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1 A bill to be entitled
 2 An act relating to quality improvement; amending s.
 3 394.4574, F.S.; clarifying responsibilities of the
 4 Department of Children and Families and mental health
 5 service providers for mental health residents who
 6 reside in assisted living facilities; directing the
 7 Agency for Health Care Administration for impose
 8 contract penalties on Medicaid prepaid plans under
 9 specified circumstances; directing the department to
 10 impose contract penalties on mental health service
 11 providers under specified circumstances; directing
 12 the department and the agency to enter into an
 13 interagency agreement regarding responsibilities and
 14 procedures for enforcing the provisions of the
 15 section; amending 395.1055, F.S.; directing the Agency
 16 for Health Care Administration to adopt rules
 17 regarding infection control, housekeeping, and
 18 sanitary conditions in a hospital using specified
 19 cleaning and disinfecting requirements and procedures;
 20 providing penalties for noncompliance; amending s.
 21 400.0078, F.S.; providing that specified information
 22 regarding the confidentiality of complaints to the
 23 Long-Term Care Ombudsman Program shall be provided to
 24 residents of long term care facilities upon admission
 25 to the facility; amending 408.05, F.S.; directing the
 26 Agency for Health Care Administration to collect,
 27 compile, analyze, and distribute specified health care
 28 information for specified uses; adding specified uses

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29 | of the information; amending s. 408.802, F.S;
 30 | providing that the provisions of part II of chapter
 31 | 408 apply an assisted living facility administrator;
 32 | amending s. 408.820; providing specific exemptions for
 33 | an assisted living facility administrators from the
 34 | provisions of part II of chapter 408; creating
 35 | 409.986, F.S.; providing definitions; directing the
 36 | Agency for Health Care Administration to establish and
 37 | implement methodologies to adjust Medicaid rates for
 38 | hospitals, nursing homes and managed care plans;
 39 | provides amount of adjustments; providing criteria for
 40 | adjustments; directing the agency to seek federal
 41 | approval; providing date for implementation; amending
 42 | s. 415.1034, F.S.; providing that specified persons,
 43 | who have regulatory responsibilities over or provide
 44 | services to persons residing in certain facilities,
 45 | must report suspected incidences of abuse to the
 46 | central abuse hotline; amending s. 429.07; requiring
 47 | that an assisted living facility have a licensed
 48 | administrator; amending s. 429.075, F.S.; providing
 49 | additional requirements for a limited mental health
 50 | license; removing specified facility requirements;
 51 | creating s. 429.0751, F.S. ; providing requirements
 52 | for an assisted living facility that has mental health
 53 | residents; amending s. 429.19, F.S.; providing fines
 54 | and penalties for specified violations by an assisted
 55 | living facility; creating s. 429.231, F.S.; directing
 56 | the Department of Elderly Affairs to create an

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57 | advisory council to review the facts and
 58 | circumstances of unexpected deaths in assisted living
 59 | facilities and of elopements that result in harm to a
 60 | resident; providing duties; providing membership;
 61 | amending s. 429.34, F.S.; providing a schedule for the
 62 | inspection of assisted living facilities; providing
 63 | exceptions; providing for fees for additional
 64 | inspections after specified violations; creating s.
 65 | 429.50, F.S.; providing that a person may not perform
 66 | the duties of an assisted living facility
 67 | administrator without a license; providing
 68 | qualifications for licensure; providing exceptions;
 69 | providing license fees; providing grounds for
 70 | revocation or denial of licensure; providing
 71 | rulemaking authority; amending s. 429.52, F.S.;
 72 | providing training, competency exam, and continuing
 73 | education requirements for assisted living facility
 74 | administrators and license applicants; specifying
 75 | entities that may provide training; providing
 76 | rulemaking authority; amending s. 429.54, F.S.;
 77 | providing that the Agency for Health Care
 78 | Administration, the Department of Elderly Affairs, the
 79 | Department of Children and Family Services, and the
 80 | Agency for Persons with Disabilities shall develop or
 81 | modify information and other systems to ensure
 82 | efficient communication regarding regulation of
 83 | assisted living facilities; providing an effective
 84 | date.

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

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

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

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

(2) The department must ensure that:

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

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113 (b) A cooperative agreement, as required in s. 429.0751 ~~s.~~
 114 ~~429.075~~, is developed between the mental health care services
 115 provider that serves a mental health resident and ~~the~~
 116 ~~administrator of the assisted living facility with a limited~~
 117 ~~mental health license~~ in which the mental health resident is
 118 living. ~~Any entity that provides Medicaid prepaid health plans~~
 119 ~~services shall ensure the appropriate coordination of health~~
 120 ~~care services with an assisted living facility in cases where a~~
 121 ~~Medicaid recipient is both a member of the entity's prepaid~~
 122 ~~health plan and a resident of the assisted living facility. If~~
 123 ~~the entity is at risk for Medicaid targeted case management and~~
 124 ~~behavioral health services, the entity shall inform the assisted~~
 125 ~~living facility of the procedures to follow should an emergent~~
 126 ~~condition arise.~~

127 (c) The community living support plan, as defined in s.
 128 429.02, has been prepared by a mental health resident and a
 129 mental health case manager of that resident in consultation with
 130 the administrator of the facility or the administrator's
 131 designee. The plan must be provided to the administrator of the
 132 assisted living facility ~~with a limited mental health license~~ in
 133 which the mental health resident lives. The support plan and the
 134 agreement may be in one document.

135 (d) The assisted living facility with a limited mental
 136 health license is provided with documentation that the
 137 individual meets the definition of a mental health resident.

138 (e) The mental health services provider assigns a case
 139 manager to each mental health resident who lives in an assisted
 140 living facility ~~with a limited mental health license~~. The case

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141 manager is responsible for coordinating the development of and
 142 implementation of the community living support plan defined in
 143 s. 429.02. The plan must be updated as needed, but at least
 144 annually, to ensure that the ongoing needs of the resident are
 145 addressed.

146 (3) Medicaid prepaid health plans shall ensure the
 147 appropriate coordination of health care services with an
 148 assisted living facility when a Medicaid recipient is both a
 149 member of the entity's prepaid health plan and a resident of the
 150 assisted living facility. If the Medicaid prepaid plan is
 151 responsible for Medicaid targeted case management and behavioral
 152 health services, the plan shall inform the assisted living
 153 facility of the procedures to follow should an emergent
 154 condition arise.

155 (4) The department shall establish and impose contract
 156 penalties for mental health service providers under contract
 157 with the department that fail to comply with the provisions of
 158 this section. The Agency for Health Care Administration shall
 159 establish and impose contract penalties for Medicaid prepaid
 160 plans that fail to comply with the provisions of this section.

161 (5) The department shall enter into an interagency
 162 agreement with the Agency for Health Care Administration that
 163 delineates responsibilities and procedures for enforcing the
 164 provisions of this section related to the requirements of
 165 facilities and mental health providers.

166 (6) ~~(3)~~ The Secretary of Children and Family Services, in
 167 consultation with the Agency for Health Care Administration,
 168 shall annually require each district administrator to develop,

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169 with community input, detailed plans that demonstrate how the
 170 district will ensure the provision of state-funded mental health
 171 and substance abuse treatment services to residents of assisted
 172 living facilities that hold a limited mental health license.
 173 These plans must be consistent with the substance abuse and
 174 mental health district plan developed pursuant to s. 394.75 and
 175 must address case management services; access to consumer-
 176 operated drop-in centers; access to services during evenings,
 177 weekends, and holidays; supervision of the clinical needs of the
 178 residents; and access to emergency psychiatric care.

179 Section 2. Paragraph (b) of subsection (1) of section
 180 395.1055, Florida Statutes, is amended to read:

181 395.1055 Rules and enforcement.—

182 (1) The agency shall adopt rules pursuant to ss.
 183 120.536(1) and 120.54 to implement the provisions of this part,
 184 which shall include reasonable and fair minimum standards for
 185 ensuring that:

186 (b) Infection control, housekeeping, sanitary conditions,
 187 and medical record procedures that will adequately protect
 188 patient care and safety are established and implemented. These
 189 procedures shall require housekeeping and sanitation staff to
 190 wear masks and gloves when cleaning patient rooms, to disinfect
 191 environmental surfaces in patient rooms in accordance with the
 192 time instructions on the label of the disinfectant used by the
 193 hospital, and to document compliance with this paragraph. The
 194 agency may impose an administrative fine for each day that a
 195 violation of this paragraph occurs.

196 Section 3. Subsection (2) of section 400.0078, Florida

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197 Statutes, is amended to read:

198 400.0078 Citizen access to State Long-Term Care Ombudsman
199 Program services.—

200 (2) ~~Every resident or representative of a resident shall~~
201 ~~receive,~~ Upon admission to a long-term care facility, each
202 resident or representative of a resident must receive
203 information regarding the purpose of the State Long-Term Care
204 Ombudsman Program, the statewide toll-free telephone number for
205 receiving complaints, the confidentiality of the subject matter
206 of a complaint and the complainant's name and identity, and
207 other relevant information regarding how to contact the program.
208 Residents or their representatives must be furnished additional
209 copies of this information upon request.

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

212 408.05 Florida Center for Health Information and Policy
213 Analysis.—

214 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.—~~In order to~~
215 The agency shall collect, compile, analyze, and distribute
216 ~~produce comparable and uniform~~ health information and
217 statistics. Such information shall be used for developing the
218 ~~development of~~ policy recommendations, evaluating program and
219 provider performance, and facilitating the independent and
220 collaborative quality improvement activities of providers,
221 payors, and others involved in the delivery of health services.
222 The agency shall perform the following functions:

223 (a) Coordinate the activities of state agencies involved
224 in the design and implementation of the comprehensive health

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225 information system.

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

228 (c) Review the statistical activities of state agencies to
229 ensure that they are consistent with the comprehensive health
230 information system.

231 (d) Develop written agreements with local, state, and
232 federal agencies for the sharing of health-care-related data or
233 using the facilities and services of such agencies. State
234 agencies, local health councils, and other agencies under state
235 contract shall assist the center in obtaining, compiling, and
236 transferring health-care-related data maintained by state and
237 local agencies. Written agreements must specify the types,
238 methods, and periodicity of data exchanges and specify the types
239 of data that will be transferred to the center.

240 (e) Establish by rule the types of data collected,
241 compiled, processed, used, or shared. Decisions regarding center
242 data sets should be made based on consultation with the State
243 Consumer Health Information and Policy Advisory Council and
244 other public and private users regarding the types of data which
245 should be collected and their uses. The center shall establish
246 standardized means for collecting health information and
247 statistics under laws and rules administered by the agency.

248 (f) Establish minimum health-care-related data sets which
249 are necessary on a continuing basis to fulfill the collection
250 requirements of the center and which shall be used by state
251 agencies in collecting and compiling health-care-related data.
252 The agency shall periodically review ongoing health care data

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253 | collections of the Department of Health and other state agencies
 254 | to determine if the collections are being conducted in
 255 | accordance with the established minimum sets of data.

256 | (g) Establish advisory standards to ensure the quality of
 257 | health statistical and epidemiological data collection,
 258 | processing, and analysis by local, state, and private
 259 | organizations.

260 | (h) Prescribe standards for the publication of health-
 261 | care-related data reported pursuant to this section which ensure
 262 | the reporting of accurate, valid, reliable, complete, and
 263 | comparable data. Such standards should include advisory warnings
 264 | to users of the data regarding the status and quality of any
 265 | data reported by or available from the center.

266 | (i) Prescribe standards for the maintenance and
 267 | preservation of the center's data. This should include methods
 268 | for archiving data, retrieval of archived data, and data editing
 269 | and verification.

270 | (j) Ensure that strict quality control measures are
 271 | maintained for the dissemination of data through publications,
 272 | studies, or user requests.

273 | (k) Develop, in conjunction with the State Consumer Health
 274 | Information and Policy Advisory Council, and implement a long-
 275 | range plan for making available health care quality measures and
 276 | financial data that will allow consumers to compare health care
 277 | services. The health care quality measures and financial data
 278 | the agency must make available shall include, but is not limited
 279 | to, pharmaceuticals, physicians, health care facilities, and
 280 | health plans and managed care entities. The agency shall update

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281 the plan and report on the status of its implementation
 282 annually. The agency shall also make the plan and status report
 283 available to the public on its Internet website. As part of the
 284 plan, the agency shall identify the process and timeframes for
 285 implementation, any barriers to implementation, and
 286 recommendations of changes in the law that may be enacted by the
 287 Legislature to eliminate the barriers. As preliminary elements
 288 of the plan, the agency shall:

289 1. Make available patient-safety indicators, inpatient
 290 quality indicators, and performance outcome and patient charge
 291 data collected from health care facilities pursuant to s.
 292 408.061(1)(a) and (2). The terms "patient-safety indicators" and
 293 "inpatient quality indicators" shall be as defined by the
 294 Centers for Medicare and Medicaid Services, the National Quality
 295 Forum, the Joint Commission ~~on Accreditation of Healthcare~~
 296 ~~Organizations~~, the Agency for Healthcare Research and Quality,
 297 the Centers for Disease Control and Prevention, or a similar
 298 national entity that establishes standards to measure the
 299 performance of health care providers, or by other states. The
 300 agency shall determine which conditions, procedures, health care
 301 quality measures, and patient charge data to disclose based upon
 302 input from the council. When determining which conditions and
 303 procedures are to be disclosed, the council and the agency shall
 304 consider variation in costs, variation in outcomes, and
 305 magnitude of variations and other relevant information. When
 306 determining which health care quality measures to disclose, the
 307 agency:

308 a. Shall consider such factors as volume of cases; average

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309 patient charges; average length of stay; complication rates;
 310 mortality rates; and infection rates, among others, which shall
 311 be adjusted for case mix and severity, if applicable.

312 b. May consider such additional measures that are adopted
 313 by the Centers for Medicare and Medicaid Studies, National
 314 Quality Forum, the Joint Commission ~~on Accreditation of~~
 315 ~~Healthcare Organizations~~, the Agency for Healthcare Research and
 316 Quality, Centers for Disease Control and Prevention, or a
 317 similar national entity that establishes standards to measure
 318 the performance of health care providers, or by other states.

319
 320 When determining which patient charge data to disclose, the
 321 agency shall include such measures as the average of
 322 undiscounted charges on frequently performed procedures and
 323 preventive diagnostic procedures, the range of procedure charges
 324 from highest to lowest, average net revenue per adjusted patient
 325 day, average cost per adjusted patient day, and average cost per
 326 admission, among others.

327 2. Make available performance measures, benefit design,
 328 and premium cost data from health plans licensed pursuant to
 329 chapter 627 or chapter 641. The agency shall determine which
 330 health care quality measures and member and subscriber cost data
 331 to disclose, based upon input from the council. When determining
 332 which data to disclose, the agency shall consider information
 333 that may be required by either individual or group purchasers to
 334 assess the value of the product, which may include membership
 335 satisfaction, quality of care, current enrollment or membership,
 336 coverage areas, accreditation status, premium costs, plan costs,

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337 premium increases, range of benefits, copayments and
 338 deductibles, accuracy and speed of claims payment, credentials
 339 of physicians, number of providers, names of network providers,
 340 and hospitals in the network. Health plans shall make available
 341 to the agency any such data or information that is not currently
 342 reported to the agency or the office.

343 3. Determine the method and format for public disclosure
 344 of data reported pursuant to this paragraph. The agency shall
 345 make its determination based upon input from the State Consumer
 346 Health Information and Policy Advisory Council. At a minimum,
 347 the data shall be made available on the agency's Internet
 348 website in a manner that allows consumers to conduct an
 349 interactive search that allows them to view and compare the
 350 information for specific providers. The website must include
 351 such additional information as is determined necessary to ensure
 352 that the website enhances informed decisionmaking among
 353 consumers and health care purchasers, which shall include, at a
 354 minimum, appropriate guidance on how to use the data and an
 355 explanation of why the data may vary from provider to provider.

356 4. Publish on its website undiscounted charges for no
 357 fewer than 150 of the most commonly performed adult and
 358 pediatric procedures, including outpatient, inpatient,
 359 diagnostic, and preventative procedures.

360 (1) Assist quality improvement collaboratives by releasing
 361 information to the providers, payors, or entities representing
 362 and working on behalf of providers and payors. The agency shall
 363 release such data to quality improvement collaboratives for
 364 evaluation of the incidence of potentially preventable events,

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365 which is deemed necessary for the administration of the Medicaid
 366 program.

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

369 408.802 Applicability.—The provisions of this part apply to
 370 the provision of services that require licensure as defined in
 371 this part and to the following entities licensed, registered, or
 372 certified by the agency, as described in chapters 112, 383, 390,
 373 394, 395, 400, 429, 440, 483, and 765:

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

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

378 408.820 Exemptions.—Except as prescribed in authorizing
 379 statutes, the following exemptions shall apply to specified
 380 requirements of this part:

381 (29) Assisted living facility administrators, as provided
 382 under part I of chapter 429, are exempt from ss. 408.806(7),
 383 408.810(4)-(10), and 408.811.

384 Section 7. Paragraph (a) of subsection (1) of section
 385 415.1034, Florida Statutes, is amended to read:

386 415.1034 Mandatory reporting of abuse, neglect, or
 387 exploitation of vulnerable adults; mandatory reports of death.—

388 (1) MANDATORY REPORTING.—

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

390 1. A physician, osteopathic physician, medical examiner,
 391 chiropractic physician, nurse, paramedic, emergency medical
 392 technician, or hospital personnel engaged in the admission,

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393 examination, care, or treatment of vulnerable adults;
 394 2. A health professional or mental health professional
 395 other than one listed in subparagraph 1.;
 396 3. A practitioner who relies solely on spiritual means for
 397 healing;
 398 4. Nursing home staff; assisted living facility staff;
 399 adult day care center staff; adult family-care home staff;
 400 social worker; or other professional adult care, residential, or
 401 institutional staff;
 402 5. A state, county, or municipal criminal justice employee
 403 or law enforcement officer;
 404 6. An employee of the Department of Business and
 405 Professional Regulation conducting inspections of public lodging
 406 establishments under s. 509.032;
 407 7. A Florida advocacy council member or long-term care
 408 ombudsman council member; ~~or~~
 409 8. A bank, savings and loan, or credit union officer,
 410 trustee, or employee; or
 411 9. An employee or agent of a state or local agency who has
 412 regulatory responsibilities over, or who provides services to,
 413 persons residing in a state-licensed facility,
 414
 415 who knows, or has reasonable cause to suspect, that a vulnerable
 416 adult has been or is being abused, neglected, or exploited must
 417 ~~shall~~ immediately report such knowledge or suspicion to the
 418 central abuse hotline.
 419 Section 8. Section 409.986, Florida Statutes, is created
 420 to read:

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421 409.986 Quality Adjustments to Medicaid Rates.-
 422 (1) As used in this section, the term:
 423 (a) "Expected rate" means the risk adjusted rate for each
 424 provider that accounts for the severity of illness, All Patient
 425 Refined-Diagnosis Related Groups, and age of patients.
 426 (b) "Hospital acquired infections" means infections not
 427 present and without evidence of incubation at the time of
 428 admission to a hospital.
 429 (c) "Observed rate" means the actual number for each
 430 provider of potentially preventable events divided by the number
 431 of cases in which potentially preventable events may have
 432 occurred.
 433 (d) "Potentially preventable admission" means an admission
 434 of a person to a hospital that may have reasonably been
 435 prevented with adequate access to ambulatory care or health care
 436 coordination.
 437 (e) "Potentially preventable ancillary service" means a
 438 health care service provided or ordered by a physician or other
 439 health care provider to supplement or support the evaluation or
 440 treatment of a patient, including a diagnostic test, laboratory
 441 test, therapy service, or radiology service, that may not be
 442 reasonably necessary for the provision of quality health care or
 443 treatment.
 444 (f) "Potentially preventable complication" means a harmful
 445 event or negative outcome with respect to a person, including an
 446 infection or surgical complication, that:
 447 1. occurs after the person's admission to a hospital or
 448 long-term care facility; and

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449 2. may have resulted from the care, lack of care, or
 450 treatment provided during the hospital or long-term care
 451 facility stay rather than from a natural progression of an
 452 underlying disease.

453 (g) "Potentially preventable emergency department visit"
 454 means treatment of a person in a hospital emergency room or
 455 freestanding emergency medical care facility for a condition
 456 that may not require emergency medical attention because the
 457 condition could be, or could have been, treated or prevented by
 458 a physician or other health care provider in a nonemergency
 459 setting.

460 (h) "Potentially preventable event" means a potentially
 461 preventable admission, a potentially preventable ancillary
 462 service, a potentially preventable complication, a potentially
 463 preventable emergency department visit, a potentially
 464 preventable readmission, or a combination of those events.

465 (i) "Potentially preventable readmission" means a return
 466 hospitalization of a person within 15 days that may have
 467 resulted from deficiencies in the care or treatment provided to
 468 the person during a previous hospital stay or from deficiencies
 469 in post-hospital discharge follow-up. The term does not include
 470 a hospital readmission necessitated by the occurrence of
 471 unrelated events after the discharge. The term includes the
 472 readmission of a person to a hospital for:

473 1. the same condition or procedure for which the person
 474 was previously admitted;

475 2. an infection or other complication resulting from care
 476 previously provided; or

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477 3. a condition or procedure that indicates that a surgical
 478 intervention performed during a previous admission was
 479 unsuccessful in achieving the anticipated outcome.

480 (j) "Quality improvement collaborative" means a structured
 481 process involving multiple providers and subject matter experts
 482 to focus on a specific aspect of quality care in order to
 483 analyze past performance and plan, implement and evaluate
 484 specific improvement methods.

485 (2) The agency shall establish and implement methodologies
 486 to adjust Medicaid payment rates for hospitals, nursing homes
 487 and managed care plans based on evidence of improved patient
 488 outcomes. Payment adjustments shall be dependent on
 489 consideration of specific outcome measures for each provider
 490 category, documented activities by providers to improve
 491 performance, and evidence of significant improvement over time.
 492 Measurement of outcomes shall include appropriate risk
 493 adjustments, exclude cases that cannot be determined to be
 494 preventable, and waive adjustments for providers with too few
 495 cases to calculate reliable rates.

496 (a) Performance-based payment adjustments may be made up
 497 to 1 percent of each qualified provider's rate for hospital
 498 inpatient services, hospital outpatient services, nursing home
 499 care, and the plan specific capitation rate for prepaid health
 500 plans. Adjustments for activities to improve performance may be
 501 made up to 0.25 percent based on evidence of providers'
 502 engagement in activities specified in this section.

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

506 (3) Methodologies established pursuant to this section
 507 shall utilize existing databases, including Medicaid claims,
 508 encounter data compiled pursuant to s. 409.9122(14), and
 509 hospital discharge data compiled pursuant to s. 408.061(1)(a).
 510 To the extent possible, the agency shall use methods for
 511 determining outcome measures in use by other payors.

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

515 (5) The agency may appoint a technical advisory panel for
 516 each provider category in order to solicit advice and
 517 recommendations during the development and implementation of the
 518 performance payment system.

519 (6) The performance payment system for hospitals will
 520 apply to general hospitals as defined in s. 395.002. The
 521 outcome measures used to allocate positive payment adjustments
 522 shall consist of one or more potentially preventable events such
 523 as potentially preventable readmissions and potentially
 524 preventable complications.

525 (a) For each 12-month period after the base year, the
 526 agency shall determine the expected rate and the observed rate
 527 for specific outcome indicators for each hospital. The
 528 difference between the expected and observed rates will be used
 529 to establish a performance rate for each hospital. Hospitals
 530 will be ranked based on performance rates.

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531 (b) For at least the first three rate setting periods
 532 after implementing the performance payment system, a positive
 533 payment adjustment shall be made to hospitals in the top ten
 534 percentiles based on their performance rates and the ten
 535 hospitals with the best year-to-year improvement among those
 536 hospitals that did not rank in the top ten percentiles. After
 537 the third period of performance payment, the agency may replace
 538 these criteria with quantified benchmarks for determining which
 539 providers qualify for positive payment adjustments.

540 (c) Quality improvement activities that may earn positive
 541 payment adjustments include:

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

544 2. Actively engaging in a quality improvement
 545 collaborative that focuses on reducing potentially preventable
 546 admissions or potentially preventable readmissions, or hospital
 547 acquired infections.

548 (7) The performance payment system for skilled nursing
 549 facilities will apply to facilities licensed pursuant to part II
 550 of chapter 400 with current Medicaid provider service
 551 agreements. The outcome measures used to allocate positive
 552 payment adjustments shall consist of one or more of the
 553 following: the rate of residents experiencing falls with major
 554 injuries, the rate of residents with potentially preventable
 555 hospital admissions, the rate of potentially preventable
 556 emergency department visits or the percent of residents with
 557 pressure ulcers that are new or worsened.

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558 (a) For each 12-month period after the base year, the
 559 agency shall determine the expected rate and the observed rate
 560 for specific outcome indicators for each skilled nursing
 561 facility. The difference between the expected and observed
 562 rates will be used to establish a performance rate for each
 563 facility. Facilities will be ranked based on performance rates.

564 (b) For at least the first three rate setting periods
 565 after implementing the performance payment system, a positive
 566 payment adjustment shall be made to facilities in the top three
 567 percentiles based on their performance rates and the ten
 568 facilities with the best year-to-year improvement among
 569 facilities that did not rank in the top three percentiles.
 570 After the third period of performance payment, the agency may
 571 replace these criteria with quantified benchmarks for
 572 determining which facilities qualify for positive payment
 573 adjustments.

574 (c) Quality improvement activities that may earn positive
 575 payment adjustments include:

576 1. Actively engaging in a comprehensive fall prevention
 577 program.

578 2. Actively engaging in a quality improvement
 579 collaborative that focuses on reducing potentially preventable
 580 hospital admissions or reducing the percent of residents with
 581 pressure ulcers that are new or worsened.

582 (8) A performance payment system shall apply to all
 583 managed care plans. The outcome measures used to allocate
 584 positive payment adjustments shall consist of one or more
 585 potentially preventable events such as potentially preventable

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586 initial hospital admissions, potentially preventable emergency
 587 department visits, or potentially preventable ancillary
 588 services.

589 (a) For each 12-month period after the base year, the
 590 agency shall determine the expected rate and the observed rate
 591 for specific outcome indicators for each managed care plan. The
 592 difference between the expected and observed rates will be used
 593 to establish a performance rate for each plan. Plans will be
 594 ranked based on performance rates.

595 (b) For at least the first three rate setting periods
 596 after implementing the performance payment system, a positive
 597 payment adjustment shall be made to the top ten managed care
 598 plans. After the third period of performance payment, the
 599 agency may replace these criteria with quantified benchmarks for
 600 determining which plans qualify for positive payment
 601 adjustments.

602 Section 9. Subsection (1) of section 429.07, Florida
 603 Statutes, is amended to read:

604 429.07 License required; fee.—

605 (1) The requirements of part II of chapter 408 apply
 606 to the provision of services that require licensure pursuant to
 607 this part and part II of chapter 408 and to entities licensed by
 608 or applying for such licensure from the agency pursuant to this
 609 part. A license issued by the agency is required in order to
 610 operate an assisted living facility in this state. Effective
 611 July 1, 2013, an assisted living facility may not operate in
 612 this state unless the facility is under the management of an
 613 assisted living facility administrator licensed pursuant to s.

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614 429.50.
 615 Section 10. Section 429.075, Florida Statutes, is amended
 616 to read:
 617 429.075 Limited mental health license.—In order to serve
 618 three or more mental health residents, an assisted living
 619 facility ~~that serves three or more mental health residents~~ must
 620 obtain a limited mental health license.
 621 (1) To obtain a limited mental health license, a facility:
 622 (a) Must hold a standard license as an assisted living
 623 facility, and
 624 (b) Must not have been subject to administrative sanctions
 625 during the previous 2 years, or since initial licensure if the
 626 facility has been licensed for less than 2 years, for any of the
 627 following reasons:
 628 1. One or more class I violations imposed by agency
 629 action;
 630 2. Three or more class II violations imposed by agency
 631 action;
 632 3. Five or more class III violations that were not
 633 corrected in accordance with the provisions of s. 408.811(4);
 634 4. Denial, suspension, or revocation of a license for
 635 another facility licensed under this part in which the license
 636 applicant had at least a 25 percent ownership interest; or
 637 5. Imposition of a moratorium pursuant to this part or
 638 part II of chapter 408 or initiation of injunctive proceedings.
 639 ~~any current uncorrected deficiencies or violations, and must~~
 640 ~~ensure that,~~
 641 (2) Within 6 months after receiving a limited mental

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642 health license, the facility administrator and the staff of the
 643 facility who are in direct contact with mental health residents
 644 must complete training of no less than 6 hours related to their
 645 duties. This training shall be approved by the Department of
 646 Children and Families. A training provider may charge a
 647 reasonable fee for the training.

648 (3) Application for a limited mental health license ~~Such~~
 649 ~~designation~~ may be made at the time of initial licensure or
 650 relicensure or upon request in writing by a licensee under this
 651 part and part II of chapter 408. Notification of approval or
 652 denial of the license ~~such request~~ shall be made in accordance
 653 with this part, part II of chapter 408, and applicable rules.
 654 ~~This training will be provided by or approved by the Department~~
 655 ~~of Children and Family Services.~~

656 (4) ~~(2)~~ Facilities licensed to provide services to mental
 657 health residents shall provide appropriate supervision and
 658 staffing to provide for the health, safety, and welfare of such
 659 residents.

660 ~~(3) A facility that has a limited mental health license~~
 661 ~~must:~~

662 ~~(a) Have a copy of each mental health resident's community~~
 663 ~~living support plan and the cooperative agreement with the~~
 664 ~~mental health care services provider. The support plan and the~~
 665 ~~agreement may be combined.~~

666 ~~(b) Have documentation that is provided by the Department~~
 667 ~~of Children and Family Services that each mental health resident~~
 668 ~~has been assessed and determined to be able to live in the~~
 669 ~~community in an assisted living facility with a limited mental~~

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670 ~~health license.~~

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

675 ~~(d) Assist the mental health resident in carrying out the~~
 676 ~~activities identified in the individual's community living~~
 677 ~~support plan.~~

678 ~~(4) A facility with a limited mental health license may~~
 679 ~~enter into a cooperative agreement with a private mental health~~
 680 ~~provider. For purposes of the limited mental health license, the~~
 681 ~~private mental health provider may act as the case manager.~~

682 Section 11. Section 429.0751, Florida Statutes, is created
 683 to read:

684 429.0751 Mental Health Residents.— A facility that has one
 685 or more mental health residents must:

686 (1) Enter into a cooperative agreement with the mental
 687 health care services provider responsible for providing services
 688 to the mental health resident, including a mental health
 689 provider responsible for providing private pay services to the
 690 mental health resident, to ensure coordination of care.

691 (2) Consult with the mental health case manager and the
 692 mental health resident in the development of a community support
 693 living plan and maintain a copy of the each mental health
 694 resident's community support living plan.

695 (3) Make the community support plan available for
 696 inspection by the resident, the resident's legal guardian, the
 697 resident's health care surrogate, and other individuals who have

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698 | a lawful basis for reviewing this document.

699 | (4) Assist the mental health resident in carrying out the
 700 | activities identified in the individual's community living
 701 | support plan.

702 | (5) Have documentation that is provided by the Department
 703 | of Children and Family Services that each mental health resident
 704 | has been assessed and determined to be able to live in the
 705 | community in an assisted living facility.

706 | Section 12. Subsection (2) of section 429.19, Florida
 707 | Statutes, is amended to read:

708 | 429.19 Violations; imposition of administrative fines;
 709 | grounds.—

710 | (2) Each violation of this part and adopted rules shall be
 711 | classified according to the nature of the violation and the
 712 | gravity of its probable effect on facility residents.

713 | (a) The agency shall indicate the classification on the
 714 | written notice of the violation as follows:

715 | 1. ~~(a)~~ Class "I" violations are defined in s. 408.813. The
 716 | agency shall issue a citation regardless of correction. The
 717 | agency shall impose an administrative fine for a cited class I
 718 | violation in an amount not less than \$5,000 and not exceeding
 719 | \$10,000 for each violation.

720 | 2. ~~(b)~~ Class "II" violations are defined in s. 408.813.
 721 | The agency may issue a citation regardless of correction. The
 722 | agency shall impose an administrative fine for a cited class II
 723 | violation in an amount not less than \$1,000 and not exceeding
 724 | \$5,000 for each violation.

725 | 3. ~~(c)~~ Class "III" violations are defined in s. 408.813.

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726 The agency shall impose an administrative fine for a cited class
 727 III violation in an amount not less than \$500 and not exceeding
 728 \$1,000 for each violation.

729 4. ~~(d)~~ Class "IV" violations are defined in s. 408.813.
 730 The agency shall impose an administrative fine for a cited class
 731 IV violation in an amount not less than \$100 and not exceeding
 732 \$200 for each violation.

733 (b) The agency shall impose a \$10,000 penalty for any
 734 violation which results in the death of a resident.

735 (c) Notwithstanding paragraph (a), if the facility is
 736 cited for a violation in the same class as a prior violation
 737 cited within the past 24 months, the agency shall double the
 738 fine for subsequent violation.

739 (d) Notwithstanding s. 408.813(2)(c), if a facility is
 740 cited for ten or more class III violations during an inspection
 741 or survey, the agency shall impose a fine for each violation. A
 742 fine may be levied notwithstanding the correction of the
 743 violation.

744 Section 13. Section 429.231, Florida Statutes, is created
 745 to read:

746 429.231 Advisory council, membership, duties.—

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

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

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

755 (2) Based on the review, the advisory council shall make
 756 recommendations for:

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

759 (b) Training and educational requirements for employees
 760 and administrators of assisted living facilities.

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

763 (3) The advisory council shall prepare an annual
 764 statistical report on the incidence and causes of unexpected
 765 deaths in assisted living facilities and of elopements that
 766 result in harm to residents during the prior calendar year. The
 767 advisory council shall submit a copy of the report by December
 768 31 of each year to the Governor, the President of the Senate,
 769 and the Speaker of the House of Representatives. The report may
 770 make recommendations for state action, including specific
 771 policy, procedural, regulatory, or statutory changes, and any
 772 other recommended preventive action.

773 (3) The advisory council shall consist of the following
 774 members:

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

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

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

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

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

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

785 2. An owner or administrator of an assisted living
 786 faculty with 17 or more beds.

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

789 4. A representative of a statewide association that
 790 represents assisted living facilities.

791 (3) The advisory council shall meet at the call of the
 792 chair, but at least twice each calendar year. The chair may
 793 appoint ad hoc committees as necessary to carry out the duties
 794 of the council.

795 (4) The members of the advisory council selected by the
 796 Governor shall be appointed to staggered terms of office which
 797 may not exceed 2 years. Members are eligible for reappointment.

798 (5) Members of the advisory council shall serve without
 799 compensation but are entitled to reimbursement for per diem and
 800 travel expenses incurred in the performance of their duties as
 801 provided in s. 112.061 and to the extent that funds are
 802 available.

803 Section 14. Section 429.34, Florida Statutes, is amended
 804 to read:

805 429.34 Right of entry and inspection.—

806 (1) In addition to the requirements of s. 408.811, any
 807 duly designated officer or employee of the department, the
 808 Department of Children and Family Services, the Medicaid Fraud

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809 Control Unit of the Office of the Attorney General, the state or
 810 local fire marshal, or a member of the state or local long-term
 811 care ombudsman council shall have the right to enter unannounced
 812 upon and into the premises of any facility licensed pursuant to
 813 this part in order to determine the state of compliance with the
 814 provisions of this part, part II of chapter 408, and applicable
 815 rules. Data collected by the state or local long-term care
 816 ombudsman councils or the state or local advocacy councils may
 817 be used by the agency in investigations involving violations of
 818 regulatory standards.

819 (2) In accordance with s. 408.811, every 24 months the
 820 agency shall conduct at least one unannounced inspection to
 821 determine compliance with this chapter, chapter 408, part II,
 822 and related rules; however, if the facility is accredited by the
 823 Joint Commission, the Council on Accreditation, or the
 824 Commission on Accreditation of Rehabilitation Facilities, the
 825 agency may conduct inspections less frequently, but in no event
 826 less than once every five years.

827 (a) Two additional inspections shall be conducted every 6
 828 months for the next year if the facility has been cited for a
 829 class I deficiency or two or more class II deficiencies arising
 830 from separate inspections within a 60-day period. In addition to
 831 any fines imposed on a facility under s. 429.19, the agency
 832 shall assess a fee of \$69 per bed for each of the additional two
 833 inspections, not to exceed \$12,000 each.

834 (b) The agency shall verify through subsequent inspections
 835 that any deficiency identified during an inspection is
 836 corrected. However, the agency may verify the correction of a

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837 class III or class IV deficiency unrelated to resident rights or
 838 resident care without reinspection if the facility submits
 839 adequate written documentation that the deficiency has been
 840 corrected.

841 Section 15. Section 429.50, Florida Statutes, is created
 842 to read:

843 429.50 .- Assisted living facility administrator;
 844 qualifications, licensure, fees, continuing education.-

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

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

852 (a) Be at least 21 years old;

853 (b) Complete 30 hours of core training and 10 hours of
 854 supplemental training described in s. 429.52;

855 (c) Pass the competency test described in s. 429.52 with a
 856 minimum score of 80;

857 (d) Complete background screening pursuant to s. 429.174;

858 and

859 (e) Otherwise meet the requirements of this part.

860 (3) Notwithstanding paragraphs (b) and (c) of subsection
 861 (2), the agency may grant a license to an applicant who:

862 (a) Has been employed as an administrator of a facility
 863 for 2 of the 5 years immediately preceding July 1, 2013, and is
 864 in compliance with the continuing education requirements in this

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865 part, and has not been an administrator of a facility that was
 866 cited for a class I or class II violation within the previous 2
 867 years.

868 (b) Is licensed in accordance with part II of chapter 468
 869 and is in compliance with the continuing education requirements
 870 in part II of chapter 468.

871 (4) The license shall be renewed biennially.

872 (5) The fees for licensure shall be \$250 for the initial
 873 licensure or \$250 for each licensure renewal.

874 (6) A licensed administrator must complete continuing
 875 education described in s. 429.52 for a minimum of 18 hours every
 876 2 years.

877 (7) The agency shall deny or revoke the license if the
 878 applicant or licensee:

879 (a) Was the administrator of record for or had a
 880 controlling interest in a provider licensed by the agency under
 881 chapter 429, chapter 408, part II or authorizing statutes, when
 882 the provider was cited for deficiencies that resulted in denial
 883 or revocation of a license.

884 (b) Has a final agency action for unlicensed activity
 885 pursuant to chapter 429, chapter 408, part II, or authorizing
 886 statutes.

887 (8) The agency may deny or revoke the license if the
 888 applicant or licensee was the administrator of record for or had
 889 a controlling interest in a provider licensed by the agency
 890 under chapter 429, chapter 408, part II or authorizing statutes,
 891 when the provider was for deficiencies within the previous three
 892 years that resulted in a resident's death.

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893 (9) The agency may adopt rules as necessary to administer
 894 this section.

895 Section 16. For the purpose of staggering license
 896 expiration dates, the Agency for Health Care Administration may
 897 issue a license for less than a 2-year period for assisted
 898 living administrator licensure as authorized in this act. The
 899 agency shall charge a prorated licensure fee for this shortened
 900 period. This authority shall expire December 31, 2013.

901 Section 17. Section 429.52, Florida Statutes, is amended
 902 to read:

903 429.52 Staff, administrator, and administrator license
 904 applicant training and educational programs; core educational
 905 requirement.-

906 (1) Administrators, applicants to become administrators,
 907 and other assisted living facility staff must meet minimum
 908 training and education requirements established by the
 909 Department of Elderly Affairs by rule. This training and
 910 education is intended to assist facilities to appropriately
 911 respond to the needs of residents, to maintain resident care and
 912 facility standards, and to meet licensure requirements.

913 (2) ~~The department shall establish a competency test and a~~
 914 ~~minimum required score to indicate successful completion of the~~
 915 ~~training and educational requirements. The competency test must~~
 916 ~~be developed by the department in conjunction with the agency~~
 917 ~~and providers. For assisted living facility staff other than~~
 918 ~~administrators, the required training and education must cover~~
 919 ~~at least the following topics:~~

920 (a) State law and rules relating to assisted living

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921 facilities.

922 (b) Resident rights and identifying and reporting abuse,

923 neglect, and exploitation.

924 (c) Special needs of elderly persons, persons with mental

925 illness, and persons with developmental disabilities and how to

926 meet those needs.

927 (d) Nutrition and food service, including acceptable

928 sanitation practices for preparing, storing, and serving food.

929 (e) Medication management, recordkeeping, and proper

930 techniques for assisting residents with self-administered

931 medication.

932 (f) Firesafety requirements, including fire evacuation

933 drill procedures and other emergency procedures.

934 (g) Care of persons with Alzheimer's disease and related

935 disorders.

936 ~~(3) Effective January 1, 2004, a new facility~~

937 ~~administrator must complete the required training and education,~~

938 ~~including the competency test, within a reasonable time after~~

939 ~~being employed as an administrator, as determined by the~~

940 ~~department. Failure to do so is a violation of this part and~~

941 ~~subjects the violator to an administrative fine as prescribed in~~

942 ~~s. 429.19. Administrators licensed in accordance with part II of~~

943 ~~chapter 468 are exempt from this requirement. Other licensed~~

944 ~~professionals may be exempted, as determined by the department~~

945 ~~by rule.~~

946 ~~(4) Administrators are required to participate in~~

947 ~~continuing education for a minimum of 12 contact hours every 2~~

948 ~~years.~~

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949 (3) ~~(5)~~ Staff involved with the management of medications
 950 and assisting with the self-administration of medications under
 951 s. 429.256 must complete a minimum of 4 additional hours of
 952 training provided by a registered nurse, licensed pharmacist, or
 953 department staff. The department shall establish by rule the
 954 minimum requirements of this additional training.

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

958 (4) ~~(7)~~ If the department or the agency determines that
 959 there are problems in a facility that could be reduced through
 960 specific staff training or education beyond that already
 961 required under this section, the department or the agency may
 962 require, and provide, or cause to be provided, the training or
 963 education of any personal care staff in the facility.

964 (5) The department, in consultation with the agency, the
 965 Department of Children and Family Services, and stakeholders,
 966 shall approve a standardized core training curriculum that must
 967 be completed by an applicant for licensure as an assisted living
 968 facility administrator. The curriculum must be offered in
 969 English and Spanish and timely updated to reflect changes in the
 970 law, rules, and best practices. The required training must
 971 cover, at a minimum, the following topics:

972 1. State law and rules relating to assisted living
 973 facilities.

974 2. Residents' rights and procedures for identifying and
 975 reporting abuse, neglect, and exploitation.

976 3. Special needs of elderly persons, persons who have

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977 mental illness, and persons who have developmental disabilities
 978 and how to meet those needs.
 979 4. Nutrition and food service, including acceptable
 980 sanitation practices for preparing, storing, and serving food.
 981 5. Medication management, recordkeeping, and proper
 982 techniques for assisting residents who self-administer
 983 medication.
 984 6. Firesafety requirements, including procedures for fire
 985 evacuation drills and other emergency procedures.
 986 7. Care of persons who have Alzheimer's disease and
 987 related disorders.
 988 8. Elopement prevention.
 989 9. Aggression and behavior management, deescalation
 990 techniques, and proper protocols and procedures of the Baker Act
 991 as provided in part I of chapter 394.
 992 10. Do not resuscitate orders.
 993 11. Infection control.
 994 12. Admission, continuing residency, and best practices in
 995 the industry.
 996 13. Phases of care and interacting with residents.
 997 (6) The department in consultation with the agency, the
 998 Department of Children and Family Services, and stakeholders,
 999 shall approve a supplemental course consisting of topics related
 1000 to extended congregate care, limited mental health, and business
 1001 operations, including human resources, financial management, and
 1002 supervision of staff, which must completed by an applicant for
 1003 licensure as an assisted living facility administrator.
 1004 (7) The department shall approve a competency test for

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1005 applicants for licensure as an administrator which tests the
 1006 individual's comprehension of the training required in
 1007 subsections (6) and (7). The competency test must be reviewed
 1008 annually and timely updated to reflect changes in the law,
 1009 rules, and best practices. The competency test must be offered
 1010 in English and Spanish and may be made available through testing
 1011 centers.

1012 (8) The department, in consultation with the agency and
 1013 stakeholders, shall approve curricula for continuing education
 1014 for administrators and staff members of an assisted living
 1015 facility. Continuing education shall include topics similar to
 1016 that of the core training required for staff members and
 1017 applicants for licensure as assisted living facility
 1018 administrators. Continuing education may be offered through
 1019 online courses, and any fees associated to the online service
 1020 shall be borne by the licensee or the facility. Required
 1021 continuing education must, at a minimum, cover the following
 1022 topics:

- 1023 1. Elopement prevention;
- 1024 2. Deescalation techniques; and
- 1025 3. Phases of care and interacting with residents.

1026 (9) Effective January 1, 2013, the training required by
 1027 this part shall be conducted by:

- 1028 (a) Any Florida College System institution;
- 1029 (b) Any nonpublic postsecondary institutions licensed or
 1030 exempted from licensure pursuant to chapter 1005; or
- 1031 (c) Any statewide association which contracts with the
 1032 department to provide training. The department may specify

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1033 minimum trainer qualifications in the contract. For the
 1034 purposes of this section, "statewide association" means any
 1035 statewide entity which represents and provides technical
 1036 assistance to assisted living facilities.

1037 (10) Assisted living trainers shall keep a record of
 1038 individuals who complete training and shall submit the record to
 1039 the agency within 30 days after the completion of a course.

1040 (11) The department shall adopt rules as necessary to
 1041 administer this section.

1042 ~~(8) The department shall adopt rules related to these~~
 1043 ~~training requirements, the competency test, necessary~~
 1044 ~~procedures, and competency test fees and shall adopt or contract~~
 1045 ~~with another entity to develop a curriculum, which shall be used~~
 1046 ~~as the minimum core training requirements. The department shall~~
 1047 ~~consult with representatives of stakeholder associations and~~
 1048 ~~agencies in the development of the curriculum.~~

1049 ~~(9) The training required by this section shall be~~
 1050 ~~conducted by persons registered with the department as having~~
 1051 ~~the requisite experience and credentials to conduct the~~
 1052 ~~training. A person seeking to register as a trainer must provide~~
 1053 ~~the department with proof of completion of the minimum core~~
 1054 ~~training education requirements, successful passage of the~~
 1055 ~~competency test established under this section, and proof of~~
 1056 ~~compliance with the continuing education requirement in~~
 1057 ~~subsection (4).~~

1058 ~~(10) A person seeking to register as a trainer must also:~~

1059 ~~(a) Provide proof of completion of a 4-year degree from an~~
 1060 ~~accredited college or university and must have worked in a~~

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1061 ~~management position in an assisted living facility for 3 years~~
 1062 ~~after being core certified;~~

1063 ~~(b) Have worked in a management position in an assisted~~
 1064 ~~living facility for 5 years after being core certified and have~~
 1065 ~~1 year of teaching experience as an educator or staff trainer~~
 1066 ~~for persons who work in assisted living facilities or other~~
 1067 ~~long term care settings;~~

1068 ~~(c) Have been previously employed as a core trainer for~~
 1069 ~~the department; or~~

1070 ~~(d) Meet other qualification criteria as defined in rule,~~
 1071 ~~which the department is authorized to adopt.~~

1072 ~~(11) The department shall adopt rules to establish trainer~~
 1073 ~~registration requirements.~~

1074 Section 18. Section 429.54, Florida Statutes, is amended
 1075 to read:

1076 429.54 Collection of information; local subsidy;
 1077 interagency communication.—

1078 (1) To enable the department to collect the information
 1079 requested by the Legislature regarding the actual cost of
 1080 providing room, board, and personal care in assisted living
 1081 facilities, the department may ~~is authorized to~~ conduct field
 1082 visits and audits of facilities as ~~may be~~ necessary. The owners
 1083 of randomly sampled facilities shall submit such reports,
 1084 audits, and accountings of cost as the department may require by
 1085 rule; however, ~~provided that~~ such reports, audits, and
 1086 accountings may not be more than shall be the minimum necessary
 1087 to implement the provisions of this subsection ~~section~~. Any
 1088 facility selected to participate in the study shall cooperate

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1089 with the department by providing cost of operation information
 1090 to interviewers.

1091 (2) Local governments or organizations may contribute to
 1092 the cost of care of local facility residents by further
 1093 subsidizing the rate of state-authorized payment to such
 1094 facilities. Implementation of local subsidy shall require
 1095 departmental approval and may ~~shall~~ not result in reductions in
 1096 the state supplement.

1097 (3) Subject to the availability of funds, the agency, the
 1098 department, the Department of Children and Family Services, and
 1099 the Agency for Persons with Disabilities shall develop or modify
 1100 electronic systems of communication among state-supported
 1101 automated systems to ensure that relevant information pertaining
 1102 to the regulation of assisted living facilities and facility
 1103 staff is timely and effectively communicated among agencies in
 1104 order to facilitate the protection of residents.

1105 Section 19. This act shall take effect July 1, 2012.