairs

586-03534-14

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1 A bill to be entitled
2 An act relating to reimbursement for crisis
3 stabilization unit services; amending s. 394.9082,
4 F.S.; requiring the Department of Children and
5 Families to require that managing entities implement a
6 specified reimbursement methodology by a specified
7 date; providing requirements for managing entities,
8 providers, and the reimbursement methodology;
9 requiring the department to establish uniform
10 standards for claims data submitted by providers;
11 requiring the department to establish a statewide
12 database of claims data; requiring the department and
13 managing entities to maintain the security of claims
14 data; requiring the department to submit a report to
15 the Legislature by a specified date; providing
16 requirements for such report; providing an effective
17 date.

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

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21 Section 1. Present subsections (10) and (11) of section
22 394.9082, Florida Statutes, are redesignated as subsections (11)
23 and (12), respectively, and a new subsection (10) is added to
24 that section, to read:

25 394.9082 Behavioral health managing entities.—

26 (10) CRISIS STABILIZATION UNIT REIMBURSEMENT.—The
27 department shall require managing entities to implement a
28 reimbursement methodology for crisis stabilization unit services
29 consistent with this subsection by January 1, 2015.

586-03534-14

20141726__

30 (a) Each managing entity shall enter into agreements with
31 all providers qualified to serve as receiving facilities as
32 defined in s. 394.455 and located within the managing entity's
33 designated service area. If a private receiving facility does
34 not choose to participate it cannot be paid by the managing
35 entity for involuntary care. A crisis stabilization unit may not
36 be a private receiving facility pursuant to s. 394.875.

37 (b) Using no more than one-quarter of the funds provided to
38 the managing entity for crisis stabilization services, the
39 managing entity shall allocate a base funding amount to each
40 receiving facility with a signed agreement entered into pursuant
41 to paragraph (a) which exceeded a minimum utilization level
42 specified by the managing entity. The amount of the base funding
43 for each receiving facility shall be proportionate to the number
44 of involuntary admissions to the receiving facility in the prior
45 fiscal year and shall be updated annually.

46 (c) The remainder of the funds provided for crisis
47 stabilization services shall be used by the managing entity to
48 provide per diem reimbursement to receiving facilities with a
49 signed agreement entered into pursuant to paragraph (a). The per
50 diem payment shall be made when a claim is submitted by the
51 receiving facility following a patient's discharge and verified
52 by the managing entity. The claim must document the following:

- 53 1. The identity of the patient;
- 54 2. The date of the admission;
- 55 3. The date of discharge;
- 56 4. The lack of any third-party coverage;
- 57 5. The services provided during the patient's stay; and
- 58 6. The status of the patient's discharge, whether to his or

586-03534-14

20141726__

59 her home or to another receiving facility.

60 (d) Each managing entity shall define a standard per diem
61 reimbursement rate for the service area based on the available
62 funds, cost of service, and the expected total days of care in
63 the area.

64 (e) The total payment for each claim shall be the per diem
65 rate set by the managing entity multiplied by the days of care
66 provided.

67 (f) The managing entity may establish caps for the amount
68 of reimbursements each receiving facility with a signed
69 agreement entered into pursuant to paragraph (a) may earn each
70 month. Such caps must be part of the written agreement and must
71 be proportionate to the days of care provided by each receiving
72 facility.

73 (g) If, after 3 months, the total paid reimbursements
74 during the period are less than one-quarter of the funds
75 available for this purpose, the managing entity shall distribute
76 the remaining funds in an amount proportionate to the days of
77 care provided by each receiving facility with a signed agreement
78 entered into pursuant to paragraph (a).

79 (h) By signing an agreement entered into pursuant to
80 paragraph (a), a provider certifies its willingness to accept
81 all patients and agrees that the base funding plus the claims-
82 based reimbursement as adjudicated by the managing entity
83 constitutes payment in full for services rendered to involuntary
84 patients.

85 (i) The department shall establish uniform standards for
86 the data that providers must submit with reimbursement claims
87 and shall establish a statewide database to compile claims data

586-03534-14

20141726__

88 from all managing entities in order to track use of crisis
89 stabilization services regardless of available funding.

90 (j) The department and the managing entities shall maintain
91 the security of the claims data consistent with state and
92 federal law.

93 (k) By January 31, 2016, and annually thereafter, the
94 department shall submit a report to the Governor, the President
95 of the Senate, and the Speaker of the House of Representatives
96 which provides details on the provider participation and patient
97 services provided in each service area. The report must describe
98 the expenditure of funds pursuant to this section, including the
99 base allocations and per diem rates in each service area, the
100 total per diem reimbursements by provider, the amount of any
101 quarterly disbursements, and the amount of unfunded care in each
102 service area.

103 Section 2. This act shall take effect July 1, 2014.