

By Senator Rouson

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1 A bill to be entitled
2 An act relating to mental health and substance use
3 disorders; amending s. 394.455, F.S.; defining the
4 term "first episode psychosis program"; amending s.
5 394.4573, F.S.; revising requirements for the annual
6 state behavioral health assessment; revising the
7 essential elements of a coordinated system of care;
8 amending s. 397.4073, F.S.; revising background
9 screening requirements for certain peer specialists;
10 amending s. 397.417, F.S.; providing legislative
11 findings and intent; revising requirements for
12 certification as a peer specialist; requiring the
13 Department of Children and Families to develop a
14 training program for peer specialists and to give
15 preference to trainers who are certified peer
16 specialists; requiring the training program to
17 coincide with a competency exam and to be based on
18 current practice standards; requiring the department
19 to certify peer specialists directly or by approving a
20 third-party credentialing entity; requiring that a
21 person providing peer specialist services be certified
22 or be supervised by a licensed behavioral health care
23 professional or a certified peer specialist; providing
24 an exception; authorizing the department, a behavioral
25 health managing entity, or the Medicaid program to
26 reimburse a peer specialist service as a recovery
27 service; encouraging Medicaid managed care plans to
28 use peer specialists in providing recovery services;
29 requiring peer specialists to meet the requirements of

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30 a background screening as a condition of employment
31 and continued employment; requiring the department or
32 certain authorized entities to forward fingerprints to
33 the Department of Law Enforcement; requiring that fees
34 for state and federal fingerprint processing be borne
35 by the peer specialist applying for employment;
36 requiring that any arrest record identified through
37 background screening be reported to the department;
38 authorizing the Department of Children and Families or
39 certain agencies to contract with certain vendors for
40 fingerprinting; specifying requirements for vendors;
41 specifying offenses to be considered in the background
42 screening of a peer specialist; authorizing a person
43 who does not meet background screening requirements to
44 request an exemption from disqualification from the
45 department or the agency; providing that all peer
46 specialists certified as of the effective date of this
47 act are recognized as having met the requirements of
48 this act; amending ss. 394.495, 394.496, 394.9085,
49 409.972, 464.012, and 744.2007, F.S., conforming
50 cross-references; providing an effective date.

51
52 Be It Enacted by the Legislature of the State of Florida:

53
54 Section 1. Present subsections (17) through (48) of section
55 394.455, Florida Statutes, are redesignated as subsections (18)
56 through (49), respectively, and a new subsection (17) is added
57 to that section, to read:

58 394.455 Definitions.—As used in this part, the term:

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

67 Section 2. Section 394.4573, Florida Statutes, is amended
68 to read:

69 394.4573 Coordinated system of care; annual assessment;
70 essential elements; measures of performance; system improvement
71 grants; reports.—On or before December 1 of each year, the
72 department shall submit to the Governor, the President of the
73 Senate, and the Speaker of the House of Representatives an
74 assessment of the behavioral health services in this state. The
75 assessment shall consider, at a minimum, the extent to which
76 designated receiving systems function as no-wrong-door models,
77 the availability of treatment and recovery services that use
78 recovery-oriented and peer-involved approaches, the availability
79 of less-restrictive services, and the use of evidence-informed
80 practices. The assessment must also describe the availability of
81 and access to first episode psychosis programs, and any gaps in
82 the availability and access of such programs, in all areas of
83 the state. The department's assessment shall consider, at a
84 minimum, the needs assessments conducted by the managing
85 entities pursuant to s. 394.9082(5). Beginning in 2017, the
86 department shall compile and include in the report all plans
87 submitted by managing entities pursuant to s. 394.9082(8) and

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88 the department's evaluation of each plan.

89 (1) As used in this section:

90 (a) "Care coordination" means the implementation of
91 deliberate and planned organizational relationships and service
92 procedures that improve the effectiveness and efficiency of the
93 behavioral health system by engaging in purposeful interactions
94 with individuals who are not yet effectively connected with
95 services to ensure service linkage. Examples of care
96 coordination activities include development of referral
97 agreements, shared protocols, and information exchange
98 procedures. The purpose of care coordination is to enhance the
99 delivery of treatment services and recovery supports and to
100 improve outcomes among priority populations.

101 (b) "Case management" means those direct services provided
102 to a client in order to assess his or her needs, plan or arrange
103 services, coordinate service providers, link the service system
104 to a client, monitor service delivery, and evaluate patient
105 outcomes to ensure the client is receiving the appropriate
106 services.

107 (c) "Coordinated system of care" means the full array of
108 behavioral and related services in a region or community offered
109 by all service providers, whether participating under contract
110 with the managing entity or by another method of community
111 partnership or mutual agreement.

112 (d) "No-wrong-door model" means a model for the delivery of
113 acute care services to persons who have mental health or
114 substance use disorders, or both, which optimizes access to
115 care, regardless of the entry point to the behavioral health
116 care system.

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117 (2) The essential elements of a coordinated system of care
118 include:

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

122 (b) A designated receiving system that consists of one or
123 more facilities serving a defined geographic area and
124 responsible for assessment and evaluation, both voluntary and
125 involuntary, and treatment or triage of patients who have a
126 mental health or substance use disorder, or co-occurring
127 disorders.

128 1. A county or several counties shall plan the designated
129 receiving system using a process that includes the managing
130 entity and is open to participation by individuals with
131 behavioral health needs and their families, service providers,
132 law enforcement agencies, and other parties. The county or
133 counties, in collaboration with the managing entity, shall
134 document the designated receiving system through written
135 memoranda of agreement or other binding arrangements. The county
136 or counties and the managing entity shall complete the plan and
137 implement the designated receiving system by July 1, 2017, and
138 the county or counties and the managing entity shall review and
139 update, as necessary, the designated receiving system at least
140 once every 3 years.

141 2. To the extent permitted by available resources, the
142 designated receiving system shall function as a no-wrong-door
143 model. The designated receiving system may be organized in any
144 manner which functions as a no-wrong-door model that responds to
145 individual needs and integrates services among various

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146 providers. Such models include, but are not limited to:

147 a. A central receiving system that consists of a designated
148 central receiving facility that serves as a single entry point
149 for persons with mental health or substance use disorders, or
150 co-occurring disorders. The central receiving facility shall be
151 capable of assessment, evaluation, and triage or treatment or
152 stabilization of persons with mental health or substance use
153 disorders, or co-occurring disorders.

154 b. A coordinated receiving system that consists of multiple
155 entry points that are linked by shared data systems, formal
156 referral agreements, and cooperative arrangements for care
157 coordination and case management. Each entry point shall be a
158 designated receiving facility and shall, within existing
159 resources, provide or arrange for necessary services following
160 an initial assessment and evaluation.

161 c. A tiered receiving system that consists of multiple
162 entry points, some of which offer only specialized or limited
163 services. Each service provider shall be classified according to
164 its capabilities as either a designated receiving facility or
165 another type of service provider, such as a triage center, a
166 licensed detoxification facility, or an access center. All
167 participating service providers shall, within existing
168 resources, be linked by methods to share data, formal referral
169 agreements, and cooperative arrangements for care coordination
170 and case management.

171
172 An accurate inventory of the participating service providers
173 which specifies the capabilities and limitations of each
174 provider and its ability to accept patients under the designated

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175 receiving system agreements and the transportation plan
176 developed pursuant to this section shall be maintained and made
177 available at all times to all first responders in the service
178 area.

179 (c) Transportation in accordance with a plan developed
180 under s. 394.462.

181 (d) Crisis services, including mobile response teams,
182 crisis stabilization units, addiction receiving facilities, and
183 detoxification facilities.

184 (e) Case management. Each case manager or person directly
185 supervising a case manager who provides Medicaid-funded targeted
186 case management services shall hold a valid certification from a
187 department-approved credentialing entity as defined in s.
188 397.311(10) by July 1, 2017, and, thereafter, within 6 months
189 after hire.

190 (f) Care coordination that involves coordination with other
191 local systems and entities, public and private, which are
192 involved with the individual, such as primary care, child
193 welfare, behavioral health care, and criminal and juvenile
194 justice organizations.

195 (g) Outpatient services.

196 (h) Residential services.

197 (i) Hospital inpatient care.

198 (j) Aftercare and other postdischarge services.

199 (k) Medication-assisted treatment and medication
200 management.

201 (l) Recovery support, including, but not limited to, the
202 use of peer specialists to assist in the individual's recovery
203 from a substance use disorder or mental illness, support for

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204 competitive employment, educational attainment, independent
205 living skills development, family support and education,
206 wellness management and self-care, and assistance in obtaining
207 housing that meets the individual's needs. Such housing may
208 include mental health residential treatment facilities, limited
209 mental health assisted living facilities, adult family care
210 homes, and supportive housing. Housing provided using state
211 funds must provide a safe and decent environment free from abuse
212 and neglect.

213 (m) Care plans shall assign specific responsibility for
214 initial and ongoing evaluation of the supervision and support
215 needs of the individual and the identification of housing that
216 meets such needs. For purposes of this paragraph, the term
217 "supervision" means oversight of and assistance with compliance
218 with the clinical aspects of an individual's care plan.

219 (n) First episode psychosis programs.

220 (3) ~~SYSTEM IMPROVEMENT GRANTS.~~ Subject to a specific
221 appropriation by the Legislature, the department may award
222 system improvement grants to managing entities based on a
223 detailed plan to enhance services in accordance with the no-
224 wrong-door model as defined in subsection (1) and to address
225 specific needs identified in the assessment prepared by the
226 department pursuant to this section. Such a grant must be
227 awarded through a performance-based contract that links payments
228 to the documented and measurable achievement of system
229 improvements.

230 Section 3. Paragraph (a) of subsection (1) of section
231 397.4073, Florida Statutes, is amended to read:

232 397.4073 Background checks of service provider personnel.-

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233 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
234 EXCEPTIONS.—

235 (a) For all individuals screened on or after July 1, 2020
236 ~~2019~~, background checks shall apply as follows:

237 1. All owners, directors, chief financial officers, and
238 clinical supervisors of service providers are subject to level 2
239 background screening as provided under s. 408.809 and chapter
240 435. Inmate substance abuse programs operated directly or under
241 contract with the Department of Corrections are exempt from this
242 requirement.

243 2. All service provider personnel who have direct contact
244 with children receiving services or with adults who are
245 developmentally disabled receiving services are subject to level
246 2 background screening as provided under s. 408.809 and chapter
247 435.

248 3. All peer specialists who have direct contact with
249 individuals receiving services are subject to a background
250 screening as provided under s. 397.417(5) ~~level 2 background~~
251 ~~screening as provided under s. 408.809 and chapter 435.~~

252 Section 4. Section 397.417, Florida Statutes, is amended to
253 read:

254 397.417 Behavioral health peer specialists.—

255 (1) LEGISLATIVE FINDINGS AND INTENT.—

256 (a) The Legislature finds that:

257 1. The ability to provide adequate behavioral health
258 services is limited by a shortage of professionals and
259 paraprofessionals.

260 2. The state is experiencing an increase in opioid
261 addictions that prove fatal to persons in many cases.

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262 3. Peer specialists provide effective support services
263 because they share common life experiences with the persons they
264 assist.

265 4. Peer specialists promote a sense of community among
266 those in recovery.

267 5. Research has shown that peer support facilitates
268 recovery and reduces health care costs.

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

271 (b) The Legislature intends to expand the use of peer
272 specialists as a cost-effective means of providing services and
273 to ensure that peer specialists meet specified qualifications,
274 meet modified background screening requirements, and are
275 adequately reimbursed for their services.

276 (2) QUALIFICATIONS.—

277 (a) A person may seek certification as a peer specialist if
278 he or she has been in recovery from a substance use disorder or
279 mental illness for the past 2 years or if he or she is a family
280 member or caregiver of a person with a substance use disorder or
281 mental illness.

282 (b) To obtain certification as a peer specialist, a person
283 must meet the background screening requirements of subsection
284 (5), complete the training program, and achieve a passing score
285 on the competency exam described in paragraph (3) (a).

286 (3) DUTIES OF THE DEPARTMENT.—

287 (a) The department shall develop a training program for
288 persons seeking certification as peer specialists. The
289 department must give preference to trainers who are certified
290 peer specialists. The training program must coincide with a

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291 competency exam and be based on current practice standards.

292 (b) The department shall certify peer specialists. The
293 department may certify peer specialists directly or may approve
294 one or more third-party credentialing entities for the purposes
295 of certifying peer specialists, approving training programs for
296 individuals seeking certification as peer specialists, approving
297 continuing education programs, and establishing the minimum
298 requirements and standards applicants must meet to maintain
299 certification.

300 (c) The department must require that a person providing
301 peer specialist services be certified or be supervised by a
302 licensed behavioral health care professional or a certified peer
303 specialist. An individual who is not certified may provide
304 recovery support services as a peer specialist for up to 1 year
305 if he or she is working toward certification and is supervised
306 by a qualified professional or by a certified peer specialist
307 who has at least 2 years of full-time experience as a peer
308 specialist at a licensed behavioral health organization.

309 (4) PAYMENT.—Peer specialist services may be reimbursed as
310 a recovery service through the department, a behavioral health
311 managing entity, or the Medicaid program. Medicaid managed care
312 plans are encouraged to use peer specialists in providing
313 recovery services.

314 (5) BACKGROUND SCREENING.—

315 (a) A peer specialist must have completed or have been
316 lawfully released from confinement, supervision, or any
317 nonmonetary condition imposed by the court for any felony and
318 must undergo a background screening as a condition of employment
319 and continued employment. The applicant must submit a full set

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320 of fingerprints to the department or to a vendor, entity, or
321 agency authorized by s. 943.053(13). The department, vendor,
322 entity, or agency shall forward the fingerprints to the
323 Department of Law Enforcement for state processing and the
324 Department of Law Enforcement shall forward the fingerprints to
325 the Federal Bureau of Investigation for national processing.
326 Fees for state and federal fingerprint processing and retention
327 shall be borne by the applicant. The state cost for fingerprint
328 processing shall be as provided in s. 943.053(3)(e) for records
329 provided to persons or entities other than those specified as
330 exceptions therein. Fingerprints submitted to the Department of
331 Law Enforcement pursuant to this paragraph shall be retained as
332 provided by s. 435.12 and, when the Department of Law
333 Enforcement begins participation in the program, enrolled in the
334 Federal Bureau of Investigation's national retained fingerprint
335 arrest notification program, as provided in s. 943.05(4). Any
336 arrest record identified shall be reported to the department.

337 (b) The department or the Agency for Health Care
338 Administration, as applicable, may contract with one or more
339 vendors to perform all or part of the electronic fingerprinting
340 pursuant to this section. Such contracts must ensure that the
341 owners and personnel of the vendor performing the electronic
342 fingerprinting are qualified and will ensure the integrity and
343 security of all personal identifying information.

344 (c) Vendors who submit fingerprints on behalf of employers
345 must:

- 346 1. Meet the requirements of s. 943.053; and
- 347 2. Have the ability to communicate electronically with the
348 department or the Agency for Health Care Administration, as

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349 applicable, and to accept screening results from the Department
350 of Law Enforcement and provide the applicant's full first name,
351 middle initial, and last name; social security number or
352 individual taxpayer identification number; date of birth;
353 mailing address; sex; and race.

354 (d) The background screening conducted under this section
355 must ensure that a peer specialist has not, during the previous
356 3 years, been arrested for and is awaiting final disposition of,
357 been found guilty of, regardless of adjudication, or entered a
358 plea of nolo contendere or guilty to, or been adjudicated
359 delinquent and the record has not been sealed or expunged for,
360 any felony.

361 (e) The background screening conducted under this section
362 must ensure that a peer specialist has not been found guilty of,
363 regardless of adjudication, or entered a plea of nolo contendere
364 or guilty to, or been adjudicated delinquent and the record has
365 not been sealed or expunged for, any offense prohibited under
366 any of the following state laws or similar laws of another
367 jurisdiction:

368 1. Section 393.135, relating to sexual misconduct with
369 certain developmentally disabled clients and reporting of such
370 sexual misconduct.

371 2. Section 394.4593, relating to sexual misconduct with
372 certain mental health patients and reporting of such sexual
373 misconduct.

374 3. Section 409.920, relating to Medicaid provider fraud, if
375 the offense was a felony of the first or second degree.

376 4. Section 415.111, relating to abuse, neglect, or
377 exploitation of vulnerable adults.

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- 378 5. Section 741.28, relating to domestic violence.
- 379 6. Section 777.04, relating to attempts, solicitation, and
380 conspiracy to commit an offense listed in this paragraph.
- 381 7. Section 782.04, relating to murder.
- 382 8. Section 782.07, relating to manslaughter, aggravated
383 manslaughter of an elderly person or disabled adult, aggravated
384 manslaughter of a child, or aggravated manslaughter of an
385 officer, a firefighter, an emergency medical technician, or a
386 paramedic.
- 387 9. Section 782.071, relating to vehicular homicide.
- 388 10. Section 782.09, relating to killing of an unborn child
389 by injury to the mother.
- 390 11. Chapter 784, relating to assault, battery, and culpable
391 negligence, if the offense was a felony.
- 392 12. Section 787.01, relating to kidnapping.
- 393 13. Section 787.02, relating to false imprisonment.
- 394 14. Section 787.025, relating to luring or enticing a
395 child.
- 396 15. Section 787.04(2), relating to leading, taking,
397 enticing, or removing a minor beyond the state limits, or
398 concealing the location of a minor, with criminal intent pending
399 custody proceedings.
- 400 16. Section 787.04(3), relating to leading, taking,
401 enticing, or removing a minor beyond the state limits, or
402 concealing the location of a minor, with criminal intent pending
403 dependency proceedings or proceedings concerning alleged abuse
404 or neglect of a minor.
- 405 17. Section 790.115(1), relating to exhibiting firearms or
406 weapons within 1,000 feet of a school.

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- 407 18. Section 790.115(2)(b), relating to possessing an
408 electric weapon or device, destructive device, or other weapon
409 on school property.
- 410 19. Section 794.011, relating to sexual battery.
- 411 20. Former s. 794.041, relating to prohibited acts of
412 persons in familial or custodial authority.
- 413 21. Section 794.05, relating to unlawful sexual activity
414 with certain minors.
- 415 22. Section 794.08, relating to female genital mutilation.
- 416 23. Section 796.07, relating to procuring another to commit
417 prostitution, except for those offenses expunged pursuant to s.
418 943.0583.
- 419 24. Section 798.02, relating to lewd and lascivious
420 behavior.
- 421 25. Chapter 800, relating to lewdness and indecent
422 exposure.
- 423 26. Section 806.01, relating to arson.
- 424 27. Section 810.02, relating to burglary, if the offense
425 was a felony of the first degree.
- 426 28. Section 810.14, relating to voyeurism, if the offense
427 was a felony.
- 428 29. Section 810.145, relating to video voyeurism, if the
429 offense was a felony.
- 430 30. Section 812.13, relating to robbery.
- 431 31. Section 812.131, relating to robbery by sudden
432 snatching.
- 433 32. Section 812.133, relating to carjacking.
- 434 33. Section 812.135, relating to home-invasion robbery.
- 435 34. Section 817.034, relating to communications fraud, if

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436 the offense was a felony of the first degree.

437 35. Section 817.234, relating to false and fraudulent
438 insurance claims, if the offense was a felony of the first or
439 second degree.

440 36. Section 817.50, relating to fraudulently obtaining
441 goods or services from a health care provider and false reports
442 of a communicable disease.

443 37. Section 817.505, relating to patient brokering.

444 38. Section 817.568, relating to fraudulent use of personal
445 identification, if the offense was a felony of the first or
446 second degree.

447 39. Section 825.102, relating to abuse, aggravated abuse,
448 or neglect of an elderly person or disabled adult.

449 40. Section 825.1025, relating to lewd or lascivious
450 offenses committed upon or in the presence of an elderly person
451 or disabled person.

452 41. Section 825.103, relating to exploitation of an elderly
453 person or disabled adult, if the offense was a felony.

454 42. Section 826.04, relating to incest.

455 43. Section 827.03, relating to child abuse, aggravated
456 child abuse, or neglect of a child.

457 44. Section 827.04, relating to contributing to the
458 delinquency or dependency of a child.

459 45. Former s. 827.05, relating to negligent treatment of
460 children.

461 46. Section 827.071, relating to sexual performance by a
462 child.

463 47. Section 831.30, relating to fraud in obtaining
464 medicinal drugs.

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465 48. Section 831.31, relating to sale, manufacture,
466 delivery, possession with intent to sell, manufacture, or
467 deliver any counterfeit controlled substance, if the offense was
468 a felony.

469 49. Section 843.01, relating to resisting arrest with
470 violence.

471 50. Section 843.025, relating to depriving a law
472 enforcement, correctional, or correctional probation officer of
473 the means of protection or communication.

474 51. Section 843.12, relating to aiding in an escape.

475 52. Section 843.13, relating to aiding in the escape of
476 juvenile inmates of correctional institutions.

477 53. Chapter 847, relating to obscenity.

478 54. Section 874.05, relating to encouraging or recruiting
479 another to join a criminal gang.

480 55. Chapter 893, relating to drug abuse prevention and
481 control, if the offense was a felony of the second degree or
482 greater severity.

483 56. Section 895.03, relating to racketeering and collection
484 of unlawful debts.

485 57. Section 896.101, relating to the Florida Money
486 Laundering Act.

487 58. Section 916.1075, relating to sexual misconduct with
488 certain forensic clients and reporting of such sexual
489 misconduct.

490 59. Section 944.35(3), relating to inflicting cruel or
491 inhuman treatment on an inmate resulting in great bodily harm.

492 60. Section 944.40, relating to escape.

493 61. Section 944.46, relating to harboring, concealing, or

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494 aiding an escaped prisoner.

495 62. Section 944.47, relating to introduction of contraband
 496 into a correctional institution.

497 63. Section 985.701, relating to sexual misconduct in
 498 juvenile justice programs.

499 64. Section 985.711, relating to introduction of contraband
 500 into a detention facility.

501 (6) EXEMPTION REQUESTS.—A person who wishes to become a
 502 peer specialist and is disqualified under subsection (5) may
 503 request an exemption from disqualification pursuant to s. 435.07
 504 from the department or the Agency for Health Care
 505 Administration, as applicable.

506 (7) GRANDFATHER CLAUSE.—All peer specialists certified as
 507 of the effective date of this act are recognized as having met
 508 the requirements of this act.

509 ~~(1) An individual may seek certification as a peer~~
 510 ~~specialist if he or she has been in recovery from a substance~~
 511 ~~use disorder or mental illness for at least 2 years, or if he or~~
 512 ~~she has at least 2 years of experience as a family member or~~
 513 ~~caregiver of a person with a substance use disorder or mental~~
 514 ~~illness.~~

515 ~~(2) The department shall approve one or more third-party~~
 516 ~~credentialing entities for the purposes of certifying peer~~
 517 ~~specialists, approving training programs for individuals seeking~~
 518 ~~certification as peer specialists, approving continuing~~
 519 ~~education programs, and establishing the minimum requirements~~
 520 ~~and standards that applicants must achieve to maintain~~
 521 ~~certification. To obtain approval, the third-party credentialing~~
 522 ~~entity must demonstrate compliance with nationally recognized~~

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523 ~~standards for developing and administering professional~~
524 ~~certification programs to certify peer specialists.~~

525 ~~(3) An individual providing department-funded recovery~~
526 ~~support services as a peer specialist shall be certified~~
527 ~~pursuant to subsection (2). An individual who is not certified~~
528 ~~may provide recovery support services as a peer specialist for~~
529 ~~up to 1 year if he or she is working toward certification and is~~
530 ~~supervised by a qualified professional or by a certified peer~~
531 ~~specialist who has at least 3 years of full-time experience as a~~
532 ~~peer specialist at a licensed behavioral health organization.~~

533 Section 5. Paragraphs (a) and (c) of subsection (3) of
534 section 394.495, Florida Statutes, are amended to read:

535 394.495 Child and adolescent mental health system of care;
536 programs and services.-

537 (3) Assessments must be performed by:

538 (a) A professional as defined in s. 394.455(5), (7), (33)
539 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

540 (c) A person who is under the direct supervision of a
541 qualified professional as defined in s. 394.455(5), (7), (33)
542 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
543 chapter 491.

544 Section 6. Subsection (5) of section 394.496, Florida
545 Statutes, is amended to read:

546 394.496 Service planning.-

547 (5) A professional as defined in s. 394.455(5), (7), (33)
548 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
549 chapter 491 must be included among those persons developing the
550 services plan.

551 Section 7. Subsection (6) of section 394.9085, Florida

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552 Statutes, is amended to read:

553 394.9085 Behavioral provider liability.—

554 (6) For purposes of this section, the terms "detoxification
555 services," "addictions receiving facility," and "receiving
556 facility" have the same meanings as those provided in ss.
557 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40) ~~394.455(39)~~,
558 respectively.

559 Section 8. Paragraph (b) of subsection (1) of section
560 409.972, Florida Statutes, is amended to read:

561 409.972 Mandatory and voluntary enrollment.—

562 (1) The following Medicaid-eligible persons are exempt from
563 mandatory managed care enrollment required by s. 409.965, and
564 may voluntarily choose to participate in the managed medical
565 assistance program:

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

569 Section 9. Paragraph (e) of subsection (4) of section
570 464.012, Florida Statutes, is amended to read:

571 464.012 Licensure of advanced practice registered nurses;
572 fees; controlled substance prescribing.—

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

576 (e) A psychiatric nurse, who meets the requirements in s.
577 394.455(36) ~~s. 394.455(35)~~, within the framework of an
578 established protocol with a psychiatrist, may prescribe
579 psychotropic controlled substances for the treatment of mental
580 disorders.

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581 Section 10. Subsection (7) of section 744.2007, Florida
582 Statutes, is amended to read:

583 744.2007 Powers and duties.—

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

587 Section 11. This act shall take effect July 1, 2020.