

394.4574 Responsibilities for coordination of services for a mental health resident who resides in an assisted living facility that holds a limited mental health license.—

(1) As used in this section, the term “mental health resident” means an individual who receives social security disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental security income due to a mental disorder as determined by the Social Security Administration and receives optional state supplementation.

(2) Medicaid managed care plans are responsible for Medicaid enrolled mental health residents, and managing entities under contract with the department are responsible for mental health residents who are not enrolled in a Medicaid health plan. A Medicaid managed care plan or a managing entity shall ensure that:

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

(b) A cooperative agreement, as required in s. [429.075](#), is developed by the mental health care services provider that serves a mental health resident and the administrator of the assisted living facility with a limited mental health license in which the mental health resident is living.

(c) The community living support plan, as defined in s. [429.02](#), has been prepared by a mental health resident and his or her mental health case manager in consultation with the administrator of the facility or the administrator’s designee. The plan must be completed and provided to the administrator of the assisted living facility with a limited mental health license in which the mental health resident lives within 30 days after the resident’s admission. The support plan and the agreement may be in one document.

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

(e) The mental health services provider assigns a case manager to each mental health resident for whom the entity is responsible. The case manager shall coordinate the development and implementation of the community living support plan defined in s. [429.02](#). The plan must be updated at least annually, or when there is a significant change in the resident’s behavioral health status. Each case manager shall keep a record of the date and time of any face-to-face interaction with the resident and make the record available to the responsible entity for inspection. The record must be retained for at least 2 years after the date of the most recent interaction.

(f) Consistent monitoring and implementation of community living support plans and cooperative agreements are conducted by the resident’s case manager.

(g) Concerns are reported to the appropriate regulatory oversight organization if a regulated provider fails to deliver appropriate services or otherwise acts in a manner that has the potential to result in harm to the resident.

(3) The Secretary of Children and Families, in consultation with the Agency for Health Care Administration, shall require each district administrator to develop, with community input, a detailed annual plan that demonstrates how the district will ensure the provision of state-funded mental health and substance abuse

treatment services to residents of assisted living facilities that hold a limited mental health license. This plan must be consistent with the substance abuse and mental health district plan developed pursuant to s. 394.75 and must address case management services; access to consumer-operated drop-in centers; access to services during evenings, weekends, and holidays; supervision of the clinical needs of the residents; and access to emergency psychiatric care.

History.—s. 9, ch. 97-82; s. 23, ch. 98-80; s. 12, ch. 2000-349; s. 18, ch. 2006-197; s. 80, ch. 2014-19; s. 1, ch. 2015-126.

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