

By the Committee on Appropriations

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1                   A bill to be entitled  
2           An act relating to mental health and substance abuse  
3           services; amending s. 394.455, F.S.; revising the  
4           definition of "mental illness" to include dementia and  
5           traumatic brain injuries; amending s. 394.492, F.S.;  
6           redefining the terms "adolescent" and "child or  
7           adolescent at risk of emotional disturbance"; creating  
8           s. 394.761, F.S.; requiring the Agency for Health Care  
9           Administration and the Department of Children and  
10          Families to develop a plan to obtain federal approval  
11          for increasing the availability of federal Medicaid  
12          funding for behavioral health care; establishing  
13          improved integration of behavioral health and primary  
14          care services through the development and effective  
15          implementation of coordinated care organizations as  
16          the primary goal of obtaining the additional funds;  
17          requiring the agency and the department to submit the  
18          written plan, which must include certain information,  
19          to the Legislature by a specified date; amending s.  
20          394.875, F.S.; requiring that, by a specified date,  
21          the department modify certain licensure rules and  
22          procedures; providing requirements for providers;  
23          amending s. 394.9082, F.S.; revising Legislative  
24          findings and intent; redefining terms; requiring the  
25          managing entities, rather than the department, to  
26          develop and implement a plan with a certain purpose;  
27          requiring the regional network to offer access to  
28          certain services; requiring the plan to be developed  
29          in a certain manner; requiring the department to

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30 designate the regional network as a coordinated care  
31 organization after certain conditions are met;  
32 removing a provision providing legislative intent;  
33 requiring the department to contract with community-  
34 based managing entities for the development of  
35 specified objectives; removing duties of the  
36 department, the secretary of the department, and  
37 managing entities; removing a provision regarding the  
38 requirement of funding the managing entity's contract  
39 through departmental funds; removing legislative  
40 intent; requiring that the department's contract with  
41 each managing entity be performance based; providing  
42 for scaled penalties and liquidated damages if a  
43 managing entity fails to perform after a reasonable  
44 opportunity for corrective action; requiring the plan  
45 for the coordination and integration of certain  
46 services to be developed in a certain manner and to  
47 incorporate certain models; providing requirements for  
48 the department when entering into contracts with a  
49 managing entity; requiring the department to consider  
50 specified factors when considering a new contractor;  
51 revising the goals of the coordinated care  
52 organization; requiring a coordinated care  
53 organization to consist of a comprehensive provider  
54 network that includes specified elements; requiring  
55 that specified treatment providers be initially  
56 included in the provider network; providing for  
57 continued participation in the provider network;  
58 revising the network management and administrative

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59 functions of the managing entities; requiring that the  
60 managing entity support network providers in certain  
61 ways; authorizing the managing entity to prioritize  
62 certain populations when necessary; requiring that, by  
63 a certain date, a managing entity's governing board  
64 consist of a certain number of members selected by the  
65 managing entity in a specified manner; providing  
66 requirements for the governing board; removing  
67 departmental responsibilities; removing a reporting  
68 requirement; authorizing, rather than requiring, the  
69 department to adopt rules; creating s. 397.402, F.S.;  
70 requiring that the department modify certain licensure  
71 rules and procedures by a certain date; providing  
72 requirements for a provider; amending s. 397.427,  
73 F.S.; removing provisions requiring the department to  
74 determine the need for establishing providers of  
75 medication-assisted treatment services for opiate  
76 addiction; removing provisions requiring the  
77 department to adopt rules; amending s. 409.967, F.S.;  
78 requiring that certain plans or contracts include  
79 specified requirements; amending s. 409.973, F.S.;  
80 requiring each plan operating in the managed medical  
81 assistance program to work with the managing entity to  
82 establish specific organizational supports and service  
83 protocols; amending s. 409.975, F.S.; revising the  
84 categories from which the agency must determine which  
85 providers are essential Medicaid providers; repealing  
86 s. 394.4674, F.S., relating to a plan and report;  
87 repealing s. 394.4985, F.S., relating to districtwide

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88 information and referral network and implementation;  
89 repealing s. 394.657, F.S., relating to county  
90 planning councils or committees; repealing s. 394.745,  
91 F.S., relating to an annual report and compliance of  
92 providers under contract with department; repealing s.  
93 394.9084, F.S., relating to the Florida Self-Directed  
94 Care program; repealing s. 397.331, F.S., relating to  
95 definitions; repealing s. 397.333, F.S., relating to  
96 the Statewide Drug Policy Advisory Council; repealing  
97 s. 397.801, F.S., relating to substance abuse  
98 impairment coordination; repealing s. 397.811, F.S.,  
99 relating to juvenile substance abuse impairment  
100 coordination; repealing s. 397.821, F.S., relating to  
101 juvenile substance abuse impairment prevention and  
102 early intervention councils; repealing s. 397.901,  
103 F.S., relating to prototype juvenile addictions  
104 receiving facilities; repealing s. 397.93, F.S.,  
105 relating to children's substance abuse services and  
106 target populations; repealing s. 397.94, F.S.,  
107 relating to children's substance abuse services and  
108 the information and referral network; repealing s.  
109 397.951, F.S., relating to treatment and sanctions;  
110 repealing s. 397.97, F.S., relating to children's  
111 substance abuse services and demonstration models;  
112 amending ss. 397.321, 397.98, 409.966, 943.031, and  
113 943.042, F.S.; conforming provisions and cross-  
114 references to changes made by the act; reenacting ss.  
115 39.407(6)(a), 394.67(21), 394.674(1)(b), 394.676(1),  
116 409.1676(2)(c), and 409.1677(1)(b), F.S., relating to

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117 the term "suitable for residential treatment" or  
118 "suitability," the term "residential treatment center  
119 for children and adolescents," children's mental  
120 health services, the indigent psychiatric medication  
121 program, and the term "serious behavioral problems,"  
122 respectively, to incorporate the amendment made to s.  
123 394.492, F.S., in references thereto; providing  
124 effective dates.

125

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

127

128 Section 1. Subsection (18) of section 394.455, Florida  
129 Statutes, is amended to read:

130 394.455 Definitions.—As used in this part, unless the  
131 context clearly requires otherwise, the term:

132 (18) "Mental illness" means an impairment of the mental or  
133 emotional processes that exercise conscious control of one's  
134 actions or of the ability to perceive or understand reality,  
135 which impairment substantially interferes with the person's  
136 ability to meet the ordinary demands of living. For the purposes  
137 of this part, the term does not include a developmental  
138 disability as defined in chapter 393, dementia, traumatic brain  
139 injuries, intoxication, or conditions manifested only by  
140 antisocial behavior or substance abuse impairment.

141 Section 2. Subsections (1), (4), and (6) of section  
142 394.492, Florida Statutes, are amended to read:

143 394.492 Definitions.—As used in ss. 394.490-394.497, the  
144 term:

145 (1) "Adolescent" means a person who is at least 13 years of

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146 age but under ~~18~~ 21 years of age.

147 (4) "Child or adolescent at risk of emotional disturbance"  
148 means a person under ~~18~~ 21 years of age who has an increased  
149 likelihood of becoming emotionally disturbed because of risk  
150 factors that include, but are not limited to:

- 151 (a) Being homeless.
- 152 (b) Having a family history of mental illness.
- 153 (c) Being physically or sexually abused or neglected.
- 154 (d) Abusing alcohol or other substances.
- 155 (e) Being infected with human immunodeficiency virus (HIV).
- 156 (f) Having a chronic and serious physical illness.
- 157 (g) Having been exposed to domestic violence.
- 158 (h) Having multiple out-of-home placements.

159 (6) "Child or adolescent who has a serious emotional  
160 disturbance or mental illness" means a person under ~~18~~ 21 years  
161 of age who:

162 (a) Is diagnosed as having a mental, emotional, or  
163 behavioral disorder that meets one of the diagnostic categories  
164 specified in the most recent edition of the Diagnostic and  
165 Statistical Manual of Mental Disorders of the American  
166 Psychiatric Association; and

167 (b) Exhibits behaviors that substantially interfere with or  
168 limit his or her role or ability to function in the family,  
169 school, or community, which behaviors are not considered to be a  
170 temporary response to a stressful situation.

171  
172 The term includes a child or adolescent who meets the criteria  
173 for involuntary placement under s. 394.467(1).

174 Section 3. Section 394.761, Florida Statutes, is created to

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175 read:

176 394.761 Revenue maximization.—The agency and the department  
177 shall develop a plan to obtain federal approval for increasing  
178 the availability of federal Medicaid funding for behavioral  
179 health care. Increased funding will be used to advance the goal  
180 of improved integration of behavioral health and primary care  
181 services through development and effective implementation of  
182 coordinated care organizations as described in s. 394.9082(3).  
183 The agency and the department shall submit the written plan to  
184 the President of the Senate and the Speaker of the House of  
185 Representatives no later than November 1, 2015. The plan shall  
186 identify the amount of general revenue funding appropriated for  
187 mental health and substance abuse services which is eligible to  
188 be used as state Medicaid match. The plan must evaluate  
189 alternative uses of increased Medicaid funding, including  
190 expansion of Medicaid eligibility for the severely and  
191 persistently mentally ill; increased reimbursement rates for  
192 behavioral health services; adjustments to the capitation rate  
193 for Medicaid enrollees with chronic mental illness and substance  
194 use disorders; supplemental payments to mental health and  
195 substance abuse providers through a designated state health  
196 program or other mechanisms; and innovative programs for  
197 incentivizing improved outcomes for behavioral health  
198 conditions. The plan shall identify the advantages and  
199 disadvantages of each alternative and assess the potential of  
200 each for achieving improved integration of services. The plan  
201 shall identify the types of federal approvals necessary to  
202 implement each alternative and project a timeline for  
203 implementation.

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204 Section 4. Subsection (11) is added to section 394.875,  
205 Florida Statutes, to read:

206 394.875 Crisis stabilization units, residential treatment  
207 facilities, and residential treatment centers for children and  
208 adolescents; authorized services; license required.—

209 (11) No later than January 1, 2016, the department shall  
210 modify licensure rules and procedures to create an option for a  
211 single, consolidated license for a provider who offers multiple  
212 types of mental health and substance abuse services regulated  
213 under this chapter and chapter 397. Providers eligible for a  
214 consolidated license must operate these services through a  
215 single corporate entity and a unified management structure. Any  
216 provider serving adult and children must meet departmental  
217 standards for separate facilities and other requirements  
218 necessary to ensure children's safety and promote therapeutic  
219 efficacy.

220 Section 5. Effective upon this act becoming a law, section  
221 394.9082, Florida Statutes, is amended to read:

222 394.9082 Behavioral health managing entities.—

223 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds  
224 that untreated behavioral health disorders constitute major  
225 health problems for residents of this state, are a major  
226 economic burden to the citizens of this state, and substantially  
227 increase demands on the state's juvenile and adult criminal  
228 justice systems, the child welfare system, and health care  
229 systems. The Legislature finds that behavioral health disorders  
230 respond to appropriate treatment, rehabilitation, and supportive  
231 intervention. The Legislature finds that the state's return on  
232 its ~~it has made a substantial long term~~ investment in the



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233 funding of the community-based behavioral health prevention and  
234 treatment service systems and facilities can be enhanced by  
235 integration of these services with primary care ~~in order to~~  
236 ~~provide critical emergency, acute care, residential, outpatient,~~  
237 ~~and rehabilitative and recovery-based services.~~ The Legislature  
238 finds that local communities have also made substantial  
239 investments in behavioral health services, contracting with  
240 safety net providers who by mandate and mission provide  
241 specialized services to vulnerable and hard-to-serve populations  
242 and have strong ties to local public health and public safety  
243 agencies. The Legislature finds that a regional management  
244 structure ~~for that places the responsibility for publicly~~  
245 ~~financed~~ behavioral health treatment and prevention services  
246 ~~within a single private, nonprofit entity at the local level~~  
247 will improve ~~promote improved~~ access to care, promote service  
248 continuity, and provide for more efficient and effective  
249 delivery of substance abuse and mental health services. The  
250 Legislature finds that streamlining administrative processes  
251 will create cost efficiencies and provide flexibility to better  
252 match available services to consumers' identified needs.

253 (2) DEFINITIONS.—As used in this section, the term:

254 (a) "Behavioral health services" means mental health  
255 services and substance abuse prevention and treatment services  
256 as defined in this chapter and chapter 397 which are provided  
257 using state and federal funds.

258 ~~(b) "Decisionmaking model" means a comprehensive management~~  
259 ~~information system needed to answer the following management~~  
260 ~~questions at the federal, state, regional, circuit, and local~~  
261 ~~provider levels: who receives what services from which providers~~

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262 ~~with what outcomes and at what costs?~~

263 (b)~~(e)~~ "Geographic area" means a ~~county, circuit, regional,~~  
264 or a region as described in s. 409.966 ~~multiregional area in~~  
265 ~~this state.~~

266 (c)~~(d)~~ "Managing entity" means a corporation ~~that is~~  
267 ~~organized in this state, is designated or filed as a nonprofit~~  
268 ~~organization under s. 501(c)(3) of the Internal Revenue Code,~~  
269 ~~and is under contract to the department to manage the day-to-day~~  
270 ~~operational delivery of behavioral health services~~ as of July 1,  
271 2015 through an organized system of care.

272 ~~(e) "Provider networks" mean the direct service agencies~~  
273 ~~that are under contract with a managing entity and that together~~  
274 ~~constitute a comprehensive array of emergency, acute care,~~  
275 ~~residential, outpatient, recovery support, and consumer support~~  
276 ~~services.~~

277 (3) COORDINATED CARE ORGANIZATIONS SERVICE DELIVERY  
278 STRATEGIES.~~The department may work through~~ managing entities  
279 shall to develop and implement a plan to create a coordinated  
280 regional network of behavioral health service providers. The  
281 regional network must offer access to a comprehensive range of  
282 services and continuity of care for ~~service delivery strategies~~  
283 ~~that will improve the coordination, integration, and management~~  
284 ~~of the delivery of behavioral health services to people with who~~  
285 have mental illness or substance use disorders. The plan must be  
286 developed through a collaborative process between the managing  
287 entity and providers in the region. The department shall  
288 designate the regional network as a coordinated care  
289 organization after the relationships, linkages, and interactions  
290 among network providers are formalized through written

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291 agreements that establish common protocols for intake and  
292 assessment, mechanisms for data sharing, joint operational  
293 procedures, and integrated care planning and case management. ~~It~~  
294 ~~is the intent of the Legislature that a well-managed service~~  
295 ~~delivery system will increase access for those in need of care,~~  
296 ~~improve the coordination and continuity of care for vulnerable~~  
297 ~~and high-risk populations, and redirect service dollars from~~  
298 ~~restrictive care settings to community-based recovery services.~~

299 (4) CONTRACT FOR SERVICES.—

300 (a) The department must ~~may~~ contract ~~for the purchase and~~  
301 ~~management of behavioral health services~~ with community-based  
302 managing entities for the development of a regional coordinated  
303 care organization, network management services, and the  
304 administrative functions defined in subsection (6). ~~The~~  
305 ~~department may require a managing entity to contract for~~  
306 ~~specialized services that are not currently part of the managing~~  
307 ~~entity's network if the department determines that to do so is~~  
308 ~~in the best interests of consumers of services. The secretary~~  
309 ~~shall determine the schedule for phasing in contracts with~~  
310 ~~managing entities. The managing entities shall, at a minimum, be~~  
311 ~~accountable for the operational oversight of the delivery of~~  
312 ~~behavioral health services funded by the department and for the~~  
313 ~~collection and submission of the required data pertaining to~~  
314 ~~these contracted services. A managing entity shall serve a~~  
315 ~~geographic area designated by the department. The geographic~~  
316 ~~area must be of sufficient size in population and have enough~~  
317 ~~public funds for behavioral health services to allow for~~  
318 ~~flexibility and maximum efficiency.~~

319 (b) ~~The operating costs of the managing entity contract~~

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320 shall be funded through funds from the department and any  
321 savings and efficiencies achieved through the implementation of  
322 managing entities when realized by their participating provider  
323 network agencies. The department recognizes that managing  
324 entities will have infrastructure development costs during  
325 start-up so that any efficiencies to be realized by providers  
326 from consolidation of management functions, and the resulting  
327 savings, will not be achieved during the early years of  
328 operation. The department shall negotiate a reasonable and  
329 appropriate administrative cost rate with the managing entity.  
330 The Legislature intends that reduced local and state contract  
331 management and other administrative duties passed on to the  
332 managing entity allows funds previously allocated for these  
333 purposes to be proportionately reduced and the savings used to  
334 purchase the administrative functions of the managing entity.  
335 Policies and procedures of the department for monitoring  
336 contracts with managing entities shall include provisions for  
337 eliminating duplication of the department's and the managing  
338 entities' contract management and other administrative  
339 activities in order to achieve the goals of cost-effectiveness  
340 and regulatory relief. To the maximum extent possible, provider-  
341 monitoring activities shall be assigned to the managing entity.

342 (c) The department's contract with each managing entity  
343 must be a performance-based agreement requiring specific  
344 results, setting measureable performance standards and  
345 timelines, and identifying consequences for failure to timely  
346 plan and implement a regional, coordinated care organization.  
347 The consequences specified in the contract must correlate to a  
348 schedule of penalties, scaled to the nature and significance of

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349 the managing entity's failure to perform, and must include  
350 liquidated damages. The contract must provide a reasonable  
351 opportunity for managing entities to implement corrective  
352 actions, but must require progress toward achievement of the  
353 performance standards identified in paragraph (e) ~~Contracting~~  
354 and payment mechanisms for services must promote clinical and  
355 financial flexibility and responsiveness and must allow  
356 different categorical funds to be integrated at the point of  
357 service. The plan for coordination and integration of services  
358 required by subsection (3) shall be developed based on  
359 contracted service array must be determined by using public  
360 input and, needs assessment, and must incorporate promising,  
361 evidence-based and promising best practice models. The  
362 department may employ care management methodologies, prepaid  
363 capitation, and case rate or other methods of payment which  
364 promote flexibility, efficiency, and accountability.

365 (d) The department shall establish a 3-year performance-  
366 based contract with each managing entity on the next date of  
367 contract renewal after the effective date of this act. All  
368 managing entities must be operating under performance-based  
369 contracts by July 1, 2017. Managing entities with contracts  
370 subject to renewal on July 1, 2015, shall receive a contract  
371 renewal, if available, or a contract extension under s.  
372 287.057(12) until the performance-based contract can be  
373 developed.

374 (e) The contract must identify performance standards that  
375 are critical to the implementation of a coordinated care  
376 organization. Failure to achieve these specific standards  
377 constitutes a disqualification of the entity resulting in a

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378 notice of termination, which is effective upon selection of a  
379 new contractor. If a managing entity is disqualified due to  
380 performance failure, the department shall issue an invitation to  
381 negotiate in order to select a new contractor. The new  
382 contractor must be a managing entity in another region, a  
383 Medicaid managed care organization operating in the same region,  
384 or a behavioral health specialty managed care organization. The  
385 department shall consider the input and recommendations of  
386 network providers in the selection of the new contractor. The  
387 invitation to negotiate shall specify the criteria and the  
388 relative weight of the criteria that will be used in selecting  
389 the new contractor. The department must consider all of the  
390 following factors:

- 391 1. Experience serving persons with mental health and  
392 substance use disorders.  
393 2. Establishment of community partnerships with behavioral  
394 health providers.  
395 3. Demonstrated organizational capabilities for network  
396 management functions.  
397 4. Capability to integrate behavioral health with primary  
398 care services.

399 (5) GOALS.—The primary goal of the coordinated care  
400 organization service delivery strategies is to improve outcomes  
401 for persons needing provide a design for an effective  
402 coordination, integration, and management approach for  
403 delivering effective behavioral health services to persons who  
404 are experiencing a mental health or substance abuse crisis, who  
405 have a disabling mental illness or a substance use or co-  
406 occurring disorder, and require extended services in order to

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407 ~~recover from their illness, or who need brief treatment or~~  
408 ~~longer-term supportive interventions to avoid a crisis or~~  
409 ~~disability.~~ Other goals include:

410 (a) ~~Improving~~ Accountability for measureable and  
411 transparent a local system of behavioral health care services to  
412 ~~meet performance outcomes and standards through the use of~~  
413 ~~reliable and timely data.~~

414 (b) ~~Enhancing the~~ Continuity of care for all children,  
415 adolescents, and adults who receive services from the  
416 coordinated care organization ~~enter the publicly funded~~  
417 ~~behavioral health service system.~~

418 (c) Value-based purchasing of behavioral health services  
419 that maximizes the return on investment to local, state, and  
420 federal funding sources ~~Preserving the "safety net" of publicly~~  
421 ~~funded behavioral health services and providers, and recognizing~~  
422 ~~and ensuring continued local contributions to these services, by~~  
423 ~~establishing locally designed and community-monitored systems of~~  
424 ~~care.~~

425 (d) ~~Providing~~ Early diagnosis and treatment ~~interventions~~  
426 to enhance recovery and prevent hospitalization.

427 (e) Regional service delivery systems that are responsive  
428 to ~~Improving the assessment of~~ local needs for behavioral health  
429 services.

430 (f) Quality care that is provided using ~~Improving the~~  
431 ~~overall quality of behavioral health services through the use of~~  
432 evidence-based, best practice, and promising practice models.

433 (g) ~~Demonstrating improved service~~ Integration of between  
434 behavioral health services ~~programs~~ and other programs, such as  
435 vocational rehabilitation, education, child welfare, primary

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436 health care, emergency services, juvenile justice, and criminal  
437 justice.

438 ~~(h) Providing for additional testing of creative and~~  
439 ~~flexible strategies for financing behavioral health services to~~  
440 ~~enhance individualized treatment and support services.~~

441 ~~(i) Promoting cost-effective quality care.~~

442 ~~(j) Working with the state to coordinate admissions and~~  
443 ~~discharges from state civil and forensic hospitals and~~  
444 ~~coordinating admissions and discharges from residential~~  
445 ~~treatment centers.~~

446 ~~(k) Improving the integration, accessibility, and~~  
447 ~~dissemination of behavioral health data for planning and~~  
448 ~~monitoring purposes.~~

449 ~~(l) Promoting specialized behavioral health services to~~  
450 ~~residents of assisted living facilities.~~

451 ~~(m) Working with the state and other stakeholders to reduce~~  
452 ~~the admissions and the length of stay for dependent children in~~  
453 ~~residential treatment centers.~~

454 ~~(n) Providing services to adults and children with co-~~  
455 ~~occurring disorders of mental illnesses and substance abuse~~  
456 ~~problems.~~

457 ~~(o) Providing services to elder adults in crisis or at-risk~~  
458 ~~for placement in a more restrictive setting due to a serious~~  
459 ~~mental illness or substance abuse.~~

460 (6) ESSENTIAL ELEMENTS. ~~It is the intent of the Legislature~~  
461 ~~that the department may plan for and enter into contracts with~~  
462 ~~managing entities to manage care in geographical areas~~  
463 ~~throughout the state.~~

464 (a) A coordinated care organization must consist of a



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465 comprehensive provider network that includes the following  
466 elements: ~~The managing entity must demonstrate the ability of~~  
467 ~~its network of providers to comply with the pertinent provisions~~  
468 ~~of this chapter and chapter 397 and to ensure the provision of~~  
469 ~~comprehensive behavioral health services. The network of~~  
470 ~~providers must include, but need not be limited to, community~~  
471 ~~mental health agencies, substance abuse treatment providers, and~~  
472 ~~best practice consumer services providers.~~

473 1. A centralized receiving facility or coordinated  
474 receiving system for persons needing evaluation pursuant to s.  
475 394.463 or s. 397.675.

476 2. Crisis services, including mobile response teams and  
477 crisis stabilization units.

478 3. Case management.

479 4. Outpatient services.

480 5. Residential services.

481 6. Hospital inpatient care.

482 7. Aftercare and other postdischarge services.

483 8. Recovery support, including housing assistance and  
484 support for competitive employment, educational attainment,  
485 independent living skills development, family support and  
486 education, and wellness management and self-care.

487 9. Medical services necessary for integration of behavioral  
488 health services with primary care.

489 ~~(b) The department shall terminate its mental health or~~  
490 ~~substance abuse provider contracts for services to be provided~~  
491 ~~by the managing entity at the same time it contracts with the~~  
492 ~~managing entity.~~

493 (b)(c) ~~The managing entity shall ensure that its provider~~

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494 network shall initially include all ~~is broadly conceived. All~~  
495 mental health or substance abuse treatment providers currently  
496 receiving public funds pursuant to this chapter or chapter 397.  
497 Continued participation in the network is subject to credentials  
498 and performance standards set by the managing entity and  
499 approved by the department ~~under contract with the department~~  
500 ~~shall be offered a contract by the managing entity.~~

501 ~~(c)(d)~~ The network management and administrative functions  
502 of the department may contract with managing entities to provide  
503 ~~the following core functions~~ include:

- 504 1. Financial management ~~accountability.~~
- 505 2. Allocation of funds to network providers in a manner  
506 that reflects the department's strategic direction and plans.
- 507 3. Provider monitoring to ensure compliance with federal  
508 and state laws, rules, and regulations.
- 509 4. Data collection, reporting, and analysis.
- 510 5. Information systems necessary for the delivery of  
511 coordinated care and integrated services ~~Operational plans to~~  
512 ~~implement objectives of the department's strategic plan.~~
- 513 6. Contract compliance.
- 514 7. Performance measurement based on nationally recognized  
515 standards such as those developed by the National Quality Forum,  
516 the National Committee for Quality Assurance, or similar  
517 credible sources ~~management.~~
- 518 8. Collaboration with community stakeholders, including  
519 local government.
- 520 ~~9. System of care through network development.~~
- 521 ~~9.10.~~ Consumer care coordination.
- 522 ~~10.11.~~ Continuous quality improvement.

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523       ~~12. Timely access to appropriate services.~~

524       ~~13. Cost-effectiveness and system improvements.~~

525       ~~14. Assistance in the development of the department's~~  
526 ~~strategic plan.~~

527       ~~15. Participation in community, circuit, regional, and~~  
528 ~~state planning.~~

529       11.16. Resource management and maximization, including  
530 pursuit of third-party payments and grant applications.

531       12.17. Incentives for providers to improve quality and  
532 access.

533       13.18. Liaison with consumers.

534       14.19. Community needs assessment.

535       15.20. Securing local matching funds.

536       (d) The managing entity shall support network providers to  
537 offer comprehensive and coordinated care to all persons in need,  
538 but may develop a prioritization framework when necessary to  
539 make the best use of limited resources. Priority populations  
540 include:

541       1. Individuals in crisis stabilization units who are on the  
542 waitlist for placement in a state treatment facility;

543       2. Individuals in state treatment facilities on the  
544 waitlist for community care;

545       3. Parents or caretakers with child welfare involvement;

546       4. Individuals with multiple arrests and incarceration as a  
547 result of their behavioral health condition; and

548       5. Individuals with behavioral health disorders and  
549 comorbidities consistent with the characteristics of patients in  
550 the region's population of behavioral health service users who  
551 account for a disproportionately high percentage of service

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552 expenditures.

553 (e) The managing entity shall ensure that written  
554 cooperative agreements are developed and implemented among the  
555 criminal and juvenile justice systems, the local community-based  
556 care network, and the local behavioral health providers in the  
557 geographic area which define strategies and alternatives for  
558 diverting people who have mental illness and substance abuse  
559 problems from the criminal justice system to the community.  
560 These agreements must also address the provision of appropriate  
561 services to persons who have behavioral health problems and  
562 leave the criminal justice system.

563 (f) Managing entities must collect and submit data to the  
564 department regarding persons served, outcomes of persons served,  
565 and the costs of services provided through the department's  
566 contract. The department shall evaluate managing entity services  
567 based on consumer-centered outcome measures that reflect  
568 national standards that can dependably be measured. The  
569 department shall work with managing entities to establish  
570 performance standards related to:

571 1. The extent to which individuals in the community receive  
572 services.

573 2. The improvement of quality of care for individuals  
574 served.

575 3. The success of strategies to divert jail, prison, and  
576 forensic facility admissions.

577 4. Consumer and family satisfaction.

578 5. The satisfaction of key community constituents such as  
579 law enforcement agencies, juvenile justice agencies, the courts,  
580 the schools, local government entities, hospitals, and others as

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581 appropriate for the geographical area of the managing entity.

582 (g) The Agency for Health Care Administration may establish  
583 a certified match program, which must be voluntary. Under a  
584 certified match program, reimbursement is limited to the federal  
585 Medicaid share to Medicaid-enrolled strategy participants. The  
586 agency may take no action to implement a certified match program  
587 unless the consultation provisions of chapter 216 have been met.  
588 The agency may seek federal waivers that are necessary to  
589 implement the behavioral health service delivery strategies.

590 (7) MANAGING ENTITY REQUIREMENTS.—The department may adopt  
591 rules and contractual standards related to ~~and a process for~~ the  
592 qualification and operation of managing entities which are  
593 based, in part, on the following criteria:

594 (a) As of December 31, 2015, a managing entity's governing  
595 board governance structure shall consist of 15 members selected  
596 by the managing entity as follows: ~~be representative and shall,~~  
597 ~~at a minimum, include consumers and family members, appropriate~~  
598 ~~community stakeholders and organizations, and providers of~~  
599 ~~substance abuse and mental health services as defined in this~~  
600 ~~chapter and chapter 397. If there are one or more private-~~  
601 ~~receiving facilities in the geographic coverage area of a~~  
602 ~~managing entity, the managing entity shall have one~~  
603 ~~representative for the private-receiving facilities as an ex~~  
604 ~~officio member of its board of directors.~~

605 1. Four representatives of consumers and their families,  
606 selected from nominations submitted by behavioral health service  
607 providers in the region.

608 2. Two representatives of local governments in the region,  
609 selected from nominations submitted by county and municipal

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610 governments in the region.

611 3. Two representatives of law enforcement, appointed by the  
612 Attorney General.

613 4. Two representatives of employers in the region, selected  
614 from nominations submitted by Chambers of Commerce in the  
615 region.

616 5. Two representatives of service providers involved with  
617 the child welfare system, appointed by the community-based care  
618 lead agency.

619 6. Three representatives of health care professionals and  
620 health facilities in the region which are not under contract to  
621 the managing entity, selected from nominations submitted by  
622 local medical societies, hospitals, and other health care  
623 organizations in the region.

624 (b) The managing entity must create a transparent process  
625 for nomination and selection of board members and must adopt a  
626 procedure for establishing staggered term limits which ensures  
627 that no individual serves more than 8 consecutive years on the  
628 governing board ~~A managing entity that was originally formed~~  
629 ~~primarily by substance abuse or mental health providers must~~  
630 ~~present and demonstrate a detailed, consensus approach to~~  
631 ~~expanding its provider network and governance to include both~~  
632 ~~substance abuse and mental health providers.~~

633 (c) A managing entity must submit a network management plan  
634 and budget in a form and manner determined by the department.  
635 The plan must detail the means for implementing the duties to be  
636 contracted to the managing entity and the efficiencies to be  
637 anticipated by the department as a result of executing the  
638 contract. The department may require modifications to the plan

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639 and must approve the plan before contracting with a managing  
640 entity. The department may contract with a managing entity that  
641 demonstrates readiness to assume core functions, and may  
642 continue to add functions and responsibilities to the managing  
643 entity's contract over time as additional competencies are  
644 developed as identified in paragraph (g). ~~Notwithstanding other~~  
645 ~~provisions of this section, the department may continue and~~  
646 ~~expand managing entity contracts if the department determines~~  
647 ~~that the managing entity meets the requirements specified in~~  
648 ~~this section.~~

649 ~~(d) Notwithstanding paragraphs (b) and (c), a managing~~  
650 ~~entity that is currently a fully integrated system providing~~  
651 ~~mental health and substance abuse services, Medicaid, and child~~  
652 ~~welfare services is permitted to continue operating under its~~  
653 ~~current governance structure as long as the managing entity can~~  
654 ~~demonstrate to the department that consumers, other~~  
655 ~~stakeholders, and network providers are included in the planning~~  
656 ~~process.~~

657 (d) ~~(e)~~ Managing entities shall operate in a transparent  
658 manner, providing public access to information, notice of  
659 meetings, and opportunities for broad public participation in  
660 decisionmaking. The managing entity's network management plan  
661 must detail policies and procedures that ensure transparency.

662 (e) ~~(f)~~ Before contracting with a managing entity, the  
663 department must perform an onsite readiness review of a managing  
664 entity to determine its operational capacity to satisfactorily  
665 perform the duties to be contracted.

666 (f) ~~(g)~~ The department shall engage community stakeholders,  
667 including providers and managing entities under contract with

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668 the department, in the development of objective standards to  
669 measure the competencies of managing entities and their  
670 readiness to assume the responsibilities described in this  
671 section, and the outcomes to hold them accountable.

672 ~~(8) DEPARTMENT RESPONSIBILITIES. With the introduction of~~  
673 ~~managing entities to monitor department contracted providers'~~  
674 ~~day-to-day operations, the department and its regional and~~  
675 ~~circuit offices will have increased ability to focus on broad~~  
676 ~~systemic substance abuse and mental health issues. After the~~  
677 ~~department enters into a managing entity contract in a~~  
678 ~~geographic area, the regional and circuit offices of the~~  
679 ~~department in that area shall direct their efforts primarily to~~  
680 ~~monitoring the managing entity contract, including negotiation~~  
681 ~~of system quality improvement goals each contract year, and~~  
682 ~~review of the managing entity's plans to execute department~~  
683 ~~strategic plans; carrying out statutorily mandated licensure~~  
684 ~~functions; conducting community and regional substance abuse and~~  
685 ~~mental health planning; communicating to the department the~~  
686 ~~local needs assessed by the managing entity; preparing~~  
687 ~~department strategic plans; coordinating with other state and~~  
688 ~~local agencies; assisting the department in assessing local~~  
689 ~~trends and issues and advising departmental headquarters on~~  
690 ~~local priorities; and providing leadership in disaster planning~~  
691 ~~and preparation.~~

692 (8) ~~(9)~~ FUNDING FOR MANAGING ENTITIES.—

693 (a) A contract established between the department and a  
694 managing entity under this section shall be funded by general  
695 revenue, other applicable state funds, or applicable federal  
696 funding sources. A managing entity may carry forward documented



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697 unexpended state funds from one fiscal year to the next;  
698 however, the cumulative amount carried forward may not exceed 8  
699 percent of the total contract. Any unexpended state funds in  
700 excess of that percentage must be returned to the department.  
701 The funds carried forward may not be used in a way that would  
702 create increased recurring future obligations or for any program  
703 or service that is not currently authorized under the existing  
704 contract with the department. Expenditures of funds carried  
705 forward must be separately reported to the department. Any  
706 unexpended funds that remain at the end of the contract period  
707 shall be returned to the department. Funds carried forward may  
708 be retained through contract renewals and new procurements as  
709 long as the same managing entity is retained by the department.

710 (b) The method of payment for a fixed-price contract with a  
711 managing entity must provide for a 2-month advance payment at  
712 the beginning of each fiscal year and equal monthly payments  
713 thereafter.

714 ~~(10) REPORTING. Reports of the department's activities,~~  
715 ~~progress, and needs in achieving the goal of contracting with~~  
716 ~~managing entities in each circuit and region statewide must be~~  
717 ~~submitted to the appropriate substantive and appropriations~~  
718 ~~committees in the Senate and the House of Representatives on~~  
719 ~~January 1 and July 1 of each year until the full transition to~~  
720 ~~managing entities has been accomplished statewide.~~

721 (9) ~~(11)~~ RULES.—The department may ~~shall~~ adopt rules to  
722 administer this section and, ~~as necessary, to further specify~~  
723 ~~requirements of managing entities.~~

724 Section 6. Section 397.402, Florida Statutes, is created to  
725 read:

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726       397.402 Single, consolidated license.—No later than January  
727 1, 2016, the department shall modify licensure rules and  
728 procedures to create an option for a single, consolidated  
729 license for a provider that offers multiple types of mental  
730 health and substance abuse services regulated under chapters 394  
731 and 397. Providers eligible for a consolidated license must  
732 operate these services through a single corporate entity and a  
733 unified management structure. Any provider serving both adults  
734 and children must meet departmental standards for separate  
735 facilities and other requirements necessary to ensure the safety  
736 of children and promote therapeutic efficacy.

737       Section 7. Section 397.427, Florida Statutes, is amended,  
738 to read:

739       397.427 Medication-assisted treatment service providers;  
740 rehabilitation program; ~~needs assessment and provision of~~  
741 ~~services; persons authorized to issue takeout medication;~~  
742 ~~unlawful operation; penalty.—~~

743       (1) Providers of medication-assisted treatment services for  
744 opiate addiction may not be licensed unless they provide  
745 supportive rehabilitation programs. Supportive rehabilitation  
746 programs include, but are not limited to, counseling, therapy,  
747 and vocational rehabilitation.

748       ~~(2) The department shall determine the need for~~  
749 ~~establishing providers of medication-assisted treatment services~~  
750 ~~for opiate addiction.—~~

751       ~~(a) Providers of medication-assisted treatment services for~~  
752 ~~opiate addiction may be established only in response to the~~  
753 ~~department's determination and publication of need for~~  
754 ~~additional medication treatment services.—~~

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755       ~~(b) The department shall prescribe by rule the types of~~  
756 ~~medication-assisted treatment services for opiate addiction for~~  
757 ~~which it is necessary to conduct annual assessments of need. If~~  
758 ~~needs assessment is required, the department shall annually~~  
759 ~~conduct the assessment and publish a statement of findings which~~  
760 ~~identifies each substate entity's need.~~

761       ~~(c) Notwithstanding paragraphs (a) and (b), the license for~~  
762 ~~medication-assisted treatment programs for opiate addiction~~  
763 ~~licensed before October 1, 1990, may not be revoked solely~~  
764 ~~because of the department's determination concerning the need~~  
765 ~~for medication-assisted treatment services for opiate addiction.~~

766       ~~(3) The department shall adopt rules necessary to~~  
767 ~~administer this section, including, but not limited to, rules~~  
768 ~~prescribing criteria and procedures for:~~

769       ~~(a) Determining the need for additional medication-assisted~~  
770 ~~treatment services for opiate addiction.~~

771       ~~(b) Selecting providers for medication-assisted treatment~~  
772 ~~services for opiate addiction when the number of responses to a~~  
773 ~~publication of need exceeds the determined need.~~

774       ~~(c) Administering any federally required rules,~~  
775 ~~regulations, or procedures.~~

776       (2)~~(4)~~ A service provider operating in violation of this  
777 section is subject to proceedings in accordance with this  
778 chapter to enjoin that unlawful operation.

779       (3)~~(5)~~ Notwithstanding s. 465.019(2), a physician  
780 assistant, a registered nurse, an advanced registered nurse  
781 practitioner, or a licensed practical nurse working for a  
782 licensed service provider may deliver takeout medication for  
783 opiate treatment to persons enrolled in a maintenance treatment

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784 program for medication-assisted treatment for opiate addiction  
785 if:

786 (a) The medication-assisted treatment program for opiate  
787 addiction has an appropriate valid permit issued pursuant to  
788 rules adopted by the Board of Pharmacy;

789 (b) The medication for treatment of opiate addiction has  
790 been delivered pursuant to a valid prescription written by the  
791 program's physician licensed pursuant to chapter 458 or chapter  
792 459;

793 (c) The medication for treatment of opiate addiction which  
794 is ordered appears on a formulary and is prepackaged and  
795 prelabeled with dosage instructions and distributed from a  
796 source authorized under chapter 499;

797 (d) Each licensed provider adopts written protocols which  
798 provide for supervision of the physician assistant, registered  
799 nurse, advanced registered nurse practitioner, or licensed  
800 practical nurse by a physician licensed pursuant to chapter 458  
801 or chapter 459 and for the procedures by which patients'  
802 medications may be delivered by the physician assistant,  
803 registered nurse, advanced registered nurse practitioner, or  
804 licensed practical nurse. Such protocols shall be signed by the  
805 supervising physician and either the administering registered  
806 nurse, the advanced registered nurse practitioner, or the  
807 licensed practical nurse.

808 (e) Each licensed service provider maintains and has  
809 available for inspection by representatives of the Board of  
810 Pharmacy all medical records and patient care protocols,  
811 including records of medications delivered to patients, in  
812 accordance with the board.

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813        (4)~~(6)~~ The department shall also determine the need for  
814 establishing medication-assisted treatment for substance use  
815 disorders other than opiate dependence. Service providers within  
816 the publicly funded system shall be funded for provision of  
817 these services based on the availability of funds.

818        (5)~~(7)~~ Service providers that provide medication-assisted  
819 treatment for substance abuse other than opiate dependence shall  
820 provide counseling services in conjunction with medication-  
821 assisted treatment.

822        (6)~~(8)~~ The department shall adopt rules necessary to  
823 administer medication-assisted treatment services, including,  
824 but not limited to, rules prescribing criteria and procedures  
825 for:

826            (a) Determining the need for medication-assisted treatment  
827 services within the publicly funded system.

828            (b) Selecting medication-assisted service providers within  
829 the publicly funded system.

830            (c) Administering any federally required rules,  
831 regulations, or procedures related to the provision of  
832 medication-assisted treatment.

833        (7)~~(9)~~ A physician assistant, a registered nurse, an  
834 advanced registered nurse practitioner, or a licensed practical  
835 nurse working for a licensed service provider may deliver  
836 medication as prescribed by rule if:

837            (a) The service provider is authorized to provide  
838 medication-assisted treatment;

839            (b) The medication has been administered pursuant to a  
840 valid prescription written by the program's physician who is  
841 licensed under chapter 458 or chapter 459; and

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842 (c) The medication ordered appears on a formulary or meets  
843 federal requirements for medication-assisted treatment.

844 (8)~~(10)~~ Each licensed service provider that provides  
845 medication-assisted treatment must adopt written protocols as  
846 specified by the department and in accordance with federally  
847 required rules, regulations, or procedures. The protocol shall  
848 provide for the supervision of the physician assistant,  
849 registered nurse, advanced registered nurse practitioner, or  
850 licensed practical nurse working under the supervision of a  
851 physician who is licensed under chapter 458 or chapter 459. The  
852 protocol must specify how the medication will be used in  
853 conjunction with counseling or psychosocial treatment and that  
854 the services provided will be included on the treatment plan.  
855 The protocol must specify the procedures by which medication-  
856 assisted treatment may be administered by the physician  
857 assistant, registered nurse, advanced registered nurse  
858 practitioner, or licensed practical nurse. These protocols shall  
859 be signed by the supervising physician and the administering  
860 physician assistant, registered nurse, advanced registered nurse  
861 practitioner, or licensed practical nurse.

862 (9)~~(11)~~ Each licensed service provider shall maintain and  
863 have available for inspection by representatives of the Board of  
864 Pharmacy all medical records and protocols, including records of  
865 medications delivered to individuals in accordance with rules of  
866 the board.

867 Section 8. Present paragraphs (d) through (m) of subsection  
868 (2) of section 409.967, Florida Statutes, are redesignated as  
869 paragraphs (e) through (n), respectively, and a new paragraph  
870 (d) is added to that subsection, to read:

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871 409.967 Managed care plan accountability.—

872 (2) The agency shall establish such contract requirements  
873 as are necessary for the operation of the statewide managed care  
874 program. In addition to any other provisions the agency may deem  
875 necessary, the contract must require:

876 (d) Quality care.—Managed care plans shall provide, or  
877 contract for the provision of, care coordination to facilitate  
878 the appropriate delivery of behavioral health care services in  
879 the least restrictive setting with treatment and recovery  
880 capabilities that address the needs of the patient. Services  
881 shall be provided in a manner that integrates behavioral health  
882 services and primary care. Plans shall be required to achieve  
883 specific behavioral health outcome standards, established by the  
884 agency in consultation with the Department of Children and  
885 Families.

886 Section 9. Subsection (5) is added to section 409.973,  
887 Florida Statutes, to read:

888 409.973 Benefits.—

889 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan  
890 operating in the managed medical assistance program shall work  
891 with the managing entity in its service area to establish  
892 specific organizational supports and service protocols that  
893 enhance the integration and coordination of primary care and  
894 behavioral health services for Medicaid recipients. Progress in  
895 this initiative will be measured using the integration framework  
896 and core measures developed by the Agency for Healthcare  
897 Research and Quality.

898 Section 10. Paragraph (a) of subsection (1) of section  
899 409.975, Florida Statutes, is amended to read:

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900 409.975 Managed care plan accountability.—In addition to  
901 the requirements of s. 409.967, plans and providers  
902 participating in the managed medical assistance program shall  
903 comply with the requirements of this section.

904 (1) PROVIDER NETWORKS.—Managed care plans must develop and  
905 maintain provider networks that meet the medical needs of their  
906 enrollees in accordance with standards established pursuant to  
907 s. 409.967(2)(c). Except as provided in this section, managed  
908 care plans may limit the providers in their networks based on  
909 credentials, quality indicators, and price.

910 (a) Plans must include all providers in the region that are  
911 classified by the agency as essential Medicaid providers, unless  
912 the agency approves, in writing, an alternative arrangement for  
913 securing the types of services offered by the essential  
914 providers. Providers are essential for serving Medicaid  
915 enrollees if they offer services that are not available from any  
916 other provider within a reasonable access standard, or if they  
917 provided a substantial share of the total units of a particular  
918 service used by Medicaid patients within the region during the  
919 last 3 years and the combined capacity of other service  
920 providers in the region is insufficient to meet the total needs  
921 of the Medicaid patients. The agency may not classify physicians  
922 and other practitioners as essential providers. The agency, at a  
923 minimum, shall determine which providers in the following  
924 categories are essential Medicaid providers:

- 925 1. Federally qualified health centers.  
926 2. Statutory teaching hospitals as defined in s.  
927 408.07(45).  
928 3. Hospitals that are trauma centers as defined in s.



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929 395.4001(14).

930 4. Hospitals located at least 25 miles from any other  
931 hospital with similar services.

932 5. Publicly funded behavioral health service providers.

933

934 Managed care plans that have not contracted with all essential  
935 providers in the region as of the first date of recipient  
936 enrollment, or with whom an essential provider has terminated  
937 its contract, must negotiate in good faith with such essential  
938 providers for 1 year or until an agreement is reached, whichever  
939 is first. Payments for services rendered by a nonparticipating  
940 essential provider shall be made at the applicable Medicaid rate  
941 as of the first day of the contract between the agency and the  
942 plan. A rate schedule for all essential providers shall be  
943 attached to the contract between the agency and the plan. After  
944 1 year, managed care plans that are unable to contract with  
945 essential providers shall notify the agency and propose an  
946 alternative arrangement for securing the essential services for  
947 Medicaid enrollees. The arrangement must rely on contracts with  
948 other participating providers, regardless of whether those  
949 providers are located within the same region as the  
950 nonparticipating essential service provider. If the alternative  
951 arrangement is approved by the agency, payments to  
952 nonparticipating essential providers after the date of the  
953 agency's approval shall equal 90 percent of the applicable  
954 Medicaid rate. If the alternative arrangement is not approved by  
955 the agency, payment to nonparticipating essential providers  
956 shall equal 110 percent of the applicable Medicaid rate.

957 Section 11. Section 394.4674, Florida Statutes, is

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958 repealed.

959 Section 12. Section 394.4985, Florida Statutes, is

960 repealed.

961 Section 13. Section 394.657, Florida Statutes, is repealed.

962 Section 14. Section 394.745, Florida Statutes, is repealed.

963 Section 15. Section 394.9084, Florida Statutes, is

964 repealed.

965 Section 16. Section 397.331, Florida Statutes, is repealed.

966 Section 17. Section 397.333, Florida Statutes, is repealed.

967 Section 18. Section 397.801, Florida Statutes, is repealed.

968 Section 19. Section 397.811, Florida Statutes, is repealed.

969 Section 20. Section 397.821, Florida Statutes, is repealed.

970 Section 21. Section 397.901, Florida Statutes, is repealed.

971 Section 22. Section 397.93, Florida Statutes, is repealed.

972 Section 23. Section 397.94, Florida Statutes, is repealed.

973 Section 24. Section 397.951, Florida Statutes, is repealed.

974 Section 25. Section 397.97, Florida Statutes, is repealed.

975 Section 26. Subsection (15) of section 397.321, Florida

976 Statutes, is amended to read:

977 397.321 Duties of the department.—The department shall:

978 (15) Appoint a substance abuse impairment coordinator to

979 represent the department in efforts initiated by the statewide

980 substance abuse impairment prevention and treatment coordinator

981 ~~established in s. 397.801~~ and to assist the statewide

982 coordinator in fulfilling the responsibilities of that position.

983 Section 27. Subsection (1) of section 397.98, Florida

984 Statutes, is amended to read:

985 397.98 Children's substance abuse services; utilization

986 management.—

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987 (1) Utilization management shall be an integral part of  
988 each Children's Network of Care Demonstration Model ~~as described~~  
989 ~~under s. 397.97~~. The utilization management process shall  
990 include procedures for analyzing the allocation and use of  
991 resources by the purchasing agent. Such procedures shall  
992 include:

993 (a) Monitoring the appropriateness of admissions to  
994 residential services or other levels of care as determined by  
995 the department.

996 (b) Monitoring the duration of care.

997 (c) Developing profiles of network providers which describe  
998 their patterns of delivering care.

999 (d) Authorizing care for high-cost services.

1000 Section 28. Paragraph (e) of subsection (3) of section  
1001 409.966, Florida Statutes, is amended to read:

1002 409.966 Eligible plans; selection.—

1003 (3) QUALITY SELECTION CRITERIA.—

1004 (e) To ensure managed care plan participation in Regions 1  
1005 and 2, the agency shall award an additional contract to each  
1006 plan with a contract award in Region 1 or Region 2. Such  
1007 contract shall be in any other region in which the plan  
1008 submitted a responsive bid and negotiates a rate acceptable to  
1009 the agency. If a plan that is awarded an additional contract  
1010 pursuant to this paragraph is subject to penalties pursuant to  
1011 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or  
1012 Region 2, the additional contract is automatically terminated  
1013 180 days after the imposition of the penalties. The plan must  
1014 reimburse the agency for the cost of enrollment changes and  
1015 other transition activities.

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1016 Section 29. Paragraph (a) of subsection (5) of section  
1017 943.031, Florida Statutes, is amended to read:

1018 943.031 Florida Violent Crime and Drug Control Council.—

1019 (5) DUTIES OF COUNCIL.—Subject to funding provided to the  
1020 department by the Legislature, the council shall provide advice  
1021 and make recommendations, as necessary, to the executive  
1022 director of the department.

1023 (a) The council may advise the executive director on the  
1024 feasibility of undertaking initiatives which include, but are  
1025 not limited to, the following:

1026 1. Establishing a program that provides grants to criminal  
1027 justice agencies that develop and implement effective violent  
1028 crime prevention and investigative programs and which provides  
1029 grants to law enforcement agencies for the purpose of drug  
1030 control, criminal gang, and illicit money laundering  
1031 investigative efforts or task force efforts that are determined  
1032 by the council to significantly contribute to achieving the  
1033 state's goal of reducing drug-related crime, that represent  
1034 significant criminal gang investigative efforts, that represent  
1035 a significant illicit money laundering investigative effort, or  
1036 that otherwise significantly support statewide strategies  
1037 developed by the Statewide Drug Policy Advisory Council  
1038 ~~established under s. 397.333~~, subject to the limitations  
1039 provided in this section. The grant program may include an  
1040 innovations grant program to provide startup funding for new  
1041 initiatives by local and state law enforcement agencies to  
1042 combat violent crime or to implement drug control, criminal  
1043 gang, or illicit money laundering investigative efforts or task  
1044 force efforts by law enforcement agencies, including, but not

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- 1045 limited to, initiatives such as:
- 1046       a. Providing enhanced community-oriented policing.
- 1047       b. Providing additional undercover officers and other
- 1048 investigative officers to assist with violent crime
- 1049 investigations in emergency situations.
- 1050       c. Providing funding for multiagency or statewide drug
- 1051 control, criminal gang, or illicit money laundering
- 1052 investigative efforts or task force efforts that cannot be
- 1053 reasonably funded completely by alternative sources and that
- 1054 significantly contribute to achieving the state's goal of
- 1055 reducing drug-related crime, that represent significant criminal
- 1056 gang investigative efforts, that represent a significant illicit
- 1057 money laundering investigative effort, or that otherwise
- 1058 significantly support statewide strategies developed by the
- 1059 Statewide Drug Policy Advisory Council ~~established under s.~~
- 1060 ~~397.333.~~
- 1061       2. Expanding the use of automated biometric identification
- 1062 systems at the state and local levels.
- 1063       3. Identifying methods to prevent violent crime.
- 1064       4. Identifying methods to enhance multiagency or statewide
- 1065 drug control, criminal gang, or illicit money laundering
- 1066 investigative efforts or task force efforts that significantly
- 1067 contribute to achieving the state's goal of reducing drug-
- 1068 related crime, that represent significant criminal gang
- 1069 investigative efforts, that represent a significant illicit
- 1070 money laundering investigative effort, or that otherwise
- 1071 significantly support statewide strategies developed by the
- 1072 Statewide Drug Policy Advisory Council ~~established under s.~~
- 1073 ~~397.333.~~

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- 1074           5. Enhancing criminal justice training programs that  
1075 address violent crime, drug control, illicit money laundering  
1076 investigative techniques, or efforts to control and eliminate  
1077 criminal gangs.
- 1078           6. Developing and promoting crime prevention services and  
1079 educational programs that serve the public, including, but not  
1080 limited to:
- 1081           a. Enhanced victim and witness counseling services that  
1082 also provide crisis intervention, information referral,  
1083 transportation, and emergency financial assistance.
- 1084           b. A well-publicized rewards program for the apprehension  
1085 and conviction of criminals who perpetrate violent crimes.
- 1086           7. Enhancing information sharing and assistance in the  
1087 criminal justice community by expanding the use of community  
1088 partnerships and community policing programs. Such expansion may  
1089 include the use of civilian employees or volunteers to relieve  
1090 law enforcement officers of clerical work in order to enable the  
1091 officers to concentrate on street visibility within the  
1092 community.
- 1093           Section 30. Subsection (1) of section 943.042, Florida  
1094 Statutes, is amended to read:
- 1095           943.042 Violent Crime Investigative Emergency and Drug  
1096 Control Strategy Implementation Account.—
- 1097           (1) There is created a Violent Crime Investigative  
1098 Emergency and Drug Control Strategy Implementation Account  
1099 within the Department of Law Enforcement Operating Trust Fund.  
1100 The account shall be used to provide emergency supplemental  
1101 funds to:
- 1102           (a) State and local law enforcement agencies that are

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1103 involved in complex and lengthy violent crime investigations, or  
1104 matching funding to multiagency or statewide drug control or  
1105 illicit money laundering investigative efforts or task force  
1106 efforts that significantly contribute to achieving the state's  
1107 goal of reducing drug-related crime, that represent a  
1108 significant illicit money laundering investigative effort, or  
1109 that otherwise significantly support statewide strategies  
1110 developed by the Statewide Drug Policy Advisory Council  
1111 established under ~~s. 397.333~~;

1112 (b) State and local law enforcement agencies that are  
1113 involved in violent crime investigations which constitute a  
1114 significant emergency within the state; or

1115 (c) Counties that demonstrate a significant hardship or an  
1116 inability to cover extraordinary expenses associated with a  
1117 violent crime trial.

1118 Section 31. For the purpose of incorporating the amendment  
1119 made by this act to section 394.492, Florida Statutes, in a  
1120 reference thereto, paragraph (a) of subsection (6) of section  
1121 39.407, Florida Statutes, is reenacted to read:

1122 39.407 Medical, psychiatric, and psychological examination  
1123 and treatment of child; physical, mental, or substance abuse  
1124 examination of person with or requesting child custody.—

1125 (6) Children who are in the legal custody of the department  
1126 may be placed by the department, without prior approval of the  
1127 court, in a residential treatment center licensed under s.  
1128 394.875 or a hospital licensed under chapter 395 for residential  
1129 mental health treatment only pursuant to this section or may be  
1130 placed by the court in accordance with an order of involuntary  
1131 examination or involuntary placement entered pursuant to s.

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1132 394.463 or s. 394.467. All children placed in a residential  
1133 treatment program under this subsection must have a guardian ad  
1134 litem appointed.

1135 (a) As used in this subsection, the term:

1136 1. "Residential treatment" means placement for observation,  
1137 diagnosis, or treatment of an emotional disturbance in a  
1138 residential treatment center licensed under s. 394.875 or a  
1139 hospital licensed under chapter 395.

1140 2. "Least restrictive alternative" means the treatment and  
1141 conditions of treatment that, separately and in combination, are  
1142 no more intrusive or restrictive of freedom than reasonably  
1143 necessary to achieve a substantial therapeutic benefit or to  
1144 protect the child or adolescent or others from physical injury.

1145 3. "Suitable for residential treatment" or "suitability"  
1146 means a determination concerning a child or adolescent with an  
1147 emotional disturbance as defined in s. 394.492(5) or a serious  
1148 emotional disturbance as defined in s. 394.492(6) that each of  
1149 the following criteria is met:

1150 a. The child requires residential treatment.

1151 b. The child is in need of a residential treatment program  
1152 and is expected to benefit from mental health treatment.

1153 c. An appropriate, less restrictive alternative to  
1154 residential treatment is unavailable.

1155 Section 32. For the purpose of incorporating the amendment  
1156 made by this act to section 394.492, Florida Statutes, in a  
1157 reference thereto, subsection (21) of section 394.67, Florida  
1158 Statutes, is reenacted to read:

1159 394.67 Definitions.—As used in this part, the term:

1160 (21) "Residential treatment center for children and



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1161 adolescents" means a 24-hour residential program, including a  
1162 therapeutic group home, which provides mental health services to  
1163 emotionally disturbed children or adolescents as defined in s.  
1164 394.492(5) or (6) and which is a private for-profit or not-for-  
1165 profit corporation licensed by the agency which offers a variety  
1166 of treatment modalities in a more restrictive setting.

1167 Section 33. For the purpose of incorporating the amendment  
1168 made by this act to section 394.492, Florida Statutes, in a  
1169 reference thereto, paragraph (b) of subsection (1) of section  
1170 394.674, Florida Statutes, is reenacted to read:

1171 394.674 Eligibility for publicly funded substance abuse and  
1172 mental health services; fee collection requirements.—

1173 (1) To be eligible to receive substance abuse and mental  
1174 health services funded by the department, an individual must be  
1175 a member of at least one of the department's priority  
1176 populations approved by the Legislature. The priority  
1177 populations include:

1178 (b) For children's mental health services:

1179 1. Children who are at risk of emotional disturbance as  
1180 defined in s. 394.492(4).

1181 2. Children who have an emotional disturbance as defined in  
1182 s. 394.492(5).

1183 3. Children who have a serious emotional disturbance as  
1184 defined in s. 394.492(6).

1185 4. Children diagnosed as having a co-occurring substance  
1186 abuse and emotional disturbance or serious emotional  
1187 disturbance.

1188 Section 34. For the purpose of incorporating the amendment  
1189 made by this act to section 394.492, Florida Statutes, in a

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1190 reference thereto, subsection (1) of section 394.676, Florida  
1191 Statutes, is reenacted to read:

1192 394.676 Indigent psychiatric medication program.—

1193 (1) Within legislative appropriations, the department may  
1194 establish the indigent psychiatric medication program to  
1195 purchase psychiatric medications for persons as defined in s.  
1196 394.492(5) or (6) or pursuant to s. 394.674(1), who do not  
1197 reside in a state mental health treatment facility or an  
1198 inpatient unit.

1199 Section 35. For the purpose of incorporating the amendment  
1200 made by this act to section 394.492, Florida Statutes, in a  
1201 reference thereto, paragraph (c) of subsection (2) of section  
1202 409.1676, Florida Statutes, is reenacted to read:

1203 409.1676 Comprehensive residential group care services to  
1204 children who have extraordinary needs.—

1205 (2) As used in this section, the term:

1206 (c) "Serious behavioral problems" means behaviors of  
1207 children who have been assessed by a licensed master's-level  
1208 human-services professional to need at a minimum intensive  
1209 services but who do not meet the criteria of s. 394.492(7). A  
1210 child with an emotional disturbance as defined in s. 394.492(5)  
1211 or (6) may be served in residential group care unless a  
1212 determination is made by a mental health professional that such  
1213 a setting is inappropriate. A child having a serious behavioral  
1214 problem must have been determined in the assessment to have at  
1215 least one of the following risk factors:

1216 1. An adjudication of delinquency and be on conditional  
1217 release status with the Department of Juvenile Justice.

1218 2. A history of physical aggression or violent behavior

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1219 toward self or others, animals, or property within the past  
1220 year.

1221 3. A history of setting fires within the past year.

1222 4. A history of multiple episodes of running away from home  
1223 or placements within the past year.

1224 5. A history of sexual aggression toward other youth.

1225 Section 36. For the purpose of incorporating the amendment  
1226 made by this act to section 394.492, Florida Statutes, in a  
1227 reference thereto, paragraph (b) of subsection (1) of section  
1228 409.1677, Florida Statutes, is reenacted to read:

1229 409.1677 Model comprehensive residential services  
1230 programs.—

1231 (1) As used in this section, the term:

1232 (b) "Serious behavioral problems" means behaviors of  
1233 children who have been assessed by a licensed master's-level  
1234 human-services professional to need at a minimum intensive  
1235 services but who do not meet the criteria of s. 394.492(6) or  
1236 (7). A child with an emotional disturbance as defined in s.  
1237 394.492(5) may be served in residential group care unless a  
1238 determination is made by a mental health professional that such  
1239 a setting is inappropriate.

1240 Section 37. Except as otherwise expressly provided in this  
1241 act and except for this section, which shall take effect upon  
1242 this act becoming a law, this act shall take effect July 1,  
1243 2015.