

By Senator Trumbull

2-01280A-25

20251354__

1 A bill to be entitled
2 An act relating to behavioral health managing
3 entities; amending s. 394.9082, F.S.; requiring the
4 Department of Children and Families to contract for
5 specified functions; requiring the department to
6 recommend certain transparency improvements; requiring
7 the department to prepare and present to the Governor
8 and Legislature a specified final report by a date
9 certain; requiring managing entities to report
10 required information to the department in a
11 standardized electronic format; providing requirements
12 for the such format; requiring managing entities to
13 submit documents to the department electronically in a
14 specified format and with specified metadata;
15 requiring managing entities to report certain specific
16 measures to the department; providing an effective
17 date.

18
19 Be It Enacted by the Legislature of the State of Florida:

20
21 Section 1. Subsection (7) of section 394.9082, Florida
22 Statutes, is amended, and paragraph (n) is added to subsection
23 (3) and paragraphs (v) and (w) are added to subsection (5) of
24 that section, to read:

25 394.9082 Behavioral health managing entities.—

26 (3) DEPARTMENT DUTIES.—The department shall:

27 (n)1. Contract for all of the following:

28 a. Operational and financial audits of each managing entity
29 to include all of the following:

2-01280A-25

20251354__

30 (I) A review of business practices, personnel, financial
31 records, related parties, compensation, and other areas as
32 determined by the department.

33 (II) The services administered, the method of provider
34 payment, expenditures, outcomes, and other information as
35 determined by the department.

36 (III) Referral patterns, including managing entity referral
37 volume; provider referral assignments; services referred; length
38 of time to obtain services; and key referral performance
39 measures.

40 (IV) Provider network adequacy and provider network
41 participation in the department's available bed platform, the
42 Opioid Data Management System, the Agency for Health Care
43 Administration Event Notification Service, and other department
44 required provider data submissions.

45 b. Audits of each managing entity's expenditures and
46 claims, in which such audit must do both of the following:

47 (I) Compare services administered through each managing
48 entity, the outcomes of each managing entity's expenditures,
49 each managing entity's Medicaid expenditures for behavioral
50 health services, and any other information as determined by the
51 department.

52 (II) Analyze the claims paid by each managing entity for
53 Medicaid recipients.

54 c. Recommendations to improve transparency of system
55 performance including the metrics and criteria used to measure
56 performance and outcomes in behavioral health systems and the
57 format and method used to collect and report data and
58 information.

2-01280A-25

20251354__

59 2. Prepare a report of the information gathered in
60 subparagraph 1. and present the final report on or before
61 December 1, 2025, to the Governor, the President of the Senate,
62 and the Speaker of the House of Representatives.

63 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

64 (v) Report all required information to the department in a
65 standardized electronic format to ensure interoperability and to
66 facilitate data analysis. The submission format must meet all of
67 the following criteria:

68 1. Provider payments must be reported using a standardized
69 format for electronic data interchange that is used for health
70 care claims processing.

71 2. Information must be organized into discrete, machine-
72 readable data elements that allow for efficient processing and
73 integration with other datasets.

74 3. All data fields must comply with established protocols
75 as specified by the department.

76 4. The standardized format must be compatible with
77 automated systems to enable the downloading, parsing, and
78 combining of data with other sources for analysis.

79 5. Submissions must pass validation checks to confirm
80 adherence to the required data structure and format before the
81 submission is accepted.

82 (w) Submit all documents to the department in a format that
83 allows for accurate text recognition and data extraction, such
84 as in Portable Document Format or machine-readable text files.
85 Documents must be submitted electronically and accompanied by
86 metadata containing key information to ensure proper
87 organization, processing, and integration into the department's

2-01280A-25

20251354__

88 systems. The required metadata must include, but is not limited
89 to, all of the following elements:

90 1. A descriptive and unique name for the document,
91 following any naming conventions prescribed by the department.

92 2. The date the document is uploaded.

93 3. A predefined classification indicating the nature or
94 category of the document.

95 4. Any relevant identifiers, such as application numbers,
96 case numbers, or tracking codes, as specified by the department.

97 5. The name, contact information, and any other required
98 identification number, such as a license or registration number,
99 of the person or organization submitting the document.

100 6. Any other metadata fields as prescribed by the
101 department to facilitate accurate processing and analysis.

102 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.—

103 (a) Managing entities shall collect and submit data to the
104 department regarding persons served, outcomes of persons served,
105 costs of services provided through the department's contract,
106 and other data as required by the department. The department
107 shall evaluate managing entity performance and the overall
108 progress made by the managing entity, together with other
109 systems, in meeting the community's behavioral health needs,
110 based on consumer-centered outcome measures that reflect
111 national standards, if possible, that can be accurately
112 measured. The department shall work with managing entities to
113 establish performance standards, including, but not limited to:

114 1.~~(a)~~ The extent to which individuals in the community
115 receive services, including, but not limited to, parents or
116 caregivers involved in the child welfare system who need

2-01280A-25

20251354__

117 behavioral health services.

118 ~~2.(b)~~ The improvement in the overall behavioral health of a
119 community.

120 ~~3.(e)~~ The improvement in functioning or progress in the
121 recovery of individuals served by the managing entity, as
122 determined using person-centered measures tailored to the
123 population.

124 ~~4.(d)~~ The success of strategies to:

125 ~~a.1.~~ Divert admissions from acute levels of care, jails,
126 prisons, and forensic facilities as measured by, at a minimum,
127 the total number and percentage of clients who, during a
128 specified period, experience multiple admissions to acute levels
129 of care, jails, prisons, or forensic facilities;

130 ~~b.2.~~ Integrate behavioral health services with the child
131 welfare system; and

132 ~~c.3.~~ Address the housing needs of individuals being
133 released from public receiving facilities who are homeless.

134 ~~5.(e)~~ Consumer and family satisfaction.

135 ~~6.(f)~~ The level of engagement of key community
136 constituencies, such as law enforcement agencies, community-
137 based care lead agencies, juvenile justice agencies, the courts,
138 school districts, local government entities, hospitals, and
139 other organizations, as appropriate, for the geographical
140 service area of the managing entity.

141 (b) Managing entities must submit all of the following
142 specific measures to the department:

143 1. The number and percentage of high utilizers.

144 2. The number and percentage of individuals who receive
145 outpatient services within 7 days after a hospitalization for

2-01280A-25

20251354__

146 behavioral health-related issues.

147 3. The average wait time for initial appointments for
148 behavioral health services.

149 4. The number and percentage of individuals who are able to
150 schedule an urgent behavioral health appointment within 24
151 hours.

152 5. The number and percentage of emergency room visits per
153 capita for behavioral health-related issues, and whether such
154 number and percentage are a decrease from the last report.

155 6. The incidence of medication errors in behavioral health
156 treatment plans.

157 7. The number and percentage of adverse incidents, such as
158 self-harm, in inpatient and outpatient settings.

159 8. The number and percentage of individuals with co-
160 occurring conditions who receive integrated care.

161 9. The number and percentage of individuals successfully
162 transitioned from acute care to community-based services.

163 10. The rate of behavioral health readmissions within 30
164 days after discharge.

165 11. The average length of stay for inpatient behavioral
166 health services.

167 Section 2. This act shall take effect July 1, 2025.