

1 A bill to be entitled
2 An act relating to mental health and substance use
3 disorders; amending s. 394.455, F.S.; providing
4 definitions; amending s. 394.457, F.S.; providing when
5 peer specialists must be certified; amending s.
6 394.4572, F.S.; providing background screening
7 requirements for peer specialists; authorizing the
8 Department of Children and Families and the Agency for
9 Health Care Administration to grant exemptions from
10 disqualification for individuals to work solely in
11 certain treatment programs or facilities; amending s.
12 394.4573, F.S.; revises requirements for annual state
13 behavioral health assessment; revises elements for a
14 coordinated system of care; amending s. 397.311, F.S.;
15 providing a definition; amending s. 397.4012, F.S.;
16 revising the applicability of exemptions from
17 licensure for certain entities; amending s. 397.403,
18 F.S.; providing an exemption from certain
19 accreditation requirements relating to licensure
20 renewal for certain substance abuse programs; amending
21 s. 397.4073, F.S.; requiring individuals screened on
22 or after a specified date to undergo specified
23 background screening; requiring the department to
24 grant or deny a request for an exemption from
25 disqualification within a certain timeframe;

26 | authorizing certain applicants for an exemption to
27 | work under the supervision of certain persons for a
28 | specified period of time while his or her application
29 | is pending; authorizing certain persons to be exempt
30 | from disqualification from employment; authorizing the
31 | department to grant exemptions from disqualification
32 | for service provider personnel to work solely in
33 | certain treatment programs, facilities, or recovery
34 | residences; creating s. 397.417, F.S.; providing
35 | legislative findings and intent; authorizing an
36 | individual to seek certification as a peer specialist
37 | if he or she meets specified qualifications; requiring
38 | the department to approve one or more third-party
39 | credentialing entities for specified purposes;
40 | requiring the credentialing entity to demonstrate
41 | compliance with certain standards in order to be
42 | approved by the department; requiring an individual
43 | providing department-funded recovery support services
44 | as a peer specialist to be certified; authorizing an
45 | individual who is not certified to provide recovery
46 | support services as a peer specialist under certain
47 | circumstances; amending s. 435.07, F.S.; authorizing
48 | certain persons to be exempt from disqualification
49 | from employment; amending ss. 212.055, 394.495,
50 | 394.496, 394.9085, 397.416, 409.972, 440.102, 464.012,

51 and 744.2007, F.S.; conforming cross-references;
 52 providing an effective date.

53

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

55

56 Section 1. Subsections (17) through (31) and (32) through
 57 (48) of section 394.455, Florida Statutes, are renumbered as
 58 subsections (18) through (32) and (34) through (50),
 59 respectively, and new subsections (17) and (33) are added to
 60 that section to read:

61 394.455 Definitions.—As used in this part, the term:

62 (17) "First episode psychosis program" means a program
 63 grounded in evidence for individuals between 14 and 30 years of
 64 age who are experiencing early indications of serious mental
 65 illness, especially a first episode of psychotic symptoms, and
 66 which includes, but is not limited to, intensive case
 67 management, individual or group therapy, supported employment,
 68 family education and supports, and appropriate psychotropic
 69 medication as indicated.

70 (33) "Peer specialist" has the same meaning as in s.
 71 397.311.

72 Section 2. Paragraph (a) of subsection (6) of section
 73 394.457, Florida Statutes, is amended to read:

74 394.457 Operation and administration.—

75 (6) PERSONNEL.—

76 (a)1. The department shall, by rule, establish minimum
 77 standards of education and experience for professional and
 78 technical personnel employed in mental health programs,
 79 including members of a mobile crisis response service.

80 2. An individual providing department-funded recovery
 81 support services as a peer specialist must be certified pursuant
 82 to s. 397.417. An individual who is not certified may provide
 83 recovery support services as a peer specialist for up to 1 year
 84 if he or she is working toward certification and is supervised
 85 by a qualified professional or by a certified peer specialist
 86 who has at least 3 years of full-time experience as a peer
 87 specialist at a licensed behavioral health organization.

88 Section 3. Paragraph (a) of subsection (1) and subsection
 89 (2) of section 394.4572, Florida Statutes, are amended to read:

90 394.4572 Screening of mental health personnel.—

91 (1) (a) The department and the Agency for Health Care
 92 Administration shall require level 2 background screening
 93 pursuant to chapter 435 for mental health personnel. "Mental
 94 health personnel" includes all program directors, professional
 95 clinicians, staff members, and volunteers working in public or
 96 private mental health programs and facilities who have direct
 97 contact with individuals held for examination or admitted for
 98 mental health treatment. For purposes of this chapter,
 99 employment screening of mental health personnel also includes,
 100 but is not limited to, employment screening as provided under

101 chapter 435 and s. 408.809. Background screening for peer
102 specialists is governed by s. 397.4073 and subsection (2).

103 (2) The department or the Agency for Health Care
104 Administration may grant exemptions from disqualification as
105 provided in chapter 435. The department or agency may grant such
106 exemptions that allow individuals to work solely in mental
107 health treatment programs or facilities, or in programs or
108 facilities that treat co-occurring substance use and mental
109 health disorders.

110 Section 4. Section 394.4573, Florida Statutes, is amended
111 to read:

112 394.4573 Coordinated system of care; annual assessment;
113 essential elements; measures of performance; system improvement
114 grants; reports.—On or before December 1 of each year, the
115 department shall submit to the Governor, the President of the
116 Senate, and the Speaker of the House of Representatives an
117 assessment of the behavioral health services in this state. The
118 assessment shall consider, at a minimum, the extent to which
119 designated receiving systems function as no-wrong-door models,
120 the availability of treatment and recovery services that use
121 recovery-oriented and peer-involved approaches, the availability
122 of less-restrictive services, and the use of evidence-informed
123 practices. The assessment shall also describe the availability
124 of and access to first episode psychosis programs, and any gaps
125 in their availability and access, in all areas of the state. The

126 department's assessment shall consider, at a minimum, the needs
127 assessments conducted by the managing entities pursuant to s.
128 394.9082(5). Beginning in 2017, the department shall compile and
129 include in the report all plans submitted by managing entities
130 pursuant to s. 394.9082(8) and the department's evaluation of
131 each plan.

132 (1) As used in this section:

133 (a) "Care coordination" means the implementation of
134 deliberate and planned organizational relationships and service
135 procedures that improve the effectiveness and efficiency of the
136 behavioral health system by engaging in purposeful interactions
137 with individuals who are not yet effectively connected with
138 services to ensure service linkage. Examples of care
139 coordination activities include development of referral
140 agreements, shared protocols, and information exchange
141 procedures. The purpose of care coordination is to enhance the
142 delivery of treatment services and recovery supports and to
143 improve outcomes among priority populations.

144 (b) "Case management" means those direct services provided
145 to a client in order to assess his or her needs, plan or arrange
146 services, coordinate service providers, link the service system
147 to a client, monitor service delivery, and evaluate patient
148 outcomes to ensure the client is receiving the appropriate
149 services.

150 (c) "Coordinated system of care" means the full array of

151 behavioral and related services in a region or community offered
152 by all service providers, whether participating under contract
153 with the managing entity or by another method of community
154 partnership or mutual agreement.

155 (d) "No-wrong-door model" means a model for the delivery
156 of acute care services to persons who have mental health or
157 substance use disorders, or both, which optimizes access to
158 care, regardless of the entry point to the behavioral health
159 care system.

160 (2) The essential elements of a coordinated system of care
161 include:

162 (a) Community interventions, such as prevention, primary
163 care for behavioral health needs, therapeutic and supportive
164 services, crisis response services, and diversion programs.

165 (b) A designated receiving system that consists of one or
166 more facilities serving a defined geographic area and
167 responsible for assessment and evaluation, both voluntary and
168 involuntary, and treatment or triage of patients who have a
169 mental health or substance use disorder, or co-occurring
170 disorders.

171 1. A county or several counties shall plan the designated
172 receiving system using a process that includes the managing
173 entity and is open to participation by individuals with
174 behavioral health needs and their families, service providers,
175 law enforcement agencies, and other parties. The county or

176 counties, in collaboration with the managing entity, shall
177 document the designated receiving system through written
178 memoranda of agreement or other binding arrangements. The county
179 or counties and the managing entity shall complete the plan and
180 implement the designated receiving system by July 1, 2017, and
181 the county or counties and the managing entity shall review and
182 update, as necessary, the designated receiving system at least
183 once every 3 years.

184 2. To the extent permitted by available resources, the
185 designated receiving system shall function as a no-wrong-door
186 model. The designated receiving system may be organized in any
187 manner which functions as a no-wrong-door model that responds to
188 individual needs and integrates services among various
189 providers. Such models include, but are not limited to:

190 a. A central receiving system that consists of a
191 designated central receiving facility that serves as a single
192 entry point for persons with mental health or substance use
193 disorders, or co-occurring disorders. The central receiving
194 facility shall be capable of assessment, evaluation, and triage
195 or treatment or stabilization of persons with mental health or
196 substance use disorders, or co-occurring disorders.

197 b. A coordinated receiving system that consists of
198 multiple entry points that are linked by shared data systems,
199 formal referral agreements, and cooperative arrangements for
200 care coordination and case management. Each entry point shall be

201 a designated receiving facility and shall, within existing
202 resources, provide or arrange for necessary services following
203 an initial assessment and evaluation.

204 c. A tiered receiving system that consists of multiple
205 entry points, some of which offer only specialized or limited
206 services. Each service provider shall be classified according to
207 its capabilities as either a designated receiving facility or
208 another type of service provider, such as a triage center, a
209 licensed detoxification facility, or an access center. All
210 participating service providers shall, within existing
211 resources, be linked by methods to share data, formal referral
212 agreements, and cooperative arrangements for care coordination
213 and case management.

214
215 An accurate inventory of the participating service providers
216 which specifies the capabilities and limitations of each
217 provider and its ability to accept patients under the designated
218 receiving system agreements and the transportation plan
219 developed pursuant to this section shall be maintained and made
220 available at all times to all first responders in the service
221 area.

222 (c) Transportation in accordance with a plan developed
223 under s. 394.462.

224 (d) Crisis services, including mobile response teams,
225 crisis stabilization units, addiction receiving facilities, and

226 detoxification facilities.

227 (e) Case management. Each case manager or person directly
228 supervising a case manager who provides Medicaid-funded targeted
229 case management services shall hold a valid certification from a
230 department-approved credentialing entity as defined in s.
231 397.311(10) by July 1, 2017, and, thereafter, within 6 months
232 after hire.

233 (f) Care coordination that involves coordination with
234 other local systems and entities, public and private, which are
235 involved with the individual, such as primary care, child
236 welfare, behavioral health care, and criminal and juvenile
237 justice organizations.

238 (g) Outpatient services.

239 (h) Residential services.

240 (i) Hospital inpatient care.

241 (j) Aftercare and other postdischarge services.

242 (k) Medication-assisted treatment and medication
243 management.

244 (l) Recovery support, including, but not limited to, the
245 use of peer specialists to assist in the individual's recovery
246 from a substance use disorder or mental illness, support for
247 competitive employment, educational attainment, independent
248 living skills development, family support and education,
249 wellness management and self-care, and assistance in obtaining
250 housing that meets the individual's needs. Such housing may

251 include mental health residential treatment facilities, limited
252 mental health assisted living facilities, adult family care
253 homes, and supportive housing. Housing provided using state
254 funds must provide a safe and decent environment free from abuse
255 and neglect.

256 (m) Care plans shall assign specific responsibility for
257 initial and ongoing evaluation of the supervision and support
258 needs of the individual and the identification of housing that
259 meets such needs. For purposes of this paragraph, the term
260 "supervision" means oversight of and assistance with compliance
261 with the clinical aspects of an individual's care plan.

262 (n) First episode psychosis programs.

263 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific
264 appropriation by the Legislature, the department may award
265 system improvement grants to managing entities based on a
266 detailed plan to enhance services in accordance with the no-
267 wrong-door model as defined in subsection (1) and to address
268 specific needs identified in the assessment prepared by the
269 department pursuant to this section. Such a grant must be
270 awarded through a performance-based contract that links payments
271 to the documented and measurable achievement of system
272 improvements.

273 Section 5. Subsections (30) through (49) of section
274 397.311, Florida Statutes, are renumbered as subsections (31)
275 through (50), respectively, and a new subsection (30) is added

276 | to that section to read:

277 | 397.311 Definitions.—As used in this chapter, except part
278 | VIII, the term:

279 | (30) "Peer specialist" means a person who has been in
280 | recovery from a substance use disorder or mental illness for at
281 | least 2 years who uses his or her personal experience to provide
282 | services in behavioral health settings to support others in
283 | their recovery, or a person who has at least 2 years of
284 | experience as a family member or caregiver of an individual who
285 | has a substance use disorder or mental illness. The term does
286 | not include a qualified professional or a person otherwise
287 | certified under chapter 394 or this chapter.

288 | Section 6. Section 397.4012, Florida Statutes, is amended
289 | to read:

290 | 397.4012 Exemptions from licensure.—The following are
291 | exempt from the licensing provisions of this chapter:

292 | (1) A hospital or hospital-based component licensed under
293 | chapter 395.

294 | (2) A nursing home facility as defined in s. 400.021.

295 | (3) A substance abuse education program established
296 | pursuant to s. 1003.42.

297 | (4) A facility or institution operated by the Federal
298 | Government.

299 | (5) A physician or physician assistant licensed under
300 | chapter 458 or chapter 459.

301 (6) A psychologist licensed under chapter 490.

302 (7) A social worker, marriage and family therapist, or
303 mental health counselor licensed under chapter 491.

304 (8) A legally cognizable church or nonprofit religious
305 organization or denomination providing substance abuse services,
306 including prevention services, which are solely religious,
307 spiritual, or ecclesiastical in nature. A church or nonprofit
308 religious organization or denomination providing any of the
309 licensed service components itemized under s. 397.311(26) is not
310 exempt from substance abuse licensure but retains its exemption
311 with respect to all services which are solely religious,
312 spiritual, or ecclesiastical in nature.

313 (9) Facilities licensed under chapter 393 which, in
314 addition to providing services to persons with developmental
315 disabilities, also provide services to persons developmentally
316 at risk as a consequence of exposure to alcohol or other legal
317 or illegal drugs while in utero.

318 (10) DUI education and screening services provided
319 pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291.
320 Persons or entities providing treatment services must be
321 licensed under this chapter unless exempted from licensing as
322 provided in this section.

323 (11) A facility licensed under s. 394.875 as a crisis
324 stabilization unit.

325

326 The exemptions from licensure in subsections (3), (4), (8), (9),
327 and (10) ~~this section~~ do not apply to any service provider that
328 receives an appropriation, grant, or contract from the state to
329 operate as a service provider as defined in this chapter or to
330 any substance abuse program regulated pursuant to s. 397.4014.
331 Furthermore, this chapter may not be construed to limit the
332 practice of a physician or physician assistant licensed under
333 chapter 458 or chapter 459, a psychologist licensed under
334 chapter 490, a psychotherapist licensed under chapter 491, or an
335 advanced practice registered nurse licensed under part I of
336 chapter 464, who provides substance abuse treatment, so long as
337 the physician, physician assistant, psychologist,
338 psychotherapist, or advanced practice registered nurse does not
339 represent to the public that he or she is a licensed service
340 provider and does not provide services to individuals pursuant
341 to part V of this chapter. Failure to comply with any
342 requirement necessary to maintain an exempt status under this
343 section is a misdemeanor of the first degree, punishable as
344 provided in s. 775.082 or s. 775.083.

345 Section 7. Subsection (3) of section 397.403, Florida
346 Statutes, is amended to read:

347 397.403 License application.—

348 (3) Applications for licensure renewal must include proof
349 of application for accreditation for each licensed service
350 component providing clinical treatment by an accrediting

351 organization that is acceptable to the department for the first
352 renewal, and proof of accreditation for any subsequent renewals.
353 This subsection does not apply to any inmate substance abuse
354 program operated by or under an exclusive contract with a jail
355 or the Department of Corrections.

356 Section 8. Paragraph (g) of subsection (1) of section
357 397.4073, Florida Statutes, is redesignated as paragraph (h),
358 and paragraphs (a) and (f) of that subsection and paragraphs (b)
359 and (c) of subsection (4) are amended, and a new paragraph (g)
360 is added to subsection (1) of that section, to read:

361 397.4073 Background checks of service provider personnel.—

362 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
363 EXCEPTIONS.—

364 (a) For all individuals screened on or after July 1, 2019,
365 background checks shall apply as follows:

366 1. All owners, directors, chief financial officers, and
367 clinical supervisors of service providers are subject to level 2
368 background screening as provided under s. 408.809 and chapter
369 435. Inmate substance abuse programs operated directly or under
370 contract with the Department of Corrections are exempt from this
371 requirement.

372 2. All service provider personnel who have direct contact
373 with children receiving services or with adults who are
374 developmentally disabled receiving services are subject to level
375 2 background screening as provided under s. 408.809 and chapter

376 435.

377 3. All peer specialists who have direct contact with
378 individuals held for examination under s. 394.463 or receiving
379 mental health or substance abuse treatment or services are
380 subject to level 2 background screening as provided under s.
381 408.809 and chapter 435.

382 (f) Service provider personnel who request an exemption
383 from disqualification must submit the request within 30 days
384 after being notified of the disqualification. The department
385 shall grant or deny the request within 60 days after receipt of
386 a complete application.

387 (g) If 5 years or more, or 3 years or more in the case of
388 a certified peer specialist or an individual seeking
389 certification as a peer specialist pursuant to s. 397.417, have
390 elapsed since an applicant for an exemption from
391 disqualification has completed or has been lawfully released
392 from confinement, supervision, or a nonmonetary condition
393 imposed by a court for the applicant's most recent disqualifying
394 offense, the applicant may work with adults with substance use
395 disorders or co-occurring disorders under the supervision of
396 persons who meet all personnel requirements of this chapter for
397 up to 90 days after being notified of his or her
398 disqualification or until the department makes a final
399 determination regarding his or her request for an exemption from
400 disqualification, whichever is earlier ~~the most recent~~

401 ~~disqualifying offense, service provider personnel may work with~~
402 ~~adults with substance use disorders under the supervision of a~~
403 ~~qualified professional licensed under chapter 490 or chapter 491~~
404 ~~or a master's-level-certified addictions professional until the~~
405 ~~agency makes a final determination regarding the request for an~~
406 ~~exemption from disqualification.~~

407 (4) EXEMPTIONS FROM DISQUALIFICATION.—

408 (b) Since rehabilitated substance abuse impaired persons
409 are effective in the successful treatment and rehabilitation of
410 individuals with substance use disorders, for service providers
411 which treat adolescents 13 years of age and older, service
412 provider personnel whose background checks indicate crimes under
413 s. 796.07(2)(e), s. 810.02(4), s. 812.014(2)(c), s. 817.563, s.
414 831.01, s. 831.02, s. 893.13, or s. 893.147, or any related
415 criminal attempt, solicitation, or conspiracy under s. 777.04,
416 may be exempted from disqualification from employment pursuant
417 to this paragraph.

418 (c) The department may grant exemptions from
419 disqualification for service provider personnel to work solely
420 in substance use disorder treatment programs, facilities, or
421 recovery residences or in programs or facilities that treat co-
422 occurring substance use and mental health disorders. The
423 department may further limit such ~~grant~~ exemptions from
424 disqualification ~~which would limit service provider personnel to~~
425 working with adults in substance abuse treatment facilities.

426 Section 9. Section 397.417, Florida Statutes, is created
427 to read:

428 397.417 Peer specialists.-

429 (1) LEGISLATIVE FINDINGS AND INTENT.-

430 (a) The Legislature finds that:

431 1. The ability to provide adequate behavioral health
432 services is limited by a shortage of professionals and
433 paraprofessionals.

434 2. The state is experiencing an increase in opioid
435 addictions, which prove fatal to persons in many cases.

436 3. Peer specialists provide effective support services
437 because they share common life experiences with the persons they
438 assist.

439 4. Peer specialists promote a sense of community among
440 those in recovery.

441 5. Research has shown that peer support facilitates
442 recovery and reduces health care costs.

443 6. Peer specialists may have a criminal history that
444 prevents them from meeting background screening requirements.

445 (b) The Legislature intends to expand the use of peer
446 specialists as a cost-effective means of providing services by
447 ensuring that peer specialists meet specified qualifications and
448 modified background screening requirements.

449 (2) An individual may seek certification as a peer
450 specialist if he or she has been in recovery from a substance

451 use disorder or mental illness for at least 2 years, or if he or
452 she has at least 2 years of experience as a family member or
453 caregiver of a person with a substance use disorder or mental
454 illness.

455 (3) The department shall approve one or more third-party
456 credentialing entities for the purposes of certifying peer
457 specialists, approving training programs for individuals seeking
458 certification as peer specialists, approving continuing
459 education programs, and establishing the minimum requirements
460 and standards that applicants must achieve to maintain
461 certification. To obtain approval, the third-party credentialing
462 entity must demonstrate compliance with nationally recognized
463 standards for developing and administering professional
464 certification programs to certify peer specialists.

465 (4) An individual providing department-funded recovery
466 support services as a peer specialist shall be certified
467 pursuant to subsection (3). An individual who is not certified
468 may provide recovery support services as a peer specialist for
469 up to 1 year if he or she is working toward certification and is
470 supervised by a qualified professional or by a certified peer
471 specialist who has at least 3 years of full-time experience as a
472 peer specialist at a licensed behavioral health organization.

473 Section 10. Subsection (2) of section 435.07, Florida
474 Statutes, is amended to read:

475 435.07 Exemptions from disqualification.—Unless otherwise

476 provided by law, the provisions of this section apply to
477 exemptions from disqualification for disqualifying offenses
478 revealed pursuant to background screenings required under this
479 chapter, regardless of whether those disqualifying offenses are
480 listed in this chapter or other laws.

481 (2) Persons employed, or applicants for employment, by
482 treatment providers who treat adolescents 13 years of age and
483 older who are disqualified from employment solely because of
484 crimes under s. 796.07(2)(e), s. 810.02(4), s. 812.014(2)(c), s.
485 817.563, s. 831.01, s. 831.02, s. 893.13, or s. 893.147, or any
486 related criminal attempt, solicitation, or conspiracy under s.
487 777.04, may be exempted from disqualification from employment
488 pursuant to this chapter without application of the waiting
489 period in subparagraph (1)(a)1.

490 Section 11. Paragraph (e) of subsection (5) of section
491 212.055, Florida Statutes, is amended to read:

492 212.055 Discretionary sales surtaxes; legislative intent;
493 authorization and use of proceeds.—It is the legislative intent
494 that any authorization for imposition of a discretionary sales
495 surtax shall be published in the Florida Statutes as a
496 subsection of this section, irrespective of the duration of the
497 levy. Each enactment shall specify the types of counties
498 authorized to levy; the rate or rates which may be imposed; the
499 maximum length of time the surtax may be imposed, if any; the
500 procedure which must be followed to secure voter approval, if

501 required; the purpose for which the proceeds may be expended;
 502 and such other requirements as the Legislature may provide.
 503 Taxable transactions and administrative procedures shall be as
 504 provided in s. 212.054.

505 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined
 506 in s. 125.011(1) may levy the surtax authorized in this
 507 subsection pursuant to an ordinance either approved by
 508 extraordinary vote of the county commission or conditioned to
 509 take effect only upon approval by a majority vote of the
 510 electors of the county voting in a referendum. In a county as
 511 defined in s. 125.011(1), for the purposes of this subsection,
 512 "county public general hospital" means a general hospital as
 513 defined in s. 395.002 which is owned, operated, maintained, or
 514 governed by the county or its agency, authority, or public
 515 health trust.

516 (e) A governing board, agency, or authority shall be
 517 chartered by the county commission upon this act becoming law.
 518 The governing board, agency, or authority shall adopt and
 519 implement a health care plan for indigent health care services.
 520 The governing board, agency, or authority shall consist of no
 521 more than seven and no fewer than five members appointed by the
 522 county commission. The members of the governing board, agency,
 523 or authority shall be at least 18 years of age and residents of
 524 the county. A ~~No~~ member may not be employed by or affiliated
 525 with a health care provider or the public health trust, agency,

526 or authority responsible for the county public general hospital.
527 The following community organizations shall each appoint a
528 representative to a nominating committee: the South Florida
529 Hospital and Healthcare Association, the Miami-Dade County
530 Public Health Trust, the Dade County Medical Association, the
531 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
532 County. This committee shall nominate between 10 and 14 county
533 citizens for the governing board, agency, or authority. The
534 slate shall be presented to the county commission and the county
535 commission shall confirm the top five to seven nominees,
536 depending on the size of the governing board. Until such time as
537 the governing board, agency, or authority is created, the funds
538 provided for in subparagraph (d)2. shall be placed in a
539 restricted account set aside from other county funds and not
540 disbursed by the county for any other purpose.

541 1. The plan shall divide the county into a minimum of four
542 and maximum of six service areas, with no more than one
543 participant hospital per service area. The county public general
544 hospital shall be designated as the provider for one of the
545 service areas. Services shall be provided through participants'
546 primary acute care facilities.

547 2. The plan and subsequent amendments to it shall fund a
548 defined range of health care services for both indigent persons
549 and the medically poor, including primary care, preventive care,
550 hospital emergency room care, and hospital care necessary to

551 stabilize the patient. For the purposes of this section,
552 "stabilization" means stabilization as defined in s. 397.311 ~~s.~~
553 ~~397.311(45)~~. Where consistent with these objectives, the plan
554 may include services rendered by physicians, clinics, community
555 hospitals, and alternative delivery sites, as well as at least
556 one regional referral hospital per service area. The plan shall
557 provide that agreements negotiated between the governing board,
558 agency, or authority and providers shall recognize hospitals
559 that render a disproportionate share of indigent care, provide
560 other incentives to promote the delivery of charity care to draw
561 down federal funds where appropriate, and require cost
562 containment, including, but not limited to, case management.
563 From the funds specified in subparagraphs (d)1. and 2. for
564 indigent health care services, service providers shall receive
565 reimbursement at a Medicaid rate to be determined by the
566 governing board, agency, or authority created pursuant to this
567 paragraph for the initial emergency room visit, and a per-member
568 per-month fee or capitation for those members enrolled in their
569 service area, as compensation for the services rendered
570 following the initial emergency visit. Except for provisions of
571 emergency services, upon determination of eligibility,
572 enrollment shall be deemed to have occurred at the time services
573 were rendered. The provisions for specific reimbursement of
574 emergency services shall be repealed on July 1, 2001, unless
575 otherwise reenacted by the Legislature. The capitation amount or

576 rate shall be determined before program implementation by an
577 independent actuarial consultant. In no event shall such
578 reimbursement rates exceed the Medicaid rate. The plan must also
579 provide that any hospitals owned and operated by government
580 entities on or after the effective date of this act must, as a
581 condition of receiving funds under this subsection, afford
582 public access equal to that provided under s. 286.011 as to any
583 meeting of the governing board, agency, or authority the subject
584 of which is budgeting resources for the retention of charity
585 care, as that term is defined in the rules of the Agency for
586 Health Care Administration. The plan shall also include
587 innovative health care programs that provide cost-effective
588 alternatives to traditional methods of service and delivery
589 funding.

590 3. The plan's benefits shall be made available to all
591 county residents currently eligible to receive health care
592 services as indigents or medically poor as defined in paragraph
593 (4) (d).

594 4. Eligible residents who participate in the health care
595 plan shall receive coverage for a period of 12 months or the
596 period extending from the time of enrollment to the end of the
597 current fiscal year, per enrollment period, whichever is less.

598 5. At the end of each fiscal year, the governing board,
599 agency, or authority shall prepare an audit that reviews the
600 budget of the plan, delivery of services, and quality of

601 services, and makes recommendations to increase the plan's
 602 efficiency. The audit shall take into account participant
 603 hospital satisfaction with the plan and assess the amount of
 604 poststabilization patient transfers requested, and accepted or
 605 denied, by the county public general hospital.

606 Section 12. Subsection (3) of section 394.495, Florida
 607 Statutes, is amended to read:

608 394.495 Child and adolescent mental health system of care;
 609 programs and services.—

610 (3) Assessments must be performed by:

611 (a) A professional as defined in s. 394.455(5), (7), (34)
 612 ~~(32)~~, (37) ~~(35)~~, or (38) ~~(36)~~;

613 (b) A professional licensed under chapter 491; or

614 (c) A person who is under the direct supervision of a
 615 qualified professional as defined in s. 394.455(5), (7), (34)
 616 ~~(32)~~, (37) ~~(35)~~, or (38) ~~(36)~~ or a professional licensed under
 617 chapter 491.

618 Section 13. Subsection (5) of section 394.496, Florida
 619 Statutes, is amended to read:

620 394.496 Service planning.—

621 (5) A professional as defined in s. 394.455(5), (7), (34)
 622 ~~(32)~~, (37) ~~(35)~~, or (38) ~~(36)~~ or a professional licensed under
 623 chapter 491 must be included among those persons developing the
 624 services plan.

625 Section 14. Subsection (6) of section 394.9085, Florida

626 Statutes, is amended to read:

627 394.9085 Behavioral provider liability.—

628 (6) For purposes of this section, the term ~~terms~~
 629 "detoxification services" ~~has~~ has the same meaning as the term
 630 "detoxification" as defined in s. 397.311(26)(a)4., "addictions
 631 receiving facility" ~~has~~ has the same meaning as provided in s.
 632 397.311(26)(a)1., and "receiving facility" ~~has~~ have the same
 633 meaning ~~meanings~~ as those provided in s. 394.455 ~~ss.~~
 634 ~~397.311(26)(a)4., 397.311(26)(a)1., and 394.455(39),~~
 635 ~~respectively.~~

636 Section 15. Section 397.416, Florida Statutes, is amended
 637 to read:

638 397.416 Substance use disorder ~~abuse~~ treatment services;
 639 qualified professional.—Notwithstanding any other provision of
 640 law, a person who was certified through a certification process
 641 recognized by the former Department of Health and Rehabilitative
 642 Services before January 1, 1995, may perform the duties of a
 643 qualified professional with respect to substance use disorder
 644 ~~abuse~~ treatment services as defined in this chapter, and need
 645 not meet the certification requirements contained in s.
 646 397.311(35) ~~s. 397.311(34)~~.

647 Section 16. Paragraph (b) of subsection (1) of section
 648 409.972, Florida Statutes, is amended to read:

649 409.972 Mandatory and voluntary enrollment.—

650 (1) The following Medicaid-eligible persons are exempt

651 from mandatory managed care enrollment required by s. 409.965,
652 and may voluntarily choose to participate in the managed medical
653 assistance program:

654 (b) Medicaid recipients residing in residential commitment
655 facilities operated through the Department of Juvenile Justice
656 or in a treatment facility as defined in s. 394.455 ~~s.~~
657 ~~394.455(47)~~.

658 Section 17. Paragraphs (d) and (g) of subsection (1) of
659 section 440.102, Florida Statutes, are amended to read:

660 440.102 Drug-free workplace program requirements.—The
661 following provisions apply to a drug-free workplace program
662 implemented pursuant to law or to rules adopted by the Agency
663 for Health Care Administration:

664 (1) DEFINITIONS.—Except where the context otherwise
665 requires, as used in this act:

666 (d) "Drug rehabilitation program" means a service provider
667 as defined in s. 397.311 which, established pursuant to s.
668 ~~397.311(43), that~~ provides confidential, timely, and expert
669 identification, assessment, and resolution of employee drug
670 abuse.

671 (g) "Employee assistance program" means an established
672 program capable of providing expert assessment of employee
673 personal concerns; confidential and timely identification
674 services with regard to employee drug abuse; referrals of
675 employees for appropriate diagnosis, treatment, and assistance;

676 and followup services for employees who participate in the
 677 program or require monitoring after returning to work. If, in
 678 addition to the above activities, an employee assistance program
 679 provides diagnostic and treatment services, these services shall
 680 in all cases be provided by service providers as defined in s.
 681 397.311 ~~pursuant to s. 397.311(43)~~.

682 Section 18. Paragraph (e) of subsection (4) of section
 683 464.012, Florida Statutes, is amended to read:

684 464.012 Licensure of advanced practice registered nurses;
 685 fees; controlled substance prescribing.—

686 (4) In addition to the general functions specified in
 687 subsection (3), an advanced practice registered nurse may
 688 perform the following acts within his or her specialty:

689 (e) A psychiatric nurse, who meets the requirements in s.
 690 394.455(37) ~~s. 394.455(35)~~, within the framework of an
 691 established protocol with a psychiatrist, may prescribe
 692 psychotropic controlled substances for the treatment of mental
 693 disorders.

694 Section 19. Subsection (7) of section 744.2007, Florida
 695 Statutes, is amended to read:

696 744.2007 Powers and duties.—

697 (7) A public guardian may not commit a ward to a treatment
 698 facility, as defined in s. 394.455 ~~s. 394.455(47)~~, without an
 699 involuntary placement proceeding as provided by law.

700 Section 20. This act shall take effect July 1, 2019.