

Amendment No.1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Human Services
2 Subcommittee

3 Representative Koster offered the following:

4
5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 **Section 1. Subsection (7) of section 394.9082, Florida**
8 **Statutes, is amended, and paragraph (n) is added to subsection**
9 **(3) and paragraphs (v) and (w) are added to subsection (5) of**
10 **that section, to read:**

11 394.9082 Behavioral health managing entities.—

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

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

14 a. Biennial operational and financial audits of each

15 managing entity to include all of the following:

Amendment No.1

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

19 (II) The services administered, the method of provider
20 payment, expenditures, outcomes, and other information as
21 determined by the department.

22 (III) Referral patterns, including managing entity
23 referral volume; provider referral assignments; services
24 referred; length of time to obtain services; and key referral
25 performance measures.

26 (IV) Provider network adequacy and provider network
27 participation in the department's available bed platform, the
28 Opioid Data Management System, the Agency for Health Care
29 Administration Event Notification Service, and other department
30 required provider data submissions.

31 (V). Audits of each managing entity's expenditures and
32 claims, in which such audit must do both of the following:

33 (A) Compare services administered through each managing
34 entity, the outcomes of each managing entity's expenditures,
35 each managing entity's Medicaid expenditures for behavioral
36 health services, and any other information as determined by the
37 department.

38 (B) Analyze services funded by managing entities rendered
39 to individuals who are also Medicaid beneficiaries to, at a
40 minimum, assess the extent to which managing entities are

Amendment No.1

41 funding services that are also available as covered services
42 under the Medicaid program.

43 c. Recommendations to improve transparency of system
44 performance including, but not limited to, metrics and criteria
45 for measuring managing entity performance and patient and system
46 outcomes, and the format and method to be used to collect and
47 report necessary data and information.

48 2. Prepare a report of the information gathered in
49 subparagraph 1. and present the final report on or before
50 December 1, 2025, to the Governor, the President of the Senate,
51 and the Speaker of the House of Representatives.

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

53 (v) Report all required data to the department in a
54 standardized electronic format to ensure interoperability and to
55 facilitate data analysis. The submission format must meet all of
56 the following criteria:

57 1. Provider payments must be reported using a standardized
58 format for electronic data interchange that is used for health
59 care claims processing.

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

63 3. All data fields must comply with established protocols
64 as specified by the department.

Amendment No.1

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

68 5. Submissions must pass validation checks to confirm
69 adherence to the required data structure and format before the
70 submission is accepted.

71 (w) Submit all documents that are required under contract
72 for submission on a routine basis to the department in an
73 electronic format that allows for accurate text recognition and
74 data extraction that is specified by the department, which may
75 include but need not be limited to, Portable Document Format or
76 machine-readable text files. and the documents must be
77 accompanied by metadata containing key information that ensures
78 proper organization, processing, and integration into the
79 department's systems. The required metadata must include, but
80 need not be limited to, all of the following elements:

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

83 2. The date the document is uploaded.

84 3. A predefined classification indicating the nature or
85 category of the document.

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

88 5. The name, contact information, and any other required
89 identification number, which may include but need not be limited

Amendment No.1

90 to, a contract, license, or registration number, of the person
91 or organization submitting the document.

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

94 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.—

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

106 1.(a) The extent to which individuals in the community
107 receive services, including, but not limited to, parents or
108 caregivers involved in the child welfare system who need
109 behavioral health services.

110 2.(b) The improvement in the overall behavioral health of
111 a community.

112 3.(e) The improvement in functioning or progress in the
113 recovery of individuals served by the managing entity, as

Amendment No.1

114 determined using person-centered measures tailored to the
115 population.

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

117 ~~a.1.~~ Divert admissions from acute levels of care, jails,
118 prisons, and forensic facilities as measured by, at a minimum,
119 the total number and percentage of clients who, during a
120 specified period, experience multiple admissions to acute levels
121 of care, jails, prisons, or forensic facilities;

122 ~~b.2.~~ Integrate behavioral health services with the child
123 welfare system; and

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

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

127 ~~6.(f)~~ The level of engagement of key community
128 constituencies, such as law enforcement agencies, community-
129 based care lead agencies, juvenile justice agencies, the courts,
130 school districts, local government entities, hospitals, and
131 other organizations, as appropriate, for the geographical
132 service area of the managing entity.

133 (b) Managing entities must submit specific measures to the
134 department regarding individual outcomes and system functioning,
135 which the department must post to and maintain on its website by
136 the 15th of every month. The posted measures must reflect
137 performance for the previous calendar month. The managing entity
138 must report each measure using a standard methodology determined

Amendment No.1

139 by the department and submit the data to the department by the
140 deadline specified by the department. The measures shall
141 include data from individuals served by the managing entity, for
142 only services funded by the managing entity, to the extent
143 feasible and appropriate. The measures shall be reported and
144 posted stratified by, at a minimum, whether the individual is a
145 child or adult and whether the individual is a Medicaid
146 recipient. Such measures shall include, at a minimum, all of the
147 following:

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

150 2. The number and percentage of individuals referred to
151 outpatient behavioral health services after discharge from
152 receiving or treatment facilities or emergency departments under
153 this chapter or inpatient or residential licensed service
154 components under ch. 397, who begin receiving such services
155 within 7 days after discharge.

156 3. The average wait time for initial appointments for
157 behavioral health services, by type of service.

158 4. The number and percentage of individuals with
159 significant behavioral health symptoms seeking urgent but non-
160 crisis acute care who are scheduled to be seen within 1
161 business day of initial contact with a provider.

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

Amendment No.1

164 6. The incidence of medication errors.

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

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

170 9. The number and percentage of individuals discharged
171 from receiving or treatment facilities under this chapter or
172 inpatient or residential licensed service components under ch.
173 397 who successfully transition to ongoing services at the
174 appropriate level of care.

175 10. The rate of readmissions to emergency departments due
176 to behavioral health issues or to crisis stabilization units,
177 addictions receiving facilities, or other inpatient levels of
178 care under this chapter and ch. 397 within 30 days after
179 discharge from inpatient or outpatient behavioral health
180 services.

181 11. The average length of stay for inpatient behavioral
182 health services.

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

184 -----

185
186
187 **T I T L E A M E N D M E N T**

188 Remove everything before the enacting clause and insert:

Amendment No.1

189 An act relating to behavioral health managing
190 entities; amending s. 394.9082, F.S.; requiring the
191 Department of Children and Families to contract
192 biennially for specified functions; requiring the
193 department to recommend certain transparency
194 improvements; requiring the department to prepare and
195 present to the Governor and Legislature a specified
196 final report by a date certain; requiring managing
197 entities to report required data to the department in
198 a standardized electronic format; providing
199 requirements for the such format; requiring managing
200 entities to submit certain documents to the department
201 electronically in a specified format and with
202 specified metadata; requiring managing entities to
203 report certain specific measures to the department;
204 providing an effective date.

205