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 submit documents to the department electronically in a 13 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 Statutes, is amended, and paragraph (n) is added to subsection 22 23 (3) and paragraphs (v) and (w) are added to subsection (5) of that section, to read: 24 25 394.9082 Behavioral health managing entities.-Page 1 of 7

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26	(3) DEPARTMENT DUTIESThe department shall:
27	(n)1. Contract for all of the following:
28	a. Operational and financial audits of each managing
29	entity to include all of the following:
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
37	referral volume; provider referral assignments; services
38	referred; length of time to obtain services; and key referral
39	performance 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
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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.
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 DUTIESA 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.
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76 The standardized format must be compatible with 4. 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 83 that allows for accurate text recognition and data extraction, 84 such as in Portable Document Format or machine-readable text 85 files. Documents must be submitted electronically and accompanied by metadata containing key information to ensure 86 87 proper organization, processing, and integration into the department's systems. The required metadata must include, but is 88 89 not limited to, all of the following elements: 1. A descriptive and unique name for the document, 90 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, case numbers, or tracking codes, as specified by the department. 96 97 The name, contact information, and any other required 5. identification number, such as a license or registration number, 98 99 of the person or organization submitting the document. 100 6. Any other metadata fields as prescribed by the

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2025

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
117	behavioral health services.
118	2.(b) The improvement in the overall behavioral health of
119	a community.
120	3.(c) 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	<u>4.(d)</u> The success of strategies to:
125	<u>a.1.</u> Divert admissions from acute levels of care, jails,

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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 of care, jails, prisons, or forensic facilities; 129 130 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. 5.(e) Consumer and family satisfaction. 134 135 6.(f) The level of engagement of key community constituencies, such as law enforcement agencies, community-136 137 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 The number and percentage of individuals who receive 2. 145 outpatient services within 7 days after a hospitalization for 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 150 to schedule an urgent behavioral health appointment within 24

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151 hours. 152 The number and percentage of emergency room visits per 5. 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. 9. The number and percentage of individuals successfully 161 162 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.

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