

By the Committee on Children, Families, and Elder Affairs; and
Senator Trumbull

586-02853-25

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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
5 biennially for specified functions; requiring the
6 department to contract for recommendations for certain
7 transparency improvements; requiring the department to
8 prepare and present to the Governor and Legislature a
9 specified final report by a specified date; requiring
10 managing entities to report required data to the
11 department in a standardized electronic format;
12 providing requirements for such format; requiring
13 managing entities to electronically submit to the
14 department certain documents in a specified format and
15 with specified metadata; requiring managing entities
16 to submit certain specific measures to the department;
17 requiring the department to post and maintain such
18 measures on its website by a specified date every
19 month; requiring managing entities to report each
20 measure using a standard methodology determined by the
21 department; providing requirements for such measures;
22 providing an effective date.

23
24 Be It Enacted by the Legislature of the State of Florida:

25
26 Section 1. Subsection (7) of section 394.9082, Florida
27 Statutes, is amended, and paragraph (n) is added to subsection
28 (3) and paragraphs (v) and (w) are added to subsection (5) of
29 that section, to read:

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30 394.9082 Behavioral health managing entities.—

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

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

33 a. Biennial operational and financial audits of each
34 managing entity to include all of the following:

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

38 (II) The services administered, the method of provider
39 payment, expenditures, outcomes, and other information as
40 determined by the department.

41 (III) Referral patterns, including managing entity referral
42 volume; provider referral assignments; services referred; length
43 of time to obtain services; and key referral performance
44 measures.

45 (IV) Provider network adequacy and provider network
46 participation in the department's available bed platform, the
47 Opioid Data Management System, the Agency for Health Care
48 Administration Event Notification Service, and other department-
49 required provider data submissions.

50 (V) Audits of each managing entity's expenditures and
51 claims. Such an audit must do both of the following:

52 (A) Compare services administered through each managing
53 entity, the outcomes of each managing entity's expenditures,
54 each managing entity's Medicaid expenditures for behavioral
55 health services, and any other information as determined by the
56 department.

57 (B) Analyze services funded by each managing entity
58 rendered to individuals who are also Medicaid beneficiaries to,

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59 at a minimum, assess the extent to which managing entities are
60 funding services that are also available as covered services
61 under the Medicaid program.

62 b. Recommendations to improve transparency of system
63 performance, including, but not limited to, metrics and criteria
64 used to measure each managing entity's performance and patient
65 and system outcomes, and the format and method to be used to
66 collect and report necessary data and information.

67 2. Prepare a report of the information gathered in
68 subparagraph 1. and present the final report on or before
69 December 1, 2025, to the Governor, the President of the Senate,
70 and the Speaker of the House of Representatives.

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

72 (v) Report all required data to the department in a
73 standardized electronic format to ensure interoperability and to
74 facilitate data analysis. The submission format must meet all of
75 the following criteria:

76 1. Provider payments must be reported using a standardized
77 format for electronic data interchange that is used for health
78 care claims processing.

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

82 3. All data fields must comply with established protocols
83 as specified by the department.

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

87 5. Submissions must pass validation checks to confirm

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88 adherence to the required data structure and format before the
89 submission is accepted.

90 (w) Submit to the department all documents that are
91 required under contract for submission on a routine basis in an
92 electronic format that allows for accurate text recognition and
93 data extraction as specified by the department, which may
94 include, but is not limited to, Portable Document Format or
95 machine-readable text files. The documents must be accompanied
96 by metadata containing key information that ensures proper
97 organization, processing, and integration into the department's
98 systems. The required metadata must include, but is not limited
99 to, all of the following elements:

- 100 1. A descriptive and unique name for the document,
101 following any naming conventions prescribed by the department.
102 2. The date the document is uploaded.
103 3. A predefined classification indicating the nature or
104 category of the document.
105 4. Any relevant identifiers, such as application numbers,
106 case numbers, or tracking codes, as specified by the department.
107 5. The name, contact information, and any other required
108 identification number, which may include, but is not limited to,
109 a contract, license, or registration number, of the person or
110 organization submitting the document.
111 6. Any other metadata fields as prescribed by the
112 department to facilitate accurate processing and analysis.

113 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.—

114 (a) Managing entities shall collect and submit data to the
115 department regarding persons served, outcomes of persons served,
116 costs of services provided through the department's contract,

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117 and other data as required by the department. The department
118 shall evaluate managing entity performance and the overall
119 progress made by the managing entity, together with other
120 systems, in meeting the community's behavioral health needs,
121 based on consumer-centered outcome measures that reflect
122 national standards, if possible, that can be accurately
123 measured. The department shall work with managing entities to
124 establish performance standards, including, but not limited to:

125 1.(a) The extent to which individuals in the community
126 receive services, including, but not limited to, parents or
127 caregivers involved in the child welfare system who need
128 behavioral health services.

129 2.(b) The improvement in the overall behavioral health of a
130 community.

131 3.(e) The improvement in functioning or progress in the
132 recovery of individuals served by the managing entity, as
133 determined using person-centered measures tailored to the
134 population.

135 4.(d) The success of strategies to:

136 a.1. Divert admissions from acute levels of care, jails,
137 prisons, and forensic facilities as measured by, at a minimum,
138 the total number and percentage of clients who, during a
139 specified period, experience multiple admissions to acute levels
140 of care, jails, prisons, or forensic facilities;

141 b.2. Integrate behavioral health services with the child
142 welfare system; and

143 c.3. Address the housing needs of individuals being
144 released from public receiving facilities who are homeless.

145 5.(e) Consumer and family satisfaction.

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146 ~~6.(f)~~ The level of engagement of key community
147 constituencies, such as law enforcement agencies, community-
148 based care lead agencies, juvenile justice agencies, the courts,
149 school districts, local government entities, hospitals, and
150 other organizations, as appropriate, for the geographical
151 service area of the managing entity.

152 (b) Managing entities must submit specific measures to the
153 department regarding individual outcomes and system functioning,
154 which the department must post to, and maintain on, its website
155 by the 15th of every month. The posted measures must reflect
156 performance for the previous calendar month. Each managing
157 entity must report each measure using a standard methodology
158 determined by the department and submit the data to the
159 department by the deadline specified by the department. The
160 measures shall include data from individuals served by each
161 managing entity for services funded by the managing entity, to
162 the extent feasible and appropriate. The measures shall be
163 reported and posted stratified by, at a minimum, whether the
164 individual is a child or an adult and whether the individual is
165 a Medicaid recipient. Such measures shall include, at a minimum,
166 all of the following:

167 1. The number and percentage of individuals who are high
168 utilizers of crisis behavioral health services.

169 2. The number and percentage of individuals referred to
170 outpatient behavioral health services after their discharge from
171 a receiving or treatment facility, an emergency department under
172 this chapter, or an inpatient or residential licensed service
173 component under chapter 397 and who begin receiving such
174 services within 7 days after discharge.

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175 3. The average wait time for initial appointments for
176 behavioral health services, categorized by the type of service.

177 4. The number and percentage of individuals with
178 significant behavioral health symptoms who are seeking urgent
179 but noncrisis acute care and who are scheduled to be seen by a
180 provider within 1 business day after initial contact with the
181 provider.

182 5. The number and percentage of emergency department visits
183 per capita for behavioral health-related issues.

184 6. The incidence of medication errors.

185 7. The number and percentage of adverse incidents,
186 including, but not limited to, self-harm, occurring during
187 inpatient and outpatient behavioral health services.

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

190 9. The number and percentage of individuals discharged from
191 a receiving or treatment facility under this chapter or an
192 inpatient or residential licensed service component under
193 chapter 397 who successfully transition to ongoing services at
194 the appropriate level of care.

195 10. The rate of readmissions to emergency departments due
196 to behavioral health issues or to crisis stabilization units,
197 addictions receiving facilities, or other inpatient levels of
198 care under this chapter and chapter 397 within 30 days after
199 discharge from inpatient or outpatient behavioral health
200 services.

201 11. The average length of stay for inpatient behavioral
202 health services.

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