



HOUSE BILL 633 IMPLEMENTATION UPDATE

MARCH 25, 2026

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Deputy Assistant Secretary

Office of Substance Abuse & Mental Health

OVERVIEW OF HOUSE BILL 633

House Bill (HB) 633 introduced statutory requirements assigning new operational and accountability responsibilities to the Department and Managing Entities.

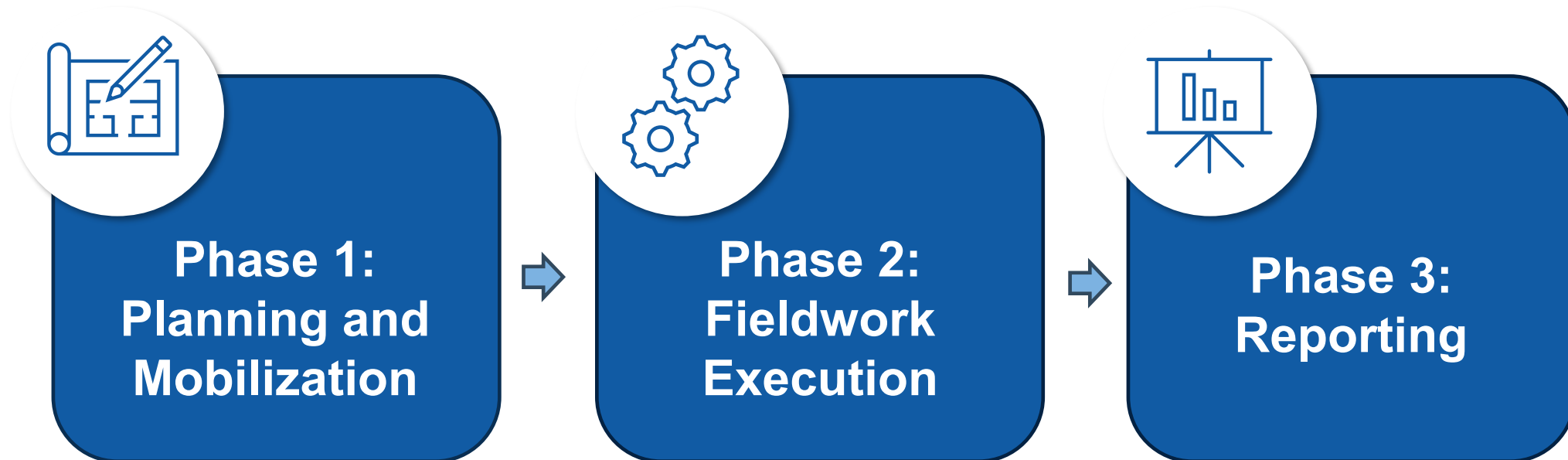
HB 633 requires the Department to:

- 1** Contract for biennial independent operational & financial audits;
- 2** Develop standardized electronic, claims-based data reporting; and
- 3** Submit monthly reporting on individual outcomes and system functioning.



1. BIENNIAL OPERATIONAL AND FINANCIAL AUDITS

The Department was required to contract for independent biennial audits to evaluate business practices, fiscal management, and compliance within the behavioral health system. The Department contracted with Ernst & Young (EY) through a competitive solicitation, and audit findings were published in December 2025. The audit plan included the following phases:



MANAGING ENTITY AND VENDOR PREPARATION FOR AUDITS

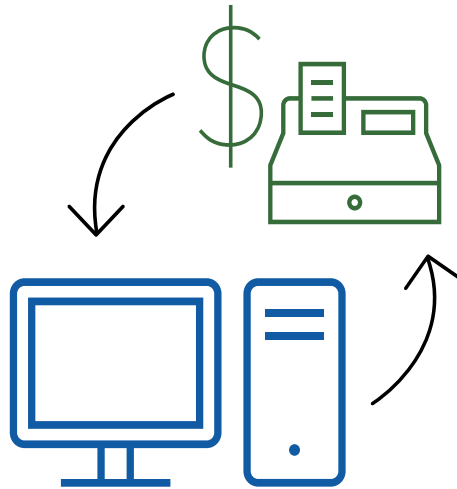
To ensure readiness for the independent biennial audits required by the Department, proactive coordination was established between the Department, Managing Entities, and the contracted vendor. These efforts were focused on promoting consistency, transparency, and responsiveness throughout the audit process.

Key preparation activities included:

- Revising Managing Entity contract language to ensure timely and comprehensive responsiveness to audit requests.
- Conducting weekly implementation meetings with Managing Entities to monitor progress and address emerging needs.
- Holding twice-weekly meetings with the vendor to align on methodology, timelines, and deliverables.
- Facilitating joint meetings with the vendor and Managing Entities to discuss the overall approach, expectations, and coordination for the audit process.



2. TRANSITION TO STANDARDIZED CLAIMS-BASED REPORTING



Current Process:

The Department currently uses the Financial and Services Accountability Management System (FASAMS), which tracks funding and expenditures through Other Cost Accumulators (OCAs).

Building on this foundation, the Department is working to enhance data capabilities by incorporating client-level information necessary to fulfill requirements outlined in HB 633.



TRANSITION TO STANDARDIZED CLAIMS-BASED REPORTING

New Process:

The Department is transitioning to a claims-based reporting system that will enable electronic submission, adjudication, and analysis of service claims. This modernization effort will increase transparency, improve service coordination, strengthen fraud detection, and provide policymakers with timely insights into behavioral health outcomes and resource allocation.

Advantages/Benefits:



Timely insights into population health, service utilization, and care coordination, while enhancing fraud detection and prevention.



Policymakers and health care planners can leverage claims data to inform decisions on behavioral health services, spending, resource allocation, and strategic planning.



The system improves transparency by using performance metrics to assess service efficiency, identify gaps, and drive better healthcare outcomes.

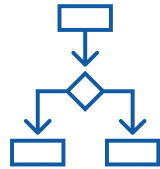


STEPS TO IMPLEMENT NEW CLAIMS-BASED REPORTING SYSTEM



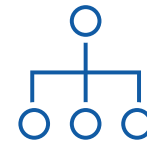
Identified procedure and diagnosis codes for all services.

Status: Completed



Mapped procedure and diagnosis codes to the Department funding sources (Block Grant, State Opioid Response (SOR), General Revenue, Discretionary Grants, and Opioid Settlement).

Status: Completed



Establish hierarchy of what funds to spend for each bucket of funding.

Status: Anticipated Fall of 2026



3. MONTHLY OUTCOMES AND SYSTEM FUNCTIONING REPORTS

HB 633 requires the Department to publish monthly reports capturing both individual outcomes and overall system performance for adults and children receiving behavioral health services funded by the Department and the Agency for Health Care Administration (i.e., child vs. adult, Medicaid vs. non-Medicaid).

The Department developed a data collection methodology that defines target populations, key behavioral health indicators, and calculation methods.

Beginning August 22, 2025, the Department released monthly reports reflecting data from the prior month, with the first report including July 2025 outcomes. Although existing systems such as FASAMS do not capture all required elements, supplemental data sources were integrated to ensure compliance and accuracy.



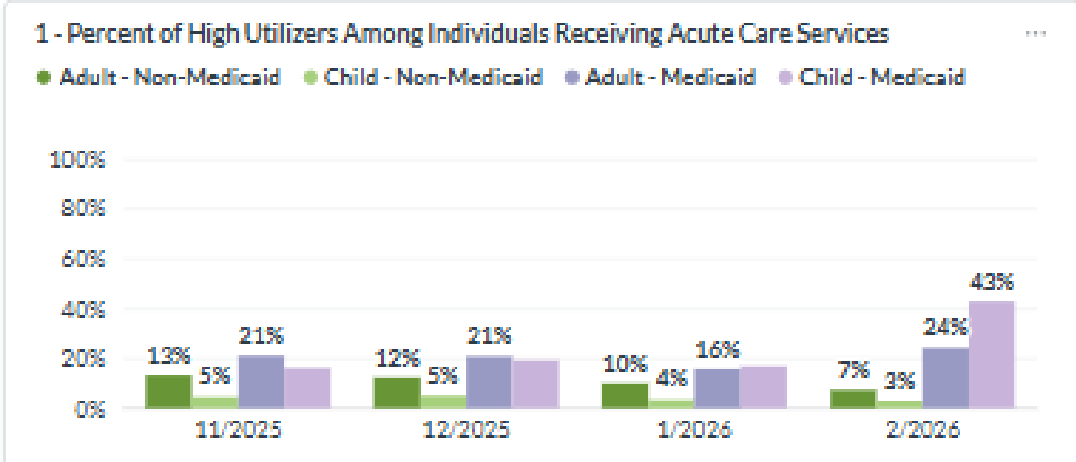
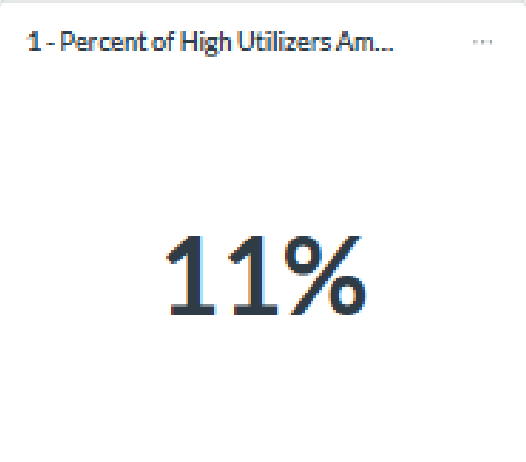
Florida Managing Entities HB633 Measures Dashboard

State Level **Managing Entity Level**

Month **Quarter** Year/Month: 4 selections

NOTE: The data presented in this dashboard for July and August 2025 is preliminary in nature as DCF, Managing Entities, and Network Service Providers across the state work together to establish processes to collect data, refine processes for calculating the measures, and improve overall quality. Additionally, please note that Medicaid eligibility data is not consistently available to all Florida Managing Entities.

① Hover your mouse over the information icons below to see information on potential limitations or qualifications for a given measure.



COMPARISON OF PERFORMANCE MEASURES BEFORE AND AFTER IMPLEMENTATION OF HB 633

Performance Measures	Before HB 633	After HB 633
The number and percentage of high utilizers.	✘	✔
The number and percentage of individuals who received outpatient services within 7 days after a hospitalization for behavioral health-related issues.	✔	✔
The average wait time for initial appointments for behavioral health services.	✔	✔
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.	✔	✔
The number and percentage of emergency room visits per capita for behavioral health-related issues, and whether such number and percentage are a decrease from the last report.	✘	✔
The incidence of medication errors in behavioral health treatment plans.	✘	✔
The number and percentage of adverse incidents, such as self-harm, in inpatient and outpatient settings.	✘	✔
The number and percentage of individuals with co-occurring conditions who receive integrated care.	✘	✔
The number and percentage of individuals successfully transitioned from acute care to community-based services.	✘	✔
The rate of behavioral health readmissions within 30 days after discharge	✘	✔
The average length of stay for inpatient behavioral health services.	✘	✔



NEXT STEPS

Managing Entity
Remediation Plans

Transition to
FASAMS 2.0 by
January 2027

Conduct Trend
Analyses to Identify
Emerging Patterns
and System Needs

THANK YOU

