

## CHAPTER 2025-137

### Committee Substitute for Committee Substitute for House Bill No. 633

An act relating to behavioral health managing entities; amending s. 394.9082, F.S.; requiring the Department of Children and Families to contract biennially for specified functions; requiring the department to contract for recommendations for certain transparency improvements; requiring the department to prepare and present to the Governor and Legislature a specified final report by a specified date; requiring managing entities to report required data to the department in a standardized electronic format; providing requirements for such format; requiring managing entities to electronically submit to the department certain documents in a specified format and with specified metadata; requiring managing entities to submit certain specific measures to the department; requiring the department to post and maintain such measures on its website by a specified date every month; providing an exception; providing requirements for such measures; requiring managing entities to report each measure using a standard methodology determined by the department; providing requirements for such measures; providing that implementation of specified requirements is contingent on certain appropriations; providing an effective date.

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

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

394.9082 Behavioral health managing entities.—

(3) DEPARTMENT DUTIES.—The department shall:

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

a. Biennial operational and financial audits of each managing entity to include all of the following:

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

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

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

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

(V) Audits of each managing entity's expenditures and claims. Such an audit must do both of the following:

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

(B) Analyze services funded by each managing entity rendered to individuals who are also Medicaid beneficiaries to, at a minimum, assess the extent to which managing entities are funding services that are also available as covered services under the Medicaid program.

b. Recommendations to improve transparency of system performance, including, but not limited to, metrics and criteria used to measure each managing entity's performance and patient and system outcomes, and the format and method to be used to collect and report necessary data and information.

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

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

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

1. Payments made to providers for services reported in a format that reflects the client; the service provided; the date the service is provided; the place where the service is provided; the diagnosis, if available; and other information typically reported in a standardized format for electronic data interchange that is used for health care claims processing.

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

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

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

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

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

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

2. The date the document is uploaded.

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

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

5. The name, contact information, and any other required identification number, which may include, but is not limited to, a contract, license, or registration number, of the person or organization submitting the document.

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

#### **(7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.—**

**(a)** Managing entities shall collect and submit data to the department regarding persons served, outcomes of persons served, costs of services provided through the department's contract, and other data as required by the department. The department shall evaluate managing entity performance 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, that can be accurately measured. The department shall work with managing entities to establish performance standards, including, but not limited to:

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

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

3.(e) The improvement in functioning or progress in the recovery of individuals served by the managing entity, as determined using person-centered measures tailored to the population.

4.(d) The success of strategies to:

a.1- Divert admissions from 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;

b.2- Integrate behavioral health services with the child welfare system; and

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

5.(e) Consumer and family satisfaction.

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

(b) Managing entities must submit specific measures to the department regarding individual outcomes and system functioning, which the department must post to, and maintain on, its website by the 22nd of every month or if the 22nd day occurs on a weekend or a holiday under s. 110.117(1), the report must be posted before the conclusion of the next business day. The posted measures must reflect performance for the previous calendar month, including year-to-date totals and annual trends. Each managing entity must report each measure using a standard methodology determined by the department and submit the data to the department by the deadline specified by the department. The measures shall include data from individuals served by each managing entity for services funded by the managing entity, to the extent feasible and appropriate. The measures shall be reported and posted stratified by, at a minimum, whether the individual is a child or an adult and whether the individual is a Medicaid recipient. Such measures shall include, at a minimum, all of the following:

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

2. The number and percentage of individuals referred to outpatient behavioral health services after their discharge from a receiving or treatment facility, an emergency department under this chapter, or an inpatient or residential licensed service component under chapter 397 and who begin receiving such services within 7 days after discharge.

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

4. The number and percentage of individuals with significant behavioral health symptoms who are seeking urgent but noncrisis acute care and who are scheduled to be seen by a provider within 1 business day after initial contact with the provider.

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

6. The incidence of medication errors.

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

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

9. The number and percentage of individuals discharged from a receiving or treatment facility under this chapter or an inpatient or residential licensed service component under chapter 397 who successfully transition to ongoing services at the appropriate level of care.

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

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

Section 2. This act shall be implemented to the extent of available appropriations contained in the annual General Appropriations Act for such purpose.

Section 3. This act shall take effect July 1, 2025.

Approved by the Governor June 13, 2025.

Filed in Office Secretary of State June 13, 2025.