Revised Exhibit L
Assisted Living Facilities with
Limited Mental Health License

Authority: s. 394.4574, F.S., 429.075, F.S., the Prime Contract, and Guidance Document 8, Assisted Living Facilities with Limited Mental Health (ALF-LMH) Licensure

I. Network Providers that enter into a cooperative agreement with an Assisted Living Facility-Limited Mental Health License (ALF-LMHL) that are also responsible for providing case management services to mental health residents in the ALF-LMHL must:

1) Ensure that the ALF-LMHL where the consumer is residing, or is referred to, maintains a current Agency for Health Care Administration (AHCA) license for ALF-LMHL facilities. The Network Provider must maintain a copy of the AHCA ALF-LMHL facility license in each consumer file. Referrals to unlicensed ALF-LMHL are unlawful and are subject to sanctions by AHCA. The ME must monitor the Network Provider's compliance with the terms and conditions of this exhibit.

2) In circumstances where the Network Provider determines that placement of a particular individual in an Assisted Living Facilities with a Limited Mental Health License is unsuitable, the Network Provider must document in the person's treatment plan or service plan the rationale for alternative placement in an ALF without a limited mental health license.

3) Ensure that a mental health resident as defined in s. 394.4574 (1) F.S. has been assessed by a mental health professional and determined to be appropriate to reside in the ALF-LMHL. A copy of that documentation must be provided to the ALF administrator no later than 30 days following admission.

4) Ensure that case managers are assigned to all ALF-LMHL residents who meet criteria as a mental health resident. If the resident declines case management, case managers must attempt to engage the person for a period not less than 30 days and document efforts in the ALF records. If the mental health resident continues to decline services, they must be encouraged to do so in writing, unless that is also refused. Documentation of a resident's declination of case management services and stated reason for declination must be maintained in case records at the ALF-LMHL. The resident's declination must also be filed in the mental health residents case record maintained by the Network Provider.

5) Ensure that individuals living in ALF-LMHL and meeting the definition of a mental health resident served by the Network Provider are offered mental health services needed, including but not limited to case management, psychiatric medication treatment, access to drop-in centers, clubhouses and other services where available.

6) Ensure that a cooperative agreement to provide mental health services, including case management as required in s. 429.075 F.S., is developed between the Network Provider and administrator of the ALF-LMHL.

7) Ensure that the cooperative agreement identifies, at a minimum: mental health services available; contact information for both the ALF Administrator and mental health provider, including 24/7 emergency access information; transportation provision; and services and activities available at the ALF-LMHL. The ALF-LMHL administrators must also be given contact information for the managing entity, as appropriate. The cooperative agreement must contain a provision requiring the provider

to maintain a file for each ALF-LMHL client with copies of all required documentation. All ALF-LMHL client records must be available for production by the Network Provider for monitoring purposes.

A sample of the ME ALF Client Record monitoring tool can be obtained by contacting the ME's Contract Manager.

8) Ensure that the Cooperative Agreement is annually updated between the Network Provider and the ALF-LMHL Administrator.

9) Ensure that an annual community living support plan, as defined in s. 429.02 F.S., is prepared by the assigned case manager and the resident served, in consultation with the ALF-LMHL administrator of the facility in face-to-face meetings. At a minimum, meetings will be held for initial plan development and annual updates to the plan. More frequent meetings must be held as necessary to resolve concerns expressed by the resident, case manager, or ALF-LMHL Administrator. The plan should be individualized and should include information about support services and special needs.

10) The case manager must assist the mental health resident in carrying out the activities identified in the individual's community living support plan.

11) Each case manager must keep a record of the date and time of any face-to-face interaction with the resident and make the record available to the ME for inspection. The record must be retained for at least two (2) years after the date of the most recent interaction.

12) Adequate and consistent monitoring and enforcement of community living support plans and cooperative agreements are conducted by the resident's case manager.

13) Report all concerns related to health and safety violations to appropriate officials at the Agency for Health Care Administration and the Department's Abuse Hotline at 1-800-962-2873.

14) Ensure that the case management are delivered per the requirements of **Exhibit AP, Mental Health Case Management Standards**.

II. Attendance at Assisted Living Facility Public Meeting

The Network Provider must attend the ME's Assisted Living Facility with Limited Mental Health License Public Meeting as scheduled by the ME.

III. Required Report

The Network Provider must maintain an ALF-LMHL Consumer Report the required format as shown in Table 1. below on file and update this list on a quarterly basis, by the dates identified in **Exhibit C, Required Reports.** The Network Provider must provide the ME with copies of the ALF-LMHL Consumer Report upon request. The report must include all individuals served residing in an ALF. The ME monitoring team will utilize the report, select 20% sample of the records to ensure compliance. The ALF-LMHL Consumer Report must be submitted in a secured format.

Table 1. ALF-LMHL Consumer Report

ALF-LMHL Name	ALF-LMHL Address	Zip Code	Client's Last Name	Client's First Name	Client's D.O.B.	Agency Name	Cooperative Agreement present in ALF chart with all required signatures (Client, CM & ALF-LMHL Administrator) (Yes/No)	Annual Support Plan Present in ALF chart with all required signatures (Client, CM, & ALF-LMHL Administrator)	Case Manager Name	Thriving Mind Funded Services (Yes/No)