

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION \_\_\_\_\_ (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER

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1 Committee/Subcommittee hearing PCB: Health & Human Services  
2 Committee  
3 Representative Gonzalez offered the following:  
4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Section 394.4574, Florida Statutes, is amended  
8 to read:

9 394.4574 Department responsibilities for a mental health  
10 resident who resides in an assisted living facility ~~that holds a~~  
11 ~~limited mental health license.~~

12 (1) The term "mental health resident," for purposes of  
13 this section, means an individual who receives social security  
14 disability income due to a mental disorder as determined by the  
15 Social Security Administration or receives supplemental security  
16 income due to a mental disorder as determined by the Social  
17 Security Administration and receives optional state  
18 supplementation.

19 (2) The department must ensure that:

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20 (a) A mental health resident has been assessed by a  
21 psychiatrist, clinical psychologist, clinical social worker, or  
22 psychiatric nurse, or an individual who is supervised by one of  
23 these professionals, and determined to be appropriate to reside  
24 in an assisted living facility. The documentation must be  
25 provided to the administrator of the facility within 30 days  
26 after the mental health resident has been admitted to the  
27 facility. An evaluation completed upon discharge from a state  
28 mental hospital meets the requirements of this subsection  
29 related to appropriateness for placement as a mental health  
30 resident if it was completed within 90 days prior to admission  
31 to the facility.

32 (b) A cooperative agreement, as required in s. 429.0751 ~~s.~~  
33 ~~429.075~~, is developed between the mental health care services  
34 provider that serves a mental health resident and ~~the~~  
35 ~~administrator of the assisted living facility with a limited~~  
36 ~~mental health license~~ in which the mental health resident is  
37 living. ~~Any entity that provides Medicaid prepaid health plans~~  
38 ~~services shall ensure the appropriate coordination of health~~  
39 ~~care services with an assisted living facility in cases where a~~  
40 ~~Medicaid recipient is both a member of the entity's prepaid~~  
41 ~~health plan and a resident of the assisted living facility. If~~  
42 ~~the entity is at risk for Medicaid targeted case management and~~  
43 ~~behavioral health services, the entity shall inform the assisted~~  
44 ~~living facility of the procedures to follow should an emergent~~  
45 ~~condition arise.~~

46 (c) The community living support plan, as defined in s.  
47 429.02, has been prepared by a mental health resident and a

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48 mental health case manager of that resident in consultation with  
49 the administrator of the facility or the administrator's  
50 designee. The plan must be provided to the administrator of the  
51 assisted living facility ~~with a limited mental health license~~ in  
52 which the mental health resident lives. The support plan and the  
53 agreement may be in one document.

54 (d) The assisted living facility ~~with a limited mental~~  
55 ~~health license~~ is provided with documentation that the  
56 individual meets the definition of a mental health resident.

57 (e) The mental health services provider assigns a case  
58 manager to each mental health resident who lives in an assisted  
59 living facility ~~with a limited mental health license~~. The case  
60 manager is responsible for coordinating the development of and  
61 implementation of the community living support plan defined in  
62 s. 429.02. The plan must be updated as needed, but at least  
63 annually, to ensure that the ongoing needs of the resident are  
64 addressed.

65 (3) Medicaid prepaid health plans shall ensure the  
66 appropriate coordination of health care services with an  
67 assisted living facility when a Medicaid recipient is both a  
68 member of the entity's prepaid health plan and a resident of the  
69 assisted living facility. If the Medicaid prepaid plan is  
70 responsible for Medicaid targeted case management and behavioral  
71 health services, the plan shall inform the assisted living  
72 facility of the procedures to follow should an emergent  
73 condition arise.

74 (4) The department shall include in contracts with service  
75 providers provisions that require the service provider to

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76 assign a case manager for a mental health resident, prepare a  
77 community living support plan, enter into a cooperative  
78 agreement with the assisted living facility, and otherwise  
79 comply with the provisions of this section. The department  
80 shall establish and impose contract penalties for mental health  
81 service providers under contract with the department that fail  
82 to comply with the provisions of this section.

83 (5) The Agency for Health Care Administration shall  
84 establish and impose contract penalties for Medicaid prepaid  
85 plans that fail to comply with the provisions of this section.

86 (6) The department shall enter into an interagency  
87 agreement with the Agency for Health Care Administration that  
88 delineates responsibilities and procedures for enforcing the  
89 provisions of this section related to the requirements of  
90 facilities and mental health providers.

91 (6) ~~(3)~~ The Secretary of Children and Family Services, in  
92 consultation with the Agency for Health Care Administration,  
93 shall annually require each district administrator to develop,  
94 with community input, detailed plans that demonstrate how the  
95 district will ensure the provision of state-funded mental health  
96 and substance abuse treatment services to residents of assisted  
97 living facilities that hold a limited mental health license.  
98 These plans must be consistent with the substance abuse and  
99 mental health district plan developed pursuant to s. 394.75 and  
100 must address case management services; access to consumer-  
101 operated drop-in centers; access to services during evenings,  
102 weekends, and holidays; supervision of the clinical needs of the  
103 residents; and access to emergency psychiatric care.

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104 Section 2. Paragraph (b) of subsection (1) of section  
105 395.1055, Florida Statutes, is amended to read:

106 395.1055 Rules and enforcement.—

107 (1) The agency shall adopt rules pursuant to ss.  
108 120.536(1) and 120.54 to implement the provisions of this part,  
109 which shall include reasonable and fair minimum standards for  
110 ensuring that:

111 (b) Infection control, housekeeping, sanitary conditions,  
112 and medical record procedures that will adequately protect  
113 patient care and safety are established and implemented. These  
114 procedures shall require housekeeping and sanitation staff to  
115 wear masks and gloves when cleaning patient rooms, to disinfect  
116 environmental surfaces in patient rooms in accordance with the  
117 time instructions on the label of the disinfectant used by the  
118 hospital, and to document compliance with this paragraph. The  
119 agency may impose an administrative fine for each day that a  
120 violation of this paragraph occurs.

121 Section 3. Subsection (2) of section 400.0078, Florida  
122 Statutes, is amended to read:

123 400.0078 Citizen access to State Long-Term Care Ombudsman  
124 Program services.—

125 ~~(2) Every resident or representative of a resident shall~~  
126 ~~receive,~~ Upon admission to a long-term care facility, each  
127 resident or representative of a resident must receive  
128 information regarding the purpose of the State Long-Term Care  
129 Ombudsman Program, the statewide toll-free telephone number for  
130 receiving complaints, the confidentiality of a complaint if the  
131 complaint will result in the identification of the resident

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132 about whom the complaint is made and the confidentiality of the  
133 complainant's name and identity, and other relevant information  
134 regarding how to contact the program. Residents or their  
135 representatives must be furnished additional copies of this  
136 information upon request.

137 Section 4. Subsection (3) of section 408.05, Florida  
138 Statutes, is amended to read:

139 408.05 Florida Center for Health Information and Policy  
140 Analysis.—

141 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.—~~In order to~~  
142 The agency shall collect, compile, analyze, and distribute  
143 ~~produce comparable and uniform~~ health information and  
144 statistics. Such information shall be used for developing the  
145 ~~development of policy recommendations,~~ evaluating program and  
146 provider performance, and facilitating the independent and  
147 collaborative quality improvement activities of providers,  
148 payors, and others involved in the delivery of health services.

149 The agency shall perform the following functions:

150 (a) Coordinate the activities of state agencies involved  
151 in the design and implementation of the comprehensive health  
152 information system.

153 (b) Undertake research, development, and evaluation  
154 respecting the comprehensive health information system.

155 (c) Review the statistical activities of state agencies to  
156 ensure that they are consistent with the comprehensive health  
157 information system.

158 (d) Develop written agreements with local, state, and  
159 federal agencies for the sharing of health-care-related data or

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160 using the facilities and services of such agencies. State  
161 agencies, local health councils, and other agencies under state  
162 contract shall assist the center in obtaining, compiling, and  
163 transferring health-care-related data maintained by state and  
164 local agencies. Written agreements must specify the types,  
165 methods, and periodicity of data exchanges and specify the types  
166 of data that will be transferred to the center.

167 (e) Establish by rule the types of data collected,  
168 compiled, processed, used, or shared. Decisions regarding center  
169 data sets should be made based on consultation with the State  
170 Consumer Health Information and Policy Advisory Council and  
171 other public and private users regarding the types of data which  
172 should be collected and their uses. The center shall establish  
173 standardized means for collecting health information and  
174 statistics under laws and rules administered by the agency.

175 (f) Establish minimum health-care-related data sets which  
176 are necessary on a continuing basis to fulfill the collection  
177 requirements of the center and which shall be used by state  
178 agencies in collecting and compiling health-care-related data.  
179 The agency shall periodically review ongoing health care data  
180 collections of the Department of Health and other state agencies  
181 to determine if the collections are being conducted in  
182 accordance with the established minimum sets of data.

183 (g) Establish advisory standards to ensure the quality of  
184 health statistical and epidemiological data collection,  
185 processing, and analysis by local, state, and private  
186 organizations.

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187 (h) Prescribe standards for the publication of health-  
188 care-related data reported pursuant to this section which ensure  
189 the reporting of accurate, valid, reliable, complete, and  
190 comparable data. Such standards should include advisory warnings  
191 to users of the data regarding the status and quality of any  
192 data reported by or available from the center.

193 (i) Prescribe standards for the maintenance and  
194 preservation of the center's data. This should include methods  
195 for archiving data, retrieval of archived data, and data editing  
196 and verification.

197 (j) Ensure that strict quality control measures are  
198 maintained for the dissemination of data through publications,  
199 studies, or user requests.

200 (k) Develop, in conjunction with the State Consumer Health  
201 Information and Policy Advisory Council, and implement a long-  
202 range plan for making available health care quality measures and  
203 financial data that will allow consumers to compare health care  
204 services. The health care quality measures and financial data  
205 the agency must make available shall include, but is not limited  
206 to, pharmaceuticals, physicians, health care facilities, and  
207 health plans and managed care entities. The agency shall update  
208 the plan and report on the status of its implementation  
209 annually. The agency shall also make the plan and status report  
210 available to the public on its Internet website. As part of the  
211 plan, the agency shall identify the process and timeframes for  
212 implementation, any barriers to implementation, and  
213 recommendations of changes in the law that may be enacted by the



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214 Legislature to eliminate the barriers. As preliminary elements  
215 of the plan, the agency shall:

216 1. Make available patient-safety indicators, inpatient  
217 quality indicators, and performance outcome and patient charge  
218 data collected from health care facilities pursuant to s.  
219 408.061(1)(a) and (2). The terms "patient-safety indicators" and  
220 "inpatient quality indicators" shall be as defined by the  
221 Centers for Medicare and Medicaid Services, the National Quality  
222 Forum, the Joint Commission ~~on Accreditation of Healthcare~~  
223 ~~Organizations~~, the Agency for Healthcare Research and Quality,  
224 the Centers for Disease Control and Prevention, or a similar  
225 national entity that establishes standards to measure the  
226 performance of health care providers, or by other states. The  
227 agency shall determine which conditions, procedures, health care  
228 quality measures, and patient charge data to disclose based upon  
229 input from the council. When determining which conditions and  
230 procedures are to be disclosed, the council and the agency shall  
231 consider variation in costs, variation in outcomes, and  
232 magnitude of variations and other relevant information. When  
233 determining which health care quality measures to disclose, the  
234 agency:

235 a. Shall consider such factors as volume of cases; average  
236 patient charges; average length of stay; complication rates;  
237 mortality rates; and infection rates, among others, which shall  
238 be adjusted for case mix and severity, if applicable.

239 b. May consider such additional measures that are adopted  
240 by the Centers for Medicare and Medicaid Studies, National  
241 Quality Forum, the Joint Commission ~~on Accreditation of~~

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242 ~~Healthcare Organizations~~, the Agency for Healthcare Research and  
243 Quality, Centers for Disease Control and Prevention, or a  
244 similar national entity that establishes standards to measure  
245 the performance of health care providers, or by other states.  
246

247 When determining which patient charge data to disclose, the  
248 agency shall include such measures as the average of  
249 undiscounted charges on frequently performed procedures and  
250 preventive diagnostic procedures, the range of procedure charges  
251 from highest to lowest, average net revenue per adjusted patient  
252 day, average cost per adjusted patient day, and average cost per  
253 admission, among others.

254 2. Make available performance measures, benefit design,  
255 and premium cost data from health plans licensed pursuant to  
256 chapter 627 or chapter 641. The agency shall determine which  
257 health care quality measures and member and subscriber cost data  
258 to disclose, based upon input from the council. When determining  
259 which data to disclose, the agency shall consider information  
260 that may be required by either individual or group purchasers to  
261 assess the value of the product, which may include membership  
262 satisfaction, quality of care, current enrollment or membership,  
263 coverage areas, accreditation status, premium costs, plan costs,  
264 premium increases, range of benefits, copayments and  
265 deductibles, accuracy and speed of claims payment, credentials  
266 of physicians, number of providers, names of network providers,  
267 and hospitals in the network. Health plans shall make available  
268 to the agency any such data or information that is not currently  
269 reported to the agency or the office.

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270 3. Determine the method and format for public disclosure  
271 of data reported pursuant to this paragraph. The agency shall  
272 make its determination based upon input from the State Consumer  
273 Health Information and Policy Advisory Council. At a minimum,  
274 the data shall be made available on the agency's Internet  
275 website in a manner that allows consumers to conduct an  
276 interactive search that allows them to view and compare the  
277 information for specific providers. The website must include  
278 such additional information as is determined necessary to ensure  
279 that the website enhances informed decisionmaking among  
280 consumers and health care purchasers, which shall include, at a  
281 minimum, appropriate guidance on how to use the data and an  
282 explanation of why the data may vary from provider to provider.

283 4. Publish on its website undiscounted charges for no  
284 fewer than 150 of the most commonly performed adult and  
285 pediatric procedures, including outpatient, inpatient,  
286 diagnostic, and preventative procedures.

287 (1) Assist quality improvement collaboratives by releasing  
288 information to the providers, payors, or entities representing  
289 and working on behalf of providers and payors. The agency shall  
290 release such data to quality improvement collaboratives for  
291 evaluation of the incidence of potentially preventable events,  
292 which is deemed necessary for the administration of the Medicaid  
293 program.

294 Section 5. Subsection (31) of section 408.802, Florida  
295 Statutes, is created to read:

296 408.802 Applicability.—The provisions of this part apply  
297 to the provision of services that require licensure as defined

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298 in this part and to the following entities licensed, registered,  
299 or certified by the agency, as described in chapters 112, 383,  
300 390, 394, 395, 400, 429, 440, 483, and 765:

301 (31) Assisted living facility administrator, as provided  
302 under part I of chapter 429.

303 Section 6. Subsection (29) is added to section 408.820,  
304 Florida Statutes, to read:

305 408.820 Exemptions.—Except as prescribed in authorizing  
306 statutes, the following exemptions shall apply to specified  
307 requirements of this part:

308 (29) Assisted living facility administrators, as provided  
309 under part I of chapter 429, are exempt from ss. 408.806(7),  
310 408.810(4)-(10), and 408.811.

311 Section 7. Paragraph (a) of subsection (1) of section  
312 415.1034, Florida Statutes, is amended to read:

313 415.1034 Mandatory reporting of abuse, neglect, or  
314 exploitation of vulnerable adults; mandatory reports of death.—

315 (1) MANDATORY REPORTING.—

316 (a) Any person, including, but not limited to, ~~any~~:

317 1. A physician, osteopathic physician, medical examiner,  
318 chiropractic physician, nurse, paramedic, emergency medical  
319 technician, or hospital personnel engaged in the admission,  
320 examination, care, or treatment of vulnerable adults;

321 2. A health professional or mental health professional  
322 other than one listed in subparagraph 1.;

323 3. A practitioner who relies solely on spiritual means for  
324 healing;

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325 4. Nursing home staff; assisted living facility staff;  
326 adult day care center staff; adult family-care home staff;  
327 social worker; or other professional adult care, residential, or  
328 institutional staff;

329 5. A state, county, or municipal criminal justice employee  
330 or law enforcement officer;

331 6. An employee of the Department of Business and  
332 Professional Regulation conducting inspections of public lodging  
333 establishments under s. 509.032;

334 7. A Florida advocacy council member or long-term care  
335 ombudsman council member; ~~or~~

336 8. A bank, savings and loan, or credit union officer,  
337 trustee, or employee; or

338 9. An employee or agent of a state or local agency who has  
339 regulatory responsibilities over, or who provides services to,  
340 persons residing in a state-licensed facility,

341  
342 who knows, or has reasonable cause to suspect, that a vulnerable  
343 adult has been or is being abused, neglected, or exploited must  
344 ~~shall~~ immediately report such knowledge or suspicion to the  
345 central abuse hotline.

346 Section 8. Section 409.986, Florida Statutes, is created  
347 to read:

348 409.986 Quality Adjustments to Medicaid Rates.-

349 (1) As used in this section, the term:

350 (a) "Expected rate" means the risk adjusted rate for each  
351 provider that accounts for the severity of illness, All Patient  
352 Refined-Diagnosis Related Groups, and age of patients.

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353 (b) "Hospital acquired infections" means infections not  
354 present and without evidence of incubation at the time of  
355 admission to a hospital.

356 (c) "Observed rate" means the actual number for each  
357 provider of potentially preventable events divided by the number  
358 of cases in which potentially preventable events may have  
359 occurred.

360 (d) "Potentially preventable admission" means an admission  
361 of a person to a hospital that may have reasonably been  
362 prevented with adequate access to ambulatory care or health care  
363 coordination.

364 (e) "Potentially preventable ancillary service" means a  
365 health care service provided or ordered by a physician or other  
366 health care provider to supplement or support the evaluation or  
367 treatment of a patient, including a diagnostic test, laboratory  
368 test, therapy service, or radiology service, that may not be  
369 reasonably necessary for the provision of quality health care or  
370 treatment.

371 (f) "Potentially preventable complication" means a harmful  
372 event or negative outcome with respect to a person, including an  
373 infection or surgical complication, that:

374 1. occurs after the person's admission to a hospital or  
375 long-term care facility; and

376 2. may have resulted from the care, lack of care, or  
377 treatment provided during the hospital or long-term care  
378 facility stay rather than from a natural progression of an  
379 underlying disease.

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380       (g) "Potentially preventable emergency department visit"  
381 means treatment of a person in a hospital emergency room or  
382 freestanding emergency medical care facility for a condition  
383 that may not require emergency medical attention because the  
384 condition could be, or could have been, treated or prevented by  
385 a physician or other health care provider in a nonemergency  
386 setting.

387       (h) "Potentially preventable event" means a potentially  
388 preventable admission, a potentially preventable ancillary  
389 service, a potentially preventable complication, a potentially  
390 preventable emergency department visit, a potentially  
391 preventable readmission, or a combination of those events.

392       (i) "Potentially preventable readmission" means a return  
393 hospitalization of a person within 15 days that may have  
394 resulted from deficiencies in the care or treatment provided to  
395 the person during a previous hospital stay or from deficiencies  
396 in post-hospital discharge follow-up. The term does not include  
397 a hospital readmission necessitated by the occurrence of  
398 unrelated events after the discharge. The term includes the  
399 readmission of a person to a hospital for:

400           1. the same condition or procedure for which the person  
401 was previously admitted;

402           2. an infection or other complication resulting from care  
403 previously provided; or

404           3. a condition or procedure that indicates that a surgical  
405 intervention performed during a previous admission was  
406 unsuccessful in achieving the anticipated outcome.

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407 (j) "Quality improvement collaborative" means a structured  
408 process involving multiple providers and subject matter experts  
409 to focus on a specific aspect of quality care in order to  
410 analyze past performance and plan, implement and evaluate  
411 specific improvement methods.

412 (2) The agency shall establish and implement methodologies  
413 to adjust Medicaid payment rates for hospitals, nursing homes  
414 and managed care plans based on evidence of improved patient  
415 outcomes. Payment adjustments shall be dependent on  
416 consideration of specific outcome measures for each provider  
417 category, documented activities by providers to improve  
418 performance, and evidence of significant improvement over time.  
419 Measurement of outcomes shall include appropriate risk  
420 adjustments, exclude cases that cannot be determined to be  
421 preventable, and waive adjustments for providers with too few  
422 cases to calculate reliable rates.

423 (a) Performance-based payment adjustments may be made up  
424 to 1 percent of each qualified provider's rate for hospital  
425 inpatient services, hospital outpatient services, nursing home  
426 care, and the plan specific capitation rate for prepaid health  
427 plans. Adjustments for activities to improve performance may be  
428 made up to 0.25 percent based on evidence of providers'  
429 engagement in activities specified in this section.

430 (b) Outcome measures shall be established for a base year  
431 which may be state fiscal year 2010-11 or a more recent 12-month  
432 period.

433 (3) Methodologies established pursuant to this section  
434 shall utilize existing databases, including Medicaid claims,

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435 encounter data compiled pursuant to s. 409.9122(14), and  
436 hospital discharge data compiled pursuant to s. 408.061(1)(a).  
437 To the extent possible, the agency shall use methods for  
438 determining outcome measures in use by other payors.

439 (4) The agency shall seek any necessary federal approval  
440 for the performance payment system and implement the system in  
441 state fiscal year 2015-16.

442 (5) The agency may appoint a technical advisory panel for  
443 each provider category in order to solicit advice and  
444 recommendations during the development and implementation of the  
445 performance payment system.

446 (6) The performance payment system for hospitals will  
447 apply to general hospitals as defined in s. 395.002. The  
448 outcome measures used to allocate positive payment adjustments  
449 shall consist of one or more potentially preventable events such  
450 as potentially preventable readmissions and potentially  
451 preventable complications.

452 (a) For each 12-month period after the base year, the  
453 agency shall determine the expected rate and the observed rate  
454 for specific outcome indicators for each hospital. The  
455 difference between the expected and observed rates will be used  
456 to establish a performance rate for each hospital. Hospitals  
457 will be ranked based on performance rates.

458 (b) For at least the first three rate setting periods  
459 after implementing the performance payment system, a positive  
460 payment adjustment shall be made to hospitals in the top ten  
461 percentiles based on their performance rates and the ten  
462 hospitals with the best year-to-year improvement among those

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463 hospitals that did not rank in the top ten percentiles. After  
464 the third period of performance payment, the agency may replace  
465 these criteria with quantified benchmarks for determining which  
466 providers qualify for positive payment adjustments.

467 (c) Quality improvement activities that may earn positive  
468 payment adjustments include:

469 1. Complying with requirements that reduce hospital  
470 acquired infections pursuant to s. 395.1055(1)(b); or,

471 2. Actively engaging in a quality improvement  
472 collaborative that focuses on reducing potentially preventable  
473 admissions or potentially preventable readmissions, or hospital  
474 acquired infections.

475 (7) The performance payment system for skilled nursing  
476 facilities will apply to facilities licensed pursuant to part II  
477 of chapter 400 with current Medicaid provider service  
478 agreements. The outcome measures used to allocate positive  
479 payment adjustments shall consist of one or more of the  
480 following: the rate of residents experiencing falls with major  
481 injuries, the rate of residents with potentially preventable  
482 hospital admissions, the rate of potentially preventable  
483 emergency department visits or the percent of residents with  
484 pressure ulcers that are new or worsened.

485 (a) For each 12-month period after the base year, the  
486 agency shall determine the expected rate and the observed rate  
487 for specific outcome indicators for each skilled nursing  
488 facility. The difference between the expected and observed  
489 rates will be used to establish a performance rate for each  
490 facility. Facilities will be ranked based on performance rates.

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491 (b) For at least the first three rate setting periods  
492 after implementing the performance payment system, a positive  
493 payment adjustment shall be made to facilities in the top three  
494 percentiles based on their performance rates and the ten  
495 facilities with the best year-to-year improvement among  
496 facilities that did not rank in the top three percentiles.  
497 After the third period of performance payment, the agency may  
498 replace these criteria with quantified benchmarks for  
499 determining which facilities qualify for positive payment  
500 adjustments.

501 (c) Quality improvement activities that may earn positive  
502 payment adjustments include:

503 1. Actively engaging in a comprehensive fall prevention  
504 program.

505 2. Actively engaging in a quality improvement  
506 collaborative that focuses on reducing potentially preventable  
507 hospital admissions or reducing the percent of residents with  
508 pressure ulcers that are new or worsened.

509 (8) A performance payment system shall apply to all  
510 managed care plans. The outcome measures used to allocate  
511 positive payment adjustments shall consist of one or more  
512 potentially preventable events such as potentially preventable  
513 initial hospital admissions, potentially preventable emergency  
514 department visits, or potentially preventable ancillary  
515 services.

516 (a) For each 12-month period after the base year, the  
517 agency shall determine the expected rate and the observed rate  
518 for specific outcome indicators for each managed care plan. The

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519 difference between the expected and observed rates will be used  
520 to establish a performance rate for each plan. Plans will be  
521 ranked based on performance rates.

522 (b) For at least the first three rate setting periods  
523 after implementing the performance payment system, a positive  
524 payment adjustment shall be made to the top ten managed care  
525 plans. After the third period of performance payment, the  
526 agency may replace these criteria with quantified benchmarks for  
527 determining which plans qualify for positive payment  
528 adjustments.

529 Section 9. Subsections (7) and (8) of section 429.02,  
530 Florida Statutes, are amended to read:

531 429.02 Definitions.—When used in this part, the term:

532 (7) "Community living support plan" means a written  
533 document prepared by a mental health resident and the resident's  
534 mental health case manager in consultation with the  
535 administrator of an assisted living facility ~~with a limited~~  
536 ~~mental health license~~ or the administrator's designee. A copy  
537 must be provided to the administrator. The plan must include  
538 information about the supports, services, and special needs of  
539 the resident which enable the resident to live in the assisted  
540 living facility and a method by which facility staff can  
541 recognize and respond to the signs and symptoms particular to  
542 that resident which indicate the need for professional services.

543 (8) "Cooperative agreement" means a written statement of  
544 understanding between a mental health care provider and the  
545 administrator of the assisted living facility ~~with a limited~~  
546 ~~mental health license~~ in which a mental health resident is

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547 living. The agreement must specify directions for accessing  
548 emergency and after-hours care for the mental health resident. A  
549 single cooperative agreement may service all mental health  
550 residents who are clients of the same mental health care  
551 provider.

552 Section 10. Subsection (1) of section 429.07, Florida  
553 Statutes, is amended to read:

554 429.07 License required; fee.—

555 (1) The requirements of part II of chapter 408 apply to  
556 the provision of services that require licensure pursuant to  
557 this part and part II of chapter 408 and to entities licensed by  
558 or applying for such licensure from the agency pursuant to this  
559 part. A license issued by the agency is required in order to  
560 operate an assisted living facility in this state. Effective  
561 July 1, 2013, an assisted living facility may not operate in  
562 this state unless the facility is under the management of an  
563 assisted living facility administrator licensed pursuant to s.  
564 429.50.

565 Section 11. Section 429.075, Florida Statutes, is amended  
566 to read:

567 429.075 Limited mental health license.—In order to serve  
568 three or more mental health residents, an assisted living  
569 facility ~~that serves three or more mental health residents~~ must  
570 obtain a limited mental health license.

571 (1) To obtain a limited mental health license, a facility:

572 (a) Must hold a standard license as an assisted living  
573 facility, and

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574 (b) Must not have been subject to administrative sanctions  
575 during the previous 2 years, or since initial licensure if the  
576 facility has been licensed for less than 2 years, for any of the  
577 following reasons:

578 1. One or more class I violations imposed by final agency  
579 action;

580 2. Three or more class II violations imposed by final  
581 agency action;

582 3. Ten or more class III violations that were not  
583 corrected in accordance with the provisions of s. 408.811(4);

584 4. Denial, suspension, or revocation of a license for  
585 another facility licensed under this part in which the license  
586 applicant had at least a 25 percent ownership interest; or

587 5. Imposition of a moratorium pursuant to this part or  
588 part II of chapter 408 or initiation of injunctive proceedings.  
589 ~~any current uncorrected deficiencies or violations, and must~~  
590 ~~ensure that,~~

591 (2) Within 6 months after receiving a limited mental  
592 health license, the facility administrator and the staff of the  
593 facility who are in direct contact with mental health residents  
594 must complete training of no less than 6 hours related to their  
595 duties. This training shall be approved by the Department of  
596 Children and Families. A training provider may charge a  
597 reasonable fee for the training.

598 (3) Application for a limited mental health license ~~Such~~  
599 ~~designation~~ may be made at the time of initial licensure or  
600 relicensure or upon request in writing by a licensee under this  
601 part and part II of chapter 408. Notification of approval or

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602 denial of the license ~~such request~~ shall be made in accordance  
603 with this part, part II of chapter 408, and applicable rules.  
604 ~~This training will be provided by or approved by the Department~~  
605 ~~of Children and Family Services.~~

606 (4) ~~(2)~~ Facilities licensed to provide services to mental  
607 health residents shall provide appropriate supervision and  
608 staffing to provide for the health, safety, and welfare of such  
609 residents.

610 ~~(3) A facility that has a limited mental health license~~  
611 ~~must:~~

612 ~~(a) Have a copy of each mental health resident's community~~  
613 ~~living support plan and the cooperative agreement with the~~  
614 ~~mental health care services provider. The support plan and the~~  
615 ~~agreement may be combined.~~

616 ~~(b) Have documentation that is provided by the Department~~  
617 ~~of Children and Family Services that each mental health resident~~  
618 ~~has been assessed and determined to be able to live in the~~  
619 ~~community in an assisted living facility with a limited mental~~  
620 ~~health license.~~

621 ~~(c) Make the community living support plan available for~~  
622 ~~inspection by the resident, the resident's legal guardian, the~~  
623 ~~resident's health care surrogate, and other individuals who have~~  
624 ~~a lawful basis for reviewing this document.~~

625 ~~(d) Assist the mental health resident in carrying out the~~  
626 ~~activities identified in the individual's community living~~  
627 ~~support plan.~~

628 ~~(4) A facility with a limited mental health license may~~  
629 ~~enter into a cooperative agreement with a private mental health~~

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630 ~~provider. For purposes of the limited mental health license, the~~  
631 ~~private mental health provider may act as the case manager.~~

632 Section 12. Section 429.0751, Florida Statutes, is created  
633 to read:

634 429.0751 Mental Health Residents.— A facility that has one  
635 or more mental health residents must:

636 (1) Enter into a cooperative agreement with the mental  
637 health care services provider responsible for providing services  
638 to the mental health resident, including a mental health  
639 provider responsible for providing private pay services to the  
640 mental health resident, to ensure coordination of care.

641 (2) Consult with the mental health case manager and the  
642 mental health resident in the development of a community support  
643 living plan and maintain a copy of the each mental health  
644 resident's community support living plan.

645 (3) Make the community support plan available for  
646 inspection by the resident, the resident's legal guardian, the  
647 resident's health care surrogate, and other individuals who have  
648 a lawful basis for reviewing this document.

649 (4) Assist the mental health resident in carrying out the  
650 activities identified in the individual's community living  
651 support plan.

652 (5) Have documentation that is provided by the Department  
653 of Children and Family Services that each mental health resident  
654 has been assessed and determined to be able to live in the  
655 community in an assisted living facility.

656 Section 13. Subsection (2) of section 429.19, Florida  
657 Statutes, is amended to read:

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658 429.19 Violations; imposition of administrative fines;  
659 grounds.-

660 (2) Each violation of this part and adopted rules shall be  
661 classified according to the nature of the violation and the  
662 gravity of its probable effect on facility residents.

663 (a) The agency shall indicate the classification on the  
664 written notice of the violation as follows:

665 1. ~~(a)~~ Class "I" violations are defined in s. 408.813. The  
666 agency shall issue a citation regardless of correction. The  
667 agency shall impose an administrative fine for a cited class I  
668 violation in an amount not less than \$5,000 and not exceeding  
669 \$10,000 for each violation.

670 2. ~~(b)~~ Class "II" violations are defined in s. 408.813.  
671 The agency may issue a citation regardless of correction. The  
672 agency shall impose an administrative fine for a cited class II  
673 violation in an amount not less than \$1,000 and not exceeding  
674 \$5,000 for each violation.

675 3. ~~(c)~~ Class "III" violations are defined in s. 408.813.  
676 The agency shall impose an administrative fine for a cited class  
677 III violation in an amount not less than \$500 and not exceeding  
678 \$1,000 for each violation.

679 4. ~~(d)~~ Class "IV" violations are defined in s. 408.813.  
680 The agency shall impose an administrative fine for a cited class  
681 IV violation in an amount not less than \$100 and not exceeding  
682 \$200 for each violation.

683 (b) In lieu of the penalties provided in paragraph (a),  
684 the agency shall impose a \$10,000 penalty for any violation  
685 which results in the death of a resident.

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686 (c) Notwithstanding paragraph (a), if the facility is  
687 cited for a violation in the same class as a prior violation  
688 cited within the past 24 months, the agency shall double the  
689 fine for subsequent violation.

690 Section 14. Section 429.231, Florida Statutes, is created  
691 to read:

692 429.231 Advisory council, membership, duties.-

693 (1) The department shall establish an advisory council to  
694 review the facts and circumstances of unexpected deaths in  
695 assisted living facilities and of elopements that result in harm  
696 to a resident. The purpose of this review shall be to:

697 (a) Achieve a greater understanding of the causes and  
698 contributing factors of the unexpected deaths and elopements.

699 (b) Identify any gaps, deficiencies, or problems in the  
700 delivery of services to the residents.

701 (2) Based on the review, the advisory council shall make  
702 recommendations for:

703 (a) Industry best practices that could be used to prevent  
704 unexpected deaths and elopements.

705 (b) Training and educational requirements for employees  
706 and administrators of assisted living facilities.

707 (c) Changes in the law, rules, or other policies to  
708 prevent unexpected deaths and elopements.

709 (3) The advisory council shall prepare an annual  
710 statistical report on the incidence and causes of unexpected  
711 deaths in assisted living facilities and of elopements that  
712 result in harm to residents during the prior calendar year. The  
713 advisory council shall submit a copy of the report by December

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714 31 of each year to the Governor, the President of the Senate,  
715 and the Speaker of the House of Representatives. The report may  
716 make recommendations for state action, including specific  
717 policy, procedural, regulatory, or statutory changes, and any  
718 other recommended preventive action.

719 (4) The advisory council shall consist of the following  
720 members:

721 (a) The Secretary of the Department of Elderly Affairs, or  
722 a designee, who shall be the chair.

723 (b) The Secretary of the Agency for Health Care  
724 Administration, or a designee.

725 (c) The Secretary of the Department of Children and  
726 Families, or a designee.

727 (d) The State Long-Term Care Ombudsman, or a designee.

728 (e) The following, selected by the Governor:

729 1. An owner or administrator of an assisted living  
730 facility with fewer than 17 beds.

731 2. An owner or administrator of an assisted living  
732 faculty with 17 or more beds.

733 3. An owner or administrator of an assisted living  
734 facility with a limited mental health license.

735 4. A representative from each of three statewide  
736 associations that represent assisted living facilities.

737 5. A resident of an assisted living facility.

738 (5) The advisory council shall meet at the call of the  
739 chair, but at least twice each calendar year. The chair may  
740 appoint ad hoc committees as necessary to carry out the duties  
741 of the council.

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742       (6) The members of the advisory council selected by the  
743 Governor shall be appointed to staggered terms of office which  
744 may not exceed 2 years. Members are eligible for reappointment.

745       (7) Members of the advisory council shall serve without  
746 compensation but are entitled to reimbursement for per diem and  
747 travel expenses incurred in the performance of their duties as  
748 provided in s. 112.061 and to the extent that funds are  
749 available.

750       Section 15. Section 429.34, Florida Statutes, is amended  
751 to read:

752       429.34 Right of entry and inspection.—

753       (1) In addition to the requirements of s. 408.811, any  
754 duly designated officer or employee of the department, the  
755 Department of Children and Family Services, the Medicaid Fraud  
756 Control Unit of the Office of the Attorney General, the state or  
757 local fire marshal, or a member of the state or local long-term  
758 care ombudsman council shall have the right to enter unannounced  
759 upon and into the premises of any facility licensed pursuant to  
760 this part in order to determine the state of compliance with the  
761 provisions of this part, part II of chapter 408, and applicable  
762 rules. Data collected by the state or local long-term care  
763 ombudsman councils or the state or local advocacy councils may  
764 be used by the agency in investigations involving violations of  
765 regulatory standards.

766       (2) In accordance with s. 408.811, every 24 months the  
767 agency shall conduct at least one unannounced inspection to  
768 determine compliance with this chapter, chapter 408, part II,  
769 and related rules; however, if the facility is accredited by the

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770 Joint Commission, the Council on Accreditation, or the  
771 Commission on Accreditation of Rehabilitation Facilities, the  
772 agency may conduct inspections less frequently, but in no event  
773 less than once every five years.

774 (a) Two additional inspections shall be conducted every 6  
775 months for the next year if the facility has been cited for a  
776 class I violation or two or more class II violations arising  
777 from separate inspections within a 60-day period. In addition to  
778 any fines imposed on a facility under s. 429.19, the agency  
779 shall assess a fee of \$69 per bed for each of the additional two  
780 inspections, not to exceed \$12,000 each.

781 (b) The agency shall verify through subsequent inspections  
782 that any violation identified during an inspection is corrected.  
783 However, the agency may verify the correction of a class III or  
784 class IV violation unrelated to resident rights or resident care  
785 without reinspection if the facility submits adequate written  
786 documentation that the violation has been corrected.

787 Section 16. Section 429.50, Florida Statutes, is created  
788 to read:

789 429.50 .- Assisted living facility administrator;  
790 qualifications, licensure, fees, continuing education.-

791 (1) The requirements of part II of chapter 408 apply to  
792 the provision of services that require licensure pursuant to  
793 this section. Effective July 1, 2013, a license issued by the  
794 agency is required in order to perform as an assisted living  
795 facility administrator in this state.

796 (2) To be eligible to be licensed as an assisted living  
797 facility administrator, an applicant must:

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- 798       (a) Be at least 21 years old;  
799       (b) Complete 30 hours of core training and 10 hours of  
800 supplemental training described in s. 429.52;  
801       (c) Pass the competency test described in s. 429.52 with a  
802 minimum score of 80;  
803       (d) Complete background screening pursuant to s. 429.174;  
804 and  
805       (e) Otherwise meet the requirements of this part.  
806       (3) Notwithstanding paragraphs (b) and (c) of subsection  
807 (2), the agency may grant a license to an applicant who:  
808       (a) Has been employed as an administrator of a facility  
809 for 2 of the 5 years immediately preceding July 1, 2013, and is  
810 in compliance with the continuing education requirements in this  
811 part, and has not been an administrator of a facility that was  
812 cited for a class I or class II violation within the previous 2  
813 years.  
814       (b) Is licensed in accordance with part II of chapter 468  
815 and is in compliance with the continuing education requirements  
816 in part II of chapter 468.  
817       (4) The license shall be renewed biennially.  
818       (5) The fees for licensure shall be \$150 for the initial  
819 licensure or \$150 for each licensure renewal.  
820       (6) A licensed administrator must complete continuing  
821 education described in s. 429.52 for a minimum of 18 hours every  
822 2 years.  
823       (7) The agency shall deny or revoke the license if the  
824 applicant or licensee:

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825 (a) Was the administrator of record for or had a  
826 controlling interest in a provider licensed by the agency under  
827 chapter 429, chapter 408, part II or authorizing statutes, when  
828 the provider was cited for violations that resulted in denial or  
829 revocation of a license.

830 (b) Has a final agency action for unlicensed activity  
831 pursuant to chapter 429, chapter 408, part II, or authorizing  
832 statutes.

833 (8) The agency may deny or revoke the license if the  
834 applicant or licensee was the administrator of record for or had  
835 a controlling interest in a provider licensed by the agency  
836 under chapter 429, chapter 408, part II or authorizing statutes,  
837 when the provider was for violations within the previous three  
838 years that resulted in a resident's death.

839 (9) The agency may adopt rules as necessary to administer  
840 this section.

841 Section 17. For the purpose of staggering license  
842 expiration dates, the Agency for Health Care Administration may  
843 issue a license for less than a 2-year period for assisted  
844 living administrator licensure as authorized in this act. The  
845 agency shall charge a prorated licensure fee for this shortened  
846 period. This authority shall expire December 31, 2013.

847 Section 18. Section 429.52, Florida Statutes, is amended  
848 to read:

849 429.52 Staff, administrator, and administrator license  
850 applicant training and educational programs; core educational  
851 requirement.-

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852           (1) Administrators, applicants to become administrators,  
853 and other assisted living facility staff must meet minimum  
854 training and education requirements established by the  
855 Department of Elderly Affairs by rule. This training and  
856 education is intended to assist facilities to appropriately  
857 respond to the needs of residents, to maintain resident care and  
858 facility standards, and to meet licensure requirements.

859           (2) ~~The department shall establish a competency test and a~~  
860 ~~minimum required score to indicate successful completion of the~~  
861 ~~training and educational requirements. The competency test must~~  
862 ~~be developed by the department in conjunction with the agency~~  
863 ~~and providers.~~ For assisted living facility staff other than  
864 administrators, the required training and education, which may  
865 be provided as in-service training, must cover at least the  
866 following topics:

867           (a) Reporting major incidents and reporting adverse  
868 incidents ~~State law and rules relating to assisted living~~  
869 ~~facilities.~~

870           (b) Resident rights and identifying and reporting abuse,  
871 neglect, and exploitation.

872           (c) Emergency procedures, including firesafety and  
873 resident elopement response policies and procedure. ~~Special~~  
874 ~~needs of elderly persons, persons with mental illness, and~~  
875 ~~persons with developmental disabilities and how to meet those~~  
876 ~~needs.~~

877           (d) General information on interacting with individuals  
878 with Alzheimer's disease and related disorders ~~Nutrition and~~



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879 ~~food service, including acceptable sanitation practices for~~  
880 ~~preparing, storing, and serving food.~~

881 ~~(e) Medication management, recordkeeping, and proper~~  
882 ~~techniques for assisting residents with self-administered~~  
883 ~~medication.~~

884 ~~(f) Firesafety requirements, including fire evacuation~~  
885 ~~drill procedures and other emergency procedures.~~

886 ~~(g) Care of persons with Alzheimer's disease and related~~  
887 ~~disorders.~~

888 ~~(3) Effective January 1, 2004, a new facility~~  
889 ~~administrator must complete the required training and education,~~  
890 ~~including the competency test, within a reasonable time after~~  
891 ~~being employed as an administrator, as determined by the~~  
892 ~~department. Failure to do so is a violation of this part and~~  
893 ~~subjects the violator to an administrative fine as prescribed in~~  
894 ~~s. 429.19. Administrators licensed in accordance with part II of~~  
895 ~~chapter 468 are exempt from this requirement. Other licensed~~  
896 ~~professionals may be exempted, as determined by the department~~  
897 ~~by rule.~~

898 ~~(4) Administrators are required to participate in~~  
899 ~~continuing education for a minimum of 12 contact hours every 2~~  
900 ~~years.~~

901 ~~(3) (5)~~ Staff involved with the management of medications  
902 and assisting with the self-administration of medications under  
903 s. 429.256 must complete a minimum of 4 additional hours of  
904 training provided by a registered nurse, licensed pharmacist, or  
905 department staff. The department shall establish by rule the  
906 minimum requirements of this additional training.

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907       ~~(6)~~ Other Facility staff shall participate in training  
908 relevant to their job duties as specified by rule of the  
909 department.

910       (4) ~~(7)~~ If the department or the agency determines that  
911 there are problems in a facility that could be reduced through  
912 specific staff training or education beyond that already  
913 required under this section, the department or the agency may  
914 require, and provide, or cause to be provided, the training or  
915 education of any personal care staff in the facility.

916       (5) The department, in consultation with the agency, the  
917 Department of Children and Family Services, and stakeholders,  
918 shall approve a standardized core training curriculum that must  
919 be completed by an applicant for licensure as an assisted living  
920 facility administrator. The curriculum must be offered in  
921 English and Spanish and timely updated to reflect changes in the  
922 law, rules, and best practices. The required training must  
923 cover, at a minimum, the following topics:

924           1. State law and rules relating to assisted living  
925 facilities.

926           2. Residents' rights and procedures for identifying and  
927 reporting abuse, neglect, and exploitation.

928           3. Special needs of elderly persons, persons who have  
929 mental illness, and persons who have developmental disabilities  
930 and how to meet those needs.

931           4. Nutrition and food service, including acceptable  
932 sanitation practices for preparing, storing, and serving food.

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933 5. Medication management, recordkeeping, and proper  
934 techniques for assisting residents who self-administer  
935 medication.

936 6. Firesafety requirements, including procedures for fire  
937 evacuation drills and other emergency procedures.

938 7. Care of persons who have Alzheimer's disease and  
939 related disorders.

940 8. Elopement prevention.

941 9. Aggression and behavior management, deescalation  
942 techniques, and proper protocols and procedures of the Baker Act  
943 as provided in part I of chapter 394.

944 10. Do not resuscitate orders.

945 11. Infection control.

946 12. Admission, continuing residency, and best practices in  
947 the industry.

948 13. Phases of care and interacting with residents.

949 (6) The department in consultation with the agency, the  
950 Department of Children and Family Services, and stakeholders,  
951 shall approve a supplemental training curriculum consisting of  
952 topics related to extended congregate care, limited mental  
953 health, and business operations, including human resources,  
954 financial management, and supervision of staff, which must  
955 completed by an applicant for licensure as an assisted living  
956 facility administrator.

957 (7) The department shall approve a competency test for  
958 applicants for licensure as an administrator which tests the  
959 individual's comprehension of the training required in  
960 subsections (6) and (7). The competency test must be reviewed

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961 annually and timely updated to reflect changes in the law,  
962 rules, and best practices. The competency test must be offered  
963 in English and Spanish and may be made available through testing  
964 centers.

965 (8) The department, in consultation with the agency and  
966 stakeholders, shall approve curricula for continuing education  
967 for administrators and staff members of an assisted living  
968 facility. Continuing education shall include topics similar to  
969 that of the core training required for staff members and  
970 applicants for licensure as assisted living facility  
971 administrators. Continuing education may be offered through  
972 online courses, and any fees associated to the online service  
973 shall be borne by the licensee or the facility. Required  
974 continuing education must, at a minimum, cover the following  
975 topics:

- 976 1. Elopement prevention;  
977 2. Deescalation techniques; and  
978 3. Phases of care and interacting with residents.

979 (9) Effective January 1, 2013, the training required by  
980 this part shall be conducted by:

- 981 (a) Any Florida College System institution;  
982 (b) Any nonpublic postsecondary institutions licensed or  
983 exempted from licensure pursuant to chapter 1005; or  
984 (c) Any statewide association which contracts with the  
985 department to provide training. The department may specify  
986 minimum trainer qualifications in the contract. For the  
987 purposes of this section, "statewide association" means any

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988 statewide entity which represents and provides technical  
989 assistance to assisted living facilities.

990 (10) Assisted living trainers shall keep a record of  
991 individuals who complete training and shall submit the record to  
992 the agency within 30 days after the completion of a course.

993 (11) The department shall adopt rules as necessary to  
994 administer this section.

995 ~~(8) The department shall adopt rules related to these~~  
996 ~~training requirements, the competency test, necessary~~  
997 ~~procedures, and competency test fees and shall adopt or contract~~  
998 ~~with another entity to develop a curriculum, which shall be used~~  
999 ~~as the minimum core training requirements. The department shall~~  
1000 ~~consult with representatives of stakeholder associations and~~  
1001 ~~agencies in the development of the curriculum.~~

1002 ~~(9) The training required by this section shall be~~  
1003 ~~conducted by persons registered with the department as having~~  
1004 ~~the requisite experience and credentials to conduct the~~  
1005 ~~training. A person seeking to register as a trainer must provide~~  
1006 ~~the department with proof of completion of the minimum core~~  
1007 ~~training education requirements, successful passage of the~~  
1008 ~~competency test established under this section, and proof of~~  
1009 ~~compliance with the continuing education requirement in~~  
1010 ~~subsection (4).~~

1011 ~~(10) A person seeking to register as a trainer must also:~~

1012 ~~(a) Provide proof of completion of a 4-year degree from an~~  
1013 ~~accredited college or university and must have worked in a~~  
1014 ~~management position in an assisted living facility for 3 years~~  
1015 ~~after being core certified;~~

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1016 ~~(b) Have worked in a management position in an assisted~~  
1017 ~~living facility for 5 years after being core certified and have~~  
1018 ~~1 year of teaching experience as an educator or staff trainer~~  
1019 ~~for persons who work in assisted living facilities or other~~  
1020 ~~long term care settings;~~

1021 ~~(c) Have been previously employed as a core trainer for~~  
1022 ~~the department; or~~

1023 ~~(d) Meet other qualification criteria as defined in rule,~~  
1024 ~~which the department is authorized to adopt.~~

1025 ~~(11) The department shall adopt rules to establish trainer~~  
1026 ~~registration requirements.~~

1027 Section 19. Section 429.54, Florida Statutes, is amended  
1028 to read:

1029 429.54 Collection of information; local subsidy;  
1030 interagency communication.-

1031 (1) To enable the department to collect the information  
1032 requested by the Legislature regarding the actual cost of  
1033 providing room, board, and personal care in assisted living  
1034 facilities, the department may ~~is authorized to~~ conduct field  
1035 visits and audits of facilities as ~~may be~~ necessary. The owners  
1036 of randomly sampled facilities shall submit such reports,  
1037 audits, and accountings of cost as the department may require by  
1038 rule; however, ~~provided that~~ such reports, audits, and  
1039 accountings may not be more than ~~shall be~~ the minimum necessary  
1040 to implement the provisions of this subsection ~~section~~. Any  
1041 facility selected to participate in the study shall cooperate  
1042 with the department by providing cost of operation information  
1043 to interviewers.

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1044 (2) Local governments or organizations may contribute to  
1045 the cost of care of local facility residents by further  
1046 subsidizing the rate of state-authorized payment to such  
1047 facilities. Implementation of local subsidy shall require  
1048 departmental approval and may ~~shall~~ not result in reductions in  
1049 the state supplement.

1050 (3) Subject to the availability of funds, the agency, the  
1051 department, the Department of Children and Family Services, and  
1052 the Agency for Persons with Disabilities shall develop or modify  
1053 electronic systems of communication among state-supported  
1054 automated systems to ensure that relevant information pertaining  
1055 to the regulation of assisted living facilities and facility  
1056 staff is timely and effectively communicated among agencies in  
1057 order to facilitate the protection of residents.

1058 Section 20. This act shall take effect July 1, 2012.  
1059  
1060  
1061

1062 -----  
1063 **T I T L E A M E N D M E N T**

1064 Remove the entire title and insert:

1065 A bill to be entitled

1066 An act relating to quality improvement initiatives for entities  
1067 regulated by the Agency for Health Care Administration; amending  
1068 s. 394.4574, F.S.; clarifying responsibilities of the  
1069 Department of Children and Families and mental health service  
1070 providers for mental health residents who reside in assisted  
1071 living facilities; directing the Agency for Health Care

PCB HHSC 12-04 Strikel

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COMMITTEE/SUBCOMMITTEE AMENDMENT

PCB Name: PCB HHSC 12-04 (2012)

Amendment No.

1072 Administration for impose contract penalties on Medicaid prepaid  
1073 plans under specified circumstances; directing the department to  
1074 impose contract penalties on mental health service providers  
1075 under specified circumstances; directing the department and the  
1076 agency to enter into an interagency agreement regarding  
1077 responsibilities and procedures for enforcing the provisions of  
1078 the section; amending 395.1055, F.S.; directing the Agency for  
1079 Health Care Administration to adopt rules regarding infection  
1080 control, housekeeping, and sanitary conditions in a hospital  
1081 using specified cleaning and disinfecting requirements and  
1082 procedures; providing penalties for noncompliance; amending s.  
1083 400.0078, F.S.; providing that specified information regarding  
1084 the confidentiality of complaints to the Long-Term Care  
1085 Ombudsman Program shall be provided to residents of long term  
1086 care facilities upon admission to the facility; amending 408.05,  
1087 F.S.; directing the Agency for Health Care Administration to  
1088 collect, compile, analyze, and distribute specified health care  
1089 information for specified uses; adding specified uses of the  
1090 information; amending s. 408.802, F.S; providing that the  
1091 provisions of part II of chapter 408 apply an assisted living  
1092 facility administrator; amending s. 408.820; providing specific  
1093 exemptions for an assisted living facility administrators from  
1094 the provisions of part II of chapter 408; creating 409.986,  
1095 F.S.; providing definitions; directing the Agency for Health  
1096 Care Administration to establish and implement methodologies to  
1097 adjust Medicaid rates for hospitals, nursing homes and managed  
1098 care plans; provides amount of adjustments; providing criteria  
1099 for adjustments; directing the agency to seek federal approval;

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COMMITTEE/SUBCOMMITTEE AMENDMENT

PCB Name: PCB HHSC 12-04 (2012)

Amendment No.

1100 providing date for implementation; amending s. 415.1034, F.S.;

1101 providing that specified persons, who have regulatory

1102 responsibilities over or provide services to persons residing in

1103 certain facilities, must report suspected incidences of abuse to

1104 the central abuse hotline; amending s. 429.07; requiring that an

1105 assisted living facility have a licensed administrator; amending

1106 s. 429.075, F.S.; providing additional requirements for a

1107 limited mental health license; removing specified facility

1108 requirements; creating s. 429.0751, F.S. ; providing

1109 requirements for an assisted living facility that has mental

1110 health residents; amending s. 429.19, F.S.; providing fines

1111 and penalties for specified violations by an assisted living

1112 facility; creating s. 429.231, F.S.; directing the Department of

1113 Elderly Affairs to create an advisory council to review the

1114 facts and circumstances of unexpected deaths in assisted living

1115 facilities and of elopements that result in harm to a resident;

1116 providing duties; providing membership; amending s. 429.34,

1117 F.S.; providing a schedule for the inspection of assisted living

1118 facilities; providing exceptions; providing for fees for

1119 additional inspections after specified violations; creating s.

1120 429.50, F.S.; providing that a person may not perform the duties

1121 of an assisted living facility administrator without a license;

1122 providing qualifications for licensure; providing exceptions;

1123 providing license fees; providing grounds for revocation or

1124 denial of licensure; providing rulemaking authority; amending s.

1125 429.52, F.S.; providing training, competency exam, and

1126 continuing education requirements for assisted living facility

1127 administrators and license applicants; specifying entities that

PCB HHSC 12-04 Strikel1

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COMMITTEE/SUBCOMMITTEE AMENDMENT

PCB Name: PCB HHSC 12-04 (2012)

Amendment No.

1128 may provide training; providing rulemaking authority; amending  
1129 s. 429.54, F.S.; providing that the Agency for Health Care  
1130 Administration, the Department of Elderly Affairs, the  
1131 Department of Children and Family Services, and the Agency for  
1132 Persons with Disabilities shall develop or modify information  
1133 and other systems to ensure efficient communication regarding  
1134 regulation of assisted living facilities; providing an effective  
1135 date.