A bill to be entitled

An act relating to mental health and substance abuse; amending s. 39.407, F.S.; requiring information about a child's suitability for residential treatment to be provided to an additional recipient; amending s. 394.4597, F.S.; specifying certain persons who are prohibited from being selected as an individual's representative; providing rights of an individual's representative; amending s. 394.462, F.S.; providing for transportation of an individual to a facility other than the nearest receiving facility; providing for the development and implementation of transportation exception plans; amending 394.467, F.S.; prohibiting a court from ordering an individual with traumatic brain injury or dementia, who lacks a co-occurring mental illness, to be involuntarily placed in a state treatment facility; amending s. 394.656, F.S.; renaming the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee as the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Policy Committee; providing additional members of the committee; providing duties of the committee; providing additional qualifications for committee members; directing the Department of Children and Families to create a grant review and selection committee;

providing duties of the committee; authorizing a designated not-for-profit community provider or managing entity to apply for certain grants; providing eligibility requirements; defining the term "sequential intercept mapping"; removing provisions relating to applications for certain planning grants; creating s. 394.761, F.S.; requiring the Agency for Health Care Administration and the department to develop a plan to obtain federal approval for increasing the availability of federal Medicaid funding for behavioral health care; requiring the agency and the department to submit a written plan that contains certain information to the Legislature by a specified date; amending s. 394.875, F.S.; removing a limitation on the number of beds in crisis stabilization units; amending s. 394.9082, F.S.; revising legislative findings and intent; redefining terms; adding definitions; requiring the managing entities, rather than the department, to contract with community-based organizations to serve as managing entities; deleting provisions providing for contracting for services; providing contractual responsibilities of a managing entity; providing protocols for the department to select a managing entity; providing duties of managing entities; requiring the department to develop and enforce

measurable outcome standards while addressing specified goals; providing specified elements in a behavioral health system of care; revising the criteria for which the department may adopt rules and contractual standards related to the qualification and operation of managing entities; deleting certain departmental responsibilities; providing that managing entities may earn coordinated behavioral health system of care designations by developing and implementing a plan; providing requirements for the plan; providing for earning and maintaining the designation of a coordinated behavioral health system of care; requiring plans for phased enhancement of the coordinated behavioral health system of care; deleting a provision requiring an annual report to the Legislature; authorizing, rather than requiring, the department to adopt rules; amending s. 397.311, F.S.; defining the term "informed consent"; amending s. 397.321, F.S.; requiring the Department of Children and Families to develop, implement, and maintain standards and protocols for the collection of utilization data for addictions receiving facility and detoxification services provided through department funding; specifying data to be collected; requiring reconciliation of data; providing timeframes for the collection and submission of data; requiring the

department to create a statewide database for the data; requiring the department to adopt rules; deleting a requirement for the department to appoint a substance abuse impairment coordinator; creating s. 397.402, F.S.; requiring that the department and the agency submit a plan to the Governor and Legislature by a specified date with options for modifying certain licensure rules and procedures to provide for a single, consolidated license for providers that offer multiple types of either or both mental health and substance abuse services; amending s. 397.6772, F.S.; requiring officers to use standard forms developed by the department to detail the circumstances under which a person was taken into custody under the Marchman Act; amending s. 397.681, F.S.; prohibiting the court from charging a fee for the filing of petitions for involuntary assessment and stabilization and involuntary treatment; amending s. 397.6955, F.S.; allowing a continuance to be granted for a hearing on involuntary treatment of a substance abuse impaired person; amending s. 397.697, F.S.; allowing the court to order a respondent to undergo treatment through a privately funded licensed service provider under certain conditions; amending s. 409.967, F.S.; requiring that certain plans or contracts include specified requirements; amending s. 409.973, F.S.;

requiring each plan operating in the managed medical assistance program to work with the managing entity to establish specific organizational supports and service protocols; amending s. 491.0045, F.S.; limiting an intern registration to 5 years; providing timelines for expiration of certain intern registrations; providing requirements for issuance of subsequent registrations; prohibiting an individual who held a provisional license from the board from applying for an intern registration in the same profession; repealing s. 394.4674, F.S., relating to a plan and report; repealing s. 394.4985, F.S., relating to districtwide information and referral network and implementation; repealing s. 394.745, F.S., relating to an annual report and compliance of providers under contract with the department; repealing 397.331, F.S., relating to definitions; repealing s.397.6772, 397.697, and 397.801, F.S., relating to substance abuse impairment coordination; repealing s. 397.811, F.S., relating to juvenile substance abuse impairment coordination; repealing s. 397.821, F.S., relating to juvenile substance abuse impairment prevention and early intervention councils; repealing s. 397.901, F.S., relating to prototype juvenile addictions receiving facilities; repealing s. 397.93, F.S., relating to children's substance abuse services and

target populations; repealing s. 397.94, F.S., relating to children's substance abuse services and the information and referral network; repealing s. 397.951, F.S., relating to treatment and sanctions; repealing s. 397.97, F.S., relating to children's substance abuse services and demonstration models; repealing s. 397.98, F.S., relating to children's substance abuse services and utilization management; amending ss. 212.055, 394.9085, 397.405, 397.407, 397.416, 409.966, and 440.102, F.S.; conforming provisions and cross-references to changes made by the act; amending ss. 943.031 and 943.042, F.S.; conforming provisions and cross-references to changes made by the act; providing an effective date.

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

Section 1. Paragraph (c) of subsection (6) of section 39.407, Florida Statutes, is amended to read:

39.407 Medical, psychiatric, and psychological examination and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody.—

(6) Children who are in the legal custody of the department may be placed by the department, without prior approval of the court, in a residential treatment center licensed under s. 394.875 or a hospital licensed under chapter 395 for residential mental health treatment only pursuant to

this section or may be placed by the court in accordance with an order of involuntary examination or involuntary placement entered pursuant to s. 394.463 or s. 394.467. All children placed in a residential treatment program under this subsection must have a guardian ad litem appointed.

(c) Before a child is admitted under this subsection, the child shall be assessed for suitability for residential treatment by a qualified evaluator who has conducted a personal examination and assessment of the child and has made written findings that:

1. The child appears to have an emotional disturbance serious enough to require residential treatment and is reasonably likely to benefit from the treatment.

2. The child has been provided with a clinically appropriate explanation of the nature and purpose of the treatment.

3. All available modalities of treatment less restrictive than residential treatment have been considered, and a less restrictive alternative that would offer comparable benefits to the child is unavailable.

A copy of the written findings of the evaluation and suitability assessment must be provided to the department and to the guardian ad litem, and to the child's Medicaid managed care plan, if applicable, which entities ~~who~~ shall have the opportunity to discuss the findings with the evaluator.

Section 2. Section 394.4597, Florida Statutes, is amended to read:

394.4597 Persons to be notified; appointment of a patient's representative.—

(1) VOLUNTARY PATIENTS.— At the time a patient is voluntarily admitted to a receiving or treatment facility, the patient shall be asked to identify a person to be notified in case of an emergency, and the identity and contact information of that ~~a~~ person ~~to be notified in case of an emergency~~ shall be entered in the patient's clinical record.

(2) INVOLUNTARY PATIENTS.—

(a) At the time a patient is admitted to a facility for involuntary examination or placement, or when a petition for involuntary placement is filed, the names, addresses, and telephone numbers of the patient's guardian or guardian advocate, or representative if the patient has no guardian, and the patient's attorney shall be entered in the patient's clinical record.

(b) If the patient has no guardian, the patient shall be asked to designate a representative. If the patient is unable or unwilling to designate a representative, the facility shall select a representative.

(c) The patient shall be consulted with regard to the selection of a representative by the receiving or treatment facility and shall have authority to request that any such representative be replaced.

(d) If ~~When~~ the receiving or treatment facility selects a representative, first preference shall be given to a health care surrogate, if one has been previously selected by the patient. If the patient has not previously selected a health care surrogate, the selection, except for good cause documented in the patient's clinical record, shall be made from the following list in the order of listing:

1. The patient's spouse.

2. An adult child of the patient.

3. A parent of the patient.

4. The adult next of kin of the patient.

5. An adult friend of the patient.

6. The appropriate Florida local advocacy council as provided in s. 402.166.

(e) The following persons are prohibited from selection as a patient's representative:

1. A professional providing clinical services to the patient under this part;

2. The licensed professional who initiated the involuntary examination of the patient, if the examination was initiated by professional certificate;

3. An employee, administrator, or board member of the facility providing the examination of the patient;

4. An employee, administrator, or board member of a treatment facility providing treatment of the patient;

5. A person providing any substantial professional

services to the patient, including clinical and nonclinical services;

6. A creditor of the patient;

7. A person subject to an injunction for protection against domestic violence under s. 741.30, whether the order of injunction is temporary or final, and for which the patient was the petitioner; and

8. A person subject to an injunction for protection against repeat violence, sexual violence, or dating violence under s. 784.046, whether the order of injunction is temporary or final, and for which the patient was the petitioner.

~~(e) A licensed professional providing services to the patient under this part, an employee of a facility providing direct services to the patient under this part, a department employee, a person providing other substantial services to the patient in a professional or business capacity, or a creditor of the patient shall not be appointed as the patient's representative.~~

(f) The representative selected by the patient or designated by the facility has the right to:

1. Receive notice of the patient's admission;

2. Receive notice of proceedings affecting the patient;

3. Have access to the patient within reasonable timelines in accordance with the provider's publicized visitation policy unless such access is documented to be detrimental to the patient;

4. Receive notice of any restriction of the patient's right to communicate or receive visitors;

5. Receive a copy of the inventory of personal effects upon the patient's admission and to request an amendment to the inventory at any time;

6. Receive disposition of the patient's clothing and personal effects if not returned to the patient, or to approve an alternate plan;

7. Petition on behalf of the patient for a writ of habeas corpus to question the cause and legality of the patient's detention or to allege that the patient is being unjustly denied a right or privilege granted under this part, or that a procedure authorized under this part is being abused;

8. Apply for a change of venue for the patient's involuntary placement hearing for the convenience of the parties or witnesses or because of the patient's condition;

9. Receive written notice of any restriction of the patient's right to inspect his or her clinical record;

10. Receive notice of the release of the patient from a receiving facility where an involuntary examination was performed;

11. Receive a copy of any petition for the patient's involuntary placement filed with the court; and

12. Be informed by the court of the patient's right to an independent expert evaluation pursuant to involuntary placement procedures.

Section 3. Section 394.462, Florida Statutes, is amended to read:

394.462 Transportation.—

(1) TRANSPORTATION TO A RECEIVING FACILITY.—

(a) Each county shall designate a single law enforcement agency within the county, or portions thereof, to take a person into custody upon the entry of an ex parte order or the execution of a certificate for involuntary examination by an authorized professional and to transport that person to the nearest receiving facility for examination, unless the transportation exception plan developed pursuant to subsection (4) authorizes law enforcement to transport the individual to another receiving facility. The designated law enforcement agency may decline to transport the person to a receiving facility only if:

1. The jurisdiction designated by the county has contracted on an annual basis with an emergency medical transport service or private transport company for transportation of persons to receiving facilities pursuant to this section at the sole cost of the county; and

2. The law enforcement agency and the emergency medical transport service or private transport company agree that the continued presence of law enforcement personnel is not necessary for the safety of the person or others.

3. The jurisdiction designated by the county may seek reimbursement for transportation expenses. The party responsible

for payment for such transportation is the person receiving the transportation. The county shall seek reimbursement from the following sources in the following order:

a. From an insurance company, health care corporation, or other source, if the person receiving the transportation is covered by an insurance policy or subscribes to a health care corporation or other source for payment of such expenses.

b. From the person receiving the transportation.

c. From a financial settlement for medical care, treatment, hospitalization, or transportation payable or accruing to the injured party.

(b) Any company that transports a patient pursuant to this subsection is considered an independent contractor and is solely liable for the safe and dignified transportation of the patient. Such company must be insured and provide no less than $100,000 in liability insurance with respect to the transportation of patients.

(c) Any company that contracts with a governing board of a county to transport patients shall comply with the applicable rules of the department to ensure the safety and dignity of the patients.

(d) When a law enforcement officer takes custody of a person pursuant to this part, the officer may request assistance from emergency medical personnel if such assistance is needed for the safety of the officer or the person in custody.

(e) When a member of a mental health overlay program or a

mobile crisis response service is a professional authorized to initiate an involuntary examination pursuant to s. 394.463 and that professional evaluates a person and determines that transportation to a receiving facility is needed, the service, at its discretion, may transport the person to the facility or may call on the law enforcement agency or other transportation arrangement best suited to the needs of the patient.

(f) When any law enforcement officer has custody of a person based on either noncriminal or minor criminal behavior that meets the statutory guidelines for involuntary examination under this part, the law enforcement officer shall transport the person to the nearest receiving facility for examination, unless the transportation exception plan developed pursuant to subsection (4) authorizes law enforcement to transport the individual to another receiving facility.

(g) When any law enforcement officer has arrested a person for a felony and it appears that the person meets the statutory guidelines for involuntary examination or placement under this part, such person shall first be processed in the same manner as any other criminal suspect. The law enforcement agency shall thereafter immediately notify the nearest public receiving facility, which shall be responsible for promptly arranging for the examination and treatment of the person. A receiving facility is not required to admit a person charged with a crime for whom the facility determines and documents that it is unable to provide adequate security, but shall provide mental health

examination and treatment to the person where he or she is held.

(h) If the appropriate law enforcement officer believes that a person has an emergency medical condition as defined in s. 395.002, the person may be first transported to a hospital for emergency medical treatment, regardless of whether the hospital is a designated receiving facility.

(i) The costs of transportation, evaluation, hospitalization, and treatment incurred under this subsection by persons who have been arrested for violations of any state law or county or municipal ordinance may be recovered as provided in s. 901.35.

(j) The nearest receiving facility must accept persons brought by law enforcement officers for involuntary examination.

(k) Each law enforcement agency shall develop a memorandum of understanding with each receiving facility within the law enforcement agency's jurisdiction which reflects a single set of protocols for the safe and secure transportation of the person and transfer of custody of the person. These protocols must also address crisis intervention measures.

(l) When a jurisdiction has entered into a contract with an emergency medical transport service or a private transport company for transportation of persons to receiving facilities, such service or company shall be given preference for transportation of persons from nursing homes, assisted living facilities, adult day care centers, or adult family-care homes, unless the behavior of the person being transported is such that

transportation by a law enforcement officer is necessary.

(m) Nothing in this section shall be construed to limit emergency examination and treatment of incapacitated persons provided in accordance with the provisions of s. 401.445.

(2) TRANSPORTATION TO A TREATMENT FACILITY.—

(a) If neither the patient nor any person legally obligated or responsible for the patient is able to pay for the expense of transporting a voluntary or involuntary patient to a treatment facility, the governing board of the county in which the patient is hospitalized shall arrange for such required transportation and shall ensure the safe and dignified transportation of the patient. The governing board of each county is authorized to contract with private transport companies for the transportation of such patients to and from a treatment facility.

(b) Any company that transports a patient pursuant to this subsection is considered an independent contractor and is solely liable for the safe and dignified transportation of the patient. Such company must be insured and provide no less than $100,000 in liability insurance with respect to the transportation of patients.

(c) Any company that contracts with the governing board of a county to transport patients shall comply with the applicable rules of the department to ensure the safety and dignity of the patients.

(d) County or municipal law enforcement and correctional

personnel and equipment shall not be used to transport patients adjudicated incapacitated or found by the court to meet the criteria for involuntary placement pursuant to s. 394.467, except in small rural counties where there are no cost-efficient alternatives.

(3) TRANSFER OF CUSTODY.—Custody of a person who is transported pursuant to this part, along with related documentation, shall be relinquished to a responsible individual at the appropriate receiving or treatment facility.

(4) EXCEPTIONS.—

(a)1. Individual counties may develop transportation exception plans, and groups of nearby counties operating under a memorandum of understanding may develop shared transportation exception plans ~~An exception to the requirements of this section may be granted by the secretary of the department~~ for the purposes of improving service coordination or better meeting the special needs of individuals.

2. Such plans ~~A proposal for an exception~~ must be ~~submitted by the district administrator after being~~ approved by the counties' governing boards and by the managing entity prior to submission to the department, which must approve plans prior to implementation ~~of any affected counties, prior to submission to the secretary~~.

3. During the process provided in s. 394.9082(8) documenting the coordinated receiving system, each county shall evaluate whether use of a transportation exception plan would

enhance the functioning of the coordinated receiving system, and if so, shall develop a transportation exception plan or a shared transportation exception plan that is coordinated with the coordinated receiving system.

(a) A proposal for an exception must identify the specific provision from which an exception is requested; describe how the proposal will be implemented by participating law enforcement agencies and transportation authorities; and provide a plan for the coordination of services such as case management.

(b) The exception may be granted ~~only~~ for:

1. An arrangement centralizing and improving the provision of services ~~within a district~~, which may include an exception to the requirement for transportation to the nearest receiving facility;

2. An arrangement by which a facility may provide, in addition to required psychiatric services, an environment and services which are uniquely tailored to the needs of an identified group of persons with special needs, such as persons with hearing impairments or visual impairments, or elderly persons with physical frailties; or

3. A specialized transportation system that provides an efficient and humane method of transporting patients to receiving facilities, among receiving facilities, and to treatment facilities.

(c) Any exception approved pursuant to this subsection shall be reviewed and approved every 5 years by the secretary.

Section 4. Paragraph (b) of subsection (6) of section 394.467, Florida Statutes, is amended to read:

394.467 Involuntary inpatient placement.—

(6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

(b) If the court concludes that the patient meets the criteria for involuntary inpatient placement, it shall order that the patient be transferred to a treatment facility or, if the patient is at a treatment facility, that the patient be retained there or be treated at any other appropriate receiving or treatment facility, or that the patient receive services from a receiving or treatment facility, on an involuntary basis, for a period of up to 6 months. The order shall specify the nature and extent of the patient's mental illness. The court may not order an individual with traumatic brain injury or dementia who lacks a co-occurring mental illness to be involuntarily placed in a state treatment facility. The facility shall discharge a patient any time the patient no longer meets the criteria for involuntary inpatient placement, unless the patient has transferred to voluntary status.

Section 5. Section 394.656, Florida Statutes, is amended to read:

394.656 Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program.—

(1) There is created within the Department of Children and Families the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program. The purpose of the program is

to provide funding to counties with which they can plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems.

(2) The department shall establish a Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Policy ~~Review~~ Committee. The committee shall include:

(a) One representative of the Department of Children and Families;

(b) One representative of the Department of Corrections;

(c) One representative of the Department of Juvenile Justice;

(d) One representative of the Department of Elderly Affairs; ~~and~~

(e) One representative of the Office of the State Courts Administrator;

(f) One representative of the Department of Veterans' Affairs;

(g) One representative of the Florida Sheriffs Association;

(h) One representative of the Florida Police Chiefs Association;

(i) One representative of the Florida Association of Counties;

(j) One representative of the Florida Alcohol and Drug Abuse Association;

(k) One representative of the Florida Association of Managing Entities;

(l) One representative of the Florida Council for Community Mental Health;

(m) One representative of the Florida Prosecuting Attorneys Association;

(n) One representative of the Florida Public Defender Association; and

(o) One administrator of a state-licensed limited mental health assisted living facility.

(3) The committee shall serve as the advisory body to review policy and funding issues that help reduce the impact of persons with mental illnesses and substance use disorders on communities, criminal justice agencies, and the court system. The committee shall advise the department in selecting priorities for grants and investing awarded grant moneys.

(4) The department shall create a grant review and selection committee that has experience in substance use and mental health disorders, community corrections, and law enforcement. To the extent possible, the ~~members of the~~ committee shall have expertise in ~~grant writing,~~ grant reviewing~~,~~ and grant application scoring.

(5) ~~(3)~~ (a) A county, or not-for-profit community provider or managing entity designated by the county planning council or committee, as described in s. 394.657, may apply for a 1-year planning grant or a 3-year implementation or expansion grant. The purpose of the grants is to demonstrate that investment in treatment efforts related to mental illness, substance abuse disorders, or co-occurring mental health and substance abuse disorders results in a reduced demand on the resources of the judicial, corrections, juvenile detention, and health and social services systems.

(b) To be eligible to receive a 1-year planning grant or a 3-year implementation or expansion grant: ~~,~~

1. A county applicant must have a ~~county~~ planning council or committee that is in compliance with the membership requirements set forth in this section.

2. A not-for-profit community provider or managing entity must be designated by the county planning council or committee and have written authorization to submit an application. A not-for-profit community provider or managing entity must have written authorization for each application it submits.

(c) The department may award a 3-year implementation or expansion grant to an applicant who has not received a 1-year planning grant.

(d) The department may require an applicant to conduct sequential intercept mapping for a project. For purposes of this paragraph, the term "sequential intercept mapping" means a

process for reviewing a local community's mental health, substance abuse, criminal justice, and related systems and identifying points of interceptions where interventions may be made to prevent an individual with a substance use disorder or mental illness from deeper involvement in the criminal justice system.

(6) ~~(4)~~ The grant review and selection committee shall select the grant recipients and notify the department ~~of Children and Families~~ in writing of the recipients' names ~~of the applicants who have been selected by the committee to receive a grant~~. Contingent upon the availability of funds and upon notification by the grant review and selection committee of those applicants approved to receive planning, implementation, or expansion grants, the department ~~of Children and Families~~ may transfer funds appropriated for the grant program to a selected grant recipient ~~any county awarded a grant~~.

Section 6. Section 394.761, Florida Statutes, is created to read:

394.761 Revenue maximization.—The agency and the department shall develop a plan to obtain federal approval for increasing the availability of federal Medicaid funding for behavioral health care. Increased funding will be used to advance the goal of improved integration of behavioral health and primary care services for individuals eligible for Medicaid through development and effective implementation of coordinated behavioral health systems of care as described in s. 394.9082.

The agency and the department shall submit the written plan to the President of the Senate and the Speaker of the House of Representatives by November 1, 2016. The plan shall identify the amount of general revenue funding appropriated for mental health and substance abuse services which is eligible to be used as state Medicaid match. The plan must evaluate alternative uses of increased Medicaid funding, including seeking Medicaid eligibility for the severely and persistently mentally ill or persons with substance use disorder, increased reimbursement rates for behavioral health services, adjustments to the capitation rate for Medicaid enrollees with chronic mental illness and substance use disorders, supplemental payments to mental health and substance abuse providers through a designated state health program or other mechanisms, and innovative programs to provide incentives for improved outcomes for behavioral health conditions. The plan shall identify the advantages and disadvantages of each alternative and assess the potential of each for achieving improved integration of services. The plan shall identify the types of federal approvals necessary to implement each alternative and project a timeline for implementation.

Section 7. Paragraph (a) of subsection (1) of section 394.875, Florida Statutes, is amended to read:

394.875 Crisis stabilization units, residential treatment facilities, and residential treatment centers for children and adolescents; authorized services; license required.—

(1)(a) The purpose of a crisis stabilization unit is to stabilize and redirect a client to the most appropriate and least restrictive community setting available, consistent with the client's needs. Crisis stabilization units may screen, assess, and admit for stabilization persons who present themselves to the unit and persons who are brought to the unit under s. 394.463. Clients may be provided 24-hour observation, medication prescribed by a physician or psychiatrist, and other appropriate services. Crisis stabilization units shall provide services regardless of the client's ability to pay ~~and shall be limited in size to a maximum of 30 beds~~.

Section 8. Effective upon this act becoming a law, section 394.9082, Florida Statutes, is amended to read:

394.9082 Behavioral health managing entities.—

(1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds that untreated behavioral health disorders constitute major health problems for residents of this state, are a major economic burden to the citizens of this state, and substantially increase demands on the state's juvenile and adult criminal justice systems, the child welfare system, and health care systems. The Legislature finds that behavioral health disorders respond to appropriate treatment, rehabilitation, and supportive intervention. The Legislature finds that the state's return on its ~~it has made a substantial long-term~~ investment in the funding of the community-based behavioral health prevention and treatment service systems and facilities can be enhanced for

individuals also served by Medicaid through integration of these services with primary care and for individuals not served by Medicaid through coordination of these services with primary care ~~in order to provide critical emergency, acute care, residential, outpatient, and rehabilitative and recovery-based services~~. The Legislature finds that local communities have also made substantial investments in behavioral health services, contracting with safety net providers who by mandate and mission provide specialized services to vulnerable and hard-to-serve populations and have strong ties to local public health and public safety agencies. The Legislature finds that a regional management structure that facilitates a comprehensive and cohesive system of coordinated care for ~~places the responsibility for publicly financed~~ behavioral health treatment and prevention services ~~within a single private, nonprofit entity at the local level~~ will improve ~~promote improved~~ access to care, promote service continuity, and provide for more efficient and effective delivery of substance abuse and mental health services. The Legislature finds that streamlining administrative processes will create cost efficiencies and provide flexibility to better match available services to consumers' identified needs.

(2) DEFINITIONS.—As used in this section, the term:

(a) "Behavioral health services" means mental health services and substance abuse prevention and treatment services as defined in this chapter and chapter 397 which are provided

using local match, state and federal funds.

(b) "Coordinated behavioral health system of care" means a system of care that has earned designation by the department as having achieved the standards required in subsection (8). ~~"Decisionmaking model" means a comprehensive management information system needed to answer the following management questions at the federal, state, regional, circuit, and local provider levels: who receives what services from which providers with what outcomes and at what costs?~~

(c) "Geographic area" means one or more contiguous counties, circuits ~~a county, circuit, regional~~, or regions as described in s. 409.966 ~~multiregional area in this state~~.

(d) "Managed behavioral health organization" means a Medicaid managed care organization currently under contract with the Medicaid managed medical assistance program in this state pursuant to part IV of chapter 409, including a managed care organization operating as a behavioral health specialty plan.

(e) ~~(d)~~ "Managing entity" means a corporation that is selected by ~~organized in this state, is designated or filed as a nonprofit organization under s. 501(c)(3) of the Internal Revenue Code, and is under contract to~~ the department to execute the administrative duties specified in this section to facilitate the ~~manage the day-to-day operational~~ delivery of behavioral health services through a coordinated behavioral health ~~an organized~~ system of care.

(f) ~~(e)~~ "Provider network ~~networks~~" means ~~mean~~ the direct

service agencies ~~that are~~ under contract with a managing entity to provide behavioral health services. The provider network may also include noncontracted providers as partners in the delivery of coordinated care and ~~that together constitute~~ a comprehensive array of emergency, acute care, residential, outpatient, recovery support, and consumer support services.

(g) "Subregion" means a distinct portion of a managing entity's geographic region defined by unifying service and provider utilization patterns.

~~(3) SERVICE DELIVERY STRATEGIES.—The department may work through managing entities to develop service delivery strategies that will improve the coordination, integration, and management of the delivery of behavioral health services to people who have mental or substance use disorders. It is the intent of the Legislature that a well-managed service delivery system will increase access for those in need of care, improve the coordination and continuity of care for vulnerable and high-risk populations, and redirect service dollars from restrictive care settings to community-based recovery services.~~

(3)~~(4)~~ CONTRACT FOR SERVICES.—

(a)1. The department shall ~~may~~ contract ~~for the purchase and management of behavioral health services~~ with not-for-profit community-based organizations with competence in managing networks of providers serving persons with mental health and substance use disorders to serve as managing entities. However, if fewer than two responsive bids are received to a solicitation

for a managing entity contract, the department shall reissue the solicitation and managed behavioral health organizations shall also be eligible to bid and contract. ~~The department may require a managing entity to contract for specialized services that are not currently part of the managing entity's network if the department determines that to do so is in the best interests of consumers of services. The secretary shall determine the schedule for phasing in contracts with managing entities. The managing entities shall, at a minimum, be accountable for the operational oversight of the delivery of behavioral health services funded by the department and for the collection and submission of the required data pertaining to these contracted services.~~

2. The department shall require all contractors serving as managing entities to operate under the same data reporting, administrative, and administrative rate requirements, regardless of whether the managing entity is for profit or not for profit.

(b) A managing entity shall serve a geographic area designated by the department. The geographic area must be of sufficient size in population, funding, and services ~~and have enough public funds for behavioral health services~~ to allow for flexibility and ~~maximum~~ efficiency.

~~(b) The operating costs of the managing entity contract shall be funded through funds from the department and any savings and efficiencies achieved through the implementation of managing entities when realized by their participating provider~~

~~network agencies. The department recognizes that managing entities will have infrastructure development costs during start-up so that any efficiencies to be realized by providers from consolidation of management functions, and the resulting savings, will not be achieved during the early years of operation. The department shall negotiate a reasonable and appropriate administrative cost rate with the managing entity. The Legislature intends that reduced local and state contract management and other administrative duties passed on to the managing entity allows funds previously allocated for these purposes to be proportionately reduced and the savings used to purchase the administrative functions of the managing entity. Policies and procedures of the department for monitoring contracts with managing entities shall include provisions for eliminating duplication of the department's and the managing entities' contract management and other administrative activities in order to achieve the goals of cost-effectiveness and regulatory relief. To the maximum extent possible, provider-monitoring activities shall be assigned to the managing entity.~~

~~(c) Contracting and payment mechanisms for services must promote clinical and financial flexibility and responsiveness and must allow different categorical funds to be integrated at the point of service. The contracted service array must be determined by using public input, needs assessment, and evidence-based and promising best practice models. The department may employ care management methodologies, prepaid~~

~~capitation, and case rate or other methods of payment which promote flexibility, efficiency, and accountability.~~

(c) Duties of the managing entity include:

1. Serving as the leader in its geographic area in behavioral health services provision, encouraging collaboration and coordination among its provider network, the local governments, community partners, and other systems involved in meeting the mental health and substance abuse prevention, assessment, stabilization, treatment, and recovery support needs of the population within its geographic area;

2. Assessing community needs for behavioral health services and determining the optimal array of services to meet those needs within available resources, including, but not limited to, those services provided in subsection (6);

3. Contracting with providers to provide services to address community needs;

4. Monitoring provider performance through application of nationally recognized standards;

5. Collecting and reporting data, including use of a unique identifier developed by the department to facilitate consumer care coordination, and using such data to continually improve the behavioral health system of care;

6. Facilitating effective provider relationships and arrangements that support coordinated service delivery and continuity of care, including relationships and arrangements with those other systems with which individuals with behavioral

health needs interact;

7. Continually working independently and in collaboration with stakeholders, including, but not limited to, local government, to improve access to and effectiveness, quality, and outcomes of behavioral health services and the managing entity behavioral health system of care, through means, including, but not limited to, facilitating the dissemination and use of evidence-informed practices;

8. Assisting local providers with securing local matching funds, if appropriate; and

9. Administrative and fiscal management duties necessary to comply with federal requirements for the Substance Abuse and Mental Health Services grant.

(h) The contract terms shall require that when the contractor serving as the managing entity changes, the department shall develop and implement a transition plan that ensures continuity of care for patients receiving behavioral health services.

(i) When necessary due to contract termination or the expiration of the allowable contract term, the department shall issue an invitation to negotiate in order to select an organization to serve as a managing entity pursuant to paragraph (a). The department shall consider the input and recommendations of the provider network and community stakeholders when selecting a new contractor. The invitation to negotiate shall specify the criteria and the relative weight of the criteria

that will be used in selecting the new contractor. The department must consider all of the following factors:

1. Experience serving persons with mental health and substance use disorders.

2. Establishment of community partnerships with behavioral health providers.

3. Demonstrated organizational capabilities for network management functions.

4. Capability to coordinate behavioral health with primary care services.

(4) ~~(5)~~ GOALS.—The department must develop and enforce measureable outcome standards that address the following goals ~~goal of the service delivery strategies is to provide a design for an effective coordination, integration, and management approach for delivering effective behavioral health services to persons who are experiencing a mental health or substance abuse crisis, who have a disabling mental illness or a substance use or co-occurring disorder, and require extended services in order to recover from their illness, or who need brief treatment or longer-term supportive interventions to avoid a crisis or disability. Other goals include~~:

(a) The provider network in the region delivers effective, quality services that are evidence-informed, coordinated, and integrated with programs such as vocational rehabilitation, education, child welfare, juvenile justice, and criminal justice, and coordinated with primary care services.

(b) The scope of the behavioral health system of care as provided in subsection (6) is continually enhanced as resources become available.

(c) ~~(a)~~ Behavioral health services are accountable to the public and responsive to local needs ~~Improving accountability for a local system of behavioral health care services to meet performance outcomes and standards through the use of reliable and timely data~~.

(d) ~~(b)~~ Interactions and relationships among members of the provider network are supported and facilitated by the managing entity through such means as the sharing of data and information in order to effectively coordinate services and provide continuity of care for priority populations ~~Enhancing the continuity of care for all children, adolescents, and adults who enter the publicly funded behavioral health service system~~.

~~(c) Preserving the "safety net" of publicly funded behavioral health services and providers, and recognizing and ensuring continued local contributions to these services, by establishing locally designed and community-monitored systems of care.~~

~~(d) Providing early diagnosis and treatment interventions to enhance recovery and prevent hospitalization.~~

~~(e) Improving the assessment of local needs for behavioral health services.~~

~~(f) Improving the overall quality of behavioral health services through the use of evidence-based, best practice, and~~

~~promising practice models.~~

~~(g) Demonstrating improved service integration between behavioral health programs and other programs, such as vocational rehabilitation, education, child welfare, primary health care, emergency services, juvenile justice, and criminal justice.~~

~~(h) Providing for additional testing of creative and flexible strategies for financing behavioral health services to enhance individualized treatment and support services.~~

~~(i) Promoting cost-effective quality care.~~

~~(j) Working with the state to coordinate admissions and discharges from state civil and forensic hospitals and coordinating admissions and discharges from residential treatment centers.~~

~~(k) Improving the integration, accessibility, and dissemination of behavioral health data for planning and monitoring purposes.~~

~~(l) Promoting specialized behavioral health services to residents of assisted living facilities.~~

~~(m) Working with the state and other stakeholders to reduce the admissions and the length of stay for dependent children in residential treatment centers.~~

~~(n) Providing services to adults and children with co-occurring disorders of mental illnesses and substance abuse problems.~~

~~(o) Providing services to elder adults in crisis or at-~~

~~risk for placement in a more restrictive setting due to a serious mental illness or substance abuse.~~

(6) BEHAVIORAL HEALTH SYSTEM OF CARE ~~ESSENTIAL~~ ELEMENTS. ~~It is the intent of the Legislature that the department may plan for and enter into contracts with managing entities to manage care in geographical areas throughout the state.~~

(a) A behavioral health system of care includes the following elements, which may be funded by the managing entity to the extent allowed by resources, or by other entities:

1. A coordinated receiving system. The goal of the coordinated receiving system is providing the most effective and timely care to the greatest number of individuals. It shall consist of providers and systems involved in addressing acute behavioral health care needs, including at a minimum a central receiving facility, if one exists, or other facilities performing acute behavioral health care triaging functions for the community, crisis stabilization units, detoxification units, addiction receiving facilities, hospitals, and law enforcement serving the county, which have written agreements and system-wide operational policies documenting coordinated methods of triage, diversion, and acute behavioral health care provision.

2. Case management.

3. Consumer care coordination. To the extent allowed by available resources, the managing entity shall provide for consumer care coordination to facilitate the appropriate delivery of behavioral health care services in the least

restrictive setting based on standardized level of care determinations, recommendations by a treating practitioner, and the needs of the consumer and his or her family, as appropriate. In addition to treatment services, consumer care coordination shall address the recovery support needs of the consumer and shall involve coordination with other local systems and entities, public and private, which are involved with the consumer, such as primary health care, child welfare, behavioral health care, and criminal and juvenile justice organizations. Consumer care coordination shall be provided to populations in the following order of priority:

a.(I) Individuals with serious mental illness or substance use disorders who have experienced multiple arrests, involuntary commitments, admittances to a state mental health treatment facility, or episodes of incarceration or have been placed on conditional release for a felony or violated a condition of probation multiple times as a result of their behavioral health condition.

(II) Individuals in state treatment facilities who are on the wait list for community-based care.

b.(I) Individuals in receiving facilities or crisis stabilization units who are on the wait list for a state treatment facility.

(II) Children who are involved in the child welfare system but are not in out-of-home care, except that the community-based care lead agency shall remain responsible for services required

pursuant to s. 409.988.

(III) Parents or caretakers of children who are involved in the child welfare system and individuals who account for a disproportionate amount of behavioral health expenditures.

c. Other individuals eligible for services.

4. Outpatient services.

5. Residential services.

6. Hospital inpatient care.

7. Aftercare and other postdischarge services.

8. Recovery support, including, but not limited to, support for competitive employment, educational attainment, independent living skills development, family support and education, wellness management and self-care, and assistance in obtaining housing that meets the individual's needs. Such housing includes mental health residential treatment facilities, limited mental health assisted living facilities, adult family care homes, and supportive housing. Housing provided using state funds must provide a safe and decent environment free from abuse and neglect. The care plan shall assign specific responsibility for initial and ongoing evaluation of the supervision and support needs of the individual and the identification of housing that meets such needs. For purposes of this subparagraph, the term "supervision" means oversight of and assistance with compliance with the clinical aspects of an individual's care plan.

9. Medical services necessary for coordination of

behavioral health services with primary care.

10. Prevention and outreach services.

11. Medication-assisted treatment.

~~The managing entity must demonstrate the ability of its network of providers to comply with the pertinent provisions of this chapter and chapter 397 and to ensure the provision of comprehensive behavioral health services. The network of providers must include, but need not be limited to, community mental health agencies, substance abuse treatment providers, and best practice consumer services providers.~~

~~(b) The department shall terminate its mental health or substance abuse provider contracts for services to be provided by the managing entity at the same time it contracts with the managing entity.~~

~~(c) The managing entity shall ensure that its provider network is broadly conceived. All mental health or substance abuse treatment providers currently under contract with the department shall be offered a contract by the managing entity.~~

~~(d) The department may contract with managing entities to provide the following core functions:~~

~~1. Financial accountability.~~

~~2. Allocation of funds to network providers in a manner that reflects the department's strategic direction and plans.~~

~~3. Provider monitoring to ensure compliance with federal and state laws, rules, and regulations.~~

~~4. Data collection, reporting, and analysis.~~

~~5. Operational plans to implement objectives of the department's strategic plan.~~

~~6. Contract compliance.~~

~~7. Performance management.~~

~~8. Collaboration with community stakeholders, including local government.~~

~~9. System of care through network development.~~

~~10. Consumer care coordination.~~

~~11. Continuous quality improvement.~~

~~12. Timely access to appropriate services.~~

~~13. Cost-effectiveness and system improvements.~~

~~14. Assistance in the development of the department's strategic plan.~~

~~15. Participation in community, circuit, regional, and state planning.~~

~~16. Resource management and maximization, including pursuit of third-party payments and grant applications.~~

~~17. Incentives for providers to improve quality and access.~~

~~18. Liaison with consumers.~~

~~19. Community needs assessment.~~

~~20. Securing local matching funds.~~

(b) ~~(c)~~ The managing entity shall ensure that written cooperative agreements are developed and implemented among the criminal and juvenile justice systems, the local community-based care network, and the local behavioral health providers in the

geographic area which define strategies and alternatives for diverting people who have mental illness and substance abuse problems from the criminal justice system to the community. These agreements must also address the provision of appropriate services to persons who have behavioral health problems and leave the criminal justice system. The managing entity shall work with the civil court system to develop procedures for the evaluation and use of involuntary outpatient placement for individuals as a strategy for diverting future admissions to acute levels of care, jails, prisons, and forensic facilities, subject to the availability of funding for services.

(c) The managing entity shall enter into cooperative agreements with local homeless councils and organizations to allow the sharing of available resource information, shared client information, client referral services, and any other data or information that may be useful in addressing the homelessness of persons suffering from a behavioral health crisis.

(d) ~~(f)~~ Managing entities must collect and submit data to the department regarding persons served, outcomes of persons served, ~~and the~~ costs of services provided through the department's contract, and other data as required by the department. The department shall evaluate managing entity services and the overall progress made by the managing entity, together with other systems, in meeting the community's behavioral health needs, based on consumer-centered outcome measures that reflect national standards, if possible, and that

can dependably be measured. The department shall work with managing entities to establish performance standards related to:

1. The extent to which individuals in the community receive services.

2. The improvement in the overall behavioral health of a community.

3. The improvement in functioning or progress in the recovery of individuals served through care coordination, as determined using person-centered measures tailored to the population ~~of quality of care for individuals served~~.

4.~~3.~~ The success of strategies to divert admissions to acute levels of care, jails, prisons, and forensic facilities as measured by, at a minimum, the total number and percentage of clients who, during a specified period, experience multiple admissions to acute levels of care, jails, prisons, or forensic facilities ~~jail, prison, and forensic facility admissions~~.

5.~~4.~~ Consumer and family satisfaction.

6.~~5.~~ The satisfaction of key community constituents such as law enforcement agencies, juvenile justice agencies, the courts, the schools, local government entities, hospitals, and others as appropriate for the geographical area of the managing entity.

~~(g) The Agency for Health Care Administration may establish a certified match program, which must be voluntary. Under a certified match program, reimbursement is limited to the federal Medicaid share to Medicaid-enrolled strategy~~

~~participants. The agency may take no action to implement a certified match program unless the consultation provisions of chapter 216 have been met. The agency may seek federal waivers that are necessary to implement the behavioral health service delivery strategies.~~

(7) MANAGING ENTITY REQUIREMENTS.—The department may adopt rules and contractual standards related to ~~and a process for~~ the qualification and operation of managing entities which are based, in part, on the following criteria:

(a) By September 30, 2016, for managing entities under contract as of July 1, 2016, and within three months after the execution of the contract for managing entities procured after July 1, 2016, the department must verify:

1. If the managing entity is not a managed behavioral health organization, that the governing board is ~~A managing entity's governance structure shall be~~ representative and ~~shall~~, at a minimum, includes ~~include~~ consumers and family members, ~~appropriate community~~ local governments, area law enforcement agencies, business leaders, ~~stakeholders and organizations,~~ ~~and~~ providers of substance abuse and mental health services as defined in this chapter and chapter 397, community-based care lead agency representatives, and representatives of health care facilities. The managing entity must create a transparent process for nomination and selection of board members and must adopt a procedure for establishing staggered term limits. ~~If there are one or more private-receiving facilities in the~~

~~geographic coverage area of a managing entity, the managing entity shall have one representative for the private-receiving facilities as an ex officio member of its board of directors.~~

2. If the managing entity is a managed behavioral health organization, it must establish an advisory board that meet the same requirements as the governing board in subparagraph 1. The duties of the advisory board shall include, but are not limited to, making recommendations to the department about the renewal of the managing entity contract or the award of a new contract to the managing entity.

~~(b) A managing entity that was originally formed primarily by substance abuse or mental health providers must present and demonstrate a detailed, consensus approach to expanding its provider network and governance to include both substance abuse and mental health providers.~~

(b) ~~(c)~~ A managing entity must submit a network management plan and budget in a form and manner determined by the department. ~~The plan must detail the means for implementing the duties to be contracted to the managing entity and the efficiencies to be anticipated by the department as a result of executing the contract.~~ The department may require modifications to the plan and must approve the plan before contracting with a managing entity.

1. Provider participation in the network is subject to credentials and performance standards set by the managing entity. The department may not require the managing entity to

conduct provider network procurements in order to select providers. However, the managing entity shall have a process for publicizing opportunities to participate in its network, evaluating new participants for inclusion in its network, and evaluating current providers to determine whether they should remain network participants. This process shall be posted on the managing entity's website.

2. The network management plan and provider contracts, at a minimum, shall provide for managing entity and provider involvement to ensure continuity of care for clients if a provider ceases to provide a service or leaves the provider network. ~~The department may contract with a managing entity that demonstrates readiness to assume core functions, and may continue to add functions and responsibilities to the managing entity's contract over time as additional competencies are developed as identified in paragraph (g). Notwithstanding other provisions of this section, the department may continue and expand managing entity contracts if the department determines that the managing entity meets the requirements specified in this section.~~

~~(d) Notwithstanding paragraphs (b) and (c), a managing entity that is currently a fully integrated system providing mental health and substance abuse services, Medicaid, and child welfare services is permitted to continue operating under its current governance structure as long as the managing entity can demonstrate to the department that consumers, other~~

~~stakeholders, and network providers are included in the planning process.~~

(c) ~~(e)~~ Managing entities shall operate in a transparent manner, providing public access to information, notice of meetings, and opportunities for broad public participation in decisionmaking. The managing entity's network management plan must detail policies and procedures that ensure transparency.

(d) ~~(f)~~ Before contracting with a managing entity, the department must perform an onsite readiness review of a managing entity to determine its operational capacity to satisfactorily perform the duties to be contracted.

(e) ~~(g)~~ The department shall engage community stakeholders, including providers and managing entities under contract with the department, in the development of objective standards to measure the competencies of managing entities and their readiness to assume the responsibilities described in this section, and the outcomes to hold them accountable.

~~(8) DEPARTMENT RESPONSIBILITIES.—With the introduction of managing entities to monitor department-contracted providers' day-to-day operations, the department and its regional and circuit offices will have increased ability to focus on broad systemic substance abuse and mental health issues. After the department enters into a managing entity contract in a geographic area, the regional and circuit offices of the department in that area shall direct their efforts primarily to monitoring the managing entity contract, including negotiation~~

~~of system quality improvement goals each contract year, and review of the managing entity's plans to execute department strategic plans; carrying out statutorily mandated licensure functions; conducting community and regional substance abuse and mental health planning; communicating to the department the local needs assessed by the managing entity; preparing department strategic plans; coordinating with other state and local agencies; assisting the department in assessing local trends and issues and advising departmental headquarters on local priorities; and providing leadership in disaster planning and preparation.~~

(8) COORDINATED BEHAVIORAL HEALTH SYSTEM OF CARE DESIGNATION AND COMMUNITY PLANNING.

(a) 1. Managing entities earn the coordinated behavioral health system of care designation by developing and implementing plans to facilitate their network providers working together seamlessly with each other, their community partners, and systems such as child welfare, criminal justice, and Medicaid, to use resources in a highly cost-effective manner to improve outcomes for individuals with mental illness and substance use disorders and enhance the overall behavioral health of the community.

2. Managing entities shall develop the plans in a collaborative manner, and all such entities licensed or funded by the department, licensed or funded by the Agency for Health Care Administration, or funded or operated by the Department of

Health shall cooperate with the development and implementation of the plan, as requested by the managing entity. The plans shall at a minimum: involve the implementation of written agreements that define common protocols for intake and assessment; create methods of data and information sharing; institute joint operational procedures; provide for integrated care planning and case management; and initiate cooperative evaluation procedures. Plans shall address coordination within and between the following major subsystems within the behavioral health system of care, and by subregion if appropriate:

a. Prevention and diversion.

b. Coordinated receiving system or systems as provided in subparagraph (6)(a)1. The managing entity shall involve all appropriate providers and systems involved in addressing the county's acute behavioral health care needs in planning related to the coordinated receiving system.

c. Treatment and recovery support.

3. The plan shall also address coordination between the behavioral health system of care and systems such as the child welfare system, criminal justice system, and Medicaid system.

(b) For managing entities under contract as of July 1, 2016:

1. By November 30, 2016, the department must define the measurable minimum standards for a managing entity to earn the coordinated behavioral health system of care designation.

2. By June 30, 2017, each managing entity must submit its

plan to the department for earning the coordinated behavioral health system of care designation. Each plan shall provide an assessment of the current status of the managing entity's behavioral health system of care, by subsystem identified in subparagraph (a)2. and as a full system, and by subregion, and describe the strategies, action steps, timelines, and measurable standards for earning such designation. The department may request revisions to managing entities' plans but must approve them by September 30, 2017. By September 30, 2018, and September 30, 2019, the managing entity shall provide an update to its plan depicting its current status and progress during the previous fiscal year to the department. The department shall provide all final plans and updates to the Governor, President of the Senate, and Speaker of the House of Representatives.

3. By October 31, 2019, the department must determine whether the managing entity has earned the coordinated behavioral health system of care designation. Notwithstanding ch. 287, the department may renew the contract of a managing entity which earns the coordinated behavioral health system of care designation within the required timeframe even if the contract provisions do not allow an additional renewal, provided other contract requirements and performance standards are met.

(c) Managing entities whose initial contract with the state is executed after July 1, 2016, shall be required to earn coordinated behavioral health system of care designation within three years of the contract execution date. The managing entity

shall submit plans and reports on its current status and progress in earning this designation as required by the department. Notwithstanding ch. 287, the department may renew the contract of a managing entity which earns the coordinated behavioral health system of care designation within the required timeframe even if the contract provisions do not allow an additional renewal, provided other contract requirements and performance standards are met.

(d) After earning the coordinated behavioral health system of care designation, the managing entity must maintain this designation by documenting the ongoing use and continuous improvement of the coordination methods specified in the written agreements.

(e) By February 1, 2018, and annually by February 1 thereafter, each managing entity shall develop and submit to the department a plan for phased enhancement of the subsystems described in paragraph (a)2., by subregion of the managing entity's service area, if appropriate, based on the assessed behavioral health care needs of the subregion and system gaps. If the plan recommends additional funding, for each recommended use of funds, the enhancement plan must detail at a minimum the specific need that would be met, the specific services that would be purchased, the benefit of the service, the projected cost, and number of individuals projected to be served and any other information indicating estimated benefit to the community. The managing entity shall involve consumers and their family

members, local government, law enforcement, providers, community partners, and other stakeholders in developing this plan. Individual sections of the plan shall address:

1. The acute behavioral health care subsystem and shall give consideration to evidence-based, evidence-informed, and innovative practices for diverting individuals from the acute behavioral health care system and addressing their needs once in the system in the most effective and cost-effective manner.

2. The treatment and recovery support subsystem and shall emphasize the provision of care coordination to priority populations and the use of recovery-oriented, peer-involved approaches.

3. Coordination between the behavioral health system of care and other systems and shall give consideration to approaches to enhancing this coordination.

(9) FUNDING FOR MANAGING ENTITIES.—

(a) A contract established between the department and a managing entity under this section shall be funded by general revenue, other applicable state funds, or applicable federal funding sources. A managing entity may carry forward documented unexpended state funds from one fiscal year to the next; however, the cumulative amount carried forward may not exceed 8 percent of the total contract. Any unexpended state funds in excess of that percentage must be returned to the department. The funds carried forward may not be used in a way that would create increased recurring future obligations or for any program

or service that is not currently authorized under the existing contract with the department. Expenditures of funds carried forward must be separately reported to the department. Any unexpended funds that remain at the end of the contract period shall be returned to the department. Funds carried forward may be retained through contract renewals and new procurements as long as the same managing entity is retained by the department.

(b) The method of payment for a fixed-price contract with a managing entity must provide for a 2-month advance payment at the beginning of each fiscal year and equal monthly payments thereafter.

(9) ~~(10)~~ CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.—The department shall develop, implement, and maintain standards under which a managing entity shall collect utilization data from all public receiving facilities situated within its geographic service area. As used in this subsection, the term "public receiving facility" means an entity that meets the licensure requirements of and is designated by the department to operate as a public receiving facility under s. 394.875 and that is operating as a licensed crisis stabilization unit.

(a) The department shall develop standards and protocols for managing entities and public receiving facilities to be used for data collection, storage, transmittal, and analysis. The standards and protocols must allow for compatibility of data and data transmittal between public receiving facilities, managing

entities, and the department for the implementation and requirements of this subsection. ~~The department shall require managing entities contracted under this section to comply with this subsection by August 1, 2015.~~

(b) A managing entity shall require a public receiving facility within its provider network to submit data, in real time or at least daily, to the managing entity for:

1. All admissions and discharges of clients receiving public receiving facility services who qualify as indigent, as defined in s. 394.4787; and

2. Current active census of total licensed beds, the number of beds purchased by the department, the number of clients qualifying as indigent occupying those beds, and the total number of unoccupied licensed beds regardless of funding.

(c) A managing entity shall require a public receiving facility within its provider network to submit data, on a monthly basis, to the managing entity which aggregates the daily data submitted under paragraph (b). The managing entity shall reconcile the data in the monthly submission to the data received by the managing entity under paragraph (b) to check for consistency. If the monthly aggregate data submitted by a public receiving facility under this paragraph is inconsistent with the daily data submitted under paragraph (b), the managing entity shall consult with the public receiving facility to make corrections as necessary to ensure accurate data.

(d) A managing entity shall require a public receiving

facility within its provider network to submit data, on an annual basis, to the managing entity which aggregates the data submitted and reconciled under paragraph (c). The managing entity shall reconcile the data in the annual submission to the data received and reconciled by the managing entity under paragraph (c) to check for consistency. If the annual aggregate data submitted by a public receiving facility under this paragraph is inconsistent with the data received and reconciled under paragraph (c), the managing entity shall consult with the public receiving facility to make corrections as necessary to ensure accurate data.

(e) After ensuring accurate data under paragraphs (c) and (d), the managing entity shall submit the data to the department on a monthly and an annual basis. The department shall create a statewide database for the data described under paragraph (b) and submitted under this paragraph for the purpose of analyzing the payments for and the use of crisis stabilization services funded by the Baker Act on a statewide basis and on an individual public receiving facility basis.

(f) The department shall adopt rules to administer this subsection.

(g) The department shall submit a report by January 31, 2016, and annually thereafter, to the Governor, the President of the Senate, and the Speaker of the House of Representatives which provides details on the implementation of this subsection, including the status of the data collection process and a

detailed analysis of the data collected under this subsection.

~~(11) REPORTING.—Reports of the department's activities, progress, and needs in achieving the goal of contracting with managing entities in each circuit and region statewide must be submitted to the appropriate substantive and appropriations committees in the Senate and the House of Representatives on January 1 and July 1 of each year until the full transition to managing entities has been accomplished statewide.~~

(10) ~~(12)~~ RULES.—The department may ~~shall~~ adopt rules to administer this section ~~and, as necessary, to further specify requirements of managing entities~~.

Section 9. Subsections (12) through (45) of section 397.311, Florida Statutes, are renumbered as subsections (13) through (46), and new subsection (12) is created, to read:

397.311 Definitions.—As used in this chapter, except part VIII, the term:

(12) "Informed consent" means consent voluntarily given in writing, by a competent person, after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion.

Section 10. Present subsections (4) through (14) of section 397.321, Florida Statutes, are renumbered as subsections (5) through (15), present subsection (15) is amended, and new sections (4) and (21) are created to read:

397.321 Duties of the department.—The department shall:

(4) Develop, implement, and maintain standards under which a managing entity shall collect utilization data from detoxification units and addictions receiving facilities under contract with the managing entity related to substance abuse services provided pursuant to parts IV and V of ch. 397. The standards must allow for data compatibility and data transmittal between licensed service providers, managing entities and the department. The department shall require managing entities contracted under this section to comply with this subsection by August 1, 2016.

(a) A managing entity shall require the submission of client-specific data, in real time or at least daily, to the managing entity for:

1. All admissions and discharges of clients receiving substance abuse services in an addiction receiving facility.

2. All admissions and discharges of clients receiving substance abuse services in a detoxification facility.

(b) A managing entity shall require each such provider to submit data, on a monthly basis, to the managing entity which aggregates the daily data submitted under subparagraph (a). The managing entity shall reconcile the data in the monthly submission to the data submitted under subparagraph (a) to check for consistency. If the monthly aggregate data submitted by a licensed service provider under this paragraph is inconsistent with the daily data submitted under paragraph (a), the managing

entity shall consult with the licensed service provider to make corrections as necessary to ensure accurate data.

(c) A managing entity shall require the appropriate service providers to submit data, on an annual basis, to the department which aggregates the daily data submitted under subparagraph (b). The provider shall reconcile the data in the annual submission to the data submitted under paragraph (b) to check for consistency.

(d) After ensuring accurate data under paragraphs (b) and (c), the managing entity shall submit the data to the department monthly and annually. The department shall create a statewide database for the data described under paragraph (b) and submitted under this paragraph for the purpose of analyzing the payments for and the use of substance abuse services provided pursuant to parts IV and V of ch. 397.

(f) The department shall adopt rules to administer this subsection. The department shall submit a report by January 31, 2017, and annually thereafter, to the Governor, the President of the Senate, and the Speaker of the House of Representatives which provides details on the implementation of this subsection, including the status of the data collection process and a detailed analysis of the data collected under this subsection.

~~(15) Appoint a substance abuse impairment coordinator to represent the department in efforts initiated by the statewide substance abuse impairment prevention and treatment coordinator established in s. 397.801 and to assist the statewide~~

~~coordinator in fulfilling the responsibilities of that position.~~

(21) The department shall develop and prominently display on its website all forms necessary for the implementation and administration of parts IV and V of this chapter. These forms shall include, but are not limited to, a petition for involuntary admission form and all related pleading forms, as well as a form to be used by law enforcement pursuant to s. 397.6772. The department shall notify law enforcement, the courts and other state agencies of the existence and availability of these forms.

Section 11. Section 397.402, Florida Statutes, is created to read:

397.402 Single, consolidated licensure.— The department and the Agency for Health Care Administration shall develop a plan for modifying licensure statutes and rules to provide options for a single, consolidated license for a provider that offers multiple types of either or both mental health and substance abuse services regulated under chapters 394 and 397. The plan shall identify options for license consolidation within the department and within the agency, and shall identify interagency license consolidation options. The department and the agency shall submit the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1, 2016.

Section 12. Subsection (1) of section 397.6772, Florida Statutes, is amended to read:

397.6772 Protective custody without consent.—

(1) If a person in circumstances which justify protective custody as described in s. 397.677 fails or refuses to consent to assistance and a law enforcement officer has determined that a hospital or a licensed detoxification or addictions receiving facility is the most appropriate place for the person, the officer may, after giving due consideration to the expressed wishes of the person:

(a) Take the person to a hospital or to a licensed detoxification or addictions receiving facility against the person's will but without using unreasonable force. The officer shall utilize the standard form, developed by the department pursuant to s. 397.321 to execute a written report detailing the circumstances under which the person was taken into custody, and the report shall be made a part of the patient's clinical record; or

(b) In the case of an adult, detain the person for his or her own protection in any municipal or county jail or other appropriate detention facility.

Such detention is not to be considered an arrest for any purpose, and no entry or other record may be made to indicate that the person has been detained or charged with any crime. The officer in charge of the detention facility must notify the nearest appropriate licensed service provider within the first 8 hours after detention that the person has been detained. It is

the duty of the detention facility to arrange, as necessary, for transportation of the person to an appropriate licensed service provider with an available bed. Persons taken into protective custody must be assessed by the attending physician within the 72-hour period and without unnecessary delay, to determine the need for further services.

Section 13. Subsection (1) of section 397.681, Florida Statutes, is amended to read:

397.681 Involuntary petitions; general provisions; court jurisdiction and right to counsel.—

(1) JURISDICTION.—The courts have jurisdiction of involuntary assessment and stabilization petitions and involuntary treatment petitions for substance abuse impaired persons, and such petitions must be filed with the clerk of the court in the county where the person is located. The court may not charge a fee for the filing of a petition under this section. The chief judge may appoint a general or special magistrate to preside over all or part of the proceedings. The alleged impaired person is named as the respondent.

Section 14. Section 397.6955, Florida Statutes, is amended to read:

397.6955 Duties of court upon filing of petition for involuntary treatment.—Upon the filing of a petition for the involuntary treatment of a substance abuse impaired person with the clerk of the court, the court shall immediately determine whether the respondent is represented by an attorney or whether

the appointment of counsel for the respondent is appropriate. The court shall schedule a hearing to be held on the petition within 10 days, unless a continuance is granted. A copy of the petition and notice of the hearing must be provided to the respondent; the respondent's parent, guardian, or legal custodian, in the case of a minor; the respondent's attorney, if known; the petitioner; the respondent's spouse or guardian, if applicable; and such other persons as the court may direct, and have such petition and order personally delivered to the respondent if he or she is a minor. The court shall also issue a summons to the person whose admission is sought.

Section 15. Subsection (1) of section 397.697, Florida Statutes, is amended to read:

397.697 Court determination; effect of court order for involuntary substance abuse treatment.—

(1) When the court finds that the conditions for involuntary substance abuse treatment have been proved by clear and convincing evidence, it may order the respondent to undergo involuntary treatment by a licensed service provider for a period not to exceed 60 days. The court may order a respondent to undergo treatment through a privately funded licensed service provider if the respondent has the ability to pay for the treatment, or if any person on the respondent's behalf, voluntarily demonstrates willingness and ability to pay for the treatment. If the court finds it necessary, it may direct the sheriff to take the respondent into custody and deliver him or

her to the licensed service provider specified in the court order, or to the nearest appropriate licensed service provider, for involuntary treatment. When the conditions justifying involuntary treatment no longer exist, the individual must be released as provided in s. 397.6971. When the conditions justifying involuntary treatment are expected to exist after 60 days of treatment, a renewal of the involuntary treatment order may be requested pursuant to s. 397.6975 prior to the end of the 60-day period.

Section 16. Paragraphs (d) through (m) of subsection (2) of section 409.967, Florida Statutes, are redesignated as paragraphs (e) through (n), respectively, and a new paragraph (d) is added to that subsection, to read:

409.967 Managed care plan accountability.—

(2) The agency shall establish such contract requirements as are necessary for the operation of the statewide managed care program. In addition to any other provisions the agency may deem necessary, the contract must require:

(d) Quality care.—Managed care plans shall provide, or contract for the provision of, care coordination to facilitate the appropriate delivery of behavioral health care services in the least restrictive setting with treatment and recovery capabilities that address the needs of the patient. Services shall be provided in a manner that integrates behavioral health services and primary care. Plans shall be required to achieve specific behavioral health outcome standards, established by the

agency in consultation with the Department of Children and Families.

Section 17. Subsection (5) is added to section 409.973, Florida Statutes, to read:

409.973 Benefits.—

(5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan operating in the managed medical assistance program shall work with the managing entity in its service area to establish specific organizational supports and service protocols that enhance the integration and coordination of primary care and behavioral health services for Medicaid recipients. Progress in this initiative will be measured using the integration framework and core measures developed by the Agency for Healthcare Research and Quality.

Section 18. Section 491.0045, Florida Statutes is amended to read:

491.0045 Intern registration; requirements.—

(1) ~~Effective January 1, 1998,~~ An individual who has not satisfied ~~intends to practice in Florida to satisfy~~ the postgraduate or post-master's level experience requirements, as specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register as an intern in the profession for which he or she is seeking licensure prior to commencing the post-master's experience requirement or an individual who intends to satisfy part of the required graduate-level practicum, internship, or field experience, outside the academic arena for any profession, must

register as an intern in the profession for which he or she is seeking licensure prior to commencing the practicum, internship, or field experience.

(2) The department shall register as a clinical social worker intern, marriage and family therapist intern, or mental health counselor intern each applicant who the board certifies has:

(a) Completed the application form and remitted a nonrefundable application fee not to exceed $200, as set by board rule;

(b)1. Completed the education requirements as specified in s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which he or she is applying for licensure, if needed; and

2. Submitted an acceptable supervision plan, as determined by the board, for meeting the practicum, internship, or field work required for licensure that was not satisfied in his or her graduate program.

(c) Identified a qualified supervisor.

(3) An individual registered under this section must remain under supervision while practicing under registered intern status ~~until he or she is in receipt of a license or a letter from the department stating that he or she is licensed to practice the profession for which he or she applied~~.

~~(4) An individual who has applied for intern registration on or before December 31, 2001, and has satisfied the education requirements of s. 491.005 that are in effect through December~~

~~31, 2000, will have met the educational requirements for licensure for the profession for which he or she has applied.~~

(4) ~~(5)~~ An individual who fails ~~Individuals who have commenced the experience requirement as specified in s. 491.005(1)(c), (3)(c), or (4)(c) but failed to register as required by subsection (1) shall register with the department before January 1, 2000. Individuals who fail~~ to comply with this section may ~~subsection shall~~ not be granted a license under this chapter, and any time spent by the individual completing the experience requirement as specified in s. 491.005(1)(c), (3)(c), or (4)(c) before ~~prior to~~ registering as an intern does ~~shall~~ not count toward completion of the ~~such~~ requirement.

(5) An intern registration is valid for 5 years.

(6) Any registration issued on or before March 31, 2017, expires March 31, 2022, and may not be renewed or reissued. Any registration issued after March 31, 2017, expires 60 months after the date it is issued. A subsequent intern registration may not be issued unless the candidate has passed the theory and practice examination described in s. 491.005(1)(d), (3)(d), and (4)(d).

(7) An individual who has held a provisional license issued by the board may not apply for an intern registration in the same profession.

Section 19. Section 394.4674, Florida Statutes, is repealed.

Section 20. Section 394.4985, Florida Statutes, is

repealed.

Section 21. Section 394.745, Florida Statutes, is repealed.

Section 22. Section 397.331, Florida Statutes, is repealed.

Section 23. Section 397.801, Florida Statutes, is repealed.

Section 24. Section 397.811, Florida Statutes, is repealed.

Section 25. Section 397.821, Florida Statutes, is repealed.397

Section 26. Section 397.901, Florida Statutes, is repealed.

Section 27. Section 397.93, Florida Statutes, is repealed.

Section 28. Section 397.94, Florida Statutes, is repealed.

Section 29. Section 397.951, Florida Statutes, is repealed.

Section 30. Section 397.97, Florida Statutes, is repealed.

Section 31. Section 397.98, Florida Statutes, is repealed.

Section 32. Paragraph (e) of subsection (5) of section 212.055, Florida Statutes, is amended to read:

212.055 Discretionary sales surtaxes; legislative intent; authorization and use of proceeds.—It is the legislative intent that any authorization for imposition of a discretionary sales surtax shall be published in the Florida Statutes as a subsection of this section, irrespective of the duration of the

levy. Each enactment shall specify the types of counties authorized to levy; the rate or rates which may be imposed; the maximum length of time the surtax may be imposed, if any; the procedure which must be followed to secure voter approval, if required; the purpose for which the proceeds may be expended; and such other requirements as the Legislature may provide. Taxable transactions and administrative procedures shall be as provided in s. 212.054.

(5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in s. 125.011(1) may levy the surtax authorized in this subsection pursuant to an ordinance either approved by extraordinary vote of the county commission or conditioned to take effect only upon approval by a majority vote of the electors of the county voting in a referendum. In a county as defined in s. 125.011(1), for the purposes of this subsection, "county public general hospital" means a general hospital as defined in s. 395.002 which is owned, operated, maintained, or governed by the county or its agency, authority, or public health trust.

(e) A governing board, agency, or authority shall be chartered by the county commission upon this act becoming law. The governing board, agency, or authority shall adopt and implement a health care plan for indigent health care services. The governing board, agency, or authority shall consist of no more than seven and no fewer than five members appointed by the county commission. The members of the governing board, agency,

or authority shall be at least 18 years of age and residents of the county. No member may be employed by or affiliated with a health care provider or the public health trust, agency, or authority responsible for the county public general hospital. The following community organizations shall each appoint a representative to a nominating committee: the South Florida Hospital and Healthcare Association, the Miami-Dade County Public Health Trust, the Dade County Medical Association, the Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade County. This committee shall nominate between 10 and 14 county citizens for the governing board, agency, or authority. The slate shall be presented to the county commission and the county commission shall confirm the top five to seven nominees, depending on the size of the governing board. Until such time as the governing board, agency, or authority is created, the funds provided for in subparagraph (d)2. shall be placed in a restricted account set aside from other county funds and not disbursed by the county for any other purpose.

1. The plan shall divide the county into a minimum of four and maximum of six service areas, with no more than one participant hospital per service area. The county public general hospital shall be designated as the provider for one of the service areas. Services shall be provided through participants' primary acute care facilities.

2. The plan and subsequent amendments to it shall fund a defined range of health care services for both indigent persons

and the medically poor, including primary care, preventive care, hospital emergency room care, and hospital care necessary to stabilize the patient. For the purposes of this section, "stabilization" means stabilization as defined in s. 397.311(42) ~~(41)~~. Where consistent with these objectives, the plan may include services rendered by physicians, clinics, community hospitals, and alternative delivery sites, as well as at least one regional referral hospital per service area. The plan shall provide that agreements negotiated between the governing board, agency, or authority and providers shall recognize hospitals that render a disproportionate share of indigent care, provide other incentives to promote the delivery of charity care to draw down federal funds where appropriate, and require cost containment, including, but not limited to, case management. From the funds specified in subparagraphs (d)1. and 2. for indigent health care services, service providers shall receive reimbursement at a Medicaid rate to be determined by the governing board, agency, or authority created pursuant to this paragraph for the initial emergency room visit, and a per-member per-month fee or capitation for those members enrolled in their service area, as compensation for the services rendered following the initial emergency visit. Except for provisions of emergency services, upon determination of eligibility, enrollment shall be deemed to have occurred at the time services were rendered. The provisions for specific reimbursement of emergency services shall be repealed on July 1, 2001, unless

otherwise reenacted by the Legislature. The capitation amount or rate shall be determined prior to program implementation by an independent actuarial consultant. In no event shall such reimbursement rates exceed the Medicaid rate. The plan must also provide that any hospitals owned and operated by government entities on or after the effective date of this act must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 as to any meeting of the governing board, agency, or authority the subject of which is budgeting resources for the retention of charity care, as that term is defined in the rules of the Agency for Health Care Administration. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service and delivery funding.

3. The plan's benefits shall be made available to all county residents currently eligible to receive health care services as indigents or medically poor as defined in paragraph (4)(d).

4. Eligible residents who participate in the health care plan shall receive coverage for a period of 12 months or the period extending from the time of enrollment to the end of the current fiscal year, per enrollment period, whichever is less.

5. At the end of each fiscal year, the governing board, agency, or authority shall prepare an audit that reviews the budget of the plan, delivery of services, and quality of

services, and makes recommendations to increase the plan's efficiency. The audit shall take into account participant hospital satisfaction with the plan and assess the amount of poststabilization patient transfers requested, and accepted or denied, by the county public general hospital.

Section 33. Subsection (6) of section 394.9085, Florida Statutes, is amended to read:

394.9085 Behavioral provider liability.—

(6) For purposes of this section, the terms "detoxification services," "addictions receiving facility," and "receiving facility" have the same meanings as those provided in ss. 397.311(23) ~~(22)~~(a)4., 397.311(23) ~~(22)~~(a)1., and 394.455(26), respectively.

Section 34. Subsection (8) of section 397.405, Florida Statutes, is amended to read:

397.405 Exemptions from licensure.—The following are exempt from the licensing provisions of this chapter:

(8) A legally cognizable church or nonprofit religious organization or denomination providing substance abuse services, including prevention services, which are solely religious, spiritual, or ecclesiastical in nature. A church or nonprofit religious organization or denomination providing any of the licensed service components itemized under s. 397.311(23) ~~(22)~~ is not exempt from substance abuse licensure but retains its exemption with respect to all services which are solely religious, spiritual, or ecclesiastical in nature.

The exemptions from licensure in this section do not apply to any service provider that receives an appropriation, grant, or contract from the state to operate as a service provider as defined in this chapter or to any substance abuse program regulated pursuant to s. 397.406. Furthermore, this chapter may not be construed to limit the practice of a physician or physician assistant licensed under chapter 458 or chapter 459, a psychologist licensed under chapter 490, a psychotherapist licensed under chapter 491, or an advanced registered nurse practitioner licensed under part I of chapter 464, who provides substance abuse treatment, so long as the physician, physician assistant, psychologist, psychotherapist, or advanced registered nurse practitioner does not represent to the public that he or she is a licensed service provider and does not provide services to individuals pursuant to part V of this chapter. Failure to comply with any requirement necessary to maintain an exempt status under this section is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Section 35. Subsections (1) and (5) of section 397.407, Florida Statutes, are amended to read:

397.407 Licensure process; fees.—

(1) The department shall establish the licensure process to include fees and categories of licenses and must prescribe a fee range that is based, at least in part, on the number and complexity of programs listed in s. 397.311(23) ~~(22)~~ which are

operated by a licensee. The fees from the licensure of service components are sufficient to cover at least 50 percent of the costs of regulating the service components. The department shall specify a fee range for public and privately funded licensed service providers. Fees for privately funded licensed service providers must exceed the fees for publicly funded licensed service providers.

(5) The department may issue probationary, regular, and interim licenses. The department shall issue one license for each service component that is operated by a service provider and defined pursuant to s. 397.311(23) ~~(22)~~. The license is valid only for the specific service components listed for each specific location identified on the license. The licensed service provider shall apply for a new license at least 60 days before the addition of any service components or 30 days before the relocation of any of its service sites. Provision of service components or delivery of services at a location not identified on the license may be considered an unlicensed operation that authorizes the department to seek an injunction against operation as provided in s. 397.401, in addition to other sanctions authorized by s. 397.415. Probationary and regular licenses may be issued only after all required information has been submitted. A license may not be transferred. As used in this subsection, the term "transfer" includes, but is not limited to, the transfer of a majority of the ownership interest in the licensed entity or transfer of responsibilities under the

license to another entity by contractual arrangement.

Section 36. Section 397.416, Florida Statutes, is amended to read:

397.416 Substance abuse treatment services; qualified professional.—Notwithstanding any other provision of law, a person who was certified through a certification process recognized by the former Department of Health and Rehabilitative Services before January 1, 1995, may perform the duties of a qualified professional with respect to substance abuse treatment services as defined in this chapter, and need not meet the certification requirements contained in s. 397.311(31) ~~(30)~~.

Section 37. Paragraph (e) of subsection (3) of section 409.966, Florida Statutes, is amended to read:

409.966 Eligible plans; selection.—

(3) QUALITY SELECTION CRITERIA.—

(e) To ensure managed care plan participation in Regions 1 and 2, the agency shall award an additional contract to each plan with a contract award in Region 1 or Region 2. Such contract shall be in any other region in which the plan submitted a responsive bid and negotiates a rate acceptable to the agency. If a plan that is awarded an additional contract pursuant to this paragraph is subject to penalties pursuant to s. 409.967(2)(i) ~~409.967(2)(h)~~ for activities in Region 1 or Region 2, the additional contract is automatically terminated 180 days after the imposition of the penalties. The plan must reimburse the agency for the cost of enrollment changes and

other transition activities.

Section 38. Paragraphs (d) and (g) of subsection (1) of section 440.102, Florida Statutes, are amended to read:

440.102 Drug-free workplace program requirements.—The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency for Health Care Administration:

(1) DEFINITIONS.—Except where the context otherwise requires, as used in this act:

(d) "Drug rehabilitation program" means a service provider, established pursuant to s. 397.311(40) ~~(39)~~, that provides confidential, timely, and expert identification, assessment, and resolution of employee drug abuse.

(g) "Employee assistance program" means an established program capable of providing expert assessment of employee personal concerns; confidential and timely identification services with regard to employee drug abuse; referrals of employees for appropriate diagnosis, treatment, and assistance; and followup services for employees who participate in the program or require monitoring after returning to work. If, in addition to the above activities, an employee assistance program provides diagnostic and treatment services, these services shall in all cases be provided by service providers pursuant to s. 397.311(40) ~~(39)~~.

Section 39. This act shall take effect July 1, 2016.