Section II
Proposed Rules

DEPARTMENT OF REVENUE

Child Support Enforcement Program

RULE TITLES:	RULE NOS.:
Collection and Distribution of Payments	12E-1.005
Consumer Reporting Agencies	12E-1.012
Payment Recovery	12E-1.022
Suspension of Drivers License; Suspension of Motor Vehicle Registration	12E-1.023

PURPOSE AND EFFECT: A) The purpose of the proposed amendments to Rule 12E-1.005, FAC., is to implement the new statutory provisions that require the remittance of payments to the Florida State Disbursement Unit. The effect of this proposed amendment is to ensure that payments are remitted to the appropriate address and that the rule reflects the new statutory provisions enacted pursuant to federal law regarding distribution of child support collections. B) The purpose of the proposed amendments to Rule 12E-1.012, FAC., is to clarify the department's procedures for responding to a request from a consumer reporting agency for information about overdue support owed by an obligor, and to incorporate procedures for periodically reporting overdue support to consumer reporting agencies and requesting a consumer report from a consumer reporting agency. The effect of these proposed amendments is to inform the public of the procedures for exchanging information about child support obligors between the department and consumer reporting agencies. C) The purpose of the proposed amendments to Rule 12E-1.022, FAC., is to revise the department's procedures for establishing repayment to the department when a payment disbursement error occurs. The effect of these proposed amendments is to ensure that all parties understand that recovery will be sought for a payment disbursement error and the procedures involved. D) The purpose of the proposed amendments to Rule 12E-1.023, FAC., is to conform with the statutory provisions authorizing the department to seek the suspension of an obligor's driver license and motor vehicle registration based upon delinquent child support payments or failure of the obligor to comply with a subpoena or similar order to appear relating to paternity or child support proceedings. The effect of this proposed amendment is to ensure all obligors understand the driver license and vehicle registration suspension process.

SUMMARY: A) The proposed amendments to Rule 12E-1.005, FAC.: implement the statutory provisions that require the remittance of payments on IV-D cases to the Florida State Disbursement Unit (SDU) instead of to county depositories; clarify agency policy on excess payment distribution options provided in federal law; and remove duplicative language from the existing rule. B) The proposed amendments to Rule 12E-1.012, FAC.: define the term "overdue support" to mean the amount of delinquency or arrearage, or both, owed by an obligor pursuant to an obligation under an order; define the term "consumer reporting agency" (CRA) with the same definition as in the Fair Credit Reporting Act; implement 1997 legislation authorizing periodic reporting of obligors' overdue support to CRAs; specify that periodic reporting shall be performed no more frequently than monthly; provide criteria for periodic reporting of overdue support; provide procedures for giving an initial notice and opportunity for a hearing prior to periodic reporting of overdue support; revise the rule to provide for giving an obligor notice and an opportunity for a hearing prior to the department complying with a request from a CRA for information concerning an obligor's overdue support which has not been previously reported, but no notice if the CRA's request relates to previously reported information for which prior notice was given to the obligor; provide for responding to requests from lenders for previously reported overdue amounts if the request is accompanied by written authorization signed by the obligor; provide for notifying CRAs about erroneous reports and payoffs of overdue support; implement 1997 legislation authorizing the department to obtain an obligor's consumer report from a CRA; provide for an initial one-time certification to a CRA prior to requesting consumer reports from the CRA that each request for a consumer report will meet the certification requirements in statute; and provide for giving notice to an obligor 15 days before requesting his or her consumer report. C) The proposed amendments to Rule 12E-1.022, FAC.: communicate the agency's revised procedures for establishing repayment to the agency when a payment disbursement error occurs. D) The proposed amendments to Rule 12E-1.023, FAC.: provides for the department to administratively seek the suspension of an obligor's driver license and motor vehicle registration who is determined to be delinquent in child support payments or has failed to comply with a subpoena or similar order to appear relating to paternity or child support proceeding; provides circumstances for not taking suspension action against an obligor; establishes notice requirements to the obligor when seeking suspension action; establishes procedures for providing notice to the Department of Highway Safety and Motor Vehicles to suspend the obligor's license/registration; allows the obligor to stop the suspension process based upon specific case circumstances; establishes criteria for obligor's to enter into written agreements with the department; and provides procedures for reinstatement of an obligor's license/registration.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: Because these proposed rule amendments create no new regulatory costs, no statement of estimated regulatory cost has been prepared.

Any person who wants to provide information regarding a statement of estimated regulatory costs must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 61.1354(5), 409.2557(3), 409.2558(3), 409.2561, 409.2567 FS.

LAW IMPLEMENTED: 61.13016, 61.1354, 61.181, 322.058, 409.2557, 409.2558, 409.2561, 409.2564, 409.2569 FS.

A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 9:00 a.m., March 6, 2000

PLACE: Room 301, 4070 Esplanade Way, Tallahassee, Florida 32399-3150

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Patterson Calhoun, Revenue Program Administrator I, Resource Management Process, Department of Revenue, P. O. Box 8030, Tallahassee, Florida 32314-8030, telephone (850)922-9715

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Any person requiring special accommodations to participate in any proceeding is asked to advise the Department at least five (5) calendar days before such proceeding by contacting Patterson Calhoun at (850)922-9715. If you are hearing or speech impaired, please contact the Department by calling 1(800)DOR-TDD1 (1(800)367-8331).

THE FULL TEXT OF THE PROPOSED RULES IS:

12E-1.005 Collection and Distribution of Payments.

(1) Distribution ~~Public Assistance Recipients~~.

(a) The department shall distribute support payments as provided by Title 42 United States Code Section 657, incorporated herein by reference ~~Collection and Distribution of child support payments in public assistance cases will be administered in accordance with 45 Code of Federal Reglations, Part 302.51, incorporated herein by reference under subsection 12E-1.002(1) with an effective date of June 1994~~. Members of the public may obtain copies from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 or by accessing http://www.law.cornell.edu/uscode/ on the Internet.

(b) For purposes of this rule, Temporary Assistance to Needy Families (TANF) means cash benefits paid under the WAGES Program administered by the Department of Children and Families and includes payments made under the former Aid to Families with Dependent Children (AFDC) Program.

(c) If an amount collected during a month is in excess of that month's TANF benefit, the excess shall be retained by the State and applied towards reimbursement for past TANF payments. If an amount collected during a month is in excess of total TANF payments, such excess shall be paid to the custodial parent.

(2) Distribution of arrearages in former TANF cases. The department elects not to exercise the option provided by Title 42 United States Code Section 657(a)(6). ~~Distribution of Support to Recipients when Public Assistance Benefits are Terminated.~~

~~(a) The department shall continue to provide services after the public assistance recipient ceases to receive public assistance benefits unless the client specifically instructs the department to cease providing services. Collection and distribution of child support payments in former AFDC cases will be administered in accordance with 45 Code of Federal Regulations, Part 302.51, herein incorporated by reference under subsection 12E-1.002(1) with an effective date of June 1994.~~

~~(b) In accordance with 45 Code of Federal Regulations, Part 302.33(a)(4), herein incorporated by reference under subsection 12E-1.002(1) with an effective date of June 1994, when the IV-D agency receives notice that a family is no longer eligible for assistance under AFDC, IV-E foster care, or Medicaid, the IV-D agency must notify the family within five working days of receipt of notice that IV-D services will be continued unless the IV-D agency is directed to discontinue service to the family. The notice must inform the family of the consequences of continuing to receive IV-D services, including available services, fees, cost recovery and distribution policies. If the former AFDC recipient requests termination of the IV-D services and there is no arrearage or public assistance obligation, the depository shall be instructed to redirect payments to the custodial parent. When the former AFDC recipient requests termination of the IV-D services and there is an arrearage or public assistance obligation, the depository shall be instructed to split the payment and forward the arrearage or public assistance obligation to the department and current support to the custodial parent.~~

~~(c)1. The level, quantity and quality of IV-D services provided in a case shall not be affected by the transition from public assistance to non-public assistance.~~

~~2. Other provisions of this section notwithstanding, the notices provided in paragraph (b) shall not be given if the former AFDC recipient has previously requested that IV-D services be terminated.~~

(3) Payment Remittance. All payments made in all child support cases enforced by the department pursuant to Title IV-D of the Social Security Act and payments made in all child support cases not being enforced by the department pursuant to Title IV-D of the Social Security Act in which the initial support order was issued in Florida on or after January 1, 1994, and in which the obligor's child support obligation is being paid through income deduction must be sent to the State of Florida Disbursement Unit, P. O. Box 8500, Tallahassee, Florida 32314-8500. ~~Non-Public Assistance Clients. All support and paternity determination, location, collection and distribution, enforcement and modification services provided by the department shall be made available to all dependent children whether or not they are eligible for public assistance. Any putative father, or any noncustodial parent, may apply for and shall receive paternity determination or modification services from the Child Support Enforcement Program Office~~

~~of the department upon completing and filing the Application and Contract for Non-AFDC Child Support Enforcement Services. Services shall be provided to non-AFDC clients upon the completion and filing of a Power of Attorney, Application and Contract for Non-AFDC Services. The application fee for non-AFDC services shall be paid by the department.~~

~~(a) The administrative costs incurred by the department, including the application fee paid by the department, when providing support and paternity determination services on behalf of all dependent children, shall be recovered only from the obligor. The pleading filed by the department shall request the court to order the obligor to pay all administrative costs. The contract attorney shall take the necessary legal actions to recover administrative costs from the obligor when an obligor has failed to pay administrative costs pursuant to an order from a court of competent jurisdiction.~~

~~(b) "Administrative costs" means any costs, including attorney's fees, incurred by the IV-D agency in its effort to administer the IV-D program. The administrative costs which must be collected by the department shall be assessed on a case-by-case basis based upon a method for determining costs approved by the federal government. The administrative costs shall be adjusted periodically by the department. The methodology for determining administrative cost shall be made available to the judge or any party who requests it. Only those amounts ordered independent of current support, arrears, or past public assistance obligation shall be considered and applied toward administrative costs.~~

Specific Authority 409.2557(3)(j),(o) ~~409.026, 409.2567~~ FS. Law Implemented 61.181, 61.1824 ~~409.2554~~, 409.2557, 409.2558, 409.2561~~,~~ ~~409.2567, 409.2569~~ FS. History–New 2-18-86, Amended 4-6-88, 8-1-89, 7-20-94, Formerly 10C-25.0036, Amended .

(Substantial rewording of Rule 12E-1.012 follows. See Florida Administrative Code for present text.)

12E-1.012 Consumer ~~Credit~~ Reporting Agencies~~y~~.

(1) Definitions. As used in this rule,:

(a) "Overdue Support" means the amount of a delinquency or arrearage, or both, pursuant to an obligation determined under an order:

1. for support and maintenance of a minor child or dependent person which is owed to or on behalf of such child or dependent person, or

2. for support and maintenance of the obligor's spouse (or former spouse) with whom the child or dependent person is living at the time the delinquency or arrearage occurred.

(b) "Consumer Reporting Agency", also referred to as a 'credit bureau' or a 'credit reporting agency', means any person which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing consumer reports to third parties, and which uses any means or facility of interstate commerce for the purpose of preparing or furnishing consumer reports. As used in these rules, the term refers to only those consumer reporting agencies which have furnished evidence satisfactory to the department that they meet this definition.

(2) Reporting Overdue Support Upon a Request From a Consumer Reporting Agency.

(a) If a consumer reporting agency requests information from the department pursuant to section 61.1354(1), F.S., concerning an obligor who has not been reported by the department pursuant to section (3) of this rule, the department shall, after complying with section (4) of this rule, provide the consumer reporting agency with the obligor's name, social security number, and the amount of overdue support he or she owes.

(b) If a consumer reporting agency or lending institution requests that the department verify the amount of overdue support owed by an obligor who has been reported by the department pursuant to section (3) of this rule, the information may be provided to the consumer reporting agency or lending institution without complying with section (4) of this rule. A request from a lending institution must be accompanied by a written authorization signed by the obligor authorizing the department to disclose the information.

(3) Periodic Reporting to Consumer Reporting Agencies. Pursuant to section 61.1354(2), F.S., the department shall report to consumer reporting agencies periodically, no more frequently than monthly, the names, social security numbers, and amounts of overdue support owed by obligors. The initial report concerning an obligor shall not be released until the department has complied with section (4) of this rule; subsequent periodic reports which update the amounts owed by an obligor may be released without complying with section (4). The department shall use the following criteria in determining whether an obligor's overdue support shall be periodically reported pursuant to this section:

(a) The amount of the overdue support owed by the obligor, according to the records of the department, is greater than $500 and there is a delinquency in the payment of the obligor's obligation under the order at the time the information is reported;

(b) The obligor's case has not been placed by the department in a closed status;

(c) The obligor's case has not been referred by the department to another state's IV-D agency to enforce the support obligation.

(4) Notice and Right to Hearing. Prior to releasing a report or providing information concerning an obligor in an instance governed by this section, the following procedures shall be followed:

(a) The department shall give notice to the obligor by regular mail at his or her last known address with Department of Revenue Form CS-EF32, 'Notice of Report to Consumer Reporting Agencies', incorporated herein by reference with an

effective date of February 2000. Members of the public may obtain a copy of this form by a written request to: Department of Revenue, Child Support Enforcement Program, attn.: Forms Coordinator, P. O. Box 8030, Tallahassee, Florida 32314-8030. Form CS-EF32 shall provide notice to the obligor of the intent of the department to release the following information to one or more consumer reporting agencies: the obligor's name, social security number, and the amount of overdue support owed by the obligor.

(b) The notice shall inform the obligor of the department's duty to release the information, and that the obligor has the right to contest the accuracy of the information proposed to be released by requesting a hearing with the department by following the procedures in the next subsection.

(c) To request a hearing with the department, the obligor shall:

1. File a written petition for administrative hearing with the department at the address indicated in the notice within 15 consecutive calendar days of the obligor's receipt of the notice (Form CS-EF32). A petition is filed when it is received by the department, not when it is mailed.

2. Include in the petition the information required by Rule 28-106.201, F.A.C. if the obligor disputes issues of material fact raised by the notice; or the information required by Rule 28-106.301, F.A.C. if the obligor does not dispute issues of material fact raised by the notice.

(d) If a petition for administrative hearing is received by the department within the 15-day period following the obligor's receipt of the notice, the department shall not release the information concerning overdue support owed by the obligor until the matter is disposed of by an order dismissing the petition on procedural grounds, by agreement of the parties, or by the entry of a final order authorizing the release of the information following a hearing or other administrative proceeding under Chapter 120, F.S.

(e) If a notice (CS-EF32) is returned to the department undelivered by the U. S. Postal Service, the department shall give a new notice to the obligor in compliance with this section prior to releasing a report or providing information concerning the obligor to consumer reporting agencies.

(5) Modifying Previous Reports to Consumer Reporting Agencies. The department shall notify consumer reporting agencies to remove or modify the reported amount of overdue support from the obligor's consumer report if the department determines that the reported amount of overdue support was incorrect or has been paid in full.

(6) Department Requests for Consumer Reports. The department may request consumer reports from consumer reporting agencies for the purposes set forth in sections 61.1354(3) and (4), F.S., pursuant to the following procedures:

(a) Before the department submits any requests for consumer reports to a consumer reporting agency, the executive director of the Department of Revenue or his or her designee shall certify to the consumer reporting agency, on a one-time basis, that every subsequent request for a consumer report from that agency will meet the requirements set forth in section 61.1354(3), F.S.

(b) The department shall provide notice to an individual whose consumer report is sought by sending Department of Revenue Form CS-EF10, 'Notice of Consumer Report Inquiry', by certified mail to the individual's last known address at least 15 days prior to transmitting the request to the consumer reporting agency. Form CS-EF10 is incorporated herein by reference with an effective date of January 1999. Members of the public may obtain a copy of this form by a written request to: Department of Revenue, Child Support Enforcement Program, attn.: Forms Coordinator, P. O. Box 8030, Tallahassee, Florida 32314-8030.

Specific Authority 61.1354(5), 409.2557 FS. Law Implemented 61.1354 FS. History–New 6-17-92, Amended 7-20-94, Formerly 10C-25.009, Amended _____.

12E-1.022 Payment Recovery.

(1) For purposes of this rule, "department" means the Department of Revenue or a contractor or a subcontractor when authorized by the Department of Revenue. ~~In public assistance cases where the noncustodial parent makes payment directly to the custodial parent who does not notify the department, the department shall take immediate action to recover the amount which is owed to the state pursuant to the assignment of rights under section 409.256, F.S. The department must give notice to the custodial parent of its intent to recover the direct payment.~~

~~(a) The IV-D agency must document the receipt and wrongful retention of direct support payments or support sent in error and the amount.~~

~~(b) The IV-D agency must provide written notice of the intent to recover the payments.~~

~~(c) The IV-D agency must inform custodial parents of their responsibility to cooperate by turning over direct payments or support sent in error as a condition of eligibility for AFDC and the sanction for failure to cooperate.~~

~~(d) The IV-D agency must provide custodial parents with an opportunity for an informal meeting to discuss their responsibilities and to resolve any differences regarding repayment of the directly received support payments or support sent in error.~~

~~(e) The IV-D agency must offer a proposal for a repayment plan between the custodial parent and the department.~~

~~(f) The repayment proposal offered by the IV-D agency must be reasonably related to the income and resources, including the AFDC grant, of the custodial parent to avoid extreme hardship.~~

~~(g) If the custodial parent refuses to sign the repayment plan or enters into a repayment plan and subsequently fails to make a payment, the IV-D agency must report the custodial~~

~~parent to the IV-A agency, AFDC Program which provides financial assistance to children based on need where one parent is absent from the home, for failure to cooperate.~~

~~(h) The IV-D agency must notify the IV-A agency of the cooperation of any custodial parent who initially refused to sign the repayment plan or who entered into a repayment plan and subsequently failed to make a payment, but who now has signed the repayment plan or who has begun to make regular scheduled payments under the payment plan.~~

(2) In non-public assistance cases where the custodial parent has received an overpayment ~~or a payment that was owed to, or intended for, another custodial parent, or any other payment sent in error~~, the department shall notify the custodial parent of ~~take immediate action to recover~~ the overpayment by regular mail at the custodial parent's last known address ~~from the custodial parent~~. ~~The department must give notice to the custodial parent of its intent to recover the direct payment.~~ The notice must state:

(a) the amount of overpayment;

(b) when the overpayment was made;

(c) a location where the custodial parent can request review of the collection, distribution and disbursement records;

(d) that the custodial parent must contact the department to establish a repayment agreement to allow for recovery in installments by retaining a portion of future support payments in an agreed percentage amount or through other agreed upon action; and

~~(a) The IV-D agency must document the receipt and retention of the over-payment or a payment that was owed to, or intended for, another custodial parent, or payment sent in error, and the amount.~~

~~(b) The IV-D agency must provide written notice of the intent to recover the payments.~~

(e) that recovery will be pursued if the custodial parent's child support case is open or closed. ~~The department may enter into an agreement with the custodial parent to allow recovery payments to be made in installments. If the department is unable to get the custodial parent to~~ If the custodial parent fails to respond to the notice by contacting the department, ~~pay the recovery amount in installments~~ the department shall send a second notice to the custodial parent's last known address by regular mail which advises the custodial parent of legal remedies for recovery available to the department ~~withhold the entire amount of any subsequent support payment received until the full amount owed has been recovered~~.

(3)~~(c)~~ The department shall ~~IV-D agency must~~ provide custodial parents with an opportunity for an informal meeting to discuss their responsibilities and to review department records ~~and to resolve any differences regarding repayment of the over-payment or a payment that was owed to, or intended for, another custodial parent, or payment sent in error~~.

(4)~~(d)~~ The department shall permit the custodial parent to enter into a ~~IV-D agency must offer a proposal for a~~ repayment plan ~~between the custodial parent and the department~~.

~~(e) The repayment proposal offered by the IV-D agency must be~~ that is reasonably related to the income and resources of the custodial parent.

(5) The department may pursue recovery of overpayments to custodial parents through all available remedies regardless of whether the custodial parent has an open IV-D child support case.

Specific Authority 409.2558(3) ~~409.2567, 409.026~~ FS. Law Implemented 409.2558(3) ~~11.50, 409.335~~ FS. History–New 6-17-92, Amended 7-20-94, Formerly 10C-25.019, Amended _____.

12E-1.023 Suspension of Driver~~'~~s License~~;~~ Suspension of Motor ~~Driving Privilege and~~ Vehicle Registration.

(1) General Provisions. The department is authorized pursuant to section 61.13016, F.S., to request the suspension of an obligor's driver license. Suspension of any motor vehicle registration shall occur only if the motor vehicle is owned solely by the obligor. The obligor's subsequent compliance with sections 61.13016(1)(c) and 322.058, F.S., requires the department to authorize the reinstatement of the obligor's license and registration. ~~The Request to Suspend. The Title IV-D agency shall request the Department of Highway Safety and Motor Vehicles (DHSMV) to suspend the driver's license, driving privileges and the registration of all motor vehicles owned by a noncustodial parent who has a delinquent child support obligation.~~

~~(a) Conditions Precedent for Requesting Suspensions.~~

~~1. The noncustodial parent is licensed to operate a motor vehicle in Florida.~~

~~2. The noncustodial parent is registered as the sole owner of the motor vehicle.~~

~~3. There is a valid and legally enforceable child support order requiring the noncustodial parent to pay retroactive support, past period child support or current child support.~~

~~4. A child support delinquency exists due to the nonpayment of a court ordered support obligation.~~

~~(b) Notice is given to the Noncustodial Parent Prior to Requesting Suspension.~~

~~1. Prior to requesting DHSMV to suspend the license of a noncustodial parent delinquent in making child support payments, the case analyst must give the noncustodial parent notice of the delinquency. The case analyst shall provide notice by completing the Notice of Intent To Suspend Driver's License Privilege and Vehicle Registration(s) (HRS Form EF45), incorporated herein by reference as of the effective date of this rule, and mailing it to the obligor by certified mail, return receipt requested, to the last known address of record with the depository. When there is no address of record or if the address of record at the depository is incorrect, notification shall be by publication as provided in chapter 49, Fla. Stat.~~

~~2. The notice shall specify the following:~~

~~a. That there is a delinquency in the support obligation;~~

~~b. That the licensee has 15 days from the date of service of the notice to pay the entire delinquency or reach an agreement with the IV-D agency to pay the delinquency in installments;~~

~~c. That if an agreement with the IV-D agency to pay the delinquency in installments cannot be reached, the driver's license, driving privilege and registration of the licensee shall be suspended.~~

~~3. The department shall send a second notice containing identical language and providing identical rights as the notice specified in 2.a., b., and c. above, if the obligor fails to respond to the first notice during the 15 day period and a delinquency still exists.~~

~~4. When service of the notice is made by mail, service is complete upon the receipt of the notice by the obligor.~~

(2) Exception Criteria. The department shall not take suspension action when the following case circumstances exist: ~~Petition to the Court to Suspend. The department shall petition the court which entered the support order or the court enforcing the support order to suspend the driver's license, driving privilege and vehicle registration of the licensee if the licensee fails to respond to both notices sent by the IV-D agency or fails to pay the delinquency or fails to reach an agreement to pay the delinquency in installments.~~

(a) The obligor is listed as joint owner of the motor vehicle and does not possess a Florida driver license.

(b) The obligor is in the military and cites the Soldiers' and Sailors' Civil Relief Act.

(c) The obligor is making full payments as required by the court order or is paying pursuant to an income deduction.

(d) The obligor is a recipient of Temporary Assistance for Needy Families (TANF), as defined in rule 12E-1.005, F.A.C., or Supplemental Security Income (SSI).

(e) The obligor has filed for bankruptcy under Chapter 11, 12 or 13.

(3) Notice to Obligor of Intent to Suspend Driver License; Notice to Suspend Motor Vehicle Registration. In accordance with section 61.13016(1), F.S., the obligor must be provided notice of the department's intent to suspend the driver license and motor vehicle registration. The Notice of Intent to Suspend Driver License/Vehicle Registration(s), Form CS-EF45, revised November 1999, is made part of this rule by reference. Copies of this form may be obtained by written request to the Department of Revenue, Child Support Enforcement Program, attn.: Forms Coordinator, Post Office Box 8030, Tallahassee, Florida 32314-8030. ~~Payment Plans.~~

(a) In instances where the obligor fails to comply with a subpoena, order to appear, order to show cause, or similar order, the subpoena or order requesting the obligor's compliance shall be attached to the CS-EF45 and provided to the obligor in accordance with subsection (3), paragraph (b) below. ~~The payment plan must take into account the ongoing support or arrearage obligations.~~

(b) When the department has a more current address than the Department of Highway Safety and Motor Vehicles (DHSMV), the department shall simultaneously send the CS-EF45 to the obligor's last address of record with the Department of Highway Safety and Motor Vehicles and send a copy of the CS-EF45 to the most current address listed by the department. ~~The payment plan shall be formalized into a court order.~~

(c) Service of the notice is complete upon mailing to the obligor's last known address as stated in subsection (3), paragraph (b) above. ~~If the licensee defaults after a payment plan is agreed to and an order entered by the court during the notification stage of the driver's license, driving privilege or vehicle registration suspension process, the notification process shall not be repeated. The case shall be referred to the contract attorney for the filing of the petition to obtain an order suspending the driver's license, driving privilege or vehicle registration.~~

~~(d) If the licensee defaults after a payment plan has been formalized by the entry of a court order and after the entry of a court order suspending the licensee's license, driving privilege and registration, the case analyst shall not request that the attorney file a new petition with the court to suspend the licensee's license, driving privilege and registration. The case analyst shall proceed with requesting DHSMV to suspend the licensee's license, driving privilege and registration.~~

~~(e) A statement shall be included in the agreement and the court order indicating the intent of the department to continue with the next step in the suspension process if the licensee defaults on payments as specified in the payment plan under either the agreement or court order.~~

(4) Notice to the Department of Highway Safety and Motor Vehicles to Suspend Driver License; Notice to Suspend Vehicle Registration. In accordance with section 61.13016(2), F.S., the department shall complete and send to the Department of Highway Safety and Motor Vehicles the Notice to the Department of Highway Safety and Motor Vehicles to Suspend Driver License/Vehicle Registration(s), Form CS-EF46, revised August 1997, incorporated herein by reference. Copies of this form may be obtained by written request to the Department of Revenue, Child Support Enforcement Program, attn.: Forms Coordinator, Post Office Box 8030, Tallahassee, Florida 32314-8030. ~~Reinstatement of the Driver's License, Driving Privilege and Registration of the Licensee. When the case analyst determines that the license, driving privilege and registration of the licensee shall be reinstated, the case analyst shall complete HRS Form EF47, incorporated herein by reference as of the effective date of this rule, the Authorization to Reinstate Driver's License/Privilege and Registration(s) and send a copy to the noncustodial parent. The Reinstatement Notice will be issued when:~~

~~(a) The noncustodial parent pays the delinquency in full; or~~

~~(b) The noncustodial parent agrees to a payment plan with the IV-D agency to pay the delinquency. The agreement must be formalized into a court order, signed by the judge and received by the IV-D agency.~~

(5) Termination of Driver License Suspension Process; Termination of Motor Vehicle Registration Suspension Process. The department shall stop a pending suspension action when the obligor complies with one of the provisions stated in section 61.13016(1)(c)1., F.S. Additionally, the department shall stop the suspension process based upon one of the following circumstances: ~~Duration of Authorization to Reinstate. The authorization to reinstate the license, driving privilege and registration provided to the licensee is valid for up to 30 calendar days from the date it is issued. In accordance with DHSMV procedures, the licensee must take the Notice of Reinstatement to a local Driver's License Office for reinstatement of the license, driving privilege and registration.~~

(a) The obligor makes arrangements with the Child Support Enforcement Program to comply with a subpoena or similar order to show cause relating to paternity or child support proceedings;

(b) An income deduction notice is sent to the obligor's payor of income;

(c) The obligor petitions the court within 20 days from the date the Notice of Intent to Suspend Driver License/Vehicle Registration(s), Form CS-EF45, is mailed and the petition is based upon the obligor's inability to pay the delinquency;

(d) The non-public assistance recipient of IV-D services requests case closure and the department no longer has the authority to enforce the support order;

(e) The department erroneously notified the Department of Highway Safety and Motor Vehicles to suspend the obligor's license/vehicle registration;

(f) The department verifies the obligor is receiving Temporary Assistance for Needy Families (TANF), as defined in rule 12E-1.005, F.A.C., or Supplemental Security Income (SSI); or

(g) The department verifies the obligor has filed for bankruptcy under Chapter 11, 12 or 13.

(6) Written Agreements. ~~Filing Form EF47 in the Case File. The department shall cause a copy of Form EF47 to be filed with the clerk of court for filing in the case file.~~

(a) When negotiating with the obligor under this subsection for a written agreement for payment, the department shall take into account the following factors:

1. The obligor's ongoing support obligation amount, delinquent amount and past due obligation(s); and

2. The obligor's ability to make a lump sum payment toward the delinquent amount or to comply with terms of the department's proposed payment agreement.

(b) A statement must be included in the written agreement indicating each of the following:

1. The obligor admits liability for the total amount of child support past due;

2. The obligor waives the right to ask the court to determine the past due obligation; and

3. The department intends to pursue, without further notice to the obligor, the suspension of the obligor's driver license and motor vehicle registration through direct notice to the Department of Highway Safety and Motor Vehicles should the obligor fail to comply with the written agreement.

4. The obligor agrees to entry of a court order incorporating the terms of the agreement.

(c) If the obligor defaults on any payment required by the written agreement, the department may, without further notice to the obligor, request the Department of Highway Safety and Motor Vehicles to suspend the obligor's license and registration, as provided by the terms of the written agreement.

(7) Reinstatement of the Driver License; Reinstatement of Motor Vehicle Registration. The department shall authorize the reinstatement of the obligor's license and registration when the obligor complies with one of the provisions stated in section 322.058(2), F.S., or when one of the following circumstances exist:

(a) The obligor makes arrangements with the department to comply with a subpoena or similar order to show cause relating to paternity or child support proceedings;

(b) The department verifies the obligor has filed for bankruptcy under Chapter 11, 12 or 13;

(c) The non-public assistance recipient of services requests case closure and the department no longer has the authority to enforce the support order;

(d) The obligor files a timely petition with the Circuit Court to stop the suspension after the suspension request has been sent to the Department of Highway Safety and Motor Vehicles but prior to the effective date of the suspension;

(e) The department requests the suspension in error; or

(f) The department verifies the obligor is receiving Temporary Assistance for Needy Families (TANF), as defined in rule 12E-1.005, F.A.C., or Supplemental Security Income (SSI).

(8) Procedure for Reinstatement.

(a) When one of the circumstances cited in subsection (7), paragraph (a), (b), (c) or (f) occur, the department shall complete, sign and provide to the obligor the Affidavit to Reinstate Driver License/Privilege and Motor Vehicle Registration in Accordance with section 322.058, Florida Statutes, DHSMV Form 73986, revised October 1997. The affidavit to reinstate is valid up to 30 days from the date it is issued.

(b) When one of the circumstances cited in subsection (7), paragraph (d) or (e) occur, the department shall notify, by facsimile, the Department of Highway Safety and Motor Vehicles to reinstate the obligor's license and registration.

(c) When the circumstance cited in subsection (7), paragraph (f) occurs, the Department shall notify the obligor that the department is no longer pursuing suspension action at this time due to the obligor's Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) status.

Specific Authority 409.2557(3)(i), ~~409.026~~ FS. Law Implemented 61.13016, 322.058 FS. History–New 7-20-94, Revised 7-1-95, 7-1-99, Formerly 10C-25.020, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Sheri Richey, Senior Management Analyst II (for Rule 12E-1.005, Collection and Distribution of Payments, and Rule 12E-1.022, Payment Error Recovery), Mike Vergenz, Senior Management Analyst II (for Rule 12E-1.012, Consumer Credit Reporting Agency), and Phil Scruggs, Senior Management Analyst II (for Rule 12E-1.023, Suspension of Driver's License; Suspension of Motor Vehicle Registration), Resource Management Process, Department of Revenue, P. O. Box 8030, Tallahassee, Fl 32314-8030, or by telephone at (850)922-9573, (850)922-9565, and (850)922-9558, respectively.

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Patterson Calhoun, Revenue Program Administrator I, Resource Management Process, Department of Revenue, P. O. Box 8030, Tallahassee, FL 32314-8030; telephone number (850)922-9715

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 2, 2000

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: These proposed rules were noticed for a Rule Development Workshop in the Florida Administrative Weekly on November 24, 1999 (Vol. 25, No. 47, pp. 5359-5366). The workshop was held on December 9, 1999. No one appeared at the workshop and no comments were received on the proposed amendments to Rules 12E-1.005, 12E-1.012, 12E-1.022, and 12E-1.023, F.A.C.

ADMINISTRATION COMMISSION

RULE CHAPTER TITLE:	RULE CHAPTER NO.:
Land Planning Regulations for the Apalachicola Bay Area of Critical State Concern – Franklin County	28-22
RULE TITLES:	RULE NOS.:
First Revision to Zoning Code	28-22.101
Second Revision to Zoning Code	28-22.102
Third Revision to Zoning Code	28-22.103
Revision to Comprehensive Plan	28-22.104
Revision to Zoning Code	28-22.105
Revision to Comprehensive Plan	28-22.106
Revision to Comprehensive Plan	28-22.107
Revision to Zoning Code	28-22.108
Revision to Zoning Code	28-22.109
Revision to Zoning Code	28-22.110
Amendment to Comprehensive Plan	28-22.111
Amendment to Comprehensive Plan	28-22.112
Subdivision Regulations Ordinance; Adoption of Franklin County Ordinance No. 89-7	28-22.113
Critical Shoreline District Regulation Ordinance Franklin County Ordinance No. 89-8	28-22.114
Amendment to Comprehensive Plan	28-22.115
Amendment to Comprehensive Plan	28-22.116
Amendment to the Franklin County Zoning Code	28-22.117
Amendment to the Franklin County Zoning Code	28-22.121
Amendment to the Franklin County Zoning Code	28-22.122
Amendment to the Franklin County Zoning Code	28-22.123
Amendment to the Franklin County Zoning Code	28-22.124
Adoption of the Franklin County Local Comprehensive Plan	28-22.125
Amendment to the Franklin County Land Development Regulations	28-22.126
Amendment to the Franklin County Land Development Regulations	28-22.127
Amendment to the Franklin County Land Development Regulations	28-22.128
Amendment to the Franklin County Land Development Regulations	28-22.129
Amendment to the Franklin County Land Development Regulations	28-22.130
Amendment to the Franklin County Land Development Regulations	28-22.131
Amendment to the Franklin County Land Development Regulations	28-22.132
Adoption of City of Carrabelle Ordinance No. 203	28-22.301
To Adopt City of Carrabelle Resolution 2-88 and Ordinances 207, 208	28-22.302
Subdivision Regulations Ordinance: Adoption of the City of Carrabelle's Ordinance No. 211	28-22.303
Adoption of City of Carrabelle's Zoning Ordinance	28-22.304
Adoption of City of Carrabelle Septic Tank Ordinance	28-22.305
Adoption of the 1988 State Minimum Building Code with 1989 and 1990 Amendments as the City of Carrabelle Building Code	28-22.307
Amendment to the City of Carrabelle Zoning Code	28-22.308
City of Carrabelle Comprehensive Plan	28-22.309
Amendments to the City of Carrabelle Land Development Regulations	28-22.310

PURPOSE AND EFFECT: The purpose and effect is to repeal certain rules. The rules identified for repeal relate to the Land Planning Regulations for the Apalachicola Bay Area of Critical State Concern – Franklin County. In 1994, the Administration Commission de-designated the City of Carrabelle and the unincorporated lands within Franklin County from the Apalachicola Bay Area of Critical State Concern. The specific rules that were adopted by the Commission setting forth land

planning regulations for these areas during the period of area of criitical state concern designation are obsolete and no longer necessary.

SUMMARY: Repeals the above referenced Administration Commission rules.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory cost has been prepared.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 120.74 FS.

LAW IMPLEMENTED: 120.536(1) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Thursday, March 9, 2000

PLACE: Room 2106, The Capitol, Tallahassee, Florida

Any person requiring a special accommodation to participate in the hearing because of a disability should contact Barbara Leighty, (850)488-7793, at least 3 business days in advance to make appropriate arrangements.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Barbara Leighty, Governmental Analyst, Administration Commission, The Capitol, Room 2105, Tallahassee, Florida 32399-0001, telephone (850)488-7793

THE FULL TEXT OF THE PROPOSED RULES IS:

28-22.101 First Revision to Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 3-16-87, Amended 8-26-87, Repealed _____.

28-22.102 Second Revision to Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 8-26-87, Repealed _____.

28-22.103 Third Revision to Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 4-18-88, Repealed _____.

28-22.104 Revision to Comprehensive Plan.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 10-5-88, Repealed _____.

28-22.105 Revision to Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 10-5-88, Repealed _____.

28-22.106 Revision to Comprehensive Plan.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 1-30-89, Repealed _____.

28-22.107 Revision to Comprehensive Plan.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 1-30-89, Repealed _____.

28-22.108 Revision to Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 1-8-89, Repealed _____.

28-22.109 Revision to Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 1-30-89, Repealed _____.

28-22.110 Revision to Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 1-8-89, Repealed _____.

28-22.111 Amendment to Comprehensive Plan.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 7-20-89, Repealed _____.

28-22.112 Amendment to Comprehensive Plan.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 9-14-89, Repealed _____.

28-22.113 Subdivision Regulations Ordinance: Adoption of Franklin County Ordinance No. 89-7.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 10-29-89, Repealed _____.

28-22.114 Critical Shoreline District Regulation Ordinance. Franklin County Ordinance No. 89-8.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 10-29-89, Repealed _____.

28-22.115 Amendment to Comprehensive Plan.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 10-25-89, Repealed _____.

28-22.116 Amendment to Comprehensive Plan.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555 FS. History–New 11-20-89, Repealed _____.

28-22.117 Amendment to the Franklin County Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 1-1-90, Repealed _____.

28-22.121 Amendment to the Franklin County Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 10-11-90, Repealed _____.

28-22.122 Amendment to the Franklin County Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 10-11-90, Repealed _____.

28-22.123 Amendment to the Franklin County Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 2-6-91, Repealed _____.

28-22.124 Amendment to the Franklin County Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 7-21-91, Repealed _____.

28-22.125 Adoption of the Franklin County Local Comprehensive Plan.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555 FS. History–New 8-1-91, Repealed _____.

28-22.126 Amendment to the Franklin County Land Development Regulations.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555 FS. History–New 8-1-91, Repealed _____.

28-22.127 Amendment to the Franklin County Land Development Regulations.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555 FS. History–New 8-1-91, Amended 1-15-92, Repealed _____.

28-22.128 Amendment to the Franklin County Land Development Regulations.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555 FS. History–New 12-21-92, Repealed _____.

28-22.129 Amendment to the Franklin County Land Development Regulations.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555 FS. History–New 12-21-92, Repealed _____.

28-22.130 Amendment to the Franklin County Land Development Regulations.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555 FS. History–New 12-21-92, Repealed _____.

28-22.131 Amendment to the Franklin County Land Development Regulations.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555 FS. History–New 12-21-92, Repealed _____.

28-22.132 Amendment to the Franklin County Land Development Regulations.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555 FS. History–New 1-5-93, Repealed _____.

28-22.301 Adoption of City of Carrabelle Ordinance No. 203.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 6-21-88, Repealed _____.

28-22.302 To Adopt City of Carrabelle Resolution 2-88 and Ordinances 207, 208.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 7-21-88, Repealed _____.

28-22.303 Subdivision Regulations Ordinance: Adoption of the City of Carrabelle's Ordinance No. 211.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 9-14-89, Repealed _____.

28-22.304 Adoption of City of Carrabelle's Zoning Ordinance.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 1-1-90, Repealed _____.

28-22.305 Adoption of City of Carrabelle Septic Tank Ordinance.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 12-17-89, Repealed _____.

28-22.307 Adoption of the 1988 State Minimum Building Code with 1989 and 1990 Amendments as the City of Carrabelle Building Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 5-19-91, Repealed _____.

28-22.308 Amendment to the City of Carrabelle Zoning Code.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555(10) FS. History–New 7-21-91, Repealed _____.

28-22.309 City of Carrabelle Comprehensive Plan.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555 FS. History–New 2-16-93, Repealed _____.

28-22.310 Amendments to the City of Carrabelle Land Development Regulations.

Specific Authority 380.0555(10) FS. Law Implemented 380.0555 FS. History–New 2-16-93, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Teresa Tinker

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Administration Commission

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 28, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: Workshop not required pursuant to Section 120.54(2)(a), Florida Statutes, since the rules are to be repealed.

WATER MANAGEMENT DISTRICTS

St. Johns River Water Management District

RULE TITLE: RULE NO.:

Publications Incorporated by Reference 40C-4.091

PURPOSE AND EFFECT: The St. Johns River Water Management District proposes to amend the drainage basin and regional watershed figures and tables which are part of the Applicant's Handbook: Management and Storage of Surface Waters and are relevant to the review of applications for environmental resource permits (ERP) and mitigation bank permit applications. Specifically, the District proposes to

amend Figure 12.2.8-1 entitled "St. Johns River Water Management District Drainage Basins" and the figure in Appendix M entitled "St. Johns River Water Management District Regional Watersheds for Mitigation Banking," and the associated tables for drainage basin and regional watershed names. The drainage basins on Figure 12.2.8-1 define the geographical scope of the evaluation of whether a regulated activity will cause unacceptable cumulative impacts upon wetlands and other surface waters. The regional watersheds in Appendix M are used in the analysis of ecological benefits of proposed mitigation banks, are considered in the establishment of mitigation bank service areas, and are used as part of the determination of the number of mitigation credits needed to offset a given wetland impact.

The proposed basin/watershed boundaries have been developed with the assistance of a technical advisory committee consisting of representatives from private environmental consulting firms, environmental groups, environmental agencies and a mitigation banking association. The existing referenced figures have 46 basins/watersheds, while the proposed amended figures will have 22 basins/watersheds. Generally, the basins and watersheds are proposed to increase in size by combining existing basins/watersheds, or to remain essentially the same size as in the existing rules. One exception is the proposed Western Etonia Lakes basin, which is proposed as a portion of the existing Etonia Creek basin.

Five of the basins/watersheds are proposed to be "nested" which means that these areas are both individual basins/watersheds and part of larger basins/watersheds. The effect of this designation for a drainage basin is that, for impacts that are outside of a nested area but within the larger basin of which it is a part, mitigation in the nested area will be considered to be in the same drainage basin for cumulative impact review purposes. For impacts that are located within a nested area, mitigation that is located outside of the nested area but within the larger basin of which it is a part will be considered to be outside the basin for cumulative impact review purposes.

The effect of the "nested" designation for a regional watershed is that, when a mitigation bank is located outside of a nested regional watershed, the regional watershed for that mitigation bank will not include the nested regional watershed. When a mitigation bank is located within a nested regional watershed, the regional watershed for mitigation bank will be the larger regional watershed, including the nested regional watershed.

SUMMARY: The proposed rules amend the drainage basin and regional watershed figures (Fig. 12.2.8-1 and figure in Appendix M) and associated tables of basin and watershed names in the Applicant's Handbook: Management and Storage of Surface Waters. The District will be divided into 22 drainage basins/watersheds.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory cost has been prepared.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative, must do so within 21 days of this notice.

SPECIFIC AUTHORITY: 373.044, 373.113, 373.4136, 373.414, 373.418 FS.

LAW IMPLEMENTED: 373.016(2), 373.413, 373.4135, 373.4136, 373.414, 373.416, 373.418, 373.426 FS.

IF REQUESTED WITHIN 21 DAYS OF THIS PUBLICATION, A PUBLIC HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: Following the regularly scheduled Governing Board Meeting which begins at 9:00 a.m., March 8, 2000

PLACE: St. Johns River Water Management District, Highway 100, West, Palatka, Florida 32177

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Norma K. Messer, Rules Coordinator, Office of General Counsel, St. Johns River Water Management District, P. O. Box 1429, Palatka, Florida 32178-1429, (904)329-4459

THE FULL TEXT OF THE PROPOSED RULE IS:

40C-4.091 Publications Incorporated by Reference.

(1) The Governing Board hereby adopts by reference:

(a) Part I "Policy and Procedures," Part II "Criteria for Evaluation," subsections 18.0, 18.1, 18.2, and 18.3 of Part III and Appendix K "Legal Description Upper St. Johns River Hydrologic Basin," "Legal Description Ocklawaha River Hydrologic Basin," "Legal Description of the Wekiva River Hydrologic Basin," "Legal Description of the Econlockhatchee River Hydrologic Basin," "Legal Description of the Sensitive Karst Areas Basin, Alachua County," "Legal Description Tomoka River Hydrologic Basin," Legal Description Spruce Creek Hydrologic Basin," "Legal Description of the Sensitive Karst Areas Basin, Marion County," and "Legal Descriptions of the Lake Apopka Drainage Basin," and Appendix M "Regional Watersheds for Mitigation Banking," of the document entitled "Applicant's Handbook: Management and Storage of Surface Waters," effective _____ ~~1-11-99~~.

(b) through (c) No change.

(2) No change.

Specific Authority 373.044, 373.046(4), 373.113, ~~373.171,~~ 373.413, 373.414, 373.4136, 373.415, 373.416, 373.418, 373.421(2) FS. Law Implemented 373.016(2), 373.046, 373.413, 373.4135, 373.4136, 373.414, 373.415, 373.416, 373.421(2)-(6), 373.426 FS. History–New 12-7-83, Amended 10-14-84, Formerly 40C-4.091, Amended 5-17-87, Formerly 40C-4.0091, Amended 8-20-87, 10-1-87, 10-11-87, 11-26-87, 8-30-88, 1-1-89, 8-1-89, 10-19-89, 4-3-91, 8-11-91, 9-25-91, 11-12-91, 3-1-92, 7-14-92, 9-8-92, 9-16-92, 11-12-92, 11-30-92, 1-6-93, 1-23-94, 2-27-94, 11-22-94, 10-3-95, 8-20-96, 11-25-98, 12-3-98, 1-7-99, 1-11-99, _____.

INSERT FIGURE 12.2.8-1

INSERT APPENDIX M

NAME OF PERSON ORIGINATING PROPOSED RULE: Kathryn Mennella, General Counsel, Office of General Counsel, St Johns River Water Management District, P. O. Box 1429, Palatka, Florida 32178-1429, (904)329-4215

NAME OF PERSON OR SUPERVISOR WHO APPROVED THE PROPOSED RULE: Governing Board of the St. Johns River Water Management District

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 2, 2000

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 22, 1999

DEPARTMENT OF ELDER AFFAIRS

Emergency Home Energy Assistance

RULE TITLES:	RULE NOS.:
Purpose and Legal Base	58E-1.001
Referral Services	58E-1.002
Household Composition	58E-1.003
Eligibility Factors Other Than Income	58E-1.004
Determination of Eligibility Based on Income	58E-1.005
Income	58E-1.006
Verification	58E-1.007
Program Administration	58E-1.008
Eligible Activities	58E-1.009
Ineligible Activities	58E-1.010
Amount of Assistance	58E-1.011

PURPOSE AND EFFECT: This repeals all rules within Chapter 58E-1, FAC., Emergency Home Energy Assistance for the Elderly Program (EHEAP). The rules are no longer necessary.

SUMMARY: Subsection 409.508(4), F.S., is the specific statutory authority vested in the Department of Community Affairs for rule-making relating to the low-income energy assistance program, of which EHEAP is a part. The Department of Elder Affairs administers EHEAP through an inter-agency agreement with the DCA in accordance with federal rules and regulations which govern the program. EHEAP rules were transferred to the Department of Elder Affairs from the former Department of Health and Rehabilitative Services by ch. 91-115(10), General Laws of Florida.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 409.508(4) FS.

LAW IMPLEMENTED: 409.508 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 10:00 a.m., Monday, March 6, 2000

PLACE: Department of Elder Affairs, Conf. Room 225F, 4040 Esplanade Way, Tallahassee, FL

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Pat Dunn, Office of the General Counsel, Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, FL 32399-7000, Telephone (850)414-2000

THE FULL TEXT OF THE PROPOSED RULES IS:

58E-1.001 Purpose and Legal Base.

Specific Authority 409.508(4), 430.08 FS., ch. 91-115, s. 10, Laws of Fla. Law Implemented 409.026, 409.508, 430.03(6) FS., ch. 91-115, s. 10, Laws of Fla. History–New 5-1-86, Amended 3-6-91, Formerly 10C-31.001, Amended 3-28-95, Repealed _____.

58E-1.002 Referral Services.

Specific Authority 409.508(4), 430.08 FS. Law Implemented 409.026, 409.508, 430.03(6) FS. History–New 5-1-86, Formerly 10C-31.002, Amended 3-28-95, Repealed _____.

58E-1.003 Household Composition.

Specific Authority 409.508(4), 430.08 FS., ch. 91-115, s. 10, Laws of Fla. Law Implemented 409.026, 409.508, 430.03(6) FS., ch. 91-115, s. 10, Laws of Fla. History–New 5-1-86, Amended 3-6-91, Formerly 10C-31.003, Amended 3-28-95, Repealed _____.

58E-1.004 Eligibility Factors Other Than Income.

Specific Authority 409.508(4), 430.08 FS., ch. 91-115, Laws of Fla. Law Implemented 409.026, 409.508, 430.03(6) FS. History–New 5-1-86, Formerly 10C-31.004, Amended 3-28-95, Repealed _____.

58E-1.005 Determination of Eligibility Based on Income.

Specific Authority 409.508(4), 430.08 FS., ch. 91-115, s. 10, Laws of Fla. Law Implemented 409.026, 409.508, 430.03(6) FS. History–New 5-1-86, Formerly 10C-31.005, Repromulgated 3-28-95, Repealed _____.

58E-1.006 Income.

Specific Authority 409.508(4), 430.08 FS., ch. 91-115, s. 10, Laws of Fla. Law Implemented 409.026, 409.508, 430.03(6) FS., ch. 91-115, s. 10, Laws of Fla. History–New 5-1-86, Formerly 10C-31.006, Repromulgated 3-28-95, Repealed _____.

58E-1.007 Verification.

Specific Authority 409.508(4), 430.08 FS., ch. 91-115, s. 10, Laws of Fla. Law Implemented 409.026, 409.508, 430.03(6) FS., ch. 91-115, s. 10, Laws of Fla. History–New 5-1-86, Amended 3-6-91, Formerly 10C-31.007, Amended 3-28-95, Repealed _____.

58E-1.008 Program Administration.

Specific Authority 409.508(4), 430.08 FS., ch. 91-115, s. 10, Laws of Fla. Law Implemented 409.026, 409.508, 430.03(6) FS., ch. 91-115, s. 10, Laws of Fla. History–New 5-1-86, Amended 3-6-91, Formerly 10C-31.008, Amended 3-28-95, Repealed _____.

58E-1.009 Eligible Activities.

Specific Authority 409.508(4), 430.08 FS., ch. 91-115, s. 10, Laws of Fla. Law Implemented 409.026, 409.508, 430.03(6) FS., ch. 91-115, s. 10, Laws of Fla. History–New 5-1-86, Formerly 10C-31.009, Amended 3-28-95, Repealed _____.

58E-1.010 Ineligible Activities.

Specific Authority 409.508(4), 430.08 FS., ch. 91-115, s. 10, Laws of Fla. Law Implemented 409.026, 409.508, 430.03(6) FS. History–New 5-1-86, Formerly 10C-31.010, Repromulgated 3-28-95, Repealed _____.

58E-1.011 Amount of Assistance.

Specific Authority 409.508(4), 430.08 FS., ch. 91-115, s. 10, Laws of Fla. Law Implemented 409.026, 409.508, 430.03(6) FS., ch. 91-115, s. 10, Laws of Fla. History–New 5-1-86, Amended 3-6-91, Formerly 10C-31.011, Amended 3-28-95, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Karen Campbell, General Counsel, Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, FL 32399-7000

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Dr. Gema Hernandez, Secretary, Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, FL 32399-7000

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 25, 2000

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE TITLE: RULE NO.:

Physical Plant Requirements for General, Rehabilitation and Psychiatric Hospitals 59A-3.081

PURPOSE AND EFFECT: The purpose of the proposed rule amendment to Chapter 59A-3, FAC., is to promulgate changes in portions of subsections (39) and (53), and the title of subsection (53), to ensure that rules governing hospital physical plant requirements apply to all inpatient cardiac catheterization services, not only adult inpatient diagnostic cardiac catheterization services. The proposed rule amendment will not compromise public safety, human health, the environment, or any other protection afforded by law.

SUMMARY: The proposed rule removes "out" from "outpatient" in subsection (39)(a) and the designation "Cardiac Catheterization" from the Room or Function portion of the Minimum Hospital Ventilation Rate Table. The proposed rule also removes "Adult" and "Diagnostic" from the title of subsection (53). There is no change in any physical requirement, description of the facilities or required standards for medical gas systems as they pertain to cardiac catheterization services.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None prepared.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative, must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 395.0163, 395.1055, 408.036 FS.

LAWS IMPLEMENTED: 395.0163, 395.1031, 395.1055, 408.036 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING ON THE PROPOSED RULE WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 2:00 p.m., March 6, 2000

PLACE: Agency for Health Care Administration, Building #1, Plans & Construction Conference Room 100, 2727 Mahan Drive, Tallahassee, Florida 32308

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: James (Skip) Gregory, Chief, Bureau of Plans and Construction, Agency for Health Care Administration, Building #1, Room 145, 2727 Mahan Drive, Tallahassee, Florida 32308, (850)487-0713

THE FULL TEXT OF THE PROPOSED RULE IS:

59A-3.081 Physical Plant Requirements for General, Rehabilitation, and Psychiatric Hospitals.

(1) through (38) No change.

(39) Heating, Ventilating and Air Conditioning Systems. Air handling equipment shall be located in mechanical equipment rooms unless it serves only one room and is located in that room.

(a) Ventilation. Ventilation shall be provided by mechanical means in all rooms in new facilities and in all remodeled rooms. The minimum quantities and filtrations shall be met as set forth in the Minimum Hospital Ventilation Rate Tables for those spaces that are listed. These requirements apply to inpatient areas and outpatient areas within the hospital. Detached outpatient facilities shall comply with subsection (3) below except that outpatient surgery, outpatient cardiac catheterization and any other treatment or diagnostic procedure involving invasive procedures shall comply with the requirements for ~~out~~patient areas within the hospital.

MINIMUM HOSPITAL VENTILATION RATE TABLE (See Note 2)
GENERAL ACUTE CARE HOSPITALS

Room or Function	Relative Pressure	Total Air	Outdoor Air Quantities	100% Exhaust Quantities	System* & Filtration**
Operating, Emergency Operating Rooms, Cystology	+	20	5	NO	1A, 2A
Delivery	+	12	5	NO	1A, 2A
Recovery	0	6	2	NO	1A, 2A
Nursery	+	12	2.8	NO	1A, 2A
Intensive Care	+	6	2	NO	1A, 2A
Patient	0	4	1.5	NO	1A, 2B, 3D
Labor, LDR and LDRP Room	0	4	1.5	NO	1A, 2B
Magnetic Resonance Imaging, ~~Cardiac Catheterization,~~ Lithotripter	+	6	2	NO	1A, 2B
Patient Area Corridor	0	2	1.5	NO	1A, 2B

Immunosuppressant Patient Room	+	2	1	NO	1E
Patient Isolation Room With-out Anteroom	-	6	2	YES	1A, 2B
Patient Isolation Room With Walk-Through Anteroom as the Only Entrance	0	6	2	YES	1A, 2B
Anteroom	-	6	2	YES	1A, 2B
Endoscopy	0	6	2	NO	1A, 2B
Exam and Treatment	0	6	2	NO	1A, 2B
Nourishment Pantry	0	6	1	NO	1A, 2B
Medicine Preparation	0	6	1	NO	1A, 2B
Clean Workroom	+	4	2	NO	1A, 2B
Soiled Workroom	-	10	2	YES	1A, 2B
Therapy (Physical and Hydro)	-	4	2.25	NO	1A, 2B
Respiratory Therapy	+	6	2.25	NO	1A, 2B
Radiology	0	6	2	NO	1A, 2B
Fluoroscopic	-	6	2	YES	1A, 2B
Toilets, Janitor Closets, Baths, Showers and Bedpan Rooms	-	10	-	YES	-
Autopsy and Darkroom	-	15	-	YES	-
Sterilizer Equipment Room	-	10	-	YES	-
Laboratory (see Note 4)	-	6	2	YES	1A, 2B
Sterile Packaging	+	4	2	NO	1A, 2B
Clean Storage	+	2	1.1	NO	1A, 2B
Anesthesia Storage	0	8	0	YES	1C
Decontamination or Soiled Workroom	-	6	-	YES	-
Storage, Medical	0	2	-	NO	1C
Kitchen	0	20	7	NO	1C
Dish Storage	+	2	1	NO	1C
Dish Washing	-	10	-	YES	-
Food Service Center and Dining	0	6	1.3	NO	1C
Dietary Storage	0	2	1	NO	1C
Laundry	0	10	3.3	YES	1C
Clean Linen Storage and Handling	0	6	2	NO	1C
Soiled Linen Storage and Handling	-	10	-	YES	-
Storage, General	0	2	-	NO	1C
Corridors (Non-patient)	0	2	1	NO	1C
Body Handling (see Note 2)	-	10	-	YES	-

* AIR HANDLING SYSTEM TYPES

1. Central system recirculating and redistributing air to other rooms or spaces.

2. Central system distributing 100 percent outside air.

3. Individual units with no recirculation to other rooms or spaces.

** AIR HANDLING FILTRATION LEVELS

A. 90 percent by the ASHRAE atmospheric dust spot test method.

B. 80 percent by the ASHRAE atmospheric dust spot test method.

C. 25 percent by the ASHRAE atmospheric dust spot test method.

D. Low efficiency, throw away.

E. 99.97 percent DOP

Note 1: Administrative and other staff-only areas shall be provided with outside air at the minimum rate of 20 cubic feet per minute per person, and the central system shall have a minimum of 25 percent ASHRAE dust spot efficiency filter.

Note 2: Holding rooms without body boxes must meet these requirements and be designed for a room temperature not to exceed 70 degrees Fahrenheit.

Note 3: Certain functional areas may require special ventilation consideration.

Note 4: May be recirculated to the lab but not to other parts of the hospital except for Bacteriology and Histology which must be 100 percent exhausted.

(b) through (m) No change.

(40) through (52) No change.

(53) Physical Plant Requirements for ~~Adult~~ Inpatient ~~Diagnostic~~ Cardiac Catheterization Service. The following are additional ~~special~~ requirements for ~~Adult~~ Inpatient ~~Diagnostic~~ Cardiac Catheterization Service ~~established after July 1, 1997~~.

(a) through 10. No change.

(b) The following spaces shall be available for use by the ~~Adult~~ Inpatient ~~Diagnostic~~ Cardiac Catheterization Service:

1. An X-ray viewing room; and

2. An X-ray film file room.

(c) The minimum quantities and filtrations shall be met as set forth in the following table:

~~ADULT~~ INPATIENT ~~DIAGNOSTIC~~ CARDIAC CATHETERIZATION SERVICE
MINIMUM VENTILATION RATE TABLE

Room or Function	Relative Pressure	Total Air	Outdoor Air Quantities	100% Exhaust Quantities	System* & Filtration**
Preparation Room Recovery Room Holding Room	0	6	2	NO	1A, 2B
Cardiac Catheterization Procedure Room	+	15	3	NO	1A, 2B
Control Room	0	4	2	NO	1A, 2B
Equipment Room	0	4	0	NO	1A, 2B
Staff Changing					

Room	-	4	2	YES	1A, 1B
Clean Work Room	+	4	2	NO	1A, 2B
Clean Supply Room	+	4	2	NO	1A, 2B
Soiled Work Room	-	10	2	YES	1A, 2B
Soiled Holding Room	-	10	2	YES	1A, 2B

* AIR HANDLING SYSTEM TYPES

1. Central system recirculating and redistributing air to other rooms or spaces.

2. Central system distributing 100 percent outside air.

3. Individual units with no recirculation to other rooms or spaces.

** AIR HANDLING FILTRATION LEVELS

A. 90 percent by the ASHRAE atmospheric dust spot test method.

B. 80 percent by the ASHRAE atmospheric dust spot test method.

C. 25 percent by the ASHRAE atmospheric dust spot test method.

D. Low efficiency, throw away.

E. 99.97 percent DOP.

(d) The minimum medical gas station outlets shall be as follows:

~~ADULT~~ INPATIENT ~~DIAGNOSTIC~~ CARDIAC CATHETERIZATION SERVICE MEDICAL GAS STATION OUTLETS

Room or Function	Oxygen	Vacuum	Medical Air
Cardiac Catheterization Procedure Room	1	2	2
Holding Room***	1	2	2
Preparation Room***	1	2	2
Recovery Room***	1	2	2

*** One (01) outlet per bed or station.

(54) through (55) No change.

Specific Authority 395.0163, 395.1055, 408.036 FS. Laws Implemented 395.0163, 395.1031, 395.1055, 408.036 FS. History–New 1-7-77, Formerly 10D-28.81, Amended 1-1687, 11-23-88, Formerly 10D-28.081, Amended 9-3-92, 6-29-97, 3-18-98, 12-20-99,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: James (Skip) Gregory, Chief, Bureau of Plans and Construction, Agency for Health Care Administration, Building #1, Room 145, 2727 Mahan Drive, Tallahassee, Florida 32308, (850)487-0713

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Pete J. Buigas, Deputy Director, Division of Managed Care and Health Quality, Agency for Health Care Administration

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 27, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 7, 2000

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Architecture and Interior Design

RULE TITLE: RULE NO.:
Notice of Non-compliance 61G1-12.007

PURPOSE AND EFFECT: The Board is amending this rule to delete unnecessary rule text.

SUMMARY: The Board has determined that amendments are necessary to this rule to delete certain rule text that is no longer needed because there is no statutory authority.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 120.695, 455.225(3), 481.2055 FS.

LAW IMPLEMENTED: 120.695, 455.225(3) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sherry Landrum, Executive Director, Board of Architecture and Interior Design, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G1-12.007 Notice of Non-compliance.

(1) In accordance with Section 455.225(3), Florida Statutes, when a complaint is received, the Department shall provide a licensee with a notice of non-compliance for an initial offense only of a minor violation. Failure of a licensee to take action in correcting the violation within 15 days after the notice shall result in the institution of regular disciplinary proceedings by the Department. "Minor violation" as used in Section 455.225(3), Florida Statutes, is defined as follows:

(a) through (e) No change.

~~(f) practicing without a certificate of authorization in violation of §481.219, F.S.,~~

(f)~~(g)~~ No change.

(2) No change.

Specific Authority 120.695, 455.225(3), 481.2055 ~~468.522~~ FS. Law Implemented 120.695, 455.225(3) FS. History–New 2-29-96, Amended 2-25-98,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Architecture and Interior Design

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Architecture and Interior Design

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 11, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 5, 1999

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Architecture and Interior Design

RULE TITLE: RULE NO.:
When Seal May Be Affixed 61G1-16.003

PURPOSE AND EFFECT: The Board is amending this rule to update the rule text with regard to when seals may be affixed.

SUMMARY: The Board proposes to amend this rule to update the rule text by including the words "or interior designer" and other amendments are being made to further clarify when seals may be affixed. Unnecessary rule text is being deleted.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 481.2055, 481.221 FS.

LAW IMPLEMENTED: 481.221, 481.225(1)(e),(g),(j), 481.2251(1)(g),(h),(i) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sherry Landrum, Executive Director, Board of Architecture and Interior Design, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G1-16.003 When Seal May Be Affixed.

The personal seal, signature and date of the architect or interior designer shall appear on all architectural or interior design documents to be filed for public record and shall be construed to obligate his partners or his corporation. A corporate seal alone is insufficient. Documents shall be signed personally and sealed by the responsible architect or interior designer. Final official record documents (not tracings, etc.) shall be so signed. The signing and sealing of the specification index sheets ~~sheet or sheets (if it identifies all parts) of drawings and specifications~~ shall be considered adequate. ~~Without such index all sheets and pages shall be so signed and sealed.~~ All drawing sheets and pages shall be so signed and sealed. An architect or interior designer shall not affix, or permit to be affixed, his seal or name to any plan, specifications, drawings, or other related document which was not prepared by him or under his responsible supervising control as provided in Rule Chapter 61G1-23, F.A.C. An architect or interior designer shall not use his seal or do any other act as an architect or interior designer unless holding at the time a certificate of registration and all required renewals thereof.

Specific Authority 481.2055. 481.221 FS. Law Implemented 481.221, 481.225(1)(e),(g),(j), 481.2251(1)(g),(h),(i) FS. History–New 12-23-79, Formerly 21B-16.03, Amended 7-27-89, Formerly 21B-16.003, Amended 11-21-94, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Architecture and Interior Design

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Architecture and Interior Design

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 11, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 5, 1999

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Architecture and Interior Design

RULE TITLE: RULE NO.:
Title Block 61G1-16.004

PURPOSE AND EFFECT: The Board has determined that it is necessary to create a new rule to address a "title block" for all architectural or interior design drawings and specification identification sheets.

SUMMARY: A new rule is being promulgated by the Board entitled, "Title Block" which will provide language for the title block and the required information necessary for a title block to be complete. In addition, since this new rule is being added to chapter 61G1-16, the Board has determined that the chapter title should be amended to reflect the contents of the whole chapter; therefore, the chapter title will be amended to read "Seals and Plans".

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 481.2055 FS.

LAW IMPLEMENTED: 481.203(6), 481.203(8), 481.2131(1), 481.219(3), 481.219(4), 481.219(5), 481.221, 481.225(1)(e), 481.225(1)(g), 481.2251(1)(h) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sherry Landrum, Executive Director, Board of Architecture and Interior Design, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G1-16.004 Title Block.

A title block must appear on all architectural or interior design drawings and specification identification sheets. The title block must, at a minimum, contain the following information:

(1) firm name, address, and telephone number

(2) firm license number

(3) name or identification of project

(4) date prepared

(5) a space for the signature and dated seal

(6) a space for the printed name of the person sealing the document

Specific Authority 481.2055 FS. Law Implemented 481.203(6), 481.203(8), 481.2131(1), 481.219(3), 481.219(4), 481.219(5), 481.221, 481.225(1)(e), 481.225(1)(g), 481.2251(1)(h) FS. History–New .

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Architecture and Interior Design

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Architecture and Interior Design

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 11, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 5, 1999

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Architecture and Interior Design

RULE TITLE: RULE NO.:

Procedures for Signing and Sealing Electronically Transmitted Plans, Specifications, Reports or Other Documents 61G1-16.005

PURPOSE AND EFFECT: The purpose is to create a new rule which will address the procedures for signing and sealing electronically transmitted plans, specifications, reports or other documents.

SUMMARY: The Board has determined that it is necessary to promulgate a new rule which will address the procedures for signing and sealing electronically transmitted plans, specifications, reports or other documents.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 282.75, 481.2055 FS.

LAW IMPLEMENTED: 481.221 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sherry Landrum, Executive Director, Board of Architecture and Interior Design, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G1-16.005 Procedures for Signing and Sealing Electronically Transmitted Plans, Specifications, Reports or Other Documents.

(1) Information stored in electronic files representing plans, specifications, plats, reports, or other documents which must be sealed under the provisions of Chapter 481, F.S., shall be signed, dated and sealed by the architect or interior designer in responsible charge.

(2) Electronic files may be signed and sealed by creating a "signature" file that contains the architect's or interior designer's name and license number, a brief overall description of the documents, and a list of the electronic files to be sealed. Each file in the list shall be identified by its file name utilizing relative Uniform Resource Locators (URL) syntax described in the Internet Architecture Board's Request for Comments (RFC) 1738, December 1994, which is hereby adopted and incorporated by reference by the Board and can be obtained from the Internet Website: ftp://ftp.isi.edu/in-notes/rfc1738.txt. Each file shall have an authentication code defined as an SHA-1 message digest described in Federal Information Processing Standard Publication 180-1 "Secure Hash Standard," 1995 April 17, which is hereby adopted and incorporated by reference by the Board and can be obtained from the Internet Website: http://www.itl.nist.gov/fipspubs/fip180-1.htm. A report shall be created that contains the architect's or interior designer's license number, a brief overall description of the documents in question and the authentication code of the signature file. This report shall be printed and manually signed, dated, and sealed by the architect or interior designer in responsible charge. The signature file is defined as sealed if its authentication code matches the authentication code on the printed, manually signed, dated and sealed report. Each electronic file listed in a sealed signature file is defined as sealed if the listed authentication code matches the file's computed authentication code.

Specific Authority 282.75, 481.2055 FS. Law Implemented 481.221 FS. History–New .

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Architecture and Interior Design

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Architecture and Interior Design

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 11, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 21, 2000

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Architecture and Interior Design

RULE TITLE: RULE NO.:
Responsibility for Businesses 61G1-23.070

PURPOSE AND EFFECT: The Board has determined that a new rule should be promulgated to address the responsibilities for businesses.

SUMMARY: A new rule is being created to notify architects or interior designers that they may qualify only one entity unless multiple entities exist with the same officers or out of the same location, and the qualifier(s) must demonstrate a responsible supervisory control on all projects in Florida.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 481.2055 FS.

LAW IMPLEMENTED: 481.219, 481.221(4),(5), 481.225(1)(e),(f),(g),(i),(j),(k), 481.2251(1)(f),(g),(h),(i),(j) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sherry Landrum, Executive Director, Board of Architecture and Interior Design, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G1-23.070 Responsibility for Businesses.

An architect or interior designer can only qualify one entity as defined by Section 481.219(2) or (3), Florida Statutes, unless multiple entities exist with the same officers or out of the same location. The qualifier must demonstrate responsible supervisory control on all projects in Florida.

Specific Authority 481.2055 FS. Law Implemented 481.219, 481.221(4),(5), 481.225(1)(e),(f),(g),(i),(j),(k), 481.2251(1)(f),(g),(h),(i),(j) FS. History–New .

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Architecture and Interior Design

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Architecture and Interior Design

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 11, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 5, 1999

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

RULE TITLES: RULE NOS.:
Requirements to Set Examination Date 61G4-16.002
Examination Review Procedures 61G4-16.003

PURPOSE AND EFFECT: Pursuant to Section 455.217, Florida Statutes, the Board proposes to repeal Rules 61G4-16.002 and .003 due to the lack of specific, statutory authority.

SUMMARY: Repeal of Rules 61G4-16.002 and .003.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 120.53, 455.217, 489.108 FS.

LAW IMPLEMENTED: 120.53, 455.217 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Rodney Hurst, Executive Director, Construction Industry Licensing Board, 7960 Arlington Expressway, Suite 300, Jacksonville, Florida 32211-7467

THE FULL TEXT OF THE PROPOSED RULES IS:

61G4-16.002 Requirements to Set Examination Date.

Specific Authority 455.217, 489.108 FS. Law Implemented 455.217 FS. History–New 10-17-93, Amended 7-20-94, 9-3-96, Repealed .

61G4-16.003 Examination Review Procedures

Specific Authority 120.53, 455.217(2) FS. Law Implemented 120.53, 455.217(1)(d),(2) FS. History–New 1-6-80, Amended 6-5-84, 7-18-85, Formerly 21E-16.03, Amended 4-16-92, Formerly 21E-16.003, Amended 10-17-93, 7-20-94, 9-18-95, 2-6-96, 2-4-98, Repealed .

NAME OF PERSON ORIGINATING PROPOSED RULE: Construction Industry Licensing Board

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Construction Industry Licensing Board

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 10, 1999

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Employee Leasing Companies

RULE TITLE: RULE NO.:

On-site Investigations 61G7-10.003

PURPOSE AND EFFECT: The proposed new rule is being promulgated in aid of the Board's obligation under Section 468.525(3)(d) to investigate, audit, or review all licenses to determine if such licenses are in compliance with or are in violation of the provisions of the underlying statute, or, in lieu of an on-site investigation, audit, or review, accept submission of Quarterly Reports as defined in Rule 61G7-10.001, FAC.

SUMMARY: The proposed rule is being promulgated in order to determine if all licenses are in compliance with or are in violation of the underlying statues. In addition, the proposed rule will allow the licensee to submit Quarterly Reports in lieu of an on-site investigation.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 468.522, 468.525, 468.535 FS.

LAW IMPLEMENTED: 468.525(3)(d), 468. 535 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

TIME AND DATE: 9:00 a.m., March 6, 2000

PLACE: Board of Employee Leasing, 1940 North Monroe Street, Tallahassee, FL 32399-0767

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Anthony Spivey, Executive Director, Board of Employee Leasing Companies, Northwood Centre, 1940 North Monroe Street, Tallahassee, FL 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G7-10.003 On-Site Investigations.

(1) In aid of its obligation under Section 468.535, F.S., to investigate, audit, or review all licenses to determine if such licenses are in compliance with or are in violation of the provisions of Section 468.525(3)(d), F.S., the Department shall initiate on-site quarterly inspections of all licensees and perform audits of the same.

(2) The Department will, however, in lieu of an on-site investigation, audit, or review, accept submission of Quarterly Reports as defined in Rule 61G7-10.001, F.A.C., so long as the reports are submitted within the time frames and manner set out therein and so long as the reports submitted show the licensee is in compliance with the provisions of Part XI of Chapter 468, F.S. Reports which fail to evidence compliance or which are untimely filed will formed the basis for disciplinary action or a full investigation. In order to take advantage of this option each licensee must sign DBPR Form EL-015 in which the licensee agrees to abide by the provisions of this rule and Rule 61G7-10.001, F.A.C. Submission of Quarterly Reports in compliance with this Rule shall be considered as compliance with the provisions of Rule 61G7-10.001, F.A.C. If, however, a licensee determines to subject itself to on-site inspections then the Quarterly Reports required under Rule 61G7-10.001, F.A.C., shall still be filed as required by the Rule.

(3) Nothing contained herein will be construed as precluding the Department from initiating a full field investigation if it has reasonable cause to believe that the reports submitted do not accurately reflect the true financial state of the licensee.

Specific Authority 468.522 FS. Law Implemented 468.525(3)(d), 468.535 FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Employee Leasing Companies

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Employee Leasing Companies

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 24, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 19, 1999

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Funeral Directors and Embalmers

RULE TITLE: RULE NO.:

Examination Fees for Embalmers and Funeral Directors; Manner of Application 61G8-17.001

PURPOSE AND EFFECT: The Board deemed it necessary to change the text to clarify nonrefundable application and examination fees.

SUMMARY: Application fees are nonrefundable, and examination fees are nonrefundable thirty days prior to the examination.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 470.005, 470.006 FS.

LAW IMPLEMENTED: 455.213, 455.217, 470.006, 470.009 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE NEXT AVAILABLE ISSUE OF THE FLORIDA ADMINISTRATIVE WEEKLY (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Madeline Smith, Executive Director, Board of Funeral Directors and Embalmers, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G8-17.001 Examination Fees for Embalmers and Funeral Directors; Manner of Application.

(1) through (4) No change.

(5) Application ~~All examination~~ fees are ~~become~~ nonrefundable ~~thirty (30) days prior to the examination~~.

(6) All examination fees become nonrefundable thirty days prior to the examination.

Specific Authority 470.005, 470.006 FS. Law Implemented 455.213, 455.217, 470.006, 470.009 FS. History–New 11-11-79, Amended 6-3-81, Formerly 21J-17.01, Amended 5-9-88, 3-28-90, 7-22-90, 6-25-91, Formerly 21J-17.001, Amended 11-11-99, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Funeral Directors and Embalmers

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral Embalmers and Directors

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 19, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 30, 1999

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Funeral Directors and Embalmers

RULE TITLE:	RULE NO.:
Examination Review Fee	61G8-17.006

PURPOSE AND EFFECT: The Board finds it necessary to repeal this rule because they no longer wish to require a $35.00 examination review fee.

SUMMARY: Repeal of Rule 61G8-17.006.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 455.217 FS.

LAW IMPLEMENTED: 455.217 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE NEXT AVAILABLE ISSUE OF THE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Madeline Smith, Executive Director, Board of Funeral Directors and Embalmers, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G8-17.006 Examination Review Fee.

Specific Authority 455.217 FS. Law Implemented 455.217 FS. History–New 3-28-90, Formerly 21J-17.06, 21J-117.006, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Funeral Directors and Embalmers

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral Directors and Embalmers

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 19, 1999

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Funeral Directors and Embalmers

RULE TITLES:	RULE NOS.:
Inspections	61G8-21.002
Fees	61G8-21.004

PURPOSE AND EFFECT: The Board determined to clarify and define the rule regarding inspection and complaints of funeral establishments or other facilities in Rule 61G8-21.002, and change the text from "late penalty" to "delinquent" fee in Rule 61G8-21.004.

SUMMARY: The amendment of Rule 61G8-21.002 is for clarity of text, and the amendment of Rule 61G8-21.004 is to correct text for delinquent fee.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 470.005, 470.024(3),(4),(10) FS.

LAW IMPLEMENTED: 455.219(6), 470.024(4)(9), 470.025(7)(b) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FLORIDA ADMINISTRATIVE WEEKLY (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Madeline Smith, Executive Director, Board of Funeral Directors and Embalmers, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G8-21.002 Inspections.

(1) through (4) No change.

(5) The Department may inspect any funeral establishment or other facility when a complaint is made ~~regarding a specific funeral establishment, and an inspection is~~ required.

Specific Authority 470.005 FS. Law Implemented 470.024(9) FS. History–New 2-13-80, Formerly 21J-21.02, Amended 12-11-88, Formerly 21J-21.002, Amended 2-16-98, _____.

61G8-21.004 Fees.

(1) through (4) No change.

(5) A ~~late penalty~~ delinquent fee of fifty dollars ($50.00) shall be paid. This fee is owed when due, and failure to make payment will be a violation of this rule which will be cause to deny any subsequent applications for licensure pursuant to Chapter 470, F.S.

(6) No change.

Specific Authority 470.005, 470.024(3),(4),(10) FS. Law Implemented 455.219(6), 470.024(4), 470.025(7)(b) FS. History–New 2-13-80, Formerly 21J-21.04, Amended 3-29-90, 12-18-90, Formerly 21J-21.004, Amended 3-30-94, 5-1-96, 9-17-97, 10-29-97, 2-16-98, 11-17-99, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Funeral Embalmers and Directors

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral Embalmers and Directors

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 19, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 7, 2000

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Veterinary Medicine

RULE TITLE: RULE NO.:

Renewal Fee for Inactive Status License 61G18-12.009

PURPOSE AND EFFECT: The Board has determined that amendments are necessary to update the rule text.

SUMMARY: The Board is amending this rule to lower the fee for the renewal of an inactive license from $260.00 to $160.00.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 474.206, 474.212(2) FS.

LAW IMPLEMENTED: 455.271(3), 474.2065 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Madeline Smith, Executive Director, Board of Veterinary Medicine, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G18-12.009 Renewal Fee for Inactive Status License.

The fee for renewal of an inactive license shall be one hundred sixty dollars ($160.00) ~~two hundred sixty dollars ($260.00)~~.

Specific Authority 474.206, 474.212(2) FS. Law Implemented 455.271(3), 474.2065 FS. History–New 3-1-84, Formerly 21X-12.09, 21X-12.009, Amended 1-5-95, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Veterinary Medicine

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Veterinary Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 8, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 14, 2000

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE: RULE NO.:

Application for Licensure 64B8-30.002

PURPOSE AND EFFECT: The proposed rule amendment is intended to address activation of initial licenses.

SUMMARY: The proposed rule amendment requires that initial licenses must be activated within 6 months of the date of certification for licensure by the Council on Physician Assistants.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 458.309, 458.347 FS.

LAW IMPLEMENTED: 458.347 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Tanya Williams, Executive Director, Board of Medicine/MQA, 2020 Capital Circle, S. E., Bin #C03, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-30.002 Application for Licensure.

(1) through (2) No change.

(3) All initial licenses must be activated within 6 months of the date of certification for licensure by the Council on Physician Assistants. If activation of an initial license is not completed within 6 months of the date of certification for licensure, the certification expires and the individual affected must reapply and requalify for certification for licensure based on the laws and rules in effect at the time of the new application.

Specific Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History–New 4-28-76, Amended 2-14-79, 9-3-85, 10-20-85, Formerly 21M-17.02, Amended 5-13-87, 1-9-92, Formerly 21M-17.002, 61F6-17.002, 59R-30.002, Amended 6-7-98, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Council on Physician Assistants

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 4, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 30, 1999

DEPARTMENT OF HEALTH

Board of Osteopathic Medicine

RULE TITLE: RULE NO.:
Application for Certification 64B15-6.002

PURPOSE AND EFFECT: The Board has determined that new rule text should be added to this rule with regards to activating an initial license.

SUMMARY: The Board proposes to amend this rule to add a new subsection (3) to address the activation of an initial license.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 459.005, 459.022 FS.

LAW IMPLEMENTED: 459.022 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: William Buckhalt, Executive Director, Board of Osteopathic Medicine/MQA, 2020 Capital Circle, S. E., Bin #C06, Tallahassee, Florida 32399-3256

THE FULL TEXT OF THE PROPOSED RULE IS:

64B15-6.002 Application for Certification.

(1) through (2) No change.

(3) All initial licenses must be activated within 6 months of the date of certification for licensure by the Council on Physician Assistants. If activation of an initial license is not completed within 6 months of the date of certification for licensure, the certification expires and the individual affected must reapply and requalify for certification for licensure based on the law and rules in effect at the time of the new application.

Specific Authority 459.005, 459.022 FS. Law Implemented 459.022 FS. History–New 10-18-77, Formerly 21R-6.02, Amended 10-28-87, 4-21-88, 5-20-91, 3-16-92, Formerly 21R-6.002, 61F9-6.002, 59W-6.002, Amended 6-7-98, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Osteopathic Medicine

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Osteopathic Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 4, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 30, 1999

DEPARTMENT OF HEALTH

Board of Physical Therapy Practice

RULE TITLE: RULE NO.:
Organization 64B17-1.001

PURPOSE AND EFFECT: The Board proposes to repeal this rule because it is no longer necessary.

SUMMARY: Repeal of Rule 64B17-1.001.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 486.025 FS.

LAW IMPLEMENTED: 455.534, 486.025 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Executive Director, Board of Physical Therapy Practice/MQA, 2020 Capital Circle, S. E., Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B17-1.001 Organization.

Specific Authority 486.025 FS. Law Implemented 455.534, 486.025 FS. History–New 1-11-90, Formerly 21MM-1.001, 61F11-1.001, Amended 8-16-95, Formerly 59Y-1.001, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Physical Therapy Practice

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Physical Therapy Practice

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 5, 1999

DEPARTMENT OF HEALTH

Board of Physical Therapy Practice

RULE TITLE: RULE NO.:

Temporary Permit to Practice Physical Therapy 64B17-3.004

PURPOSE AND EFFECT: The Board proposes to repeal this rule because temporary permits are no longer authorized in the practice act.

SUMMARY: Repeal of Rule 64B17-3.004.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 486.025, 486.041(2), 486.081(3) FS.

LAW IMPLEMENTED: 486.041(2), 486.081(3) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Executive Director, Board of Physical Therapy Practice/MQA, 2020 Capital Circle, S. E., Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B17-3.004 Temporary Permit to Practice Physical Therapy.

Specific Authority 486.025, 486.041(2), 486.081(3) FS. Law Implemented 486.041(2), 486.081(3) FS. History–New 8-6-84, Formerly 21M-7.30, Amended 5-18-86, 9-22-87, 6-20-89, Formerly 21M-7.030, Amended 6-6-90, 10-14-91, 12-30-92, Formerly 21MM-3.006, 61F11-3.006, 59Y-3.006, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Physical Therapy Practice

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Physical Therapy Practice

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 5, 1999

DEPARTMENT OF HEALTH

Board of Physical Therapy Practice

RULE TITLE: RULE NO.:

Temporary Permit to Practice as a Physical Therapist Assistant 64B17-4.004

PURPOSE AND EFFECT: The Board proposes to repeal this rule because temporary permits are no longer authorized in the practice act.

SUMMARY: Repeal of Rule 64B17-4.004.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 486.025, 486.103(2), 486.107(3) FS.

LAW IMPLEMENTED: 486.103(2), 486.107(3) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Executive Director, Board of Physical Therapy Practice/MQA, 2020 Capital Circle, S. E., Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B17-4.004 Temporary Permit to Practice as a Physical Therapist Assistant.

Specific Authority 486.025, 486.103(2), 486.107(3) FS. Law Implemented 486.103(2), 486.107(3) FS. History–New 8-6-84, Formerly 21M-10.30, Amended 5-18-86, 4-12-87, 9-22-87, 6-20-89, Formerly 21M-10.030, Amended 10-14-91, 12-6-92, Formerly 21MM-4.006, 61F11-4.006, 59Y-4.006, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Physical Therapy Practice
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Physical Therapy Practice
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 5, 1999

DEPARTMENT OF HEALTH

Board of Respiratory Care

RULE TITLE: RULE NO.:
Fees for Application, Initial and Renewal Registration 64B32-2.003

PURPOSE AND EFFECT: The Board proposes to raise the licensure fee to $110.00.

SUMMARY: The Board has changed certain text for clarity, and proposes to raise the licensure fee.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 455.564(2), 455.641, 468.364 FS.

LAW IMPLEMENTED: 455.641, 468.364 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE NEXT AVAILABLE ISSUE OF THE FLORIDA ADMINISTRATIVE WEEKLY. (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Executive Director, Board of Respiratory Care/MQA, 2020 Capital Circle, S. E., Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B32-2.003 Fees for Application, Initial and Renewal Registration.

(1) No change.

(2) The initial licensure ~~registration~~ fee for a person who becomes licensed shall be $110.00 ~~$70.00~~.

(3) No change.

Specific Authority 455.564(2), 455.641, 468.364 FS. Law Implemented 455.641, 468.364 FS. History–New 4-29-85, Formerly 21M-34.04, 21M-34.004, Amended 2-15-94, Formerly 61F6-34.004, Amended 9-29-94, Formerly 59R-71.004, 64B8-71.004, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Respiratory Care
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Respiratory Care
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 26, 2000
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 24, 1999

DEPARTMENT OF HEALTH

Board of Respiratory Care

RULE TITLE: RULE NO.:
Fees for Application, Examination, Initial and Renewal Registration 64B32-3.005

PURPOSE AND EFFECT: The Board proposes to change the word "registration" to "licensure" for clarity.

SUMMARY: "Registration" fee has been changed to "licensure" to correct terminology.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 455.641, 468.364 FS.

LAW IMPLEMENTED: 455.641, 468.364 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE NEXT AVAILABLE ISSUE OF THE FLORIDA ADMINISTRATIVE WEEKLY (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Executive Director, Board of Respiratory Care/MQA, 2020 Capital Circle, S. E., Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B32-3.005 Fees for Application, Examination, Initial and Renewal Registration.

(1) through (2) No change.

(3) The initial licensure ~~registration~~ fee for a person who becomes licensed shall be $70.00.

(4) No change.

Specific Authority 455.641, 468.364 FS. Law Implemented 455.641, 468.364 FS. History–New 4-29-85, Formerly 21M-35.05, Amended 9-21-93, 1-3-94, Formerly 61F6-35.005, Amended 9-29-94, Formerly 59R-72.006, 64B8-72.006, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Respiratory Care
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Respiratory Care
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 26, 2000
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 24, 1999

DEPARTMENT OF HEALTH

Board of Respiratory Care

RULE TITLE: RULE NO.:
Fees 64B32-4.001

PURPOSE AND EFFECT: The Board proposes to raise the amount of fees charged for biennial renewal, for delinquency, and for an inactive license.

SUMMARY: The Board proposes to replace the term "certification or registration" for "licensure," and raise certain fees.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 455.587(1), 455.641, 455.711(7),(8), 468.353(1), 468.364 FS.

LAW IMPLEMENTED: 455.587(1),(6), 455.641, 455.711, 468.364 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FLORIDA ADMINISTRATIVE WEEKLY (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Executive Director, Board of Respiratory Care/MQA, 2020 Capital Circle, S. E., Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B32-4.001 Fees.

(1) The biennial renewal fee for licensure ~~certification or registration~~ shall be $110.00 ~~$70.00~~.

(2) through (5) No change.

(6) The delinquency fee shall be $110.00 ~~$70.00~~.

(7) The application for inactive license fee shall be $50.00 ~~$35.00~~.

(8) No change.

Specific Authority 455.587(1), 455.641, 455.711(7), (8), 468.353(1), 468.364 FS. Law Implemented 455.587(1),(6), 455.641, 455.711, 468.364 FS. History–New 4-29-85, Formerly 21M-36.04, Amended 5-10-92, Formerly 21M-36.004, Amended 9-21-93, 1-3-94, Formerly 61F6-36.004, Amended 7-18-95, Formerly 59R-73.004, 64B8-73.004, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Respiratory Care

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Respiratory Care

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 26, 2000

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 24, 1999

DEPARTMENT OF HEALTH

Board of Respiratory Care

RULE TITLE: RULE NO.:
Procedures for Approval of Attendance at Continuing Education Courses 64B32-6.004

PURPOSE AND EFFECT: The Board proposes to revise the groups and/or organizations that may provide continuing education courses.

SUMMARY: Additional organizations have been named who may provide continuing education courses.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 468.353(1), 468.361(2) FS.

LAW IMPLEMENTED: 468.361(2) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Executive Director, Board of Respiratory Care/MQA, 2020 Capital Circle, S. E., Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B32-6.004 Procedures for Approval of Attendance at Continuing Education Courses.

(1) No change.

(2) Excluding any recertification, review, refresher, or preparatory courses, all licensees shall be awarded contact hours for:

(a) attendance at offerings that are approved by:

1. through 2. No change.

3. the American Medical Association (AMA) as Category I, ~~which are related to respiratory care services and are offered by~~ the American and Florida Thoracic Societies, the American College of Cardiology, the American College of Chest Physicians, the American and Florida Societies of Anesthesiologists, the American and Florida Lung Association, ~~and~~ the National Society for Cardiopulmonary Technologists, the American Heart Association, the American Nurses Association, and other course providers approved by the Board provided that they are related to respiratory care services;

(b) through (d) No change.

(e) successful passage, one time per biennium, of the following recredentialing examinations given by the National Board for Respiratory Care (NBRC):

1. through 3. No change.

4. ~~Prenatal~~ Perinatal Pediatrics Recredentialing Examination – maximum of 3 hours.

(f) No change.

(3) through (4) No change.

Specific Authority 468.353(1), 468.361(2) FS. Law Implemented 468.361(2) FS. History–New 4-29-85, Formerly 21M-38.04, Amended 9-29-86, 11-29-88, 9-24-92, 10-15-92, Formerly 21M-38.004, Amended 1-2-94, 7-10-94, Formerly 61F6-38.004, Amended 11-1-94, 3-14-95, 7-18-95, 4-24-96, 8-27-96, Formerly 59R-75.004, 64B8-75.004, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Respiratory Care

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Respiratory Care

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 26, 2000

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 24, 1999

DEPARTMENT OF HEALTH

Board of Respiratory Care

RULE TITLE: RULE NO.:
AIDS Education 64B32-6.006

PURPOSE AND EFFECT: The proposed amendment updates this rule to set forth the current requirements regarding AIDS education.

SUMMARY: AIDS education update.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 455.604 FS.

LAW IMPLEMENTED: 455.604 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE NEXT AVAILABLE ISSUE OF THE FLORIDA ADMINISTRATIVE WEEKLY (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Executive Director, Board of Respiratory Care/MQA, 2020 Capital Circle, S. E., Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B32-6.006 AIDS Education.

Pursuant to Section 455.604, Florida Statutes, any Category I, American Medical Association (AMA) continuing medical education course, any Category I or Category III, American Association for Respiratory Care (AARC) continuing education course offered by an AMA approved respiratory therapy program and any courses approved by any board within the Division of Medical Quality Assurance of the Department of Health pursuant to Section 455.604, Florida Statutes, which includes topics on the transmission, ~~treatment,~~ infection control procedures, clinical management and prevention of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome, ~~with emphasis on appropriate behavior and attitude change, and which has been taken and completed subsequent to January 1, 1988,~~ shall satisfy the requirements of Section 455.604, Florida Statutes, as part of biennial relicensure or recertification. Such course shall include information on current Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, treatment of patients, and any protocols and procedures applicable to human immunodeficiency virus counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to Sections 381.004 and 384.25, Florida Statutes ~~standard isolation techniques~~.

(1) through (3) No change.

Specific Authority 455.604 FS. Law Implemented 455.604 FS. History–New 6-20-89, Amended 7-28-92, Formerly 21M-38.006, Amended 1-2-94, Formerly 61F6-38.006, 59R-75.006, 64B8-75.006, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Respiratory Care

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Respiratory Care

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 26, 2000

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 24, 1999

DEPARTMENT OF HEALTH

Board of Respiratory Care

RULE TITLE: RULE NO.:
Probable Cause Panel 64B32-7.001

PURPOSE AND EFFECT: To establish rules for the Probable Cause Panel.

SUMMARY: The Board has promulgated this rule to establish and set forth the rules for the Probable Cause Panel.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 455.621(2)(4), 468.365 FS.

LAW IMPLEMENTED: 455.621(4) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE NEXT AVAILABLE ISSUE OF THE FLORIDA ADMINISTRATIVE WEEKLY (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Executive Director, Board of Respiratory Care/MQA, 2020 Capital Circle, S. E., Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B32-7.001 Probable Cause Panel.

(1) The Board shall enter final orders in disciplinary cases against respiratory therapists and respiratory therapy technicians. The determination of probable cause to issue an administrative complaint against a respiratory therapist or a respiratory therapy technician shall be made by the Probable Cause Panel of the Board.

(2) The Chair of the Board shall appoint at least two people to the probable cause panel and shall designate its chair. The appointed people shall be either current Board members or at least one current Board member and one or more former members of the Board. If available, one member of the panel shall be a consumer member and at least one member shall be a licensed member of the profession. Once appointed, a panel shall serve for no less than six months. With regard to violations of part V of chapter 468 and chapter 455, Florida Statutes, and/or the rules promulgated pursuant thereto, the determination as to whether there is probable cause that a violation has occurred shall be made by a majority vote of the Probable Cause Panel of the Board.

(3) The Chair of the Board may make temporary appointments to the panel as necessary to conduct the business of the panel in the absence or unavailability of a regularly appointed panel member.

(4) If a Board member has reviewed a case as a member of the Probable Cause Panel, that member, if available, shall be on the panel for reconsideration of that case if reconsideration is requested by the prosecutor.

Specific Authority 455.621(2), (4), 468.365 FS. Law Implemented 455.621(4) FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Respiratory Care

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Respiratory Care

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 26, 2000

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 24, 1999

DEPARTMENT OF HEALTH

Division of Disease Control

RULE TITILES:	RULE NOS.:
Definitions	64D-3.001
Notifiable Diseases or Conditions to Be Reported, Human	64D-3.002
Notification by Laboratories	64D-3.003
Notifiable Disease Case Report Content	64D-3.004
Reports, Medical Facilities and Freestanding Radiation Therapy Centers	64D-3.006
Quarantine, Requirements	64D-3.007
Procedures for Control of Specific Communicable Diseases	64D-3.013
Sensitive Situations	64D-3.014
Diseases Designated as Sexually Transmissible Diseases	64D-3.015
Reporting Requirements for Physicians for Sexually Transmissible Diseases (STDs), Including HIV and AIDS	64D-3.016
Reporting Requirements for Laboratories	64D-3.017
Partner Notification	64D-3.018
Blood Testing of Pregnant Women	64D-3.019
Enforcement and Penalties	64D-3.020
Reporting of Congenital Anomalies	64D-3.027

PURPOSE AND EFFECT: The proposed amendments update the list of notifiable diseases and conditions and procedural rules for reporting of communicable diseases and conditions.

SUMMARY: Rule 64D-3 is being amended to: 1) Clarify certain definitions; 2) Add Q Fever to, and delete Amebiasis and Toxic Shock Syndrome from, the list of notifiables; 3) Clarify language related to confidentiality of reports and reports to medical facilities; 4) Add language to further define quarantine and control procedures for specific communicable diseases; 5) Clarify the definition of a sensitive situation; 6) Add hepatitis A to the list of sexually transmissible diseases; 7) Amend specific reporting procedures for sexually transmissible diseases; and 8) Incorporate by reference forms for reporting of congenital anomalies and guidelines for Outbreaks of Enteric Disease in Child Care Settings. Technical changes include corrections and additions to rule references and statute citations.

SUMMARY OF STATEMENT OF REGULATORY COST: No statement of regulatory cost has been prepared.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative, must do so within 21 days of this notice.

SPECIFIC AUTHORITY: 381.0011(4),(6)(a),(13), 381.003(2), 381.0031(5), 384.25(2), 384.33, 384.34, 392.53, 392.66 FS.

LAW IMPLEMENTED: 381.0011(4),(6),(7),(8), 381.0012(5), 381.003(1)(c),(2),(5), 381.0031(1),(4), 384.23, 384.25, 384.26, 384.27, 384.28, 384.27, 384.31, 384.33, 384.34, 385.202, 392.53 FS.

IF REQUESTED WITHIN 21 DAYS OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 9:00 a.m., March 6, 2000

PLACE: Department of Health, E. Carlton Prather Building, Capital Circle Office Center, 2585 Merchant's Row Blvd, Room 310-A, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Ms. Linda M. Baldy, MPH, Bureau of Epidemiology, 2020 Capital Circle, S. E., Bin A-12, Tallahassee, Florida 32399-1734, whose telephone number is (850)245-4444 and FAX (850)922-9299

THE FULL TEXT OF THE PROPOSED RULES IS:

64D-3.001 Definitions.

(1)(a) through (b) No change.

(c) A person who, in the judgment of the county health department director or administrator or his designated representative, is suspected ~~found~~ to be a ~~suspect~~ carrier and who refuses to submit to examination when ordered to do so for good cause shown by county health department director or administrator; or

(d) A person reported to the county health department or the State Health Office to be a carrier by the health authorities of any municipality, county, or state in the United States, of any foreign nation or of any international organization of which the United States is a member, or

(e) An animal which, in the judgment of the county health department director or administrator or his designated representative, is suspected to harbor pathogenic organisms of a communicable disease without presentation of clinical evidence of disease.

(2) through (4) No change.

(5) "Designated Representative" – The person officially named by the local county health department director or ~~/~~administrator or the State Health Officer to represent and to carry out the functions of the county health department or the State Health Office, respectively, in the absence of the county health department director or administrator or State Health Officer.

(6) "Enteric Disease" – an infection or condition transmitted by direct or indirect contact with feces and caused by such agents as *Cryptosporidia*, *Escherichia coli* O157:H7, hepatitis A, *Giardia*, *Shigella*, *and Salmonella* species.

(7)~~(6)~~ "Epidemic or Outbreak" – The occurrence in persons in a community, institution, region, or other defined area of a group of cases of an illness of similar nature clearly in excess of normal expectancy.

(8)~~(7)~~ "Epizootic" – The occurrence in animals in a community, institution, region or other defined area of a group of cases of an illness similar in nature in excess of normal expectancy.

(9)~~(8)~~ "Exposure to Rabies" – ~~An action whereby a potentially rabid animal has bitten, scratched or put its saliva in contact with the mucous membrane or an open lesion of another animal or human.~~ Any bite, scratch or other situation in which saliva or nervous tissue of a potentially rabid animal enters an open or fresh wound, or comes in contact with mucous membranes by entering the eye, mouth or nose of another animal or person.

(10)~~(9)~~ "Health Authorities" – Any local county health department director or administrator or the State health Officer or their designated representatives; any chief health official of any municipality, county, or state in the United States, of any foreign nation or of any international organization of which the United States is a member.

(11)~~(10)~~ "State Health Officer" – The Central State Health Office within the Department of Health, State of Florida, responsible for the planning and development of all health programming, as established in Section 20.19(3)(c)2.c., F.S.

(12)~~(11)~~ "Household Contact" – Any person who lives in the same dwelling unit with a case or carrier. Considering the disease in question, at the discretion of the county health department director or administrator, other persons who are in frequent close association with the case or with other household members may be considered a household contact.

(13)~~(12)~~ "Notifiable Disease" – A communicable disease or condition of public health significance required to be reported in accordance with these Rules.

(14)~~(13)~~ "Public Preschool Center" – A public preschool center, consisting of one or more classes, is one in which a program is provided in grades other than K-12 for pre-kindergarten aged children and which is administered by a Florida public school system.

(15)~~(14)~~ "School" – Any facility, public or non-public, operating under Florida Statutes as a school.

(16)~~(15)~~ "Sensitive Situation" – See ~~Rule~~ 64D-3.014, F.A.C.

(17)~~(16)~~ "Source of Infection" – The person, animal, object or substance from which an infectious agent passes directly to the host.

(18)~~(17)~~ "Suspect" – A person or animal whose medical history and symptoms suggest the imminent ~~that he may have or may be~~ development~~ing~~ of a notifiable or other communicable disease or condition, or a person or animal with disease not yet diagnosed.

(19)~~(18)~~ "Terminal Disinfection" – Cleaning procedures designed to eradicate infectious agents from the physical environment.

Specific Authority 381.0011~~(4)~~, (13), 381.003~~(1)(c)~~, (2), 381.0031(5) FS. Law Implemented 381.0011(4), 381.003(1)~~(c)~~, 381.0031 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.61, Amended 7-21-96, Formerly 10D-3.061, Amended _____.

64D-3.002 Notifiable Diseases or Conditions to Be Reported, Human.

~~(1)~~ The following notifiable diseases or conditions are declared as dangerous to the public's health or of public health significance. The occurrence of these diseases listed in ~~Rule~~ 64D-3.002, F.A.C., or the suspected occurrence with the exception of cancer, congenital anomalies, and HIV infection, including persons who at the time of death were so affected, shall be reported by licensed practitioners as defined in s. 381.0031, F.S., to the local county health department director or administrator or to their designated representative in the county of the patient's residence. Such reports shall be made within 72 hours of recognition by telephone, or other electronic means, or in writing, except for certain specified diseases as indicated below by a (T) which shall be reported immediately by telephone. Telephone reports shall be followed by a subsequent written report. Exceptions to the reporting time frames required as defined by this rule are provided for syphilis, as indicated in 64D-3.016(3), F.A.C., AIDS, as indicated in 64D-3.016(1)(a), F.A.C., and congenital anomalies, as indicated in 64D-3.027~~5~~(4), F.A.C. Cancer cases treated or diagnosed by licensed practitioners as defined in s. 381.0031, F.S., in medical facilities licensed under Chapter 395, F.S., and in each freestanding radiation therapy center as defined in s. 408.07, F.S., shall be reported to the Florida Cancer Data System as required by s. 385.202, F.S., and by 64D-3.006, F.A.C.

(1)~~(a)~~ Acquired Immune Deficiency Syndrome (AIDS)

(2)~~(b)~~ Animal Bite to humans by a potentially rabid animal resulting in a county health department or state health office recommendation for post-exposure prophylaxis, or by a nonhuman primate ~~Amebiasis~~

(3)~~(c)~~ Anthrax (T) ~~Animal Bite to humans by a potentially rabid animal~~

(4)~~(d)~~ Botulism (T) ~~Anthrax (T)~~

(5)~~(e)~~ Brucellosis ~~Botulism (T)~~

(6)~~(f)~~ Campylobacteriosis ~~Brucellosis~~

(7)~~(g)~~ Cancer (except non melanoma skin cancer) ~~Campylobacteriosis~~

(8)~~(h)~~ Chancroid ~~Cancer (except non melanoma skin cancer)~~

(9)~~(i)~~ Chlamydia trachomatis ~~Chancroid~~

(10)~~(j)~~ Ciguatera ~~Chlamydia trachomatis~~

(11)~~(k)~~ Congenital Anomalies ~~Ciguatera~~

(12)~~(l)~~ Cryptosporidiosis ~~Congenital Anomalies~~

(13)~~(m)~~ Cyclosporiasis ~~Cryptosporidiosis~~

(14)~~(n)~~ Dengue ~~Cyclosporiasis~~

(15)~~(o)~~ Diphtheria (T) ~~Dengue~~

(16)~~(p)~~ Ehrlichiosis ~~Diphtheria (T)~~

(17)~~(q)~~ Encephalitis ~~Ehrlichiosis, human~~

(18)~~(r)~~ Enteric disease due to *Escherichia coli* 0157:H7 (T) ~~Encephalitis~~

(19)~~(s)~~ Enteric disease due to other pathogenic *Escherichia coli* (including enterotoxigenic, enteroinvasive, enteropathogenic, enterohemorrhagic, and enteroaggregative strains) ~~Enteric disease due to *Escherichia coli* 0157:H7 (T)~~

(20)~~(t)~~ Giardiasis (acute) ~~Enteric disease due to other pathogenic *Escherichia coli* (including enterotoxigenic, enteroinvasive, enteropathogenic, enterohemorrhagic, and enteroaggregative strains)~~

(21)~~(u)~~ Gonorrhea ~~Giardiasis (acute)~~

(22)~~(v)~~ Granuloma Inguinale ~~Gonorrhea~~

(23)~~(w)~~ *Haemophilus influenzae*, invasive disease ~~Granuloma Inguinale~~

(24)~~(x)~~ Hansen's Disease (Leprosy) ~~Haemophilus Influenzae Type b invasive disease~~

(25)~~(y)~~ Hantavirus Infection (T) ~~Hansen's Disease (Leprosy)~~

(26)~~(z)~~ Hemolytic Uremic Syndrome ~~Hantavirus Infection (T)~~

(27)~~(aa)~~ Hemorrhagic Fever (T) ~~Hemolytic Uremic Syndrome~~

(28)~~(bb)~~ Hepatitis, viral A (T), B, C, non-A non-B, and other including unspecified ~~Hemorrhagic Fever (T)~~

(29)~~(cc)~~ Hepatitis, viral, Hepatitis B Surface Antigen (HbsAg)-positive in a pregnant woman or a child < or = 24 months of age ~~Hepatitis, viral A (T), B, C, non-A non-B, and other including unspecified~~

(30)~~(dd)~~ Human Immunodeficiency Virus (HIV) ~~Hepatitis, viral, positive B surface antigen in a pregnant woman or child <25 months of age~~

(31)~~(ee)~~ Lead Poisoning ~~Human Immunodeficiency Virus (HIV)~~

(32)~~(ff)~~ Legionellosis ~~Lead Poisoning~~

(33)~~(gg)~~ Leptospirosis ~~Legionellosis~~

(34)~~(hh)~~ Listeriosis (T) ~~Leptospirosis~~

(35)~~(ii)~~ Lyme Disease ~~Listeriosis (T)~~

(36)~~(jj)~~ Lymphogranuloma Venereum ~~Lyme Disease~~

(37)~~(kk)~~ Malaria ~~Lymphogranuloma Venereum~~

(38)~~(ll)~~ Measles (T) ~~Malaria~~

(39)~~(mm)~~ Meningitis, bacterial and mycotic ~~Measles (T)~~

(40)~~(nn)~~ Meningococcal Disease (T) ~~Meningitis, bacterial and mycotic~~

(41)~~(oo)~~ Mercury Poisoning ~~Meningococcal Disease (T)~~

(42)~~(pp)~~ Mumps ~~Mercury Poisoning~~

(43)~~(qq)~~ Neurotoxic Shellfish Poisoning (T) ~~Mumps~~

(44)~~(rr)~~ Pertussis ~~Neurotoxic Shellfish Poisoning (T)~~

(45)~~(ss)~~ Pesticide-Related Illness and Injury ~~Pertussis~~
(46)~~(tt)~~ Plague (T) ~~Pesticide Poisoning~~
(47)~~(uu)~~ Poliomyelitis (T) ~~Plague (T)~~
(48)~~(vv)~~ Psittacosis ~~Poliomyelitis (T)~~
(49)~~(ww)~~ Q Fever ~~Psittacosis~~
(50)~~(xx)~~ Rabies
(51)~~(yy)~~ Rocky Mountain Spotted Fever, *R. rickettsii*~~a~~
(52)~~(zz)~~ Rubella, including congenital
(53)~~(aaa)~~ Salmonellosis
(54)~~(bbb)~~ Shigellosis
(55)~~(ccc)~~ Smallpox (T)
(56)~~(ddd)~~ *Staphylococcus aureus*, glycopeptide (vancomycin) intermediate (GISA/VISA, MIC=8ug/ml)
(57)~~(eee)~~ *Staphylococcus aureus*, glycopeptide (vancomycin) resistant (GRSA/VRSA, MIC=≥32mg/ml) (T)
(58)~~(fff)~~ Streptococcal Disease, invasive, Group A
(59)~~(ggg)~~ *Streptococcus pneumoniae*, invasive disease
(60)~~(hhh)~~ Syphilis
(61)~~(iii)~~ Tetanus
(62)~~(jjj)~~ Toxoplasmosis, acute ~~Toxic Shock Syndrome, staphylococcal or streptococcal~~
(63)~~(kkk)~~ Trichinosis ~~Toxoplasmosis, acute~~
(64)~~(lll)~~ Tuberculosis ~~Trichinosis~~
(65)~~(mmm)~~ Tularemia (T) ~~Tuberculosis~~
(66)~~(nnn)~~ Typhoid Fever ~~Tularemia (T)~~
(67)~~(ooo)~~ *Vibrio cholerae* (T) ~~Typhoid Fever~~
(68)~~(ppp)~~ Vibrio Infections ~~*Vibrio cholerae* (T)~~
(69)~~(qqq)~~ Yellow Fever (T) ~~Vibrio Infections~~
(70)~~(rrr)~~ Any disease outbreak in a community, a hospital, or other institution, or a foodborne, or waterborne outbreak (T) ~~Yellow Fever (T)~~

~~(sss) Any disease outbreak in a community, a hospital, or other institution, or a foodborne, or waterborne outbreak (T).~~

~~(2) The Department will periodically list additional diseases and conditions on its reporting forms for which reporting is encouraged but not required.~~

Specific Authority 381.0011~~(4),~~(13), 381.003(2), 381.0031(5), 384.33, 392.53, 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (5), 384.23, 384.25, 385.202, 392.53, FS. History–New 12-29-77, Amended 6-7-82, 11-6-85, Formerly 10D-3.62, Amended 2-26-92, 9-7-93, 11-1-94, 7-21-96, Formerly 10D-3.062, Amended 11-2-98, 7-5-99, _____.

64D-3.003 Notification by Laboratories.

(1) Each laboratory director or designee in charge of a laboratory ~~in which an examination of any specimen derived from a human body, or from an animal in the case of rabies or plague testing, yields evidence suggestive of or diagnostic of diseases or conditions listed in 64D-3.002(1),~~ shall report, or cause to be reported evidence suggestive of or diagnostic of diseases or conditions listed in 64D-3.002(1), F.A.C., from any specimen derived from a human body, or from an animal in the case of rabies or plague testing, ~~such findings~~ to the county health department director or administrator or the State Health Officer or to either of their designated representatives. Such reports shall be made within 72 hours of recognition by telephone, or other electronic means, or in writing, except for certain specified diseases as indicated by a (T), which shall be reported immediately by telephone and followed by a written report.

(2) No change.

(3) The State Health Officer shall periodically, but no less than annually, issue a listing of laboratory test results that are to be reported. The July ~~March~~ 1999 "Reportable Laboratory Findings," incorporated by reference in this rule, shall be updated to reflect changes in technology and practice and may be obtained from the Department of Health, Bureau of Epidemiology, 2020 Capital Circle, S. E., Bin A12, Tallahassee, Florida 32399-1720~~34~~.

(4) through (10) No change.

Specific Authority 381.0011(13), 381.003(2), 381.0031 (5), 384.33 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.66, Amended 2-26-92, 7-21-96, Formerly 10D-3.066, Amended 11-2-98, 7-5-99, _____.

64D-3.004 Notifiable Disease Case Report Content.

(1) All notifiable disease case reports required by ~~Sections~~ 64D-3.002 and 64D-3.003, F.A.C., shall contain the diagnosis, name, address, age, sex, social security number, ~~and~~ race and ethnicity if known, and date of onset of each case.

(2) Information contained in such a report is confidential as provided in s. 381.0031(4), F.S., and will only be released as determined as necessary by the State Health Officer or designee for the protection of the public's health due to the highly infectious nature of the disease, the potential for further outbreaks, and/or the inability to identify or locate specific persons in contact with the cases.

Specific Authority 381.0011~~(4),~~(13), 381.003~~(1)(d),~~(2), 381.0031~~(1)~~(5), 384.33~~25~~, 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (4), 384.25, 392.53 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.68, 10D-3.068, Amended _____.

64D-3.006 Reports, Medical Facilities and Freestanding Radiation Therapy Centers.

(1) The chief administrative officer of each civilian facility licensed under Chapter 395, F.S., and freestanding radiation therapy centers, as defined in s. 408.07, F.S., shall (and the United States military and Veterans Administration h~~H~~ospitals are requested to) appoint an individual from the staff, hereinafter referred to as "reporting officer," who shall be responsible for reporting cases or suspect cases of diseases on the notifiable disease list in persons admitted to, attended to, or residing in the facility (cf. Notification by Laboratories, ~~Section~~ 64D-3.003, F.A.C.).

(2) Reporting of a case or suspected case of notifiable disease or condition by a facility or center fulfills the requirements of the licensed practitioner to report; however, it is the responsibility of the attending practitioner to ensure that the report is made as stipulated in 64D-3.002, F.A.C. Reports

shall be made within 72 hours of diagnosis. Special provisions ~~Exceptions to medical facility and center reporting as defined by this rule are provided~~ for reporting sexually transmissible diseases, including HIV infection, are found ~~as indicated~~ in 64D-3.016, F.A.C., and for cancer, ~~as indicated~~ in 64D-3.006(3), F.A.C.

(3) No change.

(4) Florida Cancer Data System staff will provide each freestanding ambulatory surgical center with an annual list of cancer cases for which reports are required and allow three (3) months from the date of notification for submission of reports to the Florida Cancer Data System for each case on the list. This annual list will be generated by comparing the ambulatory patient data maintained by the Agency for Health Care Administration with the Florida Cancer Data System file for each calendar year. The annual list may also be generated using information, either in electronic or written form, provided to the Florida Cancer Data System by the freestanding ambulatory surgical centers in lieu of the ambulatory patient data maintained by the Agency for Health Care Administration. This comparison will be made each year after the Florida Cancer Data System file for each year is complete, including all hospital and pathology laboratory data expected for that year. The list sent to each freestanding ambulatory surgical center will contain only those records from the Agency for Health Care Administration ambulatory patient dataset or from cancer case data received from ambulatory centers that cannot be matched with any previously reported case.

(5) For reportable cancer cases, e~~E~~ach facility licensed under C~~c~~hapter 395, F.S., and each freestanding radiation therapy center as defined in s. 408.07, F.S., shall electronically submit ~~all available information for the following data items in~~ to the Florida Cancer Data System all available data items as specified in the Data Acquisition Manual and Confidential Abstract Report ~~regarding each cancer diagnosed or treated by the facility or center~~. Those facilities and centers with fewer than thirty-five (35) cancer cases annually requiring abstracting may submit to FCDS paper copies of portions of the case record that include all available information that is needed for abstracting by FCDS staff. The coding schemes, record layouts, and definitions for these items are those issued by the Florida Cancer Data System in its Data Acquisition Manual and Confidential Abstract Report, DOH ~~HRS-~~H Form 2029, dated July 1997, incorporated herein by reference. These documents are available from the Florida Department of Health, Bureau of Epidemiology, 2020 Capital Circle, S. E., Bin A-12, Tallahassee, Florida 32399-1720.

~~(a) Type of Reporting Source~~
~~(b) FCDS Facility Number~~
~~(c) FCDS Accession Number~~
~~(d) Sequence Number~~
~~(e) Date of Birth~~
~~(f) Place of Birth~~
~~(g) Last Name~~
~~(h) First Name~~
~~(i) Middle Initial~~
~~(j) Maiden Name~~
~~(k) Number & Street~~
~~(l) Medical Record Number~~
~~(m) City~~
~~(n) FCDS State~~
~~(o) Zip (postal) Code~~
~~(p) FCDS County of Residence~~
~~(q) Social Security Number~~
~~(r) Date of First Contact~~
~~(s) Attending Physician~~
~~(t) FCDS Primary Payor~~
~~(u) Sex~~
~~(v) Race~~
~~(w) Spanish/Hispanic Origin~~
~~(x) Marital Status~~
~~(y) Usual Occupation & Industry~~
~~(z) FCDS Tobacco Use~~
~~(aa) Primary Site~~
~~(bb) Date of Initial Diagnosis~~
~~(cc) Laterality~~
~~(dd) FCDS County of Diagnosis~~
~~(ee) Class of Case~~
~~(ff) Diagnostic Confirmation~~
~~(gg) Morphology/Histology~~
~~(hh) Behavior~~
~~(ii) Grade~~
~~(jj) Summary Stage at Diagnosis~~
~~(kk) FCDS Stage at First Contact~~
~~(ll) Tumor Size~~
~~(mm) Number Regional Nodes Positive~~
~~(nn) Number Regional Nodes Examined~~
~~(oo) Surgery Rx Summary~~
~~(pp) Surgery Date~~
~~(qq) Radiation Rx Summary~~
~~(rr) Radiation Date~~
~~(ss) Chemotherapy Rx Summary~~
~~(tt) Chemotherapy Date~~
~~(uu) Hormone Rx Summary~~
~~(vv) Hormone Date~~
~~(ww) BRM Rx Summary~~
~~(xx) BRM Date~~
~~(yy) Other Rx Summary~~
~~(zz) Other Date~~
~~(aaa) Vital Status~~
~~(bbb) Cancer Status~~
~~(ccc) Date of Last Contact~~

~~(ddd) Abstracted By~~

~~(eee) Date Abstracted~~

~~(fff) Filler Remarks~~

Specific Authority 381.0011(13), 381.003(2), 381.0031(5), 384.33, 385.202, 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.77, Amended 2-26-92, 7-21-96, Formerly 10D-3.077, Amended 11-2-98, 7-5-99, _____.

64D-3.007 Quarantine, Requirements.

(1) Quarantine is an official order that limits the freedom of movement and actions of persons or animals which is deemed necessary in order to prevent the spread of a notifiable disease or other disease condition. The county health department director or administrator or the State Health Officer shall determine which persons or animals are subject to quarantine and shall issue appropriate instructions in writing, including an expiration date.

(2) Quarantine orders shall be in effect for a time period in accord with accepted public health practice, and shall be no more restrictive nor longer in duration than is reasonably necessary to protect the public's health.

(3) The county health department may order the euthanasia and testing of animals maintained in quarantine for the purposes of human disease control and prevention. Such an order shall be issued in writing and shall be enforced by local officials as required in s.381.0012(5), F.S.

Specific Authority 381.0011~~(4),~~ (6)(a), ~~(10),~~ (13), 381.003~~(1)(d),~~ (2), 384.33~~28~~ FS. Law Implemented 381.0011(6), 381.0012(5), 381.003(1), 384.28 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.81, Amended 7-21-96, Formerly 10D-3.081, Amended _____.

64D-3.013 Procedures for Control of Specific Communicable Diseases.

(1) Psittacosis (Chlamydiosis)

(a) All cases and suspected cases of p~~P~~sittacosis ~~(Chlamydia infection)~~ in people ~~psittacine birds, pigeons, domestic fowls~~ or ~~and other~~ birds~~, and man~~ shall be reported to the county health department director or administrator.

(b) Birds suspected of being infected or having been associated with infected birds shall not be removed from any premises until the county health department director or administrator, or the State health officer has investigated the situation and issued orders which may include quarantine, laboratory examination, or prescribed treatment according to the recommendations of the national association of State Public Health Veterinarians, Inc., published in the 2000 ~~1999~~ Compendium of Measures to Control Chlamydia psittaci Infection Among Humans and Pet Birds, incorporated by reference in this rule. This document may be obtained from the Department of Health, Bureau of Epidemiology, 2020 Capital Circle, S. E., Bin A12, Tallahassee, Florida, 32399-1720~~34~~.

(2) Rabies

(a) No change.

(b) Prevention in Humans – Persons bitten or otherwise exposed to suspect rabid animals shall be evaluated for post-exposure treatment by the county health department director or ~~/~~medical director or their designee ~~or the state health officer~~ according to recommendations of the Advisory Committee on Immunization Practices ~~Advisory Committee~~ published in the Centers For Disease Control and Prevention Morbidity and Mortality Weekly Report., No. RR-1, January 8, 1999, incorporated by reference in this rule. This document may be obtained from the Department of Health, Bureau of Epidemiology, 2020 Capital Circle, S. E., Bin A12, Tallahassee, Florida 32399-1720~~34~~.

(c) Rabies Control in Animals

1. The county health department director or administrator or designee shall promptly investigate reported bites or exposures by suspected rabid animals.

2. The county health department director or administrator or their designee shall c~~C~~apture, confine~~ment~~, or seize suspected rabid animals and isolate and quarantine or~~,~~ humanely euthanize~~ation,~~ and provide for laboratory examination, as outlined in the guidebook, Rabies Prevention and Control in Florida, 2000. ~~of all suspected rabid animals, as well as~~ This includes animals involved in human exposure (bite and non-bite) and animals exposed to rabid or suspected rabid animals~~, and~~ O~~o~~ther methods of controlling rabies in domestic or wild animals shall be administered by order of the county health department director or administrator or the designee ~~State Health Officer~~ according to recommendations of the Florida Rabies Advisory Committee published in the "1999 Rabies Prevention and Control in Florida," incorporated by reference in this rule. This document may be obtained from the Department of Health, Bureau of Epidemiology, 2020 Capital Circle, S. E., Bin A-12, Tallahassee, Florida, 32399-1720~~34~~.

3. Upon request from the official health agency of another state or country, the appropriate county health department representative shall provide assistance in locating and placing in quarantine the suspect animal as required for proper completion of investigation of a potential rabies exposure incident.

(d) Epizootic Rabies

The State Health Officer or his designated representative, ~~with the current approval of the Secretary of the Department,~~ or the county health department director or administrator or his designated representatives shall ~~may~~ declare an area wide quarantine when prevalence of rabies so indicates. The conditions of the quarantine shall ~~may~~ control the movement, sale, impoundment or ~~and~~ required euthan~~asia~~ization~~ed~~ of animals in the quarantine area as specified ~~defined~~ by departmental policy and procedure guidelines as defined in 64D-3.013(2)(c), F.A.C..

(3) Shigella and Salmonella Infections [for enteric disease outbreaks in child care settings, see 64D-3.013(4), F.A.C., and for Ttyphoid Ffever, see Section 64D-3.013(5)(4), F.A.C.]

(a) Cases, Contacts, and Carriers in Sensitive Situations

1. Cases – Persons with shigella and salmonella infections (excluding typhoid fever) shall be prohibited from being present in selected sensitive situations as defined in Section 64D-3.014, F.A.C., and as specified by the county health department director or /administrator or their designee State Health Officer until they are released as non-infectious and determined no longer to be a public health hazard. Release is obtained by the infected person's submitting a minimum of two (2) stool specimens in satisfactory condition to one of the Department's laboratories or other clinical laboratory acceptable to the Department and meeting the following conditions:

a. The specimens are negative for these organisms.

b. The first specimen: shall not be obtained sooner than forty-eight (48) hours after the cessation of any antibiotic therapy for those cases receiving antibiotics.

i. For those cases receiving antibiotics, the specimen shall not be obtained sooner than seventy-two (72) hours after the cessation of any antibiotic therapy.

ii. For those cases with symptoms but not receiving antibiotics, the specimen shall not be obtained sooner than seven (7) days after onset of symptoms.

iii. For those cases without symptoms and not receiving antibiotics, the specimen shall not be obtained sooner than seven (7) days from the date of collection of the first positive culture.

c. The second and subsequent specimen shall not be obtained sooner than at 24-hour intervals.

2. Contacts – Persons in selected sensitive situations as defined in Section 64D-3.014, F.A.C., and as specified by the county health department director or /administrator or their designee, State Health Officer who are household or other close contacts of an infected person, shall be managed as follows:

a. Those persons who have symptoms presently of an enteric illness or who have had such symptoms during the past two (2) weeks shall be presumed to be infected and shall be managed as a case as outlined in Section 64D-3.013(3)(a)1., F.A.C.

b. Those persons who do not have symptoms presently of an enteric illness or who have not had those symptoms during the past two (2) weeks may be permitted to continue in their sensitive situation at the discretion of the county health department director or / administrator or their designee. State Health Officer provided they submit a stool specimen for examination within forty-eight (48) hours of request and, furthermore, that they remain free of symptoms of enteric illness. If the contact person remains free of symptoms of enteric illness and if his stool specimen is negative, he may be permitted to continue in the sensitive situation, provided he submits a stool specimen weekly which is negative until his contact with the infected person (case) is broken or the case is released. If the contact person develops symptoms of enteric illness or if the stool specimen is positive, the person must be managed as a case as defined in Section 64D-3.013(3)(a)1.

3. Carriers – Persons infected with salmonella (excluding typhoid fever) without symptoms may attend schools or child care centers at the discretion of the county health department director or /administrator or their designee State Health Officer, provided adequate sanitary facilities and hygienic practices exist.

(b) Cases, Contacts, and Carriers in Non-sensitive Situations – These persons should be counseled regarding disease transmission, food preparation, and hand washing practices. Follow-up or release based on stool cultures results is are not required.

(4) Enteric Disease Outbreaks in Child Care Settings [for Typhoid Fever, see 64D-3.013(5), F.A.C.]

In the event of an outbreak in a child care setting of one of these diseases, the county health department director or administrator or designee shall implement control procedures as defined in "Outbreaks of Enteric Disease in Child Care Settings," dated August 1999, and incorporated by reference in this rule. This document is available from the Department of Health, Bureau of Epidemiology, 2020 Capital Circle, S. E., Bin A-12, Tallahassee, Florida 32399-1720.

(5)(4) Typhoid Fever

(a) Enteric isolation procedures are required for all cases during the acute stages of illness. The patient shall be under the supervision of the county health department director or administrator or the designee State Health Officer until bacteriologic cultures are obtained from feces and are negative in no less than three consecutive specimens taken at least 24 hours apart and not earlier than 1 month after onset of illness, provided the patient has been off antibiotic therapy for a period of 1 week. If any one specimen of this series yields typhoid organisms, then at least an additional three negative consecutive specimens of feces taken at least 24 hours apart are required for release of the case.

(b) Household contacts of a typhoid case who may be excreting S. typhi as determined by the county health department director or administrator or their designee State Health Officer and who are involved in food processing, food preparation or food service for public consumption or in any occupation bringing them in contact with children, ill persons, or the elderly or are present in other sensitive situations, as defined in Rule 64D-3.014, F.A.C., are prohibited from returning to such occupation or situation until no less than three specimens of feces taken at no less than daily intervals are bacteriologically negative for typhoid organisms. In

addition, other appropriate tests may be required at the discretion of the county health department director or administrator or their designee ~~State Health Officer~~.

(6)~~(5)~~ Perinatal Hepatitis B

(a) No change.

(b) Infants born to HBsAg-positive mothers shall receive hepatitis B immune globulin and hepatitis B vaccine once they are physiologically stable, preferably within 12 hours of birth, and shall complete the hepatitis B vaccine series according to the recommended vaccine schedule. Testing infants for HBsAg and antibody to hepatitis B surface antigen (anti-HBs) six (6) months after the completion of the hepatitis B vaccine series is recommended to monitor the success or failure of therapy. A positive HBsAg result in any child ~~infant~~ aged 24 months or less ~~under 25 months~~ shall be reported to the local county health department.

(c) Household members, sexual and needle-sharing partners of HbsAg-positive prenatal/postpartum hepatitis B women ~~carriers~~ should ~~shall~~ be tested to determine susceptibility to the hepatitis B virus, and, if susceptible should ~~shall~~ receive the hepatitis B vaccine series.

(d) No change.

(7)~~(6)~~ Vibrio Infections

~~(a)~~ All food service establishments serving raw oysters shall display, either on menus, table placards, or elsewhere in plain view of all patrons, the following notice: "Consumer Information: There is risk associated with consuming raw oysters. If you have chronic illness of the liver, stomach or blood or have immune disorders, you are at greater risk of serious illness from raw oysters, and should eat oysters fully cooked. If unsure of your risk, consult a physician."

Specific Authority 381.0011(6), (13), 381.003(2), 381.006, 384.25(2), 384.33 FS. Law Implemented 381.0011(4), (6), (8), 381.003(1), 381.0031, 384.25(2), 384.27 FS. History–New 12-29-77, Amended 6-14-78, 6-7-82, 11-6-85, Formerly 10D-3.91, Amended 7-5-87, 7-19-89, 2-26-92, 10-20-93, 11-1-94, 7-21-96, Formerly 10D-3.091, Amended 7-5-99, _____.

64D-3.014 Sensitive Situations.

A sensitive situation occurs when ~~is defined as a setting in which the presence of~~ a person or animal infected with or suspected of being infected with a ~~notifiable or other~~ communicable disease or condition is in a setting that significantly increases the potential for transmission of disease ~~which may significantly affect public health would therefore, constitute a public health hazard~~. ~~The county health department director/administrator, or the State Health Officer, or either of their designated representatives shall prohibit such person or animal from being present in such situations.~~ Locations which give rise to sensitive situations may include but are not limited to schools, child care centers, hospitals and ~~other~~ patient or residential care facilities, food storage facilities, food-processing establishments, food outlets, or places of employment. Examples of sensitive situations are an acute case of hepatitis A in a foodservice worker or a case of salmonellosis in a day care attendee. The county health department director or administrator or designee has the authority to prohibit such a person or animal from being present in that setting. The prohibition shall ~~be placed in effect and shall~~ remain in effect until the situation no longer represents a public health hazard as determined by the county health department director or ~~/~~administrator~~, or the State Health Officer,~~ or ~~either of~~ their designated representative~~s~~.

Specific Authority 381.0011~~(4),~~ (6) (a) ~~, (7),~~ (13), 381.003~~(1)(d),~~ (2) FS. Law Implemented 381.0011(4), (6) (a), ~~(13),~~ 381.003(1) FS. History–New 6-7-82, Amended 11-6-85, Formerly 10D-3.93, 10D-3.093, Amended _____.

64D-3.015 Diseases Designated as Sexually Transmissible Diseases.

(1) The following diseases are designated as sexually transmissible diseases for the purposes of Chapter 384, F.S., and this rule:

(a) through (e) No change.

(f) Hepatitis A and B

(g) through (i) No change.

(2) No change.

Specific Authority 381.0011(13), 381.003(2), 384.25(2), 384.33 FS. Law Implemented 381.0011(4),(8), 381.003(1), 384.23, 384.25(2) FS. History–New 7-5-87, Amended 9-7-93, 5-20-96, 1-1-97, Formerly 10D-3.096, Amended 7-5-99, _____.

64D-3.016 Reporting Requirements for Practitioners ~~Physicians~~ for Sexually Transmissible Diseases (STDs), Including HIV and AIDS.

(1) Each practitioner licensed under Chapter 458, 459 and 464, F.S., ~~physician~~ who makes a diagnosis of or treats a sexually transmissible disease, as defined in ~~Rule~~ 64D-3.015, F.A.C., shall report such information to the local county health department as follows:

(a) Except for the special reporting requirements for AIDS, HIV infection and early syphilis listed in 64D-3.016(1)(c), and (d), F.A.C., and for hepatitis A and B as indicated in 64~~B~~D-3.002(1), 64D-3.004, and 64D-3.006, F.A.C., all reports shall be submitted within three (3) working days from diagnosis.

(b) Except for AIDS, HIV and hepatitis A and B, all reports of sexually transmissible diseases shall be completed and submitted on the Florida Confidential Report of Sexually Transmitted Diseases, DH 720, 10/97. The form, incorporated by reference in this rule, will be furnished by the local county health department.

(c) No change.

1. AIDS cases and HIV infection shall be reported on the Adult or Pediatric HIV/AIDS Confidential Case Report form, CDC 50.42A Rev. 7-93 or CDC 50.42B Rev. 9-96, respectively, which are incorporated by reference in this rule. The forms shall be furnished by the Department of Health, Bureau of HIV/AIDS, 2020 Capital Circle, S. E., Bin A-09, ~~1317 Winewood Boulevard,~~ Tallahassee, Florida 32399-1715~~0700~~, or by the local county health department.

2. No change.

(d) No change.

(2) ~~An authorized representative of the department shall contact the reporting physician for permission to initiate follow-up activities. Examples of follow-up activities are post-test counseling for persons who did not return for test results, referral for medical evaluation, case management services, and voluntary partner notification.~~

~~(3)~~ Any report of a sexually transmissible disease shall be submitted in a sealed envelope marked "Confidential."

~~(4) The "Model Protocol for HIV Counseling and Testing" meets the provisions of s. 384.25(7)(a), F.S., and is incorporated by reference in this rule. The model protocol can be obtained from the Department of Health, Bureau of HIV/AIDS, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.~~

Specific Authority 381.0011(13), 381.003(2), 381.0031(5), 384.25(2), 384.33 FS. Law Implemented 381.0011, 381.003(1), 381.0031(5), 384.25 FS. History–New 7-5-87, Amended 2-7-90, 2-26-92, 5-20-96, 1-1-97, Formerly 10D-3.097, Amended 6-7-98, 7-5-99, 8-5-99, _____.

64D-3.017 Reporting Requirements for Laboratories.

(1) Each person who is in charge of a laboratory responsible for collecting the specimen or receiving the initial order for testing the specimen for a sexually transmissible disease as defined in ~~Rule~~ 64D-3.015, F.A.C., shall report its finding to the local county health department as follows:

(a) Reporting shall be within 24 hours for all reactive blood tests for syphilis in pregnant women and newborns and all other reactive blood tests for syphilis with a quantitative result of a titer of 1:8 dilutions or above.

(b) through (f) No change.

(2) No change.

~~(3) The department shall contact the person in charge of the laboratory for permission to initiate follow-up activities unless the specimen originated in a medical practice subject to the reporting requirements in 64D-3.016, F.A.C., in which case, the department will contact the reporting physician for permission to initiate follow-up activities. Examples of follow-up activities include post-test counseling for persons who do not return for test results, referral for medical evaluation, case management services, and voluntary partner notification.~~

Specific Authority 381.0011(13), 381.003(2), 381.0031(5), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), 381.003(1)(c), 381.0031, 384.25, 384.26, 384.27 FS. History–New 7-5-87, Amended 2-26-92, 5-20-96, 1-1-97, Formerly 10D-3.099, Amended _____.

64D-3.018 Partner Notification.

(1) through (2) No change.

(3) In every case where partner notification is initiated, the authorized representative of the department shall first attempt~~,~~ ~~by telephone or other means,~~ to consult with the physician submitting the report of a sexually transmissible disease in order to coordinate follow-up activities, before initiating steps to interview the patient or cause the patient to be interviewed. Examples of follow-up activities include post-test counseling for persons who do not return for test results, referral for medical evaluation, case management services and voluntary partner notification.

Specific Authority 381.0011(13), 381.003(2), 381.0031(5), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), 381.003(1)(c), 384.25(2), 384.26 FS. History–New 7-5-87, Amended 2-7-90, 2-26-92, Formerly 10D-3.100, Amended _____.

64D-3.019 Blood Testing of Pregnant Women.

(1) Each practitioner ~~physician~~ licensed under Chapter 458, ~~F.S., or~~ 459, or 464, F.S., or midwife licensed under Chapter ~~464 or~~ 467, F.S., who attends a pregnant woman for conditions relating to pregnancy during the period of gestation and delivery, shall take or cause to be taken a sample of venous blood, and shall submit the sample to an approved laboratory for a standard blood test for syphilis.

(2) The samples of the blood shall be taken at the time of the first examination relating to the current pregnancy and a second specimen at 28 ~~30~~ to 32 weeks.

(3) No change.

(4) Practitioners ~~Physicians~~ required by law to report births and stillbirths shall record on such report the date or approximate date a blood test for syphilis was made on the woman who bore the child. In no case shall the result of the test be recorded on the birth certificate.

(5) The practitioner ~~physician~~ submitting the blood sample for such test shall state that this is a blood test for syphilis on a pregnant woman. ~~The laboratory report shall be made on a form provided in subsection (7).~~

(6) through (7) No change.

Specific Authority 381.0011(13), 381.003(2), 384.25, 384.26, 384.31, 384.33 FS. Law Implemented 381.0011(4), 381.003(1)(c), 384.25, 384.26, 384.31 FS. History–New 7-5-87, Amended 2-26-92, Formerly 10D-3.101, Amended 8-5-99, _____.

64D-3.020 Enforcement and Penalties.

(1) No change.

(2) In determining the amount of fine to be levied for a violation as provided in paragraph (1), the following factors shall be considered:

(a) through (b) No change.

(c) Actions taken by the practitioner ~~physician or midwife,~~ and each laboratory~~,~~ to correct the violation or to remedy the complaints.

(d) Any previous violations of the practitioner ~~physician, midwife~~ or laboratory.

(e) No change.

Specific Authority 381.0011, 381.003, 384.33, 384.34(4) FS. Law Implemented 381.0011, 381.003, 384.33, 384.34 FS. History–New 7-5-87, Amended 5-20-96, Formerly 10D-3.102, Amended _____.

64D-3.027 Reporting of Congenital Anomalies.

(1) through (3) No change.

(4) A licensed hospital, or licensed practitioner as defined in s. 381.0031(1), F.S., shall report information regarding each notifiable congenital anomaly according to the definitions, coding schemes, instructions, and the reporting forms contained in the above referenced Data Reporting Manual. The reporting form, DH 4118 (10/98), entitled "Florida Birth Defects Registry Data Reporting Form," is herein incorporated by reference and is available from the Florida Department of Health, Bureau of Environmental Epidemiology, 2020 Capital Circle, S. E, Bin A-08, Tallahassee, FL 32399-1712.

Specific Authority 381.0011(13), 381.0031(5) FS. Law Implemented 381.0011(7), 381.0031, FS. History–New 7-5-99, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Linda M. Baldy, MPH, Bureau of Epidemiology

NAME OF PERSON OR SUPERVISOR WHO APPROVED THE PROPOSED RULE: Richard S. Hopkins, MD, MPH, Chief, Bureau of Epidemiology

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 3, 2000

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 14, 1999

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Substance Abuse Program

RULE TITLES:	RULE NOS.:
Definitions	65D-16.003
Common Licensure Requirements and Procedures	65D-16.004
Minimum Standards for Addictions Receiving Facilities	65D-16.007
Minimum Standards for Detoxification Programs	65D-16.008
Minimum Standards for Residential Programs	65D-16.009
Minimum Standards for Nonresidential Programs	65D-16.010
Minimum Standards for Prevention Programs	65D-16.011
Minimum Standards for Intervention Programs	65D-16.012
Minimum Standards for Medication Programs	65D-16.014

PURPOSE AND EFFECT: Chapter 65D-16 is being repealed. The repeal of Chapter 65D-16 will eliminate rules which were not promulgated under current statute, Chapter 397, enacted in 1993. The repeal will permit the department to work toward the adoption of new rules which will provide programmatic standards in accordance with the intent of Chapter 397, F.S., departmental initiatives, and best practices.

SUMMARY: The rules to be repealed relate to programmatic standards for prevention, intervention, and treatment services. These standards were initially written in 1989 and were based on statutes which were repealed in 1993. Because of the extensive changes which would be necessary to bring Chapter 65D-16 in line with current practice in the substance abuse field, funding mandates, and regulatory procedures, amending Chapter 65D-16 would be impractical.

SUMMARY OF THE STATEMENT OF ESTIMATED REGULATORY COST: The cost to the department will be limited to the cost of repealing Chapter 65D-16. It is estimated that the department will not experience any additional costs. The substance abuse provider agencies should not anticipate any additional costs resulting from the repeal of this Chapter.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 397.321(5) FS.

LAW IMPLEMENTED: 20.19, 232, 384, 397.311(19)(a),(b),(c),(d),(e),(f),(g),(h,)(i), 397.401, 397.403, 397.407, 397.409, 397.411, 397.415, 397.419, 397.427, 397.451, 397.471, 397.501, 397.675, 397.6751, 397.6752, 397.6758, 397.6759, 397.6771, 397.6772, 397.679, 397.6798, 397.6811, 397.693, 397.702, 397.901, 465, 633.05(8) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 1:00 p.m., Friday, March 10, 2000

PLACE: Department of Children and Family Services, 2720 Blair Stone Road, Unit C, Conference Room, Tallahassee, FL 32301

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Phil Emenheiser, Senior Management Analyst II, Substance Abuse Program Office, 1317 Winewood Blvd., Building 3, Rm. 105-i, Tallahassee, Florida 32301

THE FULL TEXT OF THE PROPOSED RULES IS:

65D-16.003 Definitions.

Specific Authority 397.321(5) FS. Law Implemented 397.311 FS. History–New 8-7-89, Amended 8-22-91, 6-6-96, Repealed _____.

65D-16.004 Common Licensure Requirements and Procedures.

Specific Authority 397.321(5) FS. Law Implemented 20.19, 232, 384, 397.401, 397.403, 397.407, 397.409, 397.411, 397.415, 397.419, 397.451, 397.471, 397.501, 633.05(8) FS. History–New 8-7-89, Amended 8-22-91, 6-6-96, Repealed _____.

65D-16.007 Minimum Standards for Addictions Receiving Facilities.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(a), 397.675, 397.6751, 397.6752, 397.6758, 397.6759, 397.6771, 397.6772, 397.679, 397.6798, 397.6811, 397.693, 397.702, 397.901, 465, 633.05(8) FS. History–New 8-22-89, Amended 6-6-96, Repealed _____.

65D-16.008 Minimum Standards for Detoxification Programs.

Specific Authority 397.321(5) FS. Law Implemented 397.321(19)(b), 397.675, 397.6751, 397.6752, 397.6758, 397.6759, 397.6771, 397.6772, 397.679, 397.6811, 397.693, 397.702, 465, 633.05(8) FS. History–New 8-7-89, Amended 6-6-96, Repealed _____.

65D-16.009 Minimum Standards for Residential Programs.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(c), 397.675, 397.6751, 397.6752, 397.6758, 397.6759, 397.679, 397.6811, 397.693, 397.702, 633.05(8) FS. History–New 8-7-89, Amended 8-22-91, 6-6-96, Repealed _____.

65D-16.010 Minimum Standards for Nonresidential Programs.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(d),(e), 397.675, 397.6751, 397.6752, 397.6758, 397.6759, 397.679, 397.6811, 397.702, 633.05 FS. History–New 8-7-89, Amended 8-22-91, 6-6-96, Repealed _____.

65D-16.011 Minimum Standards for Prevention Programs.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(h) FS. History–New 8-7-89, Repealed _____.

65D-16.012 Minimum Standards for Intervention Programs.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(i) FS. History–New 8-7-89, Amended 6-6-96, Repealed _____.

65D-16.014 Minimum Standards for Medication Programs.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(f),(g), 397.427, 465, 633.05(8) FS. History–New 8-7-89, Amended 8-22-91, 6-6-96, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Phil Emenheiser

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Ken DeCerchio, Director of Substance Abuse

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 24, 2000

Purchase Order No.: CC1874

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Substance Abuse Program

RULE TITLES:	RULE NOS.:
Title	65D-30.001
Definitions	65D-30.002
Department Licensure and Regulatory Standards	65D-30.003
Common Licensure Standards	65D-30.004
Standards for Addictions Receiving Facilities	65D-30.005
Standards for Detoxification	65D-30.006
Standards for Residential Treatment	65D-30.007
Standards for Day or Night Treatment With Host Homes	65D-30.008
Standards for Day or Night Treatment	65D-30.009
Standards for Outpatient Treatment	65D-30.010
Standards for Aftercare	65D-30.011
Standards for Intervention	65D-30.012
Standards for Prevention	65D-30.013
Standards for Medication and Methadone Maintenance Treatment	65D-30.014

PURPOSE AND EFFECT: Chapter 65D-30, titled Substance Abuse Services, is being adopted in response to the enactment of Chapter 397, F.S., in 1993, and to enable the department, as the regulatory authority for substance abuse services, to respond more effectively to changing trends and practices in the substance abuse field. The adoption of new rules will increase accountability of service providers relative to departmental mandates, including improved service delivery and service outcomes. With the adoption of Chapter 65D-30, the department will also repeal Chapter 65D-16, Florida Administrative Code, titled, ALCOHOL PREVENTION AND TREATMENT(APT) AND DRUG ABUSE TREATMENT AND PREVENTION(DATAP) PROGRAMS.

SUMMARY: Chapter 65D-30 sets forth clearly defined standards for the department regarding licensure and substantially updates and clarifies the process of licensure. Specific standards regarding the client assessment, placement, and treatment planning process have been substantially updated in accordance with best practices. The rules include specific facility standards for substance abuse providers. New standards for licensable components under prevention, intervention, aftercare and the various levels of treatment services are being proposed. Standards for medication and methadone maintenance treatment will provide more flexibility for using medication other than methadone in treating opioid addiction, in accordance with Federal initiatives in this area. The rules will include standards for private practices required to be licensed under Chapter 397. The rules also provide specific standards for inmate programs under the Department of Corrections.

SPECIFIC AUTHORITY: 397.321(5) FS.

LAW IMPLEMENTED: 20.19, 232, 394, 397.311(19)(a),(b),(c),(d),(e),(f),(g),(h),(i), 397.321(23), 397.321(28), 397.401, 397.403, 397.405, 397.406, 397.407, 397.409, 397.411, 397.415, 397.419, 397.427, 397.431(5), 397.451, 397.471, 397.501, 397.601, 397.601(2), 397.675, 397.6751, 397.6751(2)(3), 397.6752, 397.6758, 397.6759, 397.677, 397.6771, 397.6772, 397.6773, 397.6774, 397.6775, 397.679, 397.6791, 397.6793, 397.6795, 397.6797, 397.6798, 397.6799, 397.681, 397.6811, 397.6814, 397.6815, 397.6818, 397.6819, 397.6821, 397.6822, 397.693, 397.695, 397.6951, 397.6955, 397.6957, 397.697, 397.6971, 397.6975, 397.6977, 397.705, 397.707, 397.752, 397.753, 397.754, 397.901, 465, 633.022, 944.026, 948 FS.

SUMMARY OF THE STATEMENT OF ESTIMATED REGULATORY COST: The cost to the department will be limited to the cost of adopting Chapter 65D-30. It is estimated that the department will not experience any additional costs. The substance abuse provider agencies should not anticipate any significant costs relative to the adoption of this chapter.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 1:00 p.m., Friday, March 10, 2000

PLACE: Department of Children and Family Services, 2720 Blair Stone Road, Unit C, Conference Room, Tallahassee, FL 32301

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Phil Emenheiser, Senior Management Analyst II, Substance Abuse Program Office, 1317 Winewood Blvd., Building 3, Rm. 105-i, Tallahassee, Florida 32301

THE FULL TEXT OF THE PROPOSED RULES IS:

65D-30.001 Title.

These rules shall be known as the licensure standards for "substance abuse services."

Specific Authority 397.321(5) FS. Law Implemented 397 FS. History–New _____.

65D-30.002 Definitions.

(1) "Accreditation" means the process by which a provider satisfies specific nationally accepted requirements regarding administrative, clinical, medical, and facility standards as evaluated through an accrediting organization approved by the department.

(2) "Aftercare Plan" means an outline of goals to be achieved by a client or family involved in aftercare on a regularly scheduled basis.

(3) "Ancillary Services" means services such as legal, vocational, employment, mental health, prenatal care, diagnostic testing, public assistance, child care, and transportation, that may be either essential or incidental to recovery.

(4) "Assessment" means a process used to determine the nature and severity of a client's substance abuse problem and includes a psychosocial assessment and, depending upon the component, a physical health assessment.

(5) "Authorized Agent of the Department" means a qualified person designated by the department to conduct licensing inspections and other regulatory duties permitted in Chapter 397, F.S., Part II.

(6) "Case Management" means a process which is used by a provider to ensure that clients receive services appropriate to their needs and includes linking clients to services, monitoring the delivery of services, and collecting information to determine the effectiveness of services.

(7) "Certification" means the process by which an individual achieves specific national standards of competency and proficiency through a curriculum of study for addiction professionals which is recognized by the department.

(8) "Client Registry" means a system which is used by two or more providers to share information about clients who are applying for or presently involved in detoxification or maintenance treatment using methadone, for the purpose of preventing the concurrent enrollment of clients with more than one methadone provider.

(9) "Client" means any person who receives substance abuse services from a provider.

(10) "Client Record" means the clinical and medical record of services provided to a client and includes documentation of the client's progress.

(11) "Clinical Services" means services such as screening, psychosocial assessment, placement, treatment planning, counseling, and case management.

(12) "Clinical Staff" means employees of a provider who are responsible for overseeing or providing clinical services to clients within the scope of their training and experience and in accordance with applicable laws and regulations.

(13) "Clinical Summary" means a written statement summarizing the results of the psychosocial assessment relative to the perceived condition of the client and a further statement of possible service needs based on the client's condition.

(14) "Component" means a licensable service of a provider. The specific service components are listed and defined as follows:

(a) "Addictions Receiving Facility" is a secure, acute-care, residential facility operated 24 hours-per-day, 7 days-per-week, designated by the department to serve persons

found to be substance abuse impaired as described in section 397.675, F.S., who meet the placement criteria for this component.

(b) "Detoxification" is a process involving acute care that is provided on a residential or an outpatient basis to assist clients who meet the placement criteria for this component to withdraw from the physiological and psychological effects of substance abuse.

(c) "Residential Treatment" is treatment provided in a residential, non-hospital facility operated 24 hours-per-day, 7 days-per-week, for clients who meet the placement criteria for this component. There are four levels of residential treatment, each designed to serve a different purpose, including variations in the type, frequency, and intensity of services provided.

(d) "Day or Night Treatment with Host Homes" is treatment provided on a nonresidential basis at least four hours each day and at least 16 hours each week for clients who meet the placement criteria for this level of care. This component also requires that each client reside with a host family as part of the treatment protocol.

(e) "Day or Night Treatment" is treatment provided on a nonresidential basis at least four hours each day and at least 16 hours each week for clients who meet the placement criteria for this component.

(f) "Outpatient Treatment" is treatment provided on a nonresidential basis and involves scheduled and unscheduled appointments for clients who meet the placement criteria for this component.

(g) "Aftercare" means structured services provided to individuals who have completed an episode of treatment and who are in need of continued observation and support to maintain recovery.

(h) "Intervention" includes activities and strategies that are used to forestall or impede the development or progression of substance abuse problems.

(i) "Prevention" includes activities and strategies that preclude the development of substance abuse problems.

(j) "Medication and Methadone Maintenance Treatment" is treatment provided on an nonresidential basis which utilizes methadone or other approved medication in combination with clinical services to treat persons who are dependent upon opioid drugs, and who meet the placement criteria for this component.

(15) "Control of Aggression" means the use of verbal and physical intervention techniques and procedures that have been approved by the department to manage client behavior.

(16) "Counseling" means the process of engaging a client in a verbal discussion of issues associated with the client's substance abuse problems in an effort to work toward a constructive resolution of those problems and recovery.

(17) "Court Ordered" means the result of an order issued by a court of competent jurisdiction requiring an individual's participation in a licensed component of a service provider under the following authority:

(a) Civil involuntary as provided under sections 397.6811 and 397.693, F.S.;

(b) Treatment of habitual substance abusers in licensed secure facilities as provided under section 397.702, F.S.; and

(c) Offender referrals as provided under section 397.705, F.S.

(18) "Department" means the Department of Children and Family Services, pursuant to Chapter 20, Florida Statutes.

(19) "Diagnostic Criteria" means prevailing clinical and medical standards which are used by licensed practitioners to determine a client's mental and physical condition relative to their need for substance abuse services, such as those which are described in the current Diagnostic and Statistical Manual of Mental Disorders.

(20) "Direct Services" means services that are provided by staff who have contact or interact with clients on a regular basis.

(21) "Discharge Plan" means a written narrative of the client's treatment record describing the client's accomplishments and problems during treatment, reasons for discharge, and recommendations for further services.

(22) "District" means a designated geographical service area of the Department.

(23) "Dual Diagnosis or Co-occurring Disorder" means a diagnosis of substance abuse accompanied by a diagnosis of at least one psychiatric disorder.

(24) "Impairment" means a physical or psychological condition directly attributed to the use of alcohol or other drugs which substantially interferes with an individual's level of functioning.

(25) "Inmate Substance Abuse Programs" include substance abuse services provided within facilities housing only inmates and operated by or under contract with the Department of Corrections.

(26) "Initial Treatment Plan" means a preliminary, written outline of goals and objectives intended to inform the client of service expectations and prepare the client for service provision.

(27) "Intervention Plan" means a written outline of goals and objectives to be achieved by a client involved in intervention services.

(28) "Licensed Bed Capacity" means the total bed capacity of addictions receiving facilities, residential detoxification facilities, and residential facilities.

(29) "Licensure Fee" means revenue collected by the department from a provider required to be licensed under section 397.407, F.S.

(30) “Medical Director” means a physician licensed under Chapters 458 or 459, F.S., who has been designated to oversee all medical services of a provider and has been given the authority and responsibility for medical care delivered by a provider.

(31) “Medical History” means information on the client's past and present general physical health, including the effect of substance abuse on the client's health.

(32) “Medical Services” means services which include a medical history, a nursing physical screen, a physical examination, laboratory tests, tests for contagious diseases, and other related diagnostic tests, which are provided by practitioners licensed under Chapters 458, 459, and 464, F.S.

(33) “Medication and Methadone Maintenance Treatment Sponsor” means a person or representative of a medication and methadone maintenance treatment provider who is responsible for its operation and who assumes responsibility for all its employees, including all practitioners, agents, or other persons providing services at the provider.

(34) “Nursing Physical Screen” means a procedure for taking a client's medical history and vital signs and recording any general impressions of a client's current physical condition, general body functions, and current medical problems.

(35) “Nursing Support Staff” means persons who assist Licensed Registered Nurses and Licensed Practical Nurses in carrying out their duties, but are not licensed nurses.

(36) “Operating Procedures” means written policies and standards governing the organization and operation of a provider and the methods for implementing those policies and standards.

(37) “Organizational Capability” means a provider’s ability to implement written operating procedures in conformance with required licensure standards.

(38) “Overlay” means a provider licensed under Chapter 397, F.S., rendering services within facilities not operated by the provider.

(39) “Physical Examination” means a medical evaluation of the client's current physical condition.

(40) “Physical Health Assessment” means a series of medical services that are provided to evaluate a client's medical history and present physical condition.

(41) “Physician” means a person licensed to practice medicine under Chapters 458 or 459, F.S.

(42) “Placement” means the process used to determine client admission to, continued stay in, and transfer or discharge from a component in accordance with specific criteria.

(43) “Prevention Plan” means an outline of goals to be achieved by a client or family involved in structured prevention activities on a regularly scheduled basis.

(44) “Primary Counselor” means a staff member with primary responsibility for delivering clinical services to clients within their scope of practice and qualifications.

(45) “Private Practice" means a sole proprietorship, an individual or individuals using shared office space, or other business entity, required to be licensed under Chapter 397, F.S.

(46) “Privately Funded Provider” means a provider which does not receive funds directly from the department, Medicaid, or another public agency, and which relies solely on private funding sources.

(47) “Progress Notes” mean written entries made by clinical staff in the client record that document progress or lack thereof toward meeting treatment plan objectives, which generally address the provision of services, the client's response to those services, and significant events.

(48) “Protective Factors” means those aspects of a client’s life which have a positive influence and is used, largely in prevention services, to describe circumstances which have such an impact.

(49) “Provider”, as used in these rules, means a public agency, a private for-profit or not-for-profit agency, a person who is in private practice, a qualified professional, or a hospital, which agency, person, professional, or hospital is required to be licensed under Chapter 397, F.S., or exempt from licensure.

(50) “Psychosocial Assessment” means a series of evaluative measures designed to identify the behavioral and social factors involved in substance abuse and its symptoms, and is used in the determination of placement and the development of the treatment plan.

(51) “Publicly Funded Provider” means a provider which receives funds directly from the department, Medicaid, or another public agency or is a state agency or local government agency.

(52) “Qualified Professional” means a physician licensed under Chapters 458 or 459, F.S., a practitioner licensed under Chapters 490 and 491, F.S., or is a person who is certified through a department-recognized certification process as provided in sections 397.311(25) and 397.416, F.S. Individuals who are certified are permitted to serve in the capacity of a qualified professional, but only within the scope of their certification.

(53) “Quality Assurance” means a formalized method of evaluating the quality of care rendered by a provider and is used to promote and maintain an efficient and effective service delivery system. Quality assurance includes the use of a formalized quality improvement process that focuses on preventing problems from occurring so that corrective efforts are not required.

(54) “Restraint” means the use of:

(a) Any manual method or physical or mechanical device, material, or equipment attached or adjacent to a client’s body that he or she cannot easily remove that restricts freedom of movement or normal access to one’s body; and

(b) A drug used to control behavior or to restrict the client's freedom of movement and is not a standard treatment for the client's condition.

The use of restraint is permitted only within addictions receiving facilities.

(55) "Risk Factors" means those aspects of a client's life which have a negative influence and is used, largely in prevention services, to describe circumstances which have such an impact.

(56) "Screening" means a process involving a brief review of a person's presenting problem to determine the person's eligibility for substance abuse services and the possible level of services required.

(57) "Seclusion" means the use of a secure, private, or quiet room designed to isolate a client who has been determined by a physician to pose an immediate threat of physical harm to self or others. The use of seclusion is permitted only within addictions receiving facilities.

(58) "Services" means assistance which is provided to clients in their efforts to remain or become substance free.

(59) "Stabilization" means the use of short-term emergency procedures for the purpose of alleviating an acute condition related to impairment or to prevent further deterioration of a client who is impaired.

(60) "Substantial Compliance" means an applicant for a license or a licensed provider applying to add a new component, that is in the initial stages of developing services, has demonstrated the ability to implement the requirements of these rules through operating procedures, and is thereby eligible for a probationary license.

(61) "Substantial Noncompliance" means that a provider operating on a regular license has significant violations or a pattern of violations which affects the health, safety, or welfare of clients and, as a consequence, is issued an interim license or is subject to sanctions as provided for in section 397.415, F.S.

(62) "Summary Notes" means a written record of the progress made by clients involved in intervention services and structured prevention services.

(63) "Transfer Summary" means a written justification regarding the circumstances surrounding the transfer of a client from one component to another.

(64) "Treatment Plan" means an individualized, written course of action that directs all treatment services based upon information from the assessment and input from the client served. The plan establishes client goals and corresponding measurable objectives and time frames for completing objectives, and includes the type and frequency of services to be provided.

Specific Authority 397.321(5) FS. Law Implemented 397.311 FS. History–New _____.

65D-30.003 Department Licensure and Regulatory Standards.

(1) Licensure. Unless otherwise exempt from licensure, substance abuse providers must be licensed by the department pursuant to section 397.401, F.S. A license is required for each facility that is maintained on separate premises and operated under the same management. Only one license is required for all facilities that are maintained on the same premises and operated under the same management.

In the case of separate premises, all components provided at each facility shall be listed on the license. However, a district may elect to issue a separate license for each component provided at a given facility on the condition that the amount of licensure fees would be the same as for a single license listing each component service. The license shall be displayed in a prominent, publicly accessible place within each facility. In the case of addictions receiving facilities, detoxification, and residential treatment, each license shall include the licensed bed capacity. In addition, those components provided in each facility that are accredited by the Rehabilitation Accreditation Commission, known as CARF, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or other department approved accrediting organization, shall be indicated on the license.

(2) Categories of Licenses.

(a) Probationary License.

1. Conditions Permitting Issuance. A probationary license is issued to new applicants and to licensed providers adding new components upon completion of all application requirements.

2. Reissuing a Probationary License. A probationary license expires 90 days after it is issued. The department may reissue the license for an additional 90-day period if the department determines that the applicant needs additional time to become fully operational and has substantially complied with all requirements for regular licensure or has initiated action to satisfy all requirements.

3. Stipulations. The following stipulations apply regarding new applicants:

a. A new applicant shall refrain from providing services until a probationary license is issued.

b. New applicants that lease or purchase any real property during the application process do so at their own risk. Such lease or purchase does not obligate the department to approve the applicant for licensure.

c. In those instances where an applicant fails to admit clients for services during the probationary period, the department shall not issue a regular license.

(b) Regular License.

1. Conditions Permitting Issuance. A regular license is issued:

a. To a new applicant at the end of the probationary period that has satisfied the requirements for a regular license.

b. To a provider seeking renewal of a regular license that has satisfied the requirements for renewal.

c. To a provider operating under an interim license that satisfies the requirements for a regular license.

2. Applications for Renewal. In regard to applications for renewal of a regular license, the department must receive a completed application no later than 60 days before the provider's current license expires.

3. Effective Date. A regular license is considered to be in effect for a period of 12 months from the date of issuance. In cases where a regular license replaces a probationary license, the regular license shall be issued for a period of 12 months from the effective date of the initial probationary license. In cases where a regular license replaces an interim license, the effective period will remain 12 months from the established anniversary date of the regular license. If a new component is added to a currently licensed facility, or if a component of a currently licensed facility is found to be in noncompliance, separate probationary and interim licenses shall be issued, respectively. Once the conditions required for a regular license have been met, the probationary or interim license shall be converted to a regular license.

(c) Interim License.

1. Conditions Permitting Issuance. An interim license is issued to a provider holding a regular license for a period not to exceed 90 days, where the department finds that:

a. A facility or component of the provider is in substantial noncompliance with licensure standards;

b. The provider has failed to provide proof of compliance with fire, safety, or health requirements; or

c. The provider is involved in license suspension or revocation proceedings.

All licensure components that are affected shall be listed on the interim license.

2. Reissuing an Interim License. The department may reissue an interim license for an additional 90 days at the end of the initial 90-day period in the case of extreme hardship, in which noncompliance is not caused by the provider. In those instances where failure to comply is directly attributable to the provider, the department shall invoke suspension or revocation proceedings as permitted by section 397.415, F.S.

(3) License Non-transferable.

(a) Licenses are not transferable:

1. Where an individual, a legal entity, or an organizational entity, acquires an already licensed provider; and

2. Where a provider relocates or a component of a provider is relocated.

(b) Submitting Applications. A completed application shall be submitted to the department at least 30 days prior to such acquisition or relocation. No services shall be provided until a license has been issued.

(c) Information Required Regarding Relocation. In the case of relocation, the provider shall be required to provide proof of liability insurance coverage and compliance with fire and safety standards established by the State Fire Marshall and health, safety, and occupational codes enforced at the local level. If there is no change in the provider's services, the provider shall not be required to submit any additional information.

(4) License Amendment. A provider's current license shall be amended when a component is added or discontinued or there is a change in licensed bed capacity equal to or greater than 10 percent. Once the provider receives the amended license, the provider shall immediately return the previous license to the department.

(5) Licensure Fees. Applicants for a license to operate as a licensed service provider as defined in section 397.311(19), Florida Statutes, shall be required to pay a fee upon submitting an application to the department. The fees paid by privately funded providers shall exceed fees paid by publicly funded providers, as required in section 397.407(1), Florida Statutes. Applicants shall be allowed a reduction, hereafter referred to as a discount, in the amount of fees owed the department. The discount shall be based on the number of facilities operated by a provider. The fee schedules are listed by component as follows:

Publicly Funded Providers

Licensable Service Component	Fee
Addictions Receiving Facility	$325
Detoxification	325
Residential Treatment	300
Day or Night Treatment/Host Home	250
Day or Night Treatment	250
Outpatient Treatment	250
Medication and Methadone Maintenance Treatment	350
Aftercare	200
Intervention	200
Prevention	200

Schedule of Discounts

Number of Licensed Facilities	Discount
1	5%
2-5	10%
6-10	15%
11-15	20%
16-20	25%
20+	30%

Privately Funded Providers

Licensable Service Component	Fee
Detoxification	$375
Residential Treatment	350
Day or Night Treatment/Host Home	300

Day or Night Treatment	300
Outpatient Treatment	300
Medication and Methadone Maintenance Treatment	400
Aftercare	250
Intervention	250
Prevention	250

Schedule of Discounts

Number of Licensed Facilities	Discount
1	None
2-5	5%
6-10	10%
11-15	15%
16-20	20%
20+	25%

(6) Application for Licensure.

(a) New and Renewal License Applications. Unless otherwise specified, all applications for licensure shall include the following:

1. A standard departmental application for licensure;

2. Written proof of compliance with health and fire and safety inspections;

3. A copy of the client service fee schedule;

4. A comprehensive outline of the services to be provided, including the licensed bed capacity for addictions receiving facilities, residential detoxification, and residential treatment, to be submitted with the initial application, with the addition of each new service component, or when there is a change of ownership;

5. Information that establishes the name and address of the applicant and its chief executive officer and, if a corporation, the name of each member of the applicant's board, the name of the owner, the names of any officers of the corporation, and the names of any shareholders, with the exception of providers which are accredited by department approved accrediting organizations identified in subsection (1);

6. Information on the competency and ability of the applicant and its chief executive officer to carry out the requirements of these rules, with the exception of providers which are accredited by department approved accrediting organizations identified in subsection (1);

7. Proof of the applicant's financial ability and organizational capability to operate in accordance with these rules, with the exception of providers which are accredited by department approved accrediting organizations identified in subsection (1);

8. Proof of professional and property liability insurance coverage;

9. Confirmation of completion of basic HIV/AIDS education requirements pursuant to section 381.0035, F.S., for renewal applications;

10. A current organizational chart;

11. Verification of compliance with federal requirements relating to medication and methadone maintenance treatment, submitted with the initial application and where there is a change of owner, sponsor, or physician;

12. Verification that a qualified professional is included on staff;

13. The DEA registration for a pharmacy, where required by federal and state regulations;

14. The DEA registration for all physicians, where required by federal and state regulations;

15. A state of Florida pharmacy permit, where required by state regulations;

16. Verification of the services of a consultant pharmacist, as required under section 65D-30.014;

17. Verification of professional licenses issued by the Department of Health;

18. Verification that fingerprinting and background checks have been completed as required by Chapter 397, F.S., Chapter 435, F.S., and these rules;

19. Proof of the availability and provision of nutritional services for addictions receiving facilities, residential detoxification, residential treatment, day or night treatment with host homes, and day or night treatment; and

20. Verification that a medical director is designated for addictions receiving facilities, detoxification, residential treatment, and medication and methadone maintenance treatment.

Items listed in subparagraphs 1.-11. must accompany the application for licensure. Items listed in subparagraphs 12.-20. must be made available for review at the provider facility.

In addition, those items listed in subparagraphs 1.-20. that expire during the licensure period shall be renewed by the provider prior to expiration and verification shall be given to the district office in writing immediately upon renewal.

(7) Accredited Providers. Providers accredited by the Rehabilitation Accreditation Commission, known as CARF, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or other department approved accrediting organizations shall, with their request for licensure and items required in section 397.403(3), F.S., submit proof of full accreditation for those components that are accredited.

(a) Inspection of Accredited Providers. For those providers or components of providers that are accredited, the department may accept, in lieu of conducting a licensure inspection, the survey report of the accrediting organization. However, the department shall conduct a full licensure inspection of accredited providers or components of providers once every 3 years. Proof of compliance with fire and safety standards and health standards must be provided to the department annually. The department shall conduct compliance and sample validation inspections in those cases where:

1. The accredited organization or component fails to submit the accreditation report and any corrective action plan related to its accreditation following a survey;

2. The accredited organization or component has not received full accreditation and is not in substantial compliance with licensure requirements based on the survey report;

3. Complaints have been received and substantiated by the department during the year of the annual licensing inspection; or

4. The accreditation report has not been received within 120 days of the annual survey data following accreditation and each renewal of accreditation.

(b) Determination of Compliance. Upon receipt of the accreditation report, the department shall review the findings to determine if the organization or component is in compliance with licensure requirements.

(c) Department Decision to Conduct Inspection. The department shall notify the organization within 60 days of receipt of the accreditation report whether or not it will accept the report in lieu of a state inspection. This includes a brief statement of any standards found to be in non-compliance or not covered by the survey report.

(d) Joint Surveys. The department may elect to participate in the survey process conducted by the accrediting organization. The department shall submit a request to participate directly to the accrediting organization and the affected provider. In those instances where a provider denies the department's request, the department shall retain the option of conducting a full inspection.

(8) Department Licensure Procedures.

(a) Authorized Agents. Prior to being designated as an authorized agent of the department a person shall:

1. Demonstrate knowledge of the state's substance abuse service system;

2. Demonstrate knowledge of Chapter 397, F.S., Chapter 65D-30, F.A.C., and federal regulations which directly affect the department or providers, and other rules and statutes referenced herein;

3. Demonstrate skill in preparing accurate reports of findings from licensure inspections; and

4. Demonstrate knowledge of the specific services rendered by substance abuse providers within the agent's area of jurisdiction.

(b) Department District Office Licensure Procedures. The district offices shall be responsible for licensure of providers operating within their jurisdiction.

1. Application Process. The districts shall process all new and renewal applications for licensure and shall notify both new and renewal applicants in writing within 30 days of receipt of the application that it is complete or incomplete. In those instances where an application is incomplete, the district shall specify in writing to the applicant the items that are in need of completion. Following receipt of the district's response, the applicant shall have 10 working days to submit the required information to the district. If the applicant needs additional time, the applicant shall submit a request to the district in writing within 5 working days of receipt of the district's response requesting that additional time is needed to produce the required information. Districts shall notify the applicant immediately upon receipt of the applicant's request for additional time of its decision to approve or deny the request.

2. Inspection. Districts shall notify each applicant of its intent to conduct an on-site inspection and of the proposed date and time of the inspection. Districts shall include the name(s) of the authorized agents of the department who will conduct the inspection and the specific services and facilities to be inspected. This notification, however, shall not prohibit districts from inspecting other services or facilities maintained by the provider at the time of the scheduled review.

3. Licensure Determination. A performance-based rating system shall be used in evaluating a provider's level of compliance with licensure standards. This system shall require that providers attain at least 80 percent compliance on all areas reviewed during an inspection. However, there may be instances where a provider has attained an 80 percent level of compliance overall but is in violation of a requirement related to the health, safety, and welfare of clients and staff. In such cases, districts shall issue an interim license to the provider or take other regulatory action permitted in subsection (10).

4. Notifying Providers Regarding Disposition on Licensure. In the case of new applications, districts shall communicate in writing to the applicant its decision to issue or deny a probationary license within the 90-day period following receipt of the completed application. In the case of renewal applications, districts shall communicate in writing to the applicant its decision on licensure prior to expiration of the current license.

5. Reports of Inspections. Districts shall prepare a report of inspections that shall include:

a. The name and address of the facility;

b. The names and titles of principle staff interviewed;

c. An overview of the components and facilities inspected and a brief description of the provider;

d. A summary of findings from each component and facility inspected;

e. A list of noncompliance issues, if any, with rule references and a request that the provider submit a plan for corrective action, including required completion dates;

f. Recommendations for issuing a probationary, a regular, or an interim license and recommendations regarding other actions permitted under Chapter 397, F.S.; and

g. The name and title of each reviewer.

6. Distribution of Reports. For renewal applications, districts shall send the provider an original signed license and notice of the right of appeal as required by section 120.57, F.S., prior to the expiration of the existing license. For new

applications, the license and notice shall be sent within the 90-day period following receipt of the completed application. Concurrently, districts shall send a copy of the license and the notice of the right of appeal to the department's Substance Abuse Program Office.

7. Content of Licensure Records. Districts shall maintain current licensure files on each provider licensed under Chapter 397. The contents of the files shall include those items listed under paragraph (6)(a) and sub-subparagraph (8)(b)5.

8. Listing of Licensed Providers. Districts shall maintain a current listing of all licensed providers by components, with corresponding license expiration dates.

9. Complaint Log. Districts shall maintain a continuous log of complaints regarding providers. The log shall include the date the complaint was received, dates review was initiated and completed, and all findings, penalties imposed, and other information relevant to the complaint.

(c) Department Substance Abuse Program Office Procedures.

1. Records. The department's Substance Abuse Program Office shall maintain a record of all licensed providers.

2. Monitoring. The department's Substance Abuse Program Office shall monitor the implementation of the licensure process from a statewide perspective and conduct an analysis of provider performance relative to the results of licensure reviews.

3. Technical Assistance. The department shall provide technical assistance to each district, when requested, to implement the provisions of this subsection.

(9) Right to Conduct Inspections. The department may enter and inspect at any reasonable time, with or without prior notification, all facilities of a provider which are licensed and those for which licensure is pending, to ensure compliance with these rules. However, in the case of inmate substance abuse programs operated by the Department of Corrections and substance abuse services provided in secure facilities operated or contracted by the Department of Juvenile Justice, due to reasons related to security, such entry and inspection shall be permitted only with prior notification. Notification of entry and inspection shall be given directly to the facility's superintendent or designee and shall not be unreasonably denied.

In cases where the department suspects that services are being delivered by an unlicensed provider, such entry and inspection shall be made only with permission of the provider or pursuant to warrant.

An authorized agent of the department is permitted to conduct interviews with staff and clients during an inspection and to review clinical and medical records and any other records of the provider.

(10) Denial, Suspension, and Revocation of Licenses and Fines and Moratoriums.

(a) If the department determines that a provider or component of a provider is not in compliance with statutory and regulatory requirements, the department, in addition to, or in lieu of issuing an interim license, may deny, suspend, revoke, or impose reasonable restrictions or penalties on the license or any portion of the license. In such cases, the department:

1. May impose a moratorium on admissions to any component of a provider if the department determines that conditions within such component are a threat to the health or safety of clients and the public.

2. May impose an administrative penalty of up to $500 per day against a provider operating in violation of any fire-related, safety-related, or health-related statutory or regulatory requirement.

3. May suspend, revoke, or deny a license if it determines that a provider has failed to correct the substantial or chronic violation of any statutory or regulatory requirement that affects the quality of client care.

(b) If a provider's license or any component of a provider's license is revoked, the provider is barred from submitting an application for licensure to the department for a period of 12 months after revocation.

(c) Where a license has been suspended, the provider will be required to apply for re-instatement of a regular license.

(d) A license shall be revoked in those instances where a provider submits any materials required by licensure that are fraudulent or that have been changed from their original content and such action on the part of the provider shall be referred to the State Attorney in the county or circuit in which the licensee is located.

(e) When considering denials, suspensions, and revocations and imposing fines and moratoriums, the department shall consider the severity of the violation, actions taken by the provider to correct the violation, previous violations by the provider, and the effect of resulting actions on the community.

(11) Closing a Licensed Provider. Providers shall notify the department in writing at least 30 days prior to voluntarily ceasing operation. If a provider, facility, or component is ordered closed by the department or a court of competent jurisdiction pursuant to section 397.415(4), F.S., the provider shall maintain possession of all its records until the question of closing is resolved. If the decision is made to permanently close the provider, the provider's records shall be turned over to the department. In the interim, the provider, with the department's assistance, shall attempt to place all active clients in need of care with other providers. The respective department district office shall provide assistance in placing clients and for ensuring that all placements are completed in accordance with Title 42, Code of Federal Regulations, Part 2, and section

397.501(7), F.S. The provider shall return its license to the Regional Alcohol, Drug Abuse, and Mental Health Program Office by the designated date of closure.

(12) Accrediting Organizations. The department recognizes the Rehabilitation Accreditation Commission, also known as CARF, and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as the approved accrediting organizations. Additional organizations that desire department approval shall submit a request in writing to the department. In order for an organization to be considered by the department, the organization shall meet the following criteria:

(a) The organization shall be recognized by the National Committee on Quality Assurance as an accrediting body for behavioral healthcare services.

(b) The accrediting organization shall have fees and standards which apply to substance abuse services. These standards shall incorporate administrative, clinical, medical, support, and environmental management standards.

(c) The accrediting organization shall have written procedures detailing the survey and accreditation process.

Specified Authority 397.321(5) FS. Law Implemented 397.401, 397.403, 397.405, 397.406, 397.407, 307.409, 397.411, 397.415, 633.022 FS. History–New _____.

65D-30.004 Common Licensure Standards.

(1) Operating Procedures. Providers shall demonstrate organizational capability through written standards providing an organized, indexed system of policies and procedures which will be based on and ensure compliance with these licensure standards. All staff shall have a working knowledge of the operating procedures. These operating procedures shall be available for review by the department.

(2) Quality Assurance. Providers shall have a quality assurance/quality management program which complies with the requirements established in section 397.419, F.S., and which ensures the use of a continuous quality improvement process.

(3) Provider Governance and Management.

(a) Governing Body. Any provider that applies for a license, shall be a legally constituted entity. Providers that are government-based and providers that are for-profit and not-for-profit, as defined in section 397.311(13) and (20), respectively, shall have a governing body that shall set policy for the provider. The governing body shall meet face-to-face at least once every three months. The governing body shall maintain a record of all meetings where business is conducted relative to provider operations. These records shall be available for review by the department.

(b) Insurance Coverage. In regard to liability insurance coverage, providers shall assess the potential risks associated with the delivery of services to determine the amount of coverage necessary and shall purchase policies accordingly.

(c) Chief Executive Officer. The governing body shall appoint a chief executive officer. The qualifications and experience required for the position of chief executive officer shall be defined in the provider's operating procedures. Documentation shall be available from the governing body providing evidence that a background screening has been completed in accordance with Chapter 435, F.S., and there is no evidence of a disqualifying offense. Providers shall notify the district office in writing when a new chief executive officer is appointed.

(4) Personnel Policies. Personnel policies shall address recruitment and selection of prospective employees, promotion and termination of staff, ethical conduct, confidentiality of client records, attendance and leave, employee grievance, non-discrimination, and the orientation of staff to the agency's universal infection control procedures. Providers shall also have a drug-free workplace policy for employees and prospective employees.

(a) Personnel Records. Records on all personnel shall be maintained. Each personnel record shall contain:

1. The individual's current job description with minimum qualifications for the position;

2. The employment application;

3. The employee's annual performance appraisal;

4. A signed document indicating that the employee has received and understands the personnel policies, the infectious disease risk of working in the agency, the provider's universal infection control procedures, standards of ethical conduct, abuse reporting procedures, and policies regarding client rights and confidentiality;

5. A verified or certified copy of degrees, licenses, or certificates of each employee;

6. Documentation of employee screening as required in paragraph (b); and

7. Documentation of required staff training, including new staff orientation.

(b) Screening of Staff. Except as otherwise provided in section 397.451(1)(b)-(g), F.S., all staff, volunteers, and host families who have direct contact with unmarried clients under the age of 18 years or with clients who are developmentally disabled shall be fingerprinted and have a background check completed in accordance with section 397.451(3), F.S. In addition, individuals shall be re-screened within 5 years from the date of employment. Re-screening shall include a level II screening in accordance with Chapter 435, F.S.

(5) Standards of Conduct. Providers shall establish written rules of conduct for clients. Rules on client conduct shall be given to each client during orientation.

(6) Medical Director. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, and medication and methadone maintenance treatment.

The provider shall designate a medical director who shall oversee all medical services. The medical director's responsibilities shall be clearly described. The provider shall notify the district in writing when there is a change in the medical director.

(7) Medical Services.

(a) Medical Protocol. Each provider's medical director shall establish written protocols for the provision of medical services pursuant to Chapters 458 and 459, F.S., and for managing medication according to medical and pharmacy standards, pursuant to Chapter 465, F.S. Advance directives for medical services shall be given only by the medical director and documented in each client's record. All medical protocols shall be reviewed and approved by the medical director on an annual basis.

In those cases where there is no requirement for a medical director, providers shall have access to a physician who will be available to consult on any medical services required by these rules.

(b) Emergency Medical Services. Providers shall describe the manner in which medical emergencies shall be addressed.

(8) State Approval Regarding Prescription Medication. In those instances where the provider utilizes prescription medication, medications shall be purchased, handled, administered, and stored in compliance with the State of Florida Board of Pharmacy requirements for facilities which hold Modified Class II Institutional Permits and in accordance with Chapter 465, F.S. This shall be implemented in consultation with a state-licensed pharmacist, and approved by the medical director. The provider shall ensure that policies implementing this subsection are reviewed and approved annually by a state-licensed pharmacist.

(9) Urine Drug Screen. Urine drug screens shall be conducted on clients for the purpose of monitoring substance use as prescribed by the treatment plan or intervention plan.

(10) Universal Infection Control. This requirement applies to addictions receiving facilities, detoxification, residential treatment, and medication and methadone maintenance treatment.

(a) Plan for Exposure Control.

1. A written plan for exposure control regarding infectious diseases shall be developed and shall apply to all staff, volunteers, and clients. The plan shall be initially approved and periodically reviewed by the medical director and medical staff. The plan shall be in compliance with Chapters 381 and 384, F.S., and Chapters 64D-2 and 64D-3, F.A.C.

2. The plan shall be consistent with the protocols and facility standards published in the Federal Center for Disease Control Guidelines and Recommendations for Infectious Diseases, Long Term Care Facilities.

(b) Required Services. The following universal infection control services shall be provided:

1. Risk assessment and screening for both client high-risk behavior and symptoms of communicable disease as well as actions to be taken on behalf of clients identified as high-risk and clients known to have an infectious disease;

2. HIV and TB testing and HIV pre-test and post-test counseling to high-risk clients, provided directly or through referral to other healthcare providers which can offer the services; and

3. Reporting of communicable diseases to the Department of Health in accordance with sections 381.0031 and 384.25, F.S.

(11) Universal Infection Control Education Requirements for Employees and Clients. Providers shall meet the educational requirements for HIV and AIDS pursuant to section 381.0035, F.S., and all infection prevention and control educational activities shall be documented.

(12) Meals. At least three nutritious meals per day shall be provided to clients in addictions receiving facilities, residential detoxification, residential treatment, and day or night treatment with host homes. In addition, at least one nutritious snack shall be provided each day. For day or night treatment, the provider shall make arrangements to serve a meal to those clients involved in services a minimum of five hours at any one time. Clients with special dietary needs shall be reasonably accommodated. Under no circumstances may food be withheld for disciplinary reasons. The provider shall document and ensure that nutrition and dietary plans are reviewed and approved by a Florida registered dietitian at least annually.

(13) Client Records.

(a) Record Management System. Client records shall be kept secure from unauthorized access and maintained in accordance with section 397.501(7), F.S. Client record management procedures shall include requirements regarding content, organization, and use of records. Signatures on all records shall be original. In those instances where records are maintained electronically, a staff identifier code will be acceptable in lieu of a signature. Documentation within records shall not be deleted. Amendments or marked-through changes shall be initialed and dated by the individual making such changes.

(b) Record Retention and Disposition. In the case of individual client records, records shall be retained for a minimum of seven years. The disposition of client records shall be carried out in accordance with Title 42, Code of Federal Regulations, Part 2, and section 397.501(7), F.S.

(c) Information Required in Client Records.

1. The following applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, outpatient treatment, and medication and methadone maintenance treatment:

a. Name and address of the client and referral source;

b. Screening information;

c. Voluntary informed consent for treatment or the Order to Treatment for involuntary admissions and for criminal and juvenile justice referrals;

d. Informed consent for a urine drug screen, when conducted;

e. Informed consent for release of information;

f. Documentation of client orientation;

g. Physical health assessment;

h. Psychosocial assessment;

i. Diagnostic services;

j. Client placement information;

k. Initial treatment plans, treatment plans, and subsequent reviews;

l. Progress notes;

m. Record of disciplinary problems;

n. Record of ancillary services;

o. A record of medical prescriptions and administration of medication;

p. Reports to the criminal and juvenile justice systems;

q. Copies of service-related correspondence;

r. Transfer summary, if necessary; and

s. A discharge plan.

In the case of medical records developed and maintained by the Department of Corrections on inmates participating in inmate substance abuse programs, such records shall not be made part of information required in sub-paragraph 1. and shall be made available to authorized agents of the department only on a need-to-know basis.

2. The following applies to aftercare:

a. A description of the client's treatment episode;

b. Informed consent for services;

c. Informed consent for urine drug screen, when conducted;

d. Informed consent for release of information;

e. Aftercare plan;

f. Documentation assessing progress;

g. Record of disciplinary problems;

h. Record of ancillary services;

i. A record of medical prescriptions and administration of medication;

j. Reports to the criminal and juvenile justice systems;

k. Copies of service-related correspondence; and

l. A discharge Plan.

3. The following applies to intervention:

a. Name and address of client and referral source;

b. Screening information;

c. Identified risk and protective factors;

d. Informed consent for services;

e. Informed consent for a urine drug screen, when conducted;

f. Informed consent for release of information;

g. Client placement information, with the exception of case management;

h. Psychosocial assessment for persons continuing in intervention services beyond 30 days;

i. Intervention plan for persons continuing in intervention services beyond 30 days;

j. Summary notes;

k. Record of attendance and contacts, with the exception of case management;

l. Record of disciplinary problems;

m. Record of ancillary services;

n. Reports to the criminal and juvenile justice systems;

o. Copies of service-related correspondence;

p. A transfer summary, if necessary; and

q. A discharge plan;

4. The following applies to prevention:

a. Identification of target population, including target population demographics and identified risk and protective factors;

b. Record of activities including description, date, duration, number of participants, purpose, evaluation of effectiveness, and location of service delivery;

c. Tracking of individual participant attendance;

d. Individual demographic identifying information;

e. Informed consent for services;

f. Prevention plan;

g. Summary notes;

h. Informed consent for release of information; and

i. Completion of services summary of participant involvement and follow-up information.

Items in sub-subparagraphs a.-i. are required for indicated prevention services. Items in sub-subparagraphs a.-c. are required for selective prevention services. Items in sub-paragraphs a. and b. are required for universal prevention services.

(14) Screening. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, outpatient treatment, medication and methadone maintenance treatment, and intervention.

(a) Determination of Eligibility for Admission. The condition and needs of the client shall dictate the urgency and timing of screening. For example, in those cases involving an involuntary admission, screening may occur after the client has been placed in a component such as detoxification.

Persons requesting services shall be screened to determine appropriateness and eligibility for admission. Required documentation of screening shall include a record of whether the person is:

1. Not in need of services;

2. Appropriate for services;

3. Not appropriate for services at screening site; or

4. Appropriate for referral elsewhere.

The person conducting the screening shall provide the rationale for action taken in subparagraphs 1.-4.

(b) Consent for Drug Screen and Release of Information. If required by the circumstances pertaining to the client's need for screening, or dictated by the standards for a specific component, clients shall give consent for a urine drug screen and release of information. In the latter case, consent for release shall be signed by the client only if the form is completed and includes information required in 42 Code of Federal Regulation, Part 2.

(15) Assessment. Each client admitted for services shall undergo an assessment of the nature and severity of their substance abuse problem. The assessment shall include a physical health assessment and a psychosocial assessment.

(a) Physical Health Assessment.

1. Nursing Physical Screen. A nursing physical screen shall be completed on each person considered for admission to an addictions receiving facility or a detoxification component. The screen shall be completed by an R.N. or by and L.P.N. working under the supervision of an R.N. The results of the screen shall be documented by the nurse providing the service and signed and dated by that person.

2. Medical History. A medical history shall be completed on each client as follows:

a. For addictions receiving facilities, detoxification, residential treatment, and day or night treatment with host homes, the history shall be completed within 24 hours of admission.

b. For medication and methadone maintenance treatment, the history shall be completed upon admission.

c. For day or night treatment and for outpatient treatment, each client or legal guardian shall complete a medical history upon admission.

For components identified in sub-subparagraphs a. and b., the medical history shall be completed by the physician, an A.R.N.P., a P.A., an R.N., or an L.P.N. The history shall be signed and dated by the person providing the service. If the medical history is not completed by a physician, it shall be reviewed, countersigned, and dated by the physician within 24 hours of completion. For the component identified in sub-subparagraph c., the medical history shall be completed by a client or legal guardian.

For all components, the medical history shall be maintained in the client record and updated annually if a client remains in treatment for more than 1 year.

3. Physical Examination. A physical examination shall be completed on each client as follows:

a. For addictions receiving facilities and for detoxification, the physical examination shall be completed within 48 hours of admission.

b. For residential treatment and for day or night treatment with host homes, the physical examination shall be completed within 10 working days of admission.

c. For medication and methadone maintenance treatment, the physical examination shall be completed prior to administration of the initial dose of methadone. In emergency situations the initial dose may be administered prior to the examination. Within 48 hours of the initial dose, the physician shall document in the client record the circumstances that prompted the emergency administration of methadone and sign and date these entries.

For components identified in sub-subparagraphs a.-c., the physical examination shall be completed by the physician, an A.R.N.P., or a P.A. The examination shall be signed and dated by the person providing the service. If the physical examination is not completed by the physician, it shall be reviewed, countersigned, and dated by the physician within 48 hours of completion.

4. Laboratory Tests. Clients shall provide a sample for testing blood and urine and a second urine specimen for drug screening as follows:

a. For addictions receiving facilities, detoxification, residential treatment, and day or night treatment with host homes, all laboratory tests will be performed as prescribed by the physician and in accordance with a written protocol. The physician shall review the results of laboratory tests and sign and date all such reviews.

b. For medication and methadone maintenance treatment, blood and urine samples shall be taken within 2 days of admission. A urine drug screen shall be conducted at the time of admission. If there are delays in the procedure, such as problems in obtaining a blood sample, this shall be documented by a licensed nurse in the client record. The initial dose may be given before the results of laboratory tests are reviewed by the physician. The physician shall review the results of laboratory tests within 24 hours of receipt and sign and date all such reviews.

5. Pregnancy Test. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, and medication and methadone maintenance treatment.

Female clients shall be evaluated by a physician, a P.A., or an A.R.N.P., to determine the necessity of a pregnancy test. Clients shall be provided services directly or by referral as soon as possible following admission.

6. Tests For Sexually Transmitted Diseases and Tuberculosis. A serological test for sexually transmitted diseases and a Mantoux test for tuberculosis shall be conducted on each client as follows:

a. For residential treatment and for day or night treatment with host homes, tests will be conducted within 30 days of admission or at the time of the physical examination. The results of both tests shall be reviewed by the physician and

filed in the client record within 10 working days after the blood sample was drawn, or earlier, if possible. The physician shall sign and date the review of the results.

b. For medication and methadone maintenance treatment, the tests will be conducted at the time samples are taken for other laboratory tests, and the results shall be reviewed by a physician within 24 hours of receipt. The physician shall sign and date the review of the results.

7. Special Medical Problems. Particular attention shall be given to those clients with special medical problems or needs, including referral for medical services. A record of all such referrals shall be maintained and signed and dated by the attending physician.

8. Additional Requirements for Residential Treatment and Day or Night Treatment with Host Homes. If a client is readmitted within 90 days of discharge to the same provider, a physical examination shall be conducted as prescribed by the physician. If a client is readmitted to the same provider after 90 days of the discharge date, the client shall receive a complete physical examination.

9. Additional Requirements for Medication and Methadone Maintenance Treatment.

a. The physician, an A.R.N.P., or a P.A., shall record in the client record the criteria used to determine the client's current addiction and history of addiction. In any case, the record of the client's current addiction and history of addiction shall be signed and dated by the person providing the service. If the client's current addiction and history of addiction was not initially recorded by the physician, the physician shall review the results and countersign and date the record acknowledging the review. The final decision which determines addiction and history of addiction shall be made by the physician. This review shall be completed before administering the initial dose.

b. A physical examination shall be conducted on clients who are directly admitted to treatment from another provider unless a copy of the examination accompanies the client and the examination has been completed within the past year prior to admission. In those instances where a copy of the examination is not provided because of circumstances beyond the control of the referral source, the physician shall conduct a physical examination within 72 hours of admission.

(b) Psychosocial Assessment.

1. Psychosocial Assessment Information. The psychosocial assessment shall include a history of the following:

a. Emotional or mental disturbances;

b. Level of substance abuse impairment;

c. Family history, including substance abuse;

d. The client's substance abuse history, including age of onset, choice of drugs, patterns of use, consequences of use, and types and duration of, and responses to, prior treatment episodes;

e. Educational level, vocational status, employment history, and financial status;

f. Social history and functioning, including support network, family and peer relationships, and current living conditions;

g. Physical or sexual abuse;

h. Client's involvement in leisure and recreational activities;

i. Cultural influences;

j. Spiritual or values orientation;

k. Legal history and status;

l. Client's perception of strengths and abilities; and

m. A clinical summary, including an analysis and interpretation of the results of the assessment.

2. Requirements for Components. The psychosocial assessment shall be completed as follows:

a. For addictions receiving facilities and for detoxification, the psychosocial assessment shall be completed prior to or within 72 hours of admission.

b. For residential treatment and for day or night treatment with host homes, the psychosocial assessment shall be completed prior to or within 5 working days of admission.

c. For day or night treatment, the psychosocial assessment shall be completed prior to or within 7 working days of admission.

d. For outpatient treatment, the psychosocial assessment shall be completed prior to or within 4 sessions or 30 days of admission, whichever comes first.

e. For medication and methadone maintenance treatment, the psychosocial assessment shall be completed prior to or within 15 working days of admission.

f. For intervention, the psychosocial assessment shall be completed prior to or within 45 days of admission.

The psychosocial assessment shall be completed by clinical staff and signed and dated. If the psychosocial assessment was not completed initially by a qualified professional, the psychosocial assessment shall be reviewed, counter-signed, and dated by a qualified professional within 48 hours. In those instances where a client is readmitted for services within 90 days of discharge, a psychosocial assessment update shall be conducted as prescribed by the qualified professional. If a client is readmitted after 90 days, a new assessment shall be conducted. In addition, the psychosocial assessment shall be updated annually for clients who are in continuous treatment for longer than one year.

(c) Special Needs. The assessment process shall include the identification of clients with mental illness and other needs. Such clients shall be accommodated directly or through referral. A record of all services provided directly or through referral shall be maintained. A qualified professional shall review and approve the need for such services.

(16) Client Placement Criteria Regarding Admission, Continued Stay, and Discharge/Transfer. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, outpatient treatment, intervention, and medication and methadone maintenance treatment.

Providers under contract with the department shall use the American Society of Addiction Medicine Patient Placement Criteria: Florida Supplement, for determining client placement. Providers not under contract with the department shall clearly describe the criteria and process used regarding admission, continued stay, and discharge/transfer of clients. In both cases, decisions regarding admission shall be based primarily on information from the assessment. Decisions regarding continued stay and discharge/transfer shall be based primarily on information from the treatment plan, intervention plan, progress notes, and summary notes.

(17) Admission for Services. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, outpatient treatment, and medication and methadone maintenance treatment.

(a) Primary Counselor. A primary counselor shall be assigned to each client admitted for services. Providers shall require that each client admitted for services sign a formal consent for services. Following the client's formal consent, providers shall conduct an orientation and shall complete an initial treatment plan.

(b) Consent for Services. Clients admitted for services shall be required to sign a formal consent for services, consent for urine drug screens, if conducted, and consent to release of information. In the latter case, the consent for release shall be signed by the client only if the form is completed and includes information required in 42 Code of Federal Regulation, Part 2.

(c) Orientation. Clients who have been admitted to a component shall participate in orientation. There may be occasions where the orientation occurs following screening out of necessity or because of the provider's policy. The orientation shall include:

1. A description of services to be provided;

2. Applicable fees;

3. Information on client rights;

4. Parental or legal guardian's access to information and participation in treatment planning;

5. Limits of confidentiality;

6. Client responsibilities;

7. General information about the provider's infection control policies and procedures;

8. Program rules; and

9. Client grievance procedures.

(d) Initial Treatment Plan. An initial treatment plan shall be completed on each client upon admission. The plan shall specify timeframes for implementing services in accordance with the requirements established for each component. The initial treatment plan shall be signed and dated by clinical staff and signed and dated by the client.

(18) Treatment Plan, Treatment Plan Reviews, and Progress Notes.

(a) Treatment Plan. A written treatment plan shall be completed on each client as follows:

1. For long-term outpatient methadone detoxification and for medication and methadone maintenance treatment, the treatment plan shall be completed prior to or within 30 working days of admission.

2. For residential treatment and for day or night treatment with host homes, the treatment plan shall be completed prior to or within 7 working days of admission.

3. For day or night treatment, the treatment plan shall be completed prior to or within 10 working days of admission.

4. For outpatient treatment, the treatment plan shall be completed prior to or within 4 sessions or 30 days of admission, whichever comes first.

The treatment plan shall be based on the assessment, results of diagnostic services, and special needs of the client. Each client shall be afforded the opportunity to participate in the development and subsequent review of the treatment plan. The treatment plan shall include goals and related measurable behavioral objectives to be achieved by the client, the means of achieving those objectives, the type and frequency of services to be provided, including ancillary services, and the expected dates of completion. The treatment plan shall be signed and dated by the person providing the service, and signed and dated by the client. If the treatment plan is not completed by a qualified professional, the treatment plan and subsequent treatment plan reviews shall be reviewed, countersigned, and dated by a qualified professional within 48 hours.

(b) Treatment Plan Reviews. Treatment plan reviews shall be completed on each client as follows:

1. For long-term outpatient methadone detoxification, for residential treatment levels 1, 2, and 3, for day or night treatment with host homes, for day or night treatment, and for outpatient treatment, treatment plan reviews shall be completed every 30 days.

2. For residential treatment level 4, treatment plan reviews shall be completed every 90 days.

3. For medication and methadone maintenance treatment, treatment plan reviews shall be completed every 90 days.

(c) Progress Notes. Progress notes shall be entered into the client record documenting a client's progress or lack of progress toward meeting treatment plan goals and objectives. Each progress note shall be signed and dated by the person

providing the service. Only clinical staff will be permitted to make these entries. The progress notes shall be recorded as follows:

1. For addictions receiving facilities, residential detoxification, outpatient detoxification, short-term residential methadone detoxification, short-term outpatient methadone detoxification, progress notes shall be recorded at least daily.

2. For residential treatment, day or night treatment with host homes, day or night treatment, and long-term outpatient methadone detoxification, progress notes shall be recorded at least weekly.

3. For outpatient treatment, progress notes shall be recorded at least weekly or according to the frequency of sessions.

4. For medication and methadone maintenance treatment, progress notes shall be recorded according to the frequency of sessions.

(19) Ancillary Services. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, outpatient treatment, aftercare, and medication and methadone maintenance treatment.

Ancillary services shall be provided directly or through referral in those instances where a provider can not or does not provide certain services needed by a client. The provision of ancillary services shall be based on client needs as determined by the treatment plan and treatment plan reviews. In those cases where clients need to be referred for services, the provider shall use a case management approach by linking clients to needed services and following-up on referrals. All such referrals shall be initiated and coordinated by the client's primary counselor or other designated clinical staff who shall serve as the client's case manager. A record of all such referrals for ancillary services shall be maintained, including results.

(20) Prevention Plan, Intervention Plan, and Summary Notes.

(a) Prevention Plan. For clients involved in indicated prevention as described in section 65D-30.013(1)(c), a prevention plan shall be completed within 45 days of admission. Prevention plans shall include goals and objectives designed to reduce risk factors and enhance protective factors. The prevention plan shall be reviewed and updated every 30 days. The prevention plan shall be signed and dated by staff developing the plan and signed and dated by the client.

(b) Intervention Plan. For clients involved in intervention on a continuing basis, an intervention plan shall be completed within 45 days of admission. Intervention plans shall include goals and objectives designed to reduce the severity and intensity of factors associated with the on-set or progression of substance abuse. The intervention plan shall be reviewed and updated at least every 30 days. The intervention plan shall be signed and dated by staff developing the plan and signed and dated by the client.

(c) Summary Notes. Summary notes shall be completed regarding a client's progress or lack of progress in meeting the conditions of the prevention and intervention plans. Summary notes shall be entered into the client record at least weekly for those weeks where services are scheduled. Each summary note shall be signed and dated by staff delivering the service.

(21) Record of Disciplinary Problems. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, outpatient treatment, medication and methadone maintenance treatment, aftercare, intervention, and indicated prevention.

A record of disciplinary problems encountered with clients and specific actions taken to resolve problems shall be maintained.

(22) Control of Aggression. Providers who use verbal or psychological techniques or physical restraint in managing client behavior shall use department-approved techniques such as Aggression Control Techniques(ACT). Staff who use aggression control shall be certified in the use of said techniques and shall receive at least two hours of training in aggression control each year.

(a) Justification and Documentation of Use. In the event that physical restraint is used to restrict a client's movement, justification shall be documented in the client record and a complete, detailed report of the event shall be maintained as part of the provider's administrative records.

(b) Prohibitions. Under no circumstances shall clients be involved in the use of physical restraint to control aggressive behavior of other clients. Additionally, such techniques shall not be employed as punishment or for the convenience of staff.

(23) Discharge Plan and Transfer Summary. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, outpatient treatment, medication and methadone maintenance treatment, aftercare, and intervention.

A written discharge plan shall be completed for clients who complete services or who leave the provider prior to completion of services. The discharge plan shall include a summary of the client's involvement in services and the reasons for discharge and a plan for the provision of other services needed by the client following discharge, including aftercare. A transfer summary shall be completed for clients who transfer from one component to another within the same provider and from one provider to another. The transfer summary must be completed immediately upon transfer from one component to another within the same provider and within 5 working days following transfer to another provider. An entry shall be made in the client record regarding the circumstances surrounding the transfer.

The discharge plan and transfer summary shall be signed and dated by a qualified professional.

(24) Compulsory School Attendance For Minors. Providers which admit juveniles between the ages of 6 and 16 shall comply with Chapter 232, F.S., entitled Compulsory School Attendance; Child Welfare.

(25) Data. Providers shall participate in the reporting of client, service, and fiscal data to the department pursuant to section 397.321(3)(c), F.S., and in a form and manner required by the department.

(26) Special In-Residence Requirements. Providers which serve males and females together within the same facility shall provide separate sleeping arrangements for these clients. Providers which serve adults between the ages of 18 and 20 in the same facility as persons under 18 years of age shall ensure client safety and programming according to age. Under no circumstances shall providers permit adults 21 years of age or older to reside with persons under 18 years of age.

(27) Reporting of Abuse, Neglect, and Deaths. Providers shall adhere to the statutory requirements for reporting abuse, neglect, and deaths of children under section 415.504, F.S., and of adults under sections 415.1034 and 397.501(7)(c), F.S.

(28) Incident Reporting Pursuant to section 397.419(2)(f), F.S. Incident reporting is required of all providers and shall consist of the following:

(a) A broad definition of "incident" to include medication errors, violations of crucial procedures, and actions resulting in physical injury;

(b) A provision that a written incident report must be filed with the district Alcohol, Drug Abuse, and Mental Health Program Office of the department within 24 hours of the incident when an action or inaction has a negative affect on the health or safety of the client, or violates the rights of a client or employee;

(c) Logging and tracking of investigative actions and responses until resolved;

(d) Employee training in reporting procedures and requirements that includes the affirmative duty requirements and protections of Chapter 415, F.S., and Title V of the Americans with Disabilities Act;

(e) Analysis of trends to identify opportunities for service improvement; and

(f) Reporting, tracking, and responding to incidents in accordance with departmental regulation.

(29) Confidentiality. Providers shall comply with Title 42, Code of Federal Regulations, Part 2, titled "Confidentiality of Alcohol and Drug Abuse Patient Records," and with sections 397.419(7), 397.451(10), 397.501(7), 397.6751(2)(a)(c), and 397.752, F.S., regarding confidential client information.

(30) Client Rights. Individuals applying for or receiving substance abuse services are guaranteed the protection of fundamental human, civil, constitutional, and statutory rights, including those specified in section 397.501(1)-(10), F.S.

(a) Provisions. Basic client rights provisions shall include:

1. Provisions for informing the client, family member, or authorized guardian of their rights and responsibilities, assisting in the reasonable exercise of those rights, and an accessible grievance system for resolution of conflicts;

2. Provisions assuring that a grievance may be filed for any reason with cause;

3. The prominent posting of notices informing clients of the grievance system;

4. Access to grievance submission forms;

5. Education of staff in the importance of the grievance system and client rights;

6. Specific levels of appeal with corresponding time frames for resolution;

7. Provision for the immediate receipt of a filed grievance;

8. The logging and tracking of filed grievances until resolved or concluded by actions of the governing body;

9. Written notification of the decision to the appellant; and

10. Analysis of trends to identify opportunities for improvement.

(b) Providing Information to Affected Parties. Notification to all parties of these rights shall include affirmation of an organizational non-relationship policy that protects a party's right to file a grievance or express their opinion and invokes applicability of state and federal protections. Providers shall post the number of the abuse registry, the district Human Rights Advocacy Committee, and the district Alcohol, Drug Abuse, and Mental Health Program Office in a conspicuous place within each facility and provide a copy to each client admitted for services.

(c) Implementation of Client Rights Requirements by Department of Corrections. In lieu of the requirements of this subsection, and in the case of inmate substance abuse programs, the Department of Corrections shall establish rules regarding respect for individual dignity, non-discriminatory services, quality services, communication rights for inmates who receive substance abuse services, and confidentiality in accordance with Federal law.

(31) Client Employment. Providers shall ensure that all work performed by a client is voluntary, justified by the treatment plan, and that all wages, if any, are in accordance with applicable wage and disability laws and regulations.

(32) Training. Providers shall develop and implement a staff development plan. One staff member with skill in developing staff training plans shall be assigned the responsibility of ensuring that staff development activities are implemented. All administrative, clinical, medical, support, and voluntary staff shall receive four hours of HIV/AIDS/TB training and four hours CPR training within the first six months of employment and two hours every two years thereafter. In addition, each employee and volunteer who provides direct services and whose regular work schedule is 32 hours-a-week or more, and all primary counselors, shall receive a minimum

of 20 hours of documented annual training related to their duties and responsibilities, including training in the following subject areas:

Subject	Initial Training	Updates
Ethics	2 hours within 6 months of employment	1 hour every 2 years
Domestic Violence	2 hours within 6 months of employment	1 hour every 2 years
Dual Diagnosis/ Substance Abuse and Mental Health	4 hours within 6 months of employment	2 hours every 2 years
First Aid	2 hours within 6 months of employment	2 hours every 2 years

(33) Clinical Supervision. A qualified professional shall supervise all clinical services, as permitted within the scope of their qualifications. Supervisors shall conduct regular reviews of work performed by subordinate employees.

(34) Scope of Practice. Unless licensed under Chapters 458, 459, 490 or 491, F.S., persons providing clinical services in substance abuse are limited to the following tasks:

(a) Screening;

(b) Psychosocial assessment;

(c) Treatment planning;

(d) Referral;

(e) Service coordination and case management;

(f) Consulting;

(g) Continuing assessment and treatment plan reviews;

(h) Counseling;

1. Individual counseling;

2. Group counseling; and

3. Counseling for families, couples, and significant others;

(i) Client, family, and community education;

(j) Documentation of progress; and

(k) Any other tasks permitted in these rules.

(35) Certifying Organizations for Addiction Professionals.

(a) An organization which desires recognition by the department as a certifying organization for addiction professionals shall request such approval in writing from the department. Organizations seeking approval shall be non-profit and governed by a Board of Directors that is representative of the population it intends to certify and shall include specific requirements which applicants must meet to be certified as addiction professionals. An organization seeking recognition must include in its curriculum:

1. Six thousand hours of direct experience as a substance abuse counselor under the supervision of a qualified professional, within the 7 years preceding the application for certification;

2. Three hundred hours of specific supervision under a qualified professional in the core function areas, as described in the International Certification and Reciprocity Consortium role delineation study;

3. Contact education as follows:

a. For certification as an addiction professional, 145 hours of addiction counseling education and 125 hours of counseling education;

b. For certification as a criminal justice addiction professional, 100 hours in criminal justice education, 90 hours in addiction education, and 80 hours of counseling education; or

c. For certification as an addiction prevention professional, 200 hours in prevention and early intervention education and 100 hours of addiction education;

4. Completion of the International Certification Reciprocity Consortium written examinations based on a national role delineation study of alcohol and drug abuse counselors;

5. Case presentations which include the development of a case in writing and an oral presentation before a panel of certified counselors; and

6. Continuing education requiring a minimum of 20 continuing education units (CEUs) annually by providers approved by the certifying organization.

In addition to the requirements in subparagraphs 1.-3., all applicants for certification must receive 30 hours of ethics, 4 hours of HIV/AIDS, and 2 hours of domestic violence.

(b) Certifying organizations which meet the requirements in paragraph (a) may request review by the department toward recognition and endorsement. The request shall be made in writing to the Director for Substance Abuse who shall respond in writing to the organization's chief executive officer denying or granting recognition.

(36) Facility Standards. Facility standards in sub-subparagraphs (a)-(k) apply to addictions receiving facilities, residential detoxification facilities, and residential treatment facilities. Facility standards in sub-subparagraphs (i)-(k) apply to medication and methadone maintenance treatment. Facility standards under sub-subparagraph (l) apply to all components.

(a) Grounds. Each facility and its grounds shall be designed to meet the needs of the clients served, the service objectives, and the needs of staff and visitors. Providers shall afford each client access to the outdoors. Access may be restricted in those cases where the client presents a clear and present danger to self or others or is at risk for elopement.

(b) Space and Equipment. Provisions shall be made to ensure that adequate space and equipment are available for all of the service components of the facility, and the various functions within the facility.

(c) Housekeeping and Maintenance. Provisions shall be made to ensure that housekeeping and maintenance services are capable of keeping the building and equipment clean and in good repair.

(d) Hazardous Conditions. Buildings, grounds, equipment, and supplies shall be maintained, repaired, and cleaned so that they are not hazardous to the health and safety of clients, staff, or visitors.

(e) Personal Possessions. Provisions shall be made which will ensure that clients have access to individual storage areas for their clothing and personal possessions.

(f) Laundry Facilities. Laundry facilities shall be available which are well lighted and clean and which ensure the availability of clean clothing, bed linens, and towels.

(g) Privacy and Safety. Providers shall ensure the privacy and safety of clients, staff, and visitors.

(h) Personal Hygiene. Items of personal hygiene shall be provided if the client is unable to provide these items.

(i) Hazardous Materials. Providers shall ensure that hazardous materials are identified, handled, stored, used, and dispensed in accordance with Chapter 64E-16, F.A.C.

(j) Managing Disasters. Providers shall have written plans for managing and preventing damage and injury arising from internal and external disasters. Providers shall review these plans at least annually. Providers shall be prepared to handle internal and external disasters such as natural and man-made disasters. The written plan shall incorporate evacuation procedures and shall be developed with the assistance of qualified experts. All such plans shall be provided to the departmental district upon request. Providers shall conduct at least one disaster drill every year.

(k) Facility Accessibility. Providers shall comply with requirements under the American Disabilities Act.

(l) Compliance with Local Codes. All facilities used by a provider shall comply with fire and safety standards enforced by the State Fire Marshall, pursuant to section 633.022, F.S., and health, safety, zoning, and occupational codes enforced at the local level. All providers shall update and have proof of compliance with local fire and safety and health inspections annually.

(37) Overlay Services. With the exception of private practices, a provider which is licensed under Chapter 397, F.S., is permitted to deliver services at locations which are leased or owned by an organization other than the provider. In such instances, the provider shall submit a request to provide overlay services to the department along with a written description of how services will be delivered and supervised. The department reserves the right to approve or deny the request based on the description. Overlay services shall be delivered under the provider's current license as follows:

(a) Services delivered at the alternate site must correspond directly to those permitted under the provider's current license.

(b) Information on each client involved in an overlay service must be maintained separately from other information pertaining to the client which may be unrelated to the overlay services.

(c) Staff are permitted to deliver only clinical services at the alternate site.

The following is an example of an overlay service. A comprehensive substance abuse services agency is licensed, among other things, to provide outpatient services located at 6th street. From that facility, the full range of outpatient services are provided as permitted in this rule. A number of inmates at a local county jail located on 20th street have been assessed as having substance abuse problems and would benefit from counseling. The substance abuse agency enters into an agreement with the appropriate jail authorities to provide on-site counseling two days per week for four hours each day at the jail facility. When counseling is completed following the prescribed time, the counselor returns to the permanent outpatient offices at 6th street. Any information generated about an inmate during counseling also returns with the counselor to the permanent work site. In this example, the overlay consists of counseling which is provided under the agency's outpatient license.

(38) Licensure of Private Practices. For those private practices that are required to be licensed under chapter 397, F.S., the following provisions shall apply:

(a) Private practices shall comply with the requirements found in 65D-30.004 and are permitted, when licensed, to operate only under sections 65D-30.010, 65D-30.011, 65D-30.012, and 65D-30.013.

(b) Private practices which are operated out of shared office space where there is no employee/employer relationship are exempt from the following common licensure standards:

1. Section 65D-30.004(4)(a); and

2. Section 65D-30.004(32), except that such private practices shall be required to maintain a record of all continuing education units(CEU's).

(c) Private practices which are licensed under Chapter 397, F.S., shall provide services only as permitted by the authority granted by statute and Chapter 65D-30, F.A.C. Individuals providing services outside the scope of the statute and these rules, shall obtain licensure under the specific statute permitting such practice.

(39) Licensure of Department of Juvenile Justice Commitment Facilities. Substance abuse services, as defined in section 397.311(19), F.S., shall be provided within Juvenile Justice commitment facilities under the following conditions:

(a) The commitment facility is licensed under Chapter 397, F.S., in accordance with the requirements in section 65D-30.004 and sections 65D-30.007, 65D-30.009, 65D-30.010, or 65D-30.012;

(b) The services are provided by employees of the commitment facility who are qualified professionals licensed under Chapters 458, 459, 490, or 491, F.S., or are provided by employees who are Certified Addictions Professionals working under the supervision of a licensed qualified professional;

(c) The services are provided by a licensed service provider; or

(d) The services are provided by an independent contractor licensed under Chapters 458, 459, 490 or 491, F.S., or by a Certified Addictions Professional who is an employee of the independent contractor.

(40) Licensure of Department of Corrections Inmate Substance Abuse Programs.

(a) Requirements for Service Delivery. Inmate substance abuse services shall be provided within inmate facilities operated by the Department of Corrections under the following circumstances:

1. The inmate facility is licensed under Chapter 397, F.S., in accordance with the requirements in section 65D-30.004 and the appropriate component under sections 65D-30.007, 65D-30,009, 65D-30.010, or 65D-30,012.

2. Arrangements are made for inmates to be assessed for substance abuse needs upon arrival at a designated reception center, and the assessment shall be made either by the Department of Corrections or publicly funded provider of substance abuse services.

3. Research, evaluation, and monitoring is conducted relative to inmate participation to ensure the delivery of quality services and that services are based on client needs.

4. Relationships and cooperative agreements are developed by the Department of Corrections with publicly funded providers and other agencies that would enhance resources for the provision of services to the inmate.

5. Training of all correctional personnel involved in the provision of substance abuse services is conducted on a timely basis.

6. The Department of Corrections ensure that all inmates receiving substance abuse services shall be afforded the highest quality services possible.

7. The Department of Corrections ensures that each participating inmate shall be afforded the right of individual dignity, non-discriminatory services, right to communication, and that client information shall be maintained as required by Title 42, Code of Federal Regulations, Part 2, and Chapter 397, F.S.

(b) Exemption from Licensure Standards. Any inmate substance abuse program operated by the Department of Corrections and using staff employed directly by the Department of Corrections, is exempt from the following common licensure standards:

1. Section 65D-30.003(6)(a)7. and 8.

2. Section 65D-30.004(3); and

3. Section 65D-30.004(4)(b).

(41) Offender Referrals Under Chapter 397, F.S.

(a) Authority to Refer. Any offender, including any minor, who is charged with or convicted of a crime, is eligible for referral to a provider. The referral may be from the court or from the criminal or juvenile justice authority which has jurisdiction over that offender, and may occur prior to, in lieu of, or in addition to, final adjudication, imposition of penalty or sentence, or other action.

(b) Information to Courts. Providers shall give information regarding available services to the court with jurisdiction in their geographical area.

(c) Referral Information. Referrals shall be in writing and signed by the referral source and shall contain:

1. Name of the offender;

2. Name and address of the provider;

3. Date of referral;

4. Offense of conviction;

5. Sentencing data; and

6. Conditions stipulated by the referral source and the court.

(d) Provider Responsibilities.

1. If the offender is found not appropriate for admission by the provider, this decision must be verbally communicated to the referral source immediately and in writing within 24 hours, stating reasons for refusal.

2. The provider, after consultation with the referral source, may discharge the offender to the referral source.

3. When an offender is successful or unsuccessful in completing treatment or when the commitment period expires, the provider shall communicate this to the referral source.

(e) Secure and Non-Secure Services. In those instances where a community-based provider is under contract with the Department of Corrections to provide secure and non-secure services, such services shall be provided under the following licensable components:

1. Non-secure services pursuant to section 944.026(1)(b)1., F.S., in a level 2 residential treatment component; and

2. Secure services pursuant to section 944.026(1)(b)2., F.S., in a level 1 residential treatment component.

(f) Assessment of Juvenile Offenders.

1. Each juvenile offender referred by the court and the Department of Juvenile Justice shall be assessed to determine the need for substance abuse services.

2. The court and the Department of Juvenile Justice, in conjunction with the department, shall establish procedures to ensure that juvenile offenders are assessed for substance abuse problems and that diversion and adjudication proceedings include conditions and sanctions to address substance abuse problems. These procedures must address:

a. Responsibility of local providers for assessment;

b. The role of the court in handling non-compliant juvenile offenders; and

c. Priority Services.

3. The judicial circuit and the district office shall establish priorities for service delivery as follows:

a. Juveniles who are substance abuse offenders;

b. Juvenile offenders impaired at the time of the offense;

c. Juvenile offenders who have second or subsequent offenses; and

d. Minors taken into custody.

4. Families of the juvenile offender may be required by the court to participate in the assessment process and other services under the authority found in Chapter 985, F.S.

(42) Voluntary and Involuntary Admissions Under Chapter 397, F.S., Parts IV and V.

(a) Eligibility Determination.

1. Voluntary Admissions. To be considered eligible for admission to treatment on a voluntary basis, an applicant for services must meet diagnostic criteria for substance abuse related disorders.

2. Involuntary Admissions. To be considered eligible for admission for services on an involuntary basis, a person must meet the criteria for involuntary admission as specified in section 397.675, F.S.

(b) Provider Responsibilities Regarding Involuntary Admissions.

1. Involuntary admissions shall be served only by licensed service providers as defined in section 397.311(19), F.S., and only in those components permitted to admit clients on an involuntary basis.

2. Providers which accept involuntary referrals must provide a description of the eligibility and diagnostic criteria and the admissions process to be followed for each of the involuntary admissions procedures described under sections 397.677, 397.679, 397.6798, 397.6811, and 397.693, F.S.

3. Clients shall be referred to more appropriate services when it is determined by the provider that the person should not be admitted or should be discharged. Such referral shall follow the requirements found in sections 397.6751(2)(a)(b)(c) and 397.6751(3)(a)(b), F.S., respectively. The decision to refuse to admit or to discharge shall be made by a qualified professional. Any attempts to contact the referral source must be made in accordance with Title 42, Code of Federal Regulations, Part 2.

4. In those cases in which the court ordering involuntary treatment includes a requirement in the court order for notification of proposed release, the provider must notify the original referral source in writing. Such notification shall comply with legally defined conditions and timeframes and conform to confidentiality regulations found in Title 42, Code of Federal Regulations, Part 2, and section 397.501(7), F.S.

(c) Assessment Standards for Involuntary Treatment Proceedings. Providers that make assessments available to the court regarding hearings for involuntary treatment must define the process used to complete the assessment. This includes specifying the protocol to be utilized, the format and content of the report to the court, and the internal procedures used to ensure that assessments are completed and submitted within legally specified timeframes. For persons assessed under an involuntary order, the provider shall address the means by which the physician's review and signature for involuntary assessment and stabilization and the signature of a qualified professional for involuntary assessments only, will be secured, and the process that will be used to notify affected parties stipulated in the petition.

(d) Provider Initiated Involuntary Admission Petitions. Providers are authorized to initiate petitions under the involuntary assessment and stabilization and involuntary treatment provisions when that provider has direct knowledge of the respondent's substance abuse impairment or when an extension of the involuntary admission period is needed. Providers shall specify the circumstances under which a petition will be initiated and the means by which petitions will be drafted, presented to the court, and monitored through the process. This shall be in accordance with Title 42, Code of Federal Regulations, Part 2. The forms to be utilized and the methods to be employed to ensure adherence to legal timeframes shall be included in the procedures.

(43) Persons with Co-occurring Substance Abuse and Psychiatric Problems. Providers which serve persons with co-occurring problems shall provide the following services directly or under an agreement with a mental health provider:

(a) Assessment services that include the capability of identifying the presence of a serious psychiatric disorder;

(b) Psychiatric consultation and treatment for dually-diagnosed persons; and

(c) Medication of persons with psychiatric disorders.

Specific Authority 397.321(5) FS. Law Implemented 20.19, 397.311(23), 397.311(28), 397.405, 397.419, 397.451, 397.471, 397.501, 397.601, 397.675, 397.705, 397.707, 633.022, 944.026, 232, 384, 948 FS. History–New _____.

65D-30.005 Standards for Addictions Receiving Facilities. In addition to section 65D-30.004, the following standards apply to addictions receiving facilities.

(1) Designation of Addictions Receiving Facilities. The department shall designate addictions receiving facilities. The process of designating such facilities shall begin with a written

request from a provider and a written recommendation from the department's district administrator to the Director for Substance Abuse. The Director for Substance Abuse shall submit written recommendations to the Secretary of the department approving or denying the request. The Secretary shall respond in writing by certified letter to the chief executive officer of the requesting provider. If the request is denied, the response shall specify the reasons for the denial. If the request is approved, the response shall include a statement designating the facility.

(2) Services.

(a) Stabilization and Detoxification. Following the nursing physical screen, and in those cases where medical emergency services are unnecessary, the client shall be stabilized in accordance with their presenting condition. Detoxification shall be initiated if this course of action is determined to be necessary.

(b) Counseling. Each client shall participate in counseling on a daily basis. Counseling sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the client's need for other services and to determine progress.

(c) Daily Activities. The provider shall develop a schedule of daily activities that will be provided based on the initial treatment plan. This shall include recreational and educational activities and participation shall be documented in the client's record.

(3) Facility Requirements Related to Screening and Assessment. Providers shall designate an area of the facility that is properly equipped and furnished for conducting screening and assessment. The area shall be conducive to privacy and freedom from distraction, and shall be accessible to transportation, including law enforcement vehicles and ambulances.

(4) Observation of Clients. Each facility shall be structured so as to permit close observation of bed areas. Clients who no longer need close observation shall be in a bed area that allows for general nursing observation.

(5) Eligibility Criteria. To be considered eligible for admission, a person must be unable to be served in another component and must also fall into one of the following categories:

(a) A voluntary client who has a substance abuse problem to the extent that the person displays behaviors that indicate potential harm to self or others or who meets diagnostic or medical criteria justifying admission to an addictions receiving facility;

(b) An involuntary admission who meets the criteria specified in section 397.675, F.S.;

(c) An adult or juvenile offender who is ordered for assessment or treatment under sections 397.705 and 397.706, F.S., and who meets diagnostic or medical criteria justifying admission to an addictions receiving facility; or

(d) Juveniles found in contempt as authorized under section 985.216, F.S.

(6) Exclusionary Criteria for Addictions Receiving Facilities. Persons ineligible for admission include:

(a) Persons found not to be substance abusers or whose substance abuse is at a level which permits them to be served in another component, with the exception of those persons placed for purposes of securing an assessment for the court; and

(b) Persons found to be beyond the safe management capability of the provider as defined under section 397.311(5), F.S., and as described under section 397.6751(1)(f), F.S.

(7) Admission Procedures. Following the nursing physical screen, the client shall be screened again by clinical staff to determine eligibility or ineligibility for admission. The decision to admit or not to admit shall be made by a physician, a qualified professional, or an R.N., and shall be based upon the results of all screening information and face-to-face consultation with the person to be admitted.

(8) Referral. In the event that the addictions receiving facility has reached full capacity, the provider shall attempt to notify the referral source and provide assistance in referring the person to another component, in accordance with section 397.6751, F.S.

(9) Involuntary Assessment and Disposition.

(a) Involuntary Assessment. An assessment shall be completed on each client admitted to an addictions receiving facility under protective custody pursuant to section 397.6772, F.S., under emergency admission pursuant to section 397.6797, F.S., under alternative involuntary assessment for minors, pursuant to section 397.6798, F.S., and under involuntary assessment and stabilization, pursuant to section 397.6811, F.S. In the case of protective custody and emergency admission, the assessment shall be conducted by a physician. In the case of alternative involuntary assessment for minors and involuntary assessment and stabilization, the assessment shall be conducted by a qualified professional.

(b) Disposition Regarding Involuntary Admissions. Within the assessment period, one of the following actions shall be taken, based upon the needs of the client and, in the case of a minor, after consultation with the parent(s) or guardian(s):

1. The client shall be released and notice of the release shall be given to the applicant or petitioner and to the court, pursuant to section 397.6758, F.S. In the case of a minor that has been assessed or treated through an involuntary admission, that minor must be released to the custody of his parent(s), legal guardian(s), or legal custodian(s).

2. The client shall be asked if they will consent to voluntary treatment at the provider, or consent to be referred to another provider for voluntary treatment in residential. treatment, day or night treatment, or outpatient treatment; or

3. A petition for involuntary treatment will be initiated.

(10) Notice to Family or Legal Guardian. In the case of a minor, the minor's parent(s) or legal guardian(s) shall be notified upon admission to the facility. Such notification shall be in compliance with the requirements of Title 42, Code of Federal Regulations, Part 2.

(11) Staffing. Providers shall conduct clinical and medical staffing of persons admitted for services. All staffing shall include participation by a physician, nurse, and primary counselor. Participation in staffing shall be dictated by client needs.

(12) Staff Coverage. A physician, P.A., or A.R.N.P. shall make daily visits to the facility for the purpose of conducting physical examinations and addressing the medical needs of clients. A full-time R.N. shall be the supervisor of all nursing services. An R.N. shall be on-site 24 hours per day, 7 days per week, in addictions receiving facilities that serve only adults. An R.N. shall be on-site from 7:00 a.m. to 11:00 p.m. in addictions receiving facilities that serve only minors. In this latter instance, an R.N. shall be on-call and capable of being on-site within 30 minutes between 11:00 p.m. and 7:00 a.m. At least one qualified professional shall provide consultation to staff on a regular basis regarding treatment services. At least one counselor shall be available on-site between the hours of 7:00 a.m. and 11:00 p.m. and on-call between 11:00 p.m. and 7:00 a.m.

(13) Staffing Pattern and Bed Capacity. The staffing pattern for nurses and nursing support personnel for each shift shall consist of the following:

Licensed Bed Capacity	Nurses	Nursing Support
1-20	1	2

The number of nurses and nursing support staff shall increase in the same proportion as the pattern described above.

(14) Restraint and Seclusion. The use of restraint and seclusion shall require justification in writing. Restraint and seclusion can only be used in emergency situations to ensure the client's physical safety and only when less restrictive interventions have been determined to be ineffective. Restraint and seclusion shall not be employed as punishment or for the convenience of staff and shall be consistent with the rights of clients, as described in section 65D-30.004(30).

(a) Training. All staff who implement written orders for restraint or seclusion shall have documented training in the proper use of the procedures, including formal certification in control of aggression techniques, and this training shall be documented in their personnel file. Training shall occur initially and a minimum of two hours annually thereafter.

(b) Restraint and Seclusion Orders. Providers shall implement the following requirements regarding the use of restraint and seclusion orders:

1. Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis.

2. The treating physician must be consulted with as soon as possible in those instances where restraint or seclusion was not ordered by the client's treating physician.

3. Each written order for restraint or seclusion is limited to 4 hours for adults, 2 hours for children and adolescents ages 9 to 17, and 1 hour for children under 9. The original order may only be renewed in accordance with these time limits for up to a total of 24 hours. After the original order expires, a physician or qualified professional licensed under Chapters 490 or 491, F.S., must see and assess the patient before issuing a new order.

4. The use of restraint and seclusion must be implemented in the least restrictive manner possible. In addition, restraint and seclusion must be applied in accordance with safe and appropriate techniques and ended at the earliest possible time.

5. Restraint and seclusion may not be used simultaneously unless a client is continually monitored face-to-face by an assigned staff member, or continually monitored by staff using both video and audio equipment.

6. The condition of the client who is in restraint or seclusion must continually be assessed, monitored, and reevaluated.

(c) Restraint and Seclusion Log Book. A continuing log book shall be maintained by each provider that will indicate, by name, the clients who have been placed in restraint or seclusion, the date, and specified reason for restraint or seclusion, and length of time in restraint or seclusion. The log book shall be signed and dated by the R.N. on duty.

(d) Observation of Clients. Staff shall conduct a visual observation of Clients who are placed in restraint or seclusion every 15 minutes. The observation shall be documented in the restraint and seclusion log book, and shall include the time of the observation and description of the condition of the client.

(e) Basic Rights. While in restraint or seclusion, clients shall be permitted to have regular meals, bathe, use the toilet and, as long as there is no present danger to the client or others, permitted freedom of movement for at least 10 minutes each hour.

(f) Post Restraint or Seclusion. Upon completion of the use of restraint or seclusion, the client shall receive a nursing physical screen by an R.N. that will include an assessment of the client's vital signs, current physical condition, and general body functions. The screening shall be documented in the client record. In addition, counseling shall be provided in accordance with the needs of the client in an effort to transition the client from restraint or seclusion.

(g) Seclusion Room Facility Requirements. Providers shall have at least one seclusion room located in the facility. Seclusion rooms shall incorporate the following minimum facility standards:

1. Seclusion rooms shall be free from sharp edges or corners and constructed to withstand repeated physical assaults. Walls shall be either concrete block or double layered

to provide resistance. The ceilings shall be eight feet in clear height, hard-coated, and fixtures shall be recessed and tamper proof. Lighting fixtures shall be non-breakable and shall be installed with tamper-proof screws, as shall any other items in the seclusion room. Seclusion room doors shall be heavy wood or metal at least 36 inches in width and shall open outward. The doorframe shall be structurally sound, resistant to damage, and thoroughly secured.

2. A bed in the addictions receiving facility seclusion room is optional. If a bed is included, it shall be sturdily constructed, without sharp edges and bolted to the floor. Its placement in the room shall provide adequate space for staff to apply restraints and shall not permit individuals to tamper with the lights, smoke detectors, cameras, or other items that may be in the ceiling of the room. There shall be a rheostat control mechanism outside the room to adjust the illumination of the light in the seclusion room.

3. There shall be a vision panel in the door of the seclusion room, which provides a view of the entire room. This vision panel shall be Lexan or other suitable strong material and it shall be securely mounted in the door. Provisions shall be made to ensure privacy from the public and other clients while providing easy access for staff observation.

4. Seclusion rooms shall be a minimum of 70 square feet with a minimum room dimension of 8 feet.

5. Fire sprinkler heads shall be ceiling mounted and either recessed or flush-mounted without a looped spray dispersal head.

6. A voice activated and switch-able emergency calling system for monitoring clients shall be provided in each seclusion room.

7. In those instances where the full interior of the seclusion room can not be seen from the nurse's station, the seclusion room shall have an electronic visual monitoring system capable of viewing the entire room from the nurse's station.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(a), 397.901 FS. History–New .

65D-30.006 Standards for Detoxification.

In addition to section 65D-30.004, the following standards apply to detoxification:

(1) General Requirements. Detoxification protocols shall be developed by the medical director and implemented upon admission according to the physiological and psychological needs of the client.

(2) Residential Detoxification.

(a) Services.

1. Stabilization. Stabilization services shall be provided as an initial phase of detoxification.

2. Counseling. Each client shall participate in counseling on a daily basis. Counseling sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the client's need for other services and to determine progress.

3. Daily Activities. The provider shall develop a schedule of daily activities that will be provided based on the initial treatment plan. This shall include recreational and educational activities and participation shall be documented in the client's record.

(b) Observation of Clients. Observation of clients by nursing staff, including an assessment of vital signs every 2 hours, shall be conducted during the first 12 hours following admission and every 4 hours during the subsequent 72 hours. Beds shall be visible and readily accessible from the nurse's station for close observation.

(c) Staff Coverage. Each facility shall have a physician on call at all times to address medical problems and to provide emergency medical services. The physician's name, telephone number, and schedule for this arrangement shall remain current and clearly posted at the nurse's station. An R.N. shall be the supervisor of all nursing services and shall be on-call 24 hours per day, 7 days per week. An L.P.N. or R.N. shall be on-site 24 hours per day, 7 days per week. All staff shall have immediate access to a nurse supervisor or physician for consultation.

(d) Staffing Pattern and Bed Capacity. The staffing pattern for nurses and nursing support personnel for each shift shall be as follows:

Licensed Bed Capacity	Nurses	Nursing Support
1-10	1	1
11-20	1	2
21-30	2	2

The number of nurses and nursing support staff shall increase in the same proportion as the pattern described above.

In those instances where a residential detoxification component and a licensed crisis stabilization unit are co-located, the staffing pattern for the combined components shall conform to the staffing pattern of the component with the more restrictive requirements.

(3) Outpatient Detoxification. The following standards apply to outpatient detoxification.

(a) Eligibility for Services. Eligibility for outpatient detoxification shall be determined from the following:

1. The client's overall medical condition;

2. The client's family support system, for the purpose of observing the client during the detoxification process, and for monitoring compliance with the medical protocol;

3. The client's overall stability and behavioral condition;

4. The client's ability to understand the importance of managing withdrawal utilizing medications, if necessary, and to comply with the medical protocol; and

5. An assessment of the client's ability to abstain from the use of substances, except for the proper use of prescribed medication during this process.

(b) Urinalysis. A urine drug screen shall be conducted at admission. Thereafter, the program shall require random urine drug testing for each client at least weekly.

(c) Services.

1. Counseling. Each client shall participate in counseling on a weekly basis. Counseling sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the client's need for other services and to determine progress.

2. Referral to Residential Detoxification. Providers shall refer clients to residential detoxification when there is evidence that the client is unable to comply with the outpatient protocol. This includes referring clients who are experiencing withdrawal symptoms.

(d) Staffing Pattern. Staff available for outpatient detoxification shall consist of the following:

1. A physician, or an A.R.N.P. or a P.A. under the supervision of a physician;

2. An R.N., or an L.P.N. working under the supervision of an R.N.; and

3. A counselor.

(e) Training. All direct services staff working in outpatient detoxification shall be trained in the outpatient detoxification protocol prior to having contact with clients.

(4) Additional Requirements for the Use of Methadone in Detoxification. In those cases where a provider uses methadone in the detoxification protocol, the provider shall comply with the minimum standards found under subsection (2) if in residential detoxification, and subsection (3) if in outpatient detoxification. In either case, methadone may be used short-term (no more than 30 days) or long-term (no more than 180 days). Short-term detoxification is permitted on a residential and an outpatient basis while long-term detoxification is permitted on an outpatient basis only. Providers shall also comply with the standards found under section 65D-30.014 (4) and the following provisions:

(a) A 1-year history of opioid addiction is not required of clients seeking admission.

(b) Clients who have been determined by the physician to be currently addicted to opioid drugs may be placed in short-term detoxification, regardless of age.

(c) A waiting period of at least 7 days is required between detoxification attempts. Before a detoxification attempt is repeated, the physician shall document in the client record that the client continues to be or is again addicted to opioid drugs.

(d) Pregnant clients shall be advised that short-term detoxification is not recommended. Clients shall sign and date the receipt of such notification.

(e) Take-home methadone is not allowed during short-term detoxification.

(f) A prescription order for drugs with a potential for abuse, other than methadone, shall be limited to separate 24-hour periods during the short-term detoxification.

(g) Each client shall be under observation while ingesting the drug daily, or at least 6 days-a-week, during long-term detoxification.

(h) Clients involved in long-term detoxification shall have a urine drug test at least monthly.

(i) Prior to beginning long-term detoxification, the physician shall document in the client's record that short-term detoxification is not appropriate for the client and that the client needs additional services beyond those provided by short-term detoxification. The physician shall sign and date these entries.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(b) FS. History–New .

65D-30.007 Standards for Residential Treatment.

In addition to section 65D-30.004, the following standards apply to residential treatment.

(1) Categories of Residential Treatment. For the purpose of these rules, there are four levels of residential treatment.

(a) Level 1 residential treatment will generally be less than 30 days duration. This level is typically classified as intensive or short term residential and is intended for clients whose physical and emotional problems are sufficiently severe to require this level of residential care. Clients are routinely under close observation and monitored on a regular basis during their stay. Counseling and other therapeutic services are central to recovery. Clients in this level of care generally have a support system in the community that will help them to sustain recovery once they are discharged.

(b) Level 2 residential treatment will generally be of a duration of 30 days up to 1 year. This level is typically classified as a therapeutic community and is intended for clients who are characterized as having chaotic, non-supportive and often abusive interpersonal relationships, extensive treatment or substance abuse histories, sporadic work and educational experience, and an anti-social value system. Counseling is provided regularly, as are employment and education services. The goal is to prevent relapse and to promote personal responsibility and positive character change.

(c) Level 3 residential treatment will generally be of a duration of longer than 1 year and often can extend to 2 or more years. This level is typically characterized as extended or long term care and is intended for clients whose level of addiction-related impairment is so chronic and severe that other component services would not be feasible or effective. They are further characterized as having severe deficits in interpersonal skills and emotional coping skills. Counseling is provided but the emphasis is placed on overcoming denial of the effects of addiction, enhancing motivation, preventing relapse, and promoting reintegration into the community.

(d) Level 4 residential treatment will generally be of a duration of 3 to 6 months. This level is typically characterized by transitional living and is directed toward clients who need help reintegrating into the world of work, education, family life, and independent living. Clients are involved in self-help groups and emphasis is on recovery skills, preventing relapse, and promoting personal responsibility.

(2) General Requirements.

(a) Services.

1. Counseling. Each client shall participate in counseling. Counseling sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the client's need for other services and to determine progress in treatment. Counseling shall be provided as follows:

a. For clients in levels 1 and 2, 20 hours of counseling shall be provided per client per week.

b. For clients in levels 3 and 4, 10 hours of counseling shall be provided per client per week.

2. Services and Activities. Each client shall participate in the following daily services and activities:

a. For clients in level 1, services and activities shall include a range of cognitive, behavioral, and other therapies and health education, and be provided at least 10 hours per week.

b. For clients in level 2, services shall include recreational activities, educational groups, and occupational services, and be provided at least 20 hours per week.

c. For clients in level 3, services shall include educational groups and occupational and recreational activities and life skill training, and be provided at least 30 hours per week.

d. For clients in level 4, services shall include educational groups and occupational and recreational activities, and be provided at least 20 hours per week.

3. Transportation. Each provider shall make transportation services available to clients who are involved in activities or in need of services that are provided at other facilities. Transportation services shall be provided or arranged as needed.

(b) Staff Coverage. Providers shall maintain awake, paid staff coverage 24 hours-per-day, 7 days per week.

(c) Caseload. No counselor may have a caseload which exceeds 15 currently participating clients.

(3) Admission Requirements Regarding Referral or Transfer. In those cases where clients are referred directly to residential treatment from detoxification or from another residential treatment program, a psychosocial assessment does not have to be completed on the condition that the referring provider forwards a copy of the psychosocial assessment information prior to the arrival of the client. Otherwise, a full psychosocial assessment must be completed. A referral is considered direct if it was arranged by the referring program utilizing a continued stay, discharge/transfer, and case management process and the client is subsequently admitted to the provider within 7 days of discharge. This does not preclude the provider from conducting its own assessment.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(c) FS. History–New _____.

65D-30.008 Standards for Day or Night Treatment with Host Homes.

In addition to section 65D-30.004, the following standards apply to day or night treatment with host homes.

(1) Requirements for Host Family. Providers sponsoring the utilization of host families for the care of their clients shall establish requirements for the homes of such families. The department shall review and approve the requirements during licensure inspections. These requirements shall include:

(a) That an evening snack be available to all clients;

(b) That the host family shall notify the sponsoring provider immediately of an emergency or incident, which shall then be submitted in writing to the department within 24 hours by the provider;

(c) That the sponsoring provider shall establish consequences for host homes which are in non-compliance with applicable requirements under these rules;

(d) That the cleanliness of the host home shall be ensured by the host parents;

(e) That each client shall have his or her own bed;

(f) That all clients will be afforded privacy when using the bathroom and showering and that the clients shall have ready access to the bathroom regardless of the hour;

(g) That all host family members shall complete a biographical application to be filed in the host family record; and

(h) That all host family members shall adhere to the requirements for client rights as provided in section 65D-30.003(30).

(2) Responsibility Agreement. A written agreement between the day or night sponsoring provider and the host family, signed and dated by all parties involved, shall be executed. As used in this subsection, host family includes parents, stepparents, siblings, grandparents, stepsiblings, or any other family member participating in the program or living in the host home. The agreement shall state the responsibilities and liabilities of each party. The name, address, and telephone number of all host family members shall be included on the agreement. Host parents shall acknowledge, in writing, their agreement to protect the rights of clients in accordance with section 397.501(1)-(10), F.S.

(3) Inspection. Providers shall conduct inspections of host family homes initially and semiannually thereafter. Reports on these inspections shall be kept on file at the sponsoring provider. The department reserves the right to review all documents related to host home inspections and to conduct on-site inspections of host homes.

(4) Staff Coverage. Providers of day or night host home services are required to have awake, paid staff on-site at the sponsoring provider's facility during the hours when one or more clients are present. Individual host homes must have adult supervision when clients are present.

(5) Records. The sponsoring provider shall maintain records on each host family. These records shall contain:

(a) The agreement between the provider and the host family, signed and dated by both parties;

(b) A copy of the host family procedures, signed and dated by the host family;

(c) All required background screening information;

(d) Copies of any incident reports from each home;

(e) The application of each host family member;

(f) Copies of all host home inspections; and

(g) Documentation of training within 15 days of becoming a host family.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(d) FS. History–New .

65D-30.009 Standards for Day or Night Treatment.

In addition to section 65D-30.004, the following standards apply to day or night treatment.

(1) Counseling. Each client shall receive a minimum of 6 hours of counseling per week. This shall include a combination of individual, group, and family counseling. In those instances where a provider requires less hours of client participation in the latter stages of the treatment process, this shall be clearly described and justified as essential to the provider's objectives relative to service delivery.

(2) Staff Coverage. Each facility shall have an awake, paid employee on the premises at all times when one or more clients are present.

(3) Caseload. No counselor may have a caseload that exceeds 15 currently participating clients. In those instances where services are provided within facilities operated by the Department of Corrections, the caseload shall not exceed 20 currently participating clients.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(d) FS. History–New .

65D-30.010 Standards for Outpatient Treatment.

In addition to section 65D-30.004, the following standards apply to outpatient treatment.

(1) Counseling. A minimum of one counseling session every week shall be provided to each client. If fewer or more sessions are indicated, justification must be reflected in the treatment plan. Counseling sessions shall include a combination of individual, group, and family counseling.

(2) Caseload. No full-time counselor shall have a caseload that exceeds the equivalent of 24 currently participating clients. A participating client is defined as a client who participates in counseling at least once per week. For example, a counselor has 6 clients who are seen weekly. This will count for 6 clients on that counselor's caseload, because they are seen weekly. The same counselor has 36 clients who are seen every other week. This counts for 18 clients on the caseload, because they are seen once every two weeks. In terms of our formula, the counselor has a caseload the equivalent of 24 participating clients with a total of 42 actual clients.

(3) Hours of Operation. Providers shall post their hours of operation and this information shall be visible to the public.

(4) Requirements for Intensive Outpatient Treatment. In addition to the requirements in subsections (2) and (3), the following requirements apply to intensive outpatient treatment.

(a) Services. Intensive outpatient treatment services shall be provided on-site at least nine hours per week per client and shall consist of more structured programming. Services shall consist primarily of counseling and education and at least two hours of individual counseling shall be provided to each client each week. Other programming shall include occupational and recreational services if required by the client's treatment plan.

(b) Psychiatric and Medical Services. The need for psychiatric and medical services shall be addressed through consultation or referral arrangements. Providers shall develop formal agreements with health and mental health professionals for provision of such services. Such services shall be available within 24 hours by telephone and within 72 hours face-to-face.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(e) FS. History–New .

65D-30.011 Minimum Standards for Aftercare.

In addition to section 65D-30.004, the following standards apply to aftercare.

(1) Client Eligibility. Clients who have successfully completed residential treatment, day or night treatment with host homes, day or night treatment, outpatient treatment, or medication and methadone maintenance treatment are eligible for aftercare services.

(2) Services.

(a) Relapse Prevention. Providers shall establish a relapse prevention curriculum that shall specify the type, frequency, and duration of counseling services to be provided. Special care shall be taken to ensure that the provider has flexible hours in order to meet the needs of clients.

(b) Aftercare Plan. An aftercare plan shall be developed for each client and the plan shall provide an outline of the goals to be accomplished during aftercare including regular counseling sessions and the need for ancillary services.

(c) Monitoring Progress. Providers shall monitor the progress of clients involved in aftercare and shall update the aftercare plan to determine the need for additional services. Clients shall be monitored with respect to attending appointments, potential for relapse, and results of counseling sessions and other contacts.

(d) Referral. Providers shall refer clients for other services which are needed by the client as specified in the aftercare plan. This shall include follow-up on all referrals.

Specific Authority 397.321(5) FS. Law Implemented 397.321(7)(e) FS. History–New .

65D-30.012 Standards for Intervention.

In addition to section 65D-30.004, the following standards apply to intervention.

(1) General Requirements.

(a) Target Group, Outcomes, and Strategies. Providers shall have current information which:

1. Describes services to be provided, including target groups;

2. Identifies specific client outcomes to be achieved; and

3. Describes strategies for these groups or individuals to access needed services.

(b) Service Agreements. Providers shall have written service agreements with other agencies and providers that will ensure accessibility to a full continuum of services for persons in need.

(c) Counseling. In those instances where counseling is provided, the number of sessions or contacts shall be determined by the intervention plan. In those instances where an intervention plan is not completed, all contacts with the client shall be recorded in the client record.

(d) Referral. Providers must have the capability of referring clients to other needed services within 48 hours, or immediately in the case of an emergency.

(2) Requirements for Treatment Alternatives for Safer Communities (TASC). In addition to the requirements in subsection (1), the following requirements apply to Treatment Alternatives to Safer Communities.

(a) Client Eligibility. TASC providers shall establish eligibility standards requiring that individuals considered for intake shall be at-risk for criminal involvement, or have been arrested or convicted of a crime, or referred by the criminal or juvenile justice system, and that such individuals have a substance abuse problem.

(b) Services.

1. Court Liaison. Providers shall establish liaison activities with the court which shall specify procedures for the release of prospective clients from custody by the criminal or juvenile justice system for referral to a provider. Special care shall be taken to ensure that the provider has flexible operating hours in order to meet the needs of the criminal and juvenile justice systems. This may require operating nights and weekends and in a mobile or in-home environment.

2. Monitoring. Providers shall monitor and report the progress of each client according to the consent agreement with the client. Reports of client progress shall be provided to the criminal or juvenile justice system or other referral source as required, and in accordance with section 397.501(1)-(10), F.S.

3. Intervention Plan. The intervention plan shall include additional information regarding clients involved in a TASC program. The plan shall include requirements the client is expected to fulfill and consequences should the client fail to adhere to the prescribed plan, including provisions for reporting information regarding the client to the criminal or juvenile justice system or other referral source. The plan shall be signed and dated by both parties.

4. Referral. Providers shall refer clients to publicly funded providers within the court's or criminal justice authority's area of jurisdiction, and shall establish written referral agreements with other providers.

5. Discharge/Transfer or Termination Notification. Providers shall report any pending discharge/transfer or termination of a client to the criminal justice or juvenile justice authority or other referral source.

(3) Requirements for Employee Assistance Programs. In addition to the requirements in subsection (1), the following requirements apply to Employee Assistance Programs.

(a) Consultation and Technical Assistance. Consultation and technical assistance shall be provided which includes the following:

1. Policy and procedure formulation and implementation;

2. Training and orientation programs for management, labor union representatives, employees, and families of employees; and

3. Linkage to community services.

(b) Employee Services. Employee Assistance Programs shall provide services which include linking the client to a provider, motivating the client to accept assistance, and assessing the service needs of the client. The principle services include:

1. Motivational Counseling; and

2. Monitoring.

(c) Resource Directory. Providers shall maintain a current directory of substance abuse, mental health, and ancillary services. This shall include information on Alcoholics Anonymous, Narcotics Anonymous, public assistance services, and health care services.

(4) Requirements for Case Management. In addition to the requirements in subsection (1), the following requirements apply to case management in those instances where case management is provided as a licensable sub-component of intervention.

(a) Case Managers. Providers shall identify an individual or individuals responsible for carrying out case management services.

(b) Priority Clients. Priority clients shall include persons receiving substance abuse services who have multiple problems and needs and require multiple services or resources to meet those needs.

(c) Case Management Requirements. Case management shall include the following:

1. On-going assessment and monitoring of the client's condition and progress;

2. Linking and brokering for services as dictated by client needs;

3. Follow-up on all referrals for other services; and

4. Advocacy on behalf of clients.

(d) Contacts. Each case manager shall meet face-to-face at least monthly with the client.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(i) FS. History–New _____.

65D-30.013 Standards for Prevention.

In addition to section 65D-30.004, the following standards apply to prevention.

(1) Categories of Prevention. For the purpose of these rules, prevention is provided under the categories entitled universal, selective, and indicated.

(a) Universal. Universal prevention is directed at the general population or specific sub-populations that are not considered at high levels of risk for substance abuse.

(b) Selective. Selective prevention is directed toward groups or specific sub-populations of the general population which are considered at-risk for substance abuse, such as children of substance abusers or low academic achievers.

(c) Indicated. Indicated prevention is directed toward groups of individual children or youth who are manifesting behavioral effects of specific risk factors for substance abuse, such as poor school achievement, school dropouts, association with antisocial and gang-involved peers, aggressiveness, and conduct disorders, including drug-use initiation.

(2) Specific Prevention Strategies. The specific prevention strategies fall under the following categories.

(a) Information Dissemination. The intent of this strategy is to increase awareness and knowledge of the risks of substance abuse and available prevention services. The effectiveness of this strategy shall be evaluated by changes in knowledge.

(b) Education. The intent of this strategy is to improve skills and to reduce negative behavior and improve responsible behavior. The effectiveness of this strategy shall be evaluated by changes in knowledge, improved skills, a reduction in negative behavior, and an improvement in responsible behavior.

(c) Alternatives. The intent of this strategy is to provide constructive activities that exclude substance abuse and reduce anti-social behavior. The effectiveness of this strategy shall be evaluated by a reduction in anti-social behavior.

(d) Problem Identification and Referral Services. The intent of this strategy is to identify children and youth who have indulged in the use of tobacco or alcohol and those who have indulged in the first use of illicit drugs, in order to assess whether prevention services are indicated or referral to treatment is necessary. The effectiveness of this strategy shall be evaluated by letters of agreement with primary referral sources and reports of high satisfaction from those sources.

(e) Community-Based Process. The intent of this strategy is to enhance the ability of the community to more effectively provide prevention and treatment services. The effectiveness of this strategy shall be evaluated through the development of policies and procedures at the local level that enhance prevention.

(f) Environmental. The intent of this strategy is to establish or change local laws, regulations, or rules to strengthen the general community regarding the initiation and support of prevention services. The effectiveness of this strategy shall be evaluated by a reduction in the prevalence of substance abuse in the general population.

(3) General Requirements.

(a) Population Served. Providers shall describe the population to be served, including age, gender, race/ethnicity, and relevant risk and protective factor indicators.

(b) Services. Providers shall describe the programs and materials which are used to provide services, whether services are universal, selective, or indicated, specific strategies to be used, and the appropriateness of the services relative to the needs of the target population. Providers shall also describe generally accepted prevention practices that will be available to groups or individuals.

(c) Staffing Patterns. Providers shall delineate reporting relationships and staff supervision. This shall include a description of staff qualifications, including educational background and experience regarding the prevention field.

(d) Staff Training. Providers shall have a staff training plan that ensures that all staff receive basic training in science-based prevention and that supports staff in attaining addictions prevention certification. Staff shall receive training appropriate to their assigned duties and responsibilities. All staff shall be trained in basic pharmacology, identification of risk and protective factors, the provider's process and outcome evaluation strategy, and methods of accessing and utilizing local provider resources. The successful completion of this training shall be documented in their personnel record.

(e) Referral. Providers shall have a plan for assessing the appropriateness of prevention services and conditions for referral to other services. The plan shall include a current directory of locally available substance abuse and other human services for referral of prevention program participants, or prospective participants.

(f) Evaluation. Providers shall evaluate the effectiveness of the services described in subsection (2) at least annually and shall use the evaluation methodology provided in that section. The department shall review the results of providers' program evaluation efforts annually and all technical materials used by providers to ensure consistency with current research in the prevention field.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(h) FS. History–New _____.

65D-30.014 Standards for Medication and Methadone Maintenance Treatment.

In addition to section 65D-30.004, the following standards apply to Medication and Methadone Maintenance Treatment.

(1) State Authority. The state authority is the department's Substance Abuse Program Office.

(2) Federal Authority. The federal authority is the Center for Substance Abuse Treatment.

(3) Determination of Need. New providers shall be established only in response to the department's determination of need. The criteria to be assessed shall include data on the use of opioids and the consequences of use, including epidemiological information. The results of the assessment, along with a recommendation regarding need, shall be published in the Florida Administrative Weekly. Should the number of responses to the publication for a new provider exceed the determined need, the selection of a provider shall be based on the following criteria:

(a) The number of years the respondent has been licensed to provide substance abuse services;

(b) The organizational capability of the respondent to provide medication and methadone maintenance treatment in compliance with these rules; and

(c) Any past history of substantial noncompliance by the respondent with departmental rules.

(4) General Requirements.

(a) Medication or Methadone Maintenance Sponsor. The sponsor of a new provider shall be a licensed health professional and shall have worked in the field of substance abuse at least 5 years.

(b) Medical Director. The medical director of a provider shall have a minimum of 2 years experience in the field of substance abuse.

(c) Special Permit and Consultant Pharmacist.

1. Special Permit.

a. All facilities which distribute methadone or other medication shall obtain a special pharmacy permit from the State of Florida Board of Pharmacy. New applicants shall be required to obtain a special pharmacy permit prior to licensure by the department.

b. Providers obtaining a special pharmacy permit shall hire a consultant pharmacist licensed by the state of Florida.

2. Consultant Pharmacist. The responsibilities of the consultant pharmacist include the following:

a. Develop operating procedures relative to the supervision of the compounding and dispensing of all drugs dispensed in the clinic;

b. Provide pharmaceutical consultation;

c. Develop operating procedures for maintaining all drug records and security in the area within the facility in which the compounding, storing, and dispensing of medicinal drugs will occur;

d. Meet face-to-face, at least quarterly, with the medical director to review the provider's pharmacy practices. Meetings shall be documented in writing and signed and dated by both the consultant pharmacist and the medical director;

e. Prepare written reports regarding the provider's level of compliance with established pharmaceutical procedures. Reports shall be prepared at least semi-annually and submitted, signed and dated to the medical director; and

f. Visit the facility at least every 2 weeks to ensure that established procedures are being followed, unless a deviation is granted by the state Board of Pharmacy and the state authority. A log of such visits shall be maintained and signed and dated by the consultant pharmacist at each visit.

3. Change of Consultant Pharmacist. The provider's medical director shall notify the Board of Pharmacy within 10 days of any change of consultant pharmacists.

(d) Pregnancy and Medication and Methadone Maintenance.

1. Use of Methadone. Prior to the initial dose, each female client shall be fully informed of the possible risks from the use of methadone during pregnancy and shall be told that safe use in pregnancy has not been established in relation to possible adverse effects on fetal development. The client shall sign and date a statement acknowledging this information. Pregnant clients shall be informed of the opportunity for prenatal care either by the provider or by referral to other publicly or privately funded health care providers. In any event, the provider shall establish a system for referring clients to prenatal care. If there are no publicly funded prenatal referral resources to serve those who are indigent, or if the provider cannot provide such services, or if the client refuses the services, the provider shall offer her basic prenatal instruction on maternal, physical, and dietary care as part of its counseling service. The nature of prenatal support shall be documented in the client record. If the client is referred for prenatal services, the practitioner to whom she is referred shall be notified that she is undergoing methadone maintenance treatment. If a pregnant client refuses prenatal care or referral, the provider shall obtain a signed statement from the client acknowledging that she had the opportunity for the prenatal care but refused it. The physician shall sign or countersign and date all entries related to prenatal care.

2. Use of Other Medication. Providers shall adhere to the prevailing federal and state requirements regarding the use of medication other than methadone in the maintenance treatment of clients who are or become pregnant.

(e) Minimum Responsibilities of the Physician. The responsibilities of the physician include the following:

1. To ensure that evidence of current physiological addiction, history of addiction, and exemptions from criteria for admission are documented in the client record before the client receives the initial dose of methadone or other medication;

2. To sign or countersign and date all medical orders, including the initial prescription, all subsequent prescription changes, all changes in the frequency of take-home methadone, and the prescription of additional take-home doses of methadone in cases involving the need for exemptions;

3. To ensure that justification is recorded in the client record for reducing the frequency of visits to the provider for observed drug ingesting, providing additional take-home methadone in cases involving the need for exemptions, or when prescribing medication for physical or emotional problems; and

4. To review, sign or countersign, and date treatment plans at least annually.

(f) Client Registry.

1. Providers shall participate in regional registry activities for the purpose of sharing client identifying information with other providers located within a 100-mile radius, to prevent the multiple enrollment of clients in more than one provider. Each regional registry shall be conducted through an automated system where this capability exists. In those instances where the development and implementation of an automated system would require additional technology, an alternative method shall be used on an interim basis, as long as the alternative is implemented in compliance with 42 Code of Federal Regulations, Part 2, and approved by the state authority.

2. Providers may volunteer to coordinate the registry activities or, in the event that no provider volunteers, a provider will be designated by the state authority.

3. Providers shall submit, with the application for licensure, written plans for participating in registry activities. Participation in registry activities shall be documented in writing to the state authority and shall be subject to its approval.

4. Methadone or other medication shall not be administered or dispensed to a client who is known to be currently participating in another provider.

5. The client shall always report to the same provider unless prior approval is obtained from the original provider for treatment at another provider. Permission to report for treatment at the facility of another provider shall be granted only in exceptional circumstances and shall be noted in the client record.

6. Individuals applying for maintenance treatment shall be informed of the registry procedures and shall be required to sign a consent form before receiving services. Individuals who apply for services and do not consent to the procedures will not be admitted.

7. If an individual is found trying to secure or has succeeded in obtaining duplicate doses of methadone or other medication, the client shall be referred back to the original provider. A written statement documenting the incident shall be forwarded to the original provider. The physician of the original provider shall evaluate the client as soon as medically feasible for continuation of treatment. In addition, a record of violations by individual clients shall become part of the record maintained in an automated system and permit access by all participating providers.

(g) Operating Hours and Holidays. Providers shall post operating hours in a conspicuous place within the facility. This information shall include hours for counseling and medicating clients. All providers shall be open Monday through Friday for 8 hours each day with a minimum of 2 hours of medicating time accessible daily outside the hours of 9:00 a.m. to 5:00 p.m. and shall be open on Saturday for a minimum of 2 hours. Providers are required to medicate on Sundays according to client needs. This would include clients on Phase 1, clients on a 30 to 180-day detoxification regimen, and clients who need daily observation. The provider shall develop operating procedures for Sunday coverage. When holidays are observed, all clients shall be given a minimum of a 3-day notice. When applying for a license, providers shall inform the respective departmental district offices of their intended holidays. In no case shall two or more holidays occur in immediate succession unless the provider is granted an exemption by the federal authority. Take-out privileges shall be available to all methadone clients during holidays, but only if clinically advisable. On those days during which the provider is closed, services shall be accessible to clients for whom take out methadone is not clinically advisable. Clients who fall into this category shall receive adequate notification regarding the exact hours of operation.

(5) Maintenance Treatment Standards.

(a) Standards for Admission.

1. A person aged 18 or over shall be admitted as a client only if the physician determines that the person is currently physiologically addicted to opioid drugs and became physiologically addicted at least 1 year before admission to maintenance treatment. A 1-year history of addiction means that an applicant for admission to maintenance treatment was physiologically addicted to opioid drugs at least 1 year before admission and was addicted continuously or episodically for most of the year immediately prior to admission to a provider. In the event the exact date of physiological addiction cannot be determined, the physician may admit the person to maintenance treatment if, by the evidence presented and observed, it is reasonable to conclude that the person was physiologically addicted during the year prior to admission. Such observations shall be recorded in the client record by the physician. Participation is voluntary.

2. A person under 18 is required to have had two documented attempts at short-term detoxification or drug-free treatment to be eligible for maintenance treatment. A 1-week waiting period is required after such a detoxification attempt, however, before another attempt is repeated. The physician shall document in the client's record that the client continues to be or is again physiologically dependent on opioid drugs. No

person under 18 years of age shall be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult provides written consent.

3. In determining the current physiological addiction of the client, the physician shall consider signs and symptoms of drug intoxication, evidence of use of drugs through a urine drug screen, and needle marks. Other evidence of current physiological dependence shall be considered by noting early signs of withdrawal such as lachrymation, rhinorrhea, pupilary dilation, pilo erection, body temperature, pulse rate, blood pressure, and respiratory rate.

(b) Exemption from Minimum Standards for Admission.

1. A person who has resided in a penal or chronic-care institution for 1 month or longer may be admitted to maintenance treatment within 14 days before release or within 6 months after release from such institution. This can occur without documented evidence to support findings of physiological addiction, providing the person would have been eligible for admission before incarceration or institutionalization, and in the reasonable clinical judgment of the physician, treatment is medically justified. Documented evidence of prior residence in a penal or chronic-care institution, evidence of all other findings, and the criteria used to determine the findings shall be recorded by the physician in the client record. The physician shall sign and date these recordings before the initial dose is administered.

2. Pregnant clients, regardless of age, who have had a documented addiction to opioid drugs in the past and who may be in direct jeopardy of returning to opioid drugs with all its attendant dangers during pregnancy, may be placed in maintenance treatment. For such clients, evidence of current physiological addiction to opioid drugs is not needed if a physician certifies the pregnancy and, in utilizing reasonable clinical judgment, finds treatment to be medically justified. Within 3 months after termination of pregnancy, the physician shall evaluate the client's condition and document whether she should continue to receive services or be detoxified. Pregnant clients may be placed on a maintenance regimen using a medication other than methadone only upon the written order of a physician who determines this to be the best choice of therapy for that patient. Documented evidence of current or prior addiction and criteria used to determine such findings shall be recorded in the client record by the admitting physician. The physician shall sign and date these recordings prior to administering the initial dose.

3. Up to 2 years after discharge or detoxification, a client who has been previously involved in maintenance treatment may be readmitted without evidence to support findings of current physiological addiction. This can occur if the provider is able to document prior maintenance treatment of 6 months or more and the physician, utilizing reasonable clinical judgment, finds readmission to maintenance treatment to be medically justified. Documented evidence of prior treatment and the criteria used to determine such findings shall be recorded in the client record by the physician who shall sign and date these entries. The provider shall not place a client on a maintenance schedule unless the physician has determined that the client is unable to be admitted for services other than maintenance treatment.

(c) Denial of Admission. If a client will not benefit from a treatment regimen which includes the use of methadone or other medication, or if treating the client would pose a danger to other clients, staff, or other individuals, the client may be refused treatment, even if the client meets the standards for admission. The physician shall make this determination and shall document the decision to refuse treatment.

(d) Take-home Privileges.

1. Take-home doses are permitted only for clients participating on a methadone maintenance regimen.

2. Take-home doses of methadone may be granted if the client meets the following conditions:

a. Absence of recent abuse of drugs including opioid drugs or other types of drugs, and alcohol, as evidenced by urine drug screening;

b. Regularity of attendance at the provider;

c. Absence of serious behavioral problems at the provider;

d. Absence of recent criminal activity of which the program is aware, including illicit drug sales or possession;

e. Client’s home environment and social relationships are stable;

f. Length of time in methadone maintenance treatment meets the requirements of paragraph (e);

g. Assurance that take-home medication can be safely stored within the client’s home or will be maintained in a locked box if traveling away from home;

h. The client has demonstrated satisfactory progress in treatment to warrant decreasing the frequency of attendance; and

i. The client has a verifiable source of legitimate income.

3. When considering client responsibility in handling methadone, the physician shall consider the recommendations of other staff members who are most familiar with the relevant facts regarding the client.

4. The requirement of time in treatment is a minimum reference point after which a client may be eligible for take-home privileges. The time reference is not intended to mean that a client in treatment for a particular length of time has a right to take-home methadone. Thus, regardless of time in treatment, the physician, with cause, may deny or rescind the take-home methadone privileges of a client.

(e) Methadone Take-home Phases.

1. To be considered for take-home privileges, clients shall be in compliance with sub-subparagraph (d)2. No take-homes shall be permitted during the first 30 days following admission unless approved by the federal authority.

a. Phase I. Following 30 consecutive days in treatment, the client will be eligible for 1 take-home per week from day 31 through day 90.

b. Phase II. Following 90 consecutive days in treatment, the client will be eligible for 2 take-homes per week from day 91 through day 180.

c. Phase III. Following 180 consecutive days in treatment, the client will be eligible for 3 take-homes per week with no more than a 2-day supply at any one time from day 181 through 1 year, provided that the client has had clean urine drug screens for the preceding 90 days.

d. Phase IV. Following 1 year in treatment, the client will be eligible for 4 take-homes per week with no more than a 2-day supply at any one time through the second year of treatment, provided that the client has had clean urine drug screens for the preceding 90 days.

e. Phase V. Following 2 years in treatment, the client will be eligible for 5 take-homes per week with no more than a 3-day supply at any one time, provided that the client has had clean urine drug screens for the preceding 90 days.

f. Phase VI. Following 3 years in treatment, the client will be eligible for 6 take-homes per week provided the client has passed all urine drug screens for the past year.

2. Clients who receive over 100 milligrams of methadone per day must attend the provider at least 6 days per week for observation unless an exemption is granted by the federal authority.

(f) Transfer Clients and Takeout Privileges. Any client who transfers from one provider to another within the state of Florida shall be eligible for placement on the same phase provided that verification of enrollment is received from the previous provider within two weeks of admission. The physician at the previous provider shall also document that the client met all criteria for their current phase and are at least on Phase I.

Any client who transfers from out-of-state is required to meet the requirements of sub-subparagraph (d)2., and with verification of previous client records, the physician shall determine the phase level based on the client's history and established phase guidelines.

(g) Transfer Information. When a client transfers from one provider to another, the referring provider shall release the following information:

1. Results of the latest physical examination;

2. Results of the latest laboratory tests on blood and urine;

3. Results of urine drug screens for the past 12 months;

4. Medical history;

5. Current dosage level and dosage regimen for the past 12 months;

6. Documentation of the conditions which precipitated the referral; and

7. A written summary of the client's last 3 months of treatment.

This information shall be released prior to the client's arrival at the provider to which he or she is transferred. Providers shall not withhold a client's records when requested by the client for a transfer for any reason, including client debt. The referring provider shall forward the records directly to the provider of the client's choice.

(h) Exemptions from Take-home Privileges and Phasing Requirements for Methadone Maintained Clients.

1. If a client is found to have a physical disability which interferes with the client's ability to conform to the applicable mandatory schedule, the client may be permitted a temporarily or permanently reduced schedule by the physician, provided the client is also found to be responsible in handling methadone. Providers shall obtain medical records and other relevant information as needed to verify the physical disability. This shall be documented in the client record by the physician who shall sign and date these entries.

2. A client may be permitted a temporarily reduced schedule of attendance because of exceptional circumstances such as illness, personal or family crises, and travel or other hardship which causes the client to become unable to conform to the applicable mandatory schedule. This is permitted only if the client is also found to be responsible in handling methadone. The necessity for an exemption from a mandatory schedule is to be based on the reasonable clinical judgment of the physician and such determination of necessity shall be recorded in the client record by the physician who shall sign and date these entries. A client shall not be given more than a 14-day supply of methadone at any one time unless an exemption is granted by the federal and state methadone authorities.

3. In those instances where client access to a provider is limited because of travel distance, the physician is authorized to reduce the frequency of a client's attendance. This is permitted if the client is currently employed or attending a regionally approved educational or vocational program or the client has regular child-caring responsibilities that preclude daily trips to the provider.

The reason for reducing the frequency of attendance shall be documented in the client record by the physician who shall sign and date these entries.

4. Any exemption which is granted to a client regarding travel shall be documented in the client's record. Such documentation shall include tickets prior to a trip, copies of boarding passes, copies of gas or lodging receipts, or other verification of the client's arrival at the approved destination. Clients who receive exemptions for travel shall be required to submit to a urine test on the day of return to the facility.

(i) Urine Drug Screening.

1. An initial urine drug screen is to be completed for each prospective client. At least one random, monitored urine drug screen shall be performed on each client each month. The urine drug screen shall be conducted so as to reduce the risk of falsification of results. This shall be accomplished by direct observation or by an accurate method of monitoring the temperature of the urine specimen.

2. Clients who are on Phase VI shall be required to submit to one random urine drug screen at least every 90 days.

3. Each urine specimen shall be analyzed for methadone, benzodiazepines, barbiturates, amphetamines, opiates, and cocaine.

(j) Employment of Persons on a Maintenance Protocol. No staff member, either full-time, part-time or volunteer, shall be on a maintenance protocol unless a request to maintain or hire staff undergoing treatment is submitted with justification to and approved by the federal and state methadone authorities. Any approved personnel on a maintenance regimen shall not be allowed access to or responsibility for handling methadone or other medication.

(k) Caseload. No full-time counselor shall have a caseload that exceeds the equivalent of 40 currently participating clients. A participating client is defined as a client who participates in counseling at least once per week. For example, a counselor has 15 clients who are seen weekly. This will count for 15 clients on that counselor's caseload, because they are seen weekly. The same counselor has 38 clients who need to be seen every other week. This counts for 19 clients on the caseload, because they are seen every two weeks. The counselor also has 16 clients who are seen once per month. This counts for 4 clients on the caseload, because they are seen every four weeks. Therefore, the counselor has a caseload the equivalent of 38 participating clients with a total of 69 actual clients.

(l) Termination From Treatment.

1. There will be occasions when clients will need to be terminated from maintenance treatment. Clients who fall into this category attempt to sell or deliver their prescribed drugs, become or continue to be actively involved in criminal behavior, or consistently fail to adhere to the requirements of the provider. Such clients shall be detoxified in accordance with a dosage reduction schedule prescribed by the physician and referred to other treatment, as clinically indicated. Such action shall be documented in the client record by the physician.

2. Providers shall establish criteria for involuntary termination from treatment that describe the rights of clients as well as the responsibilities and rights of the provider. All clients shall be given a copy of these criteria at admission and shall sign and date a statement acknowledging receipt of same.

(m) Withdrawal from Maintenance.

1. The physician shall ensure that all clients in maintenance treatment receive an annual assessment conducted face-to-face by the physician. This assessment may coincide with the annual assessment of the treatment plan and shall include an evaluation of the client's progress in treatment and the justification for continued maintenance. The assessment and recommendations shall be recorded in the client record by the physician who shall sign and date these entries.

2. A client being withdrawn from maintenance treatment shall be closely supervised during withdrawal. A schedule of dosage reduction shall be established by the physician.

(n) Services.

1. Comprehensive Services. A comprehensive range of services shall be available to each client. The type of services to be provided shall be determined by client needs, the characteristics of clients served, and the available community resources.

2. Counseling.

a. Each client on maintenance shall receive regular counseling. A minimum of one counseling session per week shall be provided to new clients through the first 90 days. A minimum of two counseling sessions per month shall be provided to clients who have been in treatment for at least 91 days and up to one year. A minimum of one counseling session per month shall be provided to clients who have been in treatment for longer than one year.

b. If fewer sessions are clinically indicated for a client, this shall be justified and documented in the client record. This would apply to those clients who have been with the program longer than three years and have demonstrated the need for less frequent counseling in accordance with documentation in the treatment plan.

c. A counseling session shall be at least 30 minutes in duration and shall be documented in the client record.

(6) Satellite Maintenance.

(a) A satellite maintenance dosing station must be operated by a primary, licensed comprehensive maintenance provider and must meet all applicable regulations of the federal and state authorities.

(b) In addition to the application for licensure for satellite maintenance, the comprehensive maintenance provider must submit a written protocol containing, at a minimum, a detailed service plan, a staffing pattern, a written agreement with any other organization providing facility or staff, operating procedures, and client eligibility and termination criteria.

Specific Authority 397.21(5) FS. Law Implemented 397.311(19)(f), 397.427, 465 FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Phil Emenheiser

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Ken DeCerchio, Director of Substance Abuse

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 24, 2000

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 24, 1999
Purchase Order No.: CC1875

Section III
Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF STATE

Division of Library and Information Services

RULE NO.:	RULE TITLE:
1B-2.011	Library Grant Programs

NOTICE OF CHANGE

In accordance with subparagraph 120.54(3)(d)1., F.S., notice is hereby given that the following changes have been made to the proposed rule which was published in the Florida Administrative Weekly, Vol. 25, No. 48, on December 3, 1999. The rule incorporates by reference guidelines and forms relating to the following programs: State Aid to Libraries Grants, Library Construction Grants, Library Cooperative Grants, and Library Services and Technology Grants. Changes have been made to the rule to clarify form numbers for Library Cooperative Grant reports. Changes have also been made to the guidelines and forms for Library Construction, Library Cooperative, and Library Services and Technology Grants to reflect comments made by the Joint Administrative Procedures Committee (JAPC).

Copies of the full text of the changes may be obtained by contacting Barratt Wilkins, Director, Division of Library and Information Services, R. A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399-0250, (850)487-2651, Suncom 277-2651.

DEPARTMENT OF EDUCATION

State Board of Independent Colleges and Universities

RULE NOS.:	RULE TITLES:
6E-1.0032	Fair Consumer Practices
6E-1.0034	Fees and Expenses

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rules, as noticed in Vol. 25, No. 52, (12/30/99), Florida Administrative Weekly, have been withdrawn.

DEPARTMENT OF EDUCATION

State Board of Independent Colleges and Universities

RULE NO.:	RULE TITLE:
6E-2.002	Other Types of College Licensure

NOTICE OF CHANGE

Notice is hereby given that proposed rule 6E-2.002, FAC., published in Vol. 25, No. 52, (12/30/99), Florida Administrative Weekly, has been changed to reflect comments received at the Public Hearing on January 28, 2000.

Paragraph (1)(i) has been changed so that when adopted it will read: "Notwithstanding paragraphs (a) and (b) of this subsection, an established degree-granting college which demonstrates to the board that it meets the standards for both temporary licensure and Level I provisional licensure, and which pays the application fees for both, may be granted a temporary license and a Level I provisional license at the same time."

DEPARTMENT OF REVENUE

NOTICE OF CABINET AGENDA ON FEBRUARY 22, 2000

The Governor and Cabinet, on February 22, 2000, sitting as head of the Department of Revenue, will consider the proposed creation of Rule 12-3.0012, FAC. (Definitions), and Rule 12-3.0015, FAC. (Interest Applicable to Unpaid Tax Liabilities or Amounts Not Timely Refunded). These proposed rules were noticed for a rule development workshop in the Florida Administrative Weekly on October 15, 1999 (Vol. 25, No. 41, pp. 4706-4707) and a rule development workshop was held on November 3, 1999. A Notice of Proposed Rulemaking was published in the Florida Administrative Weekly on December 23, 1999 (Vol. 25, No. 51, pp. 5787-5789) and a public hearing was conducted on January 20, 2000. No comments were received at either the rule development workshop or the public hearing; and no written comments have been received by the Department.

DEPARTMENT OF REVENUE

NOTICE OF CABINET AGENDA ON FEBRUARY 22, 2000

The Governor and Cabinet, on February 22, 2000, sitting as head of the Department of Revenue, will consider the proposed amendments to Rule 12-22.007, FAC. (Registration Information Sharing and Exchange Program), FAC. The proposed amendments were noticed for a rule development workshop in the Florida Administrative Weekly on October 8, 1999 (Vol. 25, No. 40, pp. 4611-4615) and a rule development workshop was held on November 1, 1999. A Notice of Proposed Rulemaking was published in the Florida Administrative Weekly on December 23, 1999 (Vol. 25, No. 51, pp. 5789-5793) and a public hearing was conducted on January 20, 2000. No comments were received at either the rule development workshop or the public hearing. On January 21, 2000, comments were received by the Department from the Joint Administrative Procedures Committee regarding the proposed amendments to subsection (3) of Rule 12-22.007, FAC. The proposed amendments did not apprise the reader of the conditions for when the Department will grant approval to transmit data under the Registration Information Sharing Exchange Program in a non-machine readable format. The Department is removing all provisions from this rule regarding