

**Section I**  
**Notice of Development of Proposed Rules**  
**and Negotiated Rulemaking**

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**RULE NO.:**       **RULE TITLE:**  
61-35.011       Cosmetology Departmental Forms

**PURPOSE AND EFFECT:** The purpose and effect of the proposed rule amendment is to adopt updated and new forms relating to application for licensure of cosmetologists, hair braiders, hair wrappers, body wrappers, salons, and continuing education courses related to cosmetology.

**SUBJECT AREA TO BE ADDRESSED:** The subject area to be addressed is the adoption of the new and revised forms.

**RULEMAKING AUTHORITY:** 455.203, 455.213, 455.2179, 477.0213 FS.

**LAW IMPLEMENTED:** 455.213, 455.217, 455.2179, 455.219, 455.2228, 455.271, 477.0132, 477.014, 477.019, 477.0201, 477.0212, 477.022, 477.025, 477.026, 477.0263, 559.79, 477.0213 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Mandie Wynn, Rules Coordinator, Division of Professions, 2601 Blair Stone Road, Tallahassee, Florida 32399-0760, (850)717-1496.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

**DEPARTMENT OF HEALTH**

**RULE NO.:**       **RULE TITLE:**  
64-4.001       Definitions  
64-4.002       Application for Registration of Medical Marijuana Treatment Centers  
64-4.003       Renewal Application Requirements for Medical Marijuana Treatment Centers  
64-4.008       Disciplinary Guidelines and Fines

**PURPOSE AND EFFECT:** This rulemaking initiates nonemergency rulemaking pursuant to Section 14(1)(c), ch. 2017-232, Laws of Florida to replace the emergency rules (64ER17-1, 17-2, 17-6, and 17-8) adopted by the Department to implement section 381.986, Florida Statutes.

**SUBJECT AREA TO BE ADDRESSED:** Definitions, application requirements, renewal requirements, and disciplinary guidelines and fines for medical marijuana treatment centers.

**RULEMAKING AUTHORITY:** 381.986(8)(b), 381.986(10)(h), FS

**LAW IMPLEMENTED:** 381.986, FS

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Courtney Coppola (850)245-4274 or Courtney.Coppola@flhealth.gov

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS: NOT AVAILABLE

**DEPARTMENT OF HEALTH**

**Board of Chiropractic Medicine**

**RULE NOS.:**       **RULE TITLES:**  
64B2-12.002       Application Fee  
64B2-12.005       Biennial Renewal Fee/Initial Licensure Fee  
64B2-12.007       Reactivation of Inactive License Fee  
64B2-12.008       Inactive License Fee  
64B2-12.009       Initial Certification in Acupuncture Licensure Fee  
64B2-12.013       Continuing Education Provider Application Fee  
64B2-12.014       Supervising Physician Application Fee  
64B2-12.015       Certified Chiropractic Physician's Assistant Fees  
64B2-12.0155      Fee for Registered Chiropractic Assistants  
64B2-12.017       Processing Fee  
64B2-12.018       Delinquency Fee  
64B2-12.019       Duplicate License or Certificate Fee  
64B2-12.021       Retired Status Fee.  
64B2-12.022       Medical Faculty Certificate Fees

**PURPOSE AND EFFECT:** The Board proposes a rule development to evaluate current fees, and determine whether any fees can be reduced.

**SUBJECT AREA TO BE ADDRESSED:** To review current fees to see if any can be reduced.

**RULEMAKING AUTHORITY:** 456.013(2), 456.025, 456.025(4), (10), 456.025(3), (7), 456.036, 456.036(3), (4), (b), 456.065 , 456.405, 460.406(1), 460.407, 460.407(2), 460.408(3), 460.4062(1), 460.4165(8), (9), 460.4166 FS.

**LAW IMPLEMENTED:** 456.013(2), 456.025, 456.025(3), (4), 456.036, 456.036(3), (4), (b), 456.065, 460.045, 460.406, 460.407, 460.4062(1), 460.4165(6), (8), (9), 460.4166 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Anthony Spivey, Executive Director, Board of Chiropractic Medicine, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257; (850)488-0595.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

## Section II Proposed Rules

### DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

#### Division of Pari-Mutuel Wagering

RULE NO.: RULE TITLE:

61D-14.032 Progressive System Requirements

PURPOSE AND EFFECT: Update and clarify existing rule language

SUMMARY: The proposed rulemaking seeks to update and clarify existing language in Rule 61D-14.032, F.A.C.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: the economic review conducted by the Agency.

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

RULEMAKING AUTHORITY: 551.103(1), 551.122, FS.

LAW IMPLEMENTED: 551.103(1)(c), (d), (e), (g), 551.121(5), FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Bryan Barber, Division of Pari-Mutuel Wagering, bryan.barber@myfloridalicense.com, 2601 Blair Stone Rd., Tallahassee, FL 32399, (850)717-1761.

THE FULL TEXT OF THE PROPOSED RULE IS:

61D-14.032 Progressive System Requirements.

(1) through (3) No change.

(4) The progressive jackpot amount displayed on any WAP or LAP slot machine jackpot meter shall not be altered, unless:

(a) through (b) No change.

(c) The amount of the progressive jackpot, minus the reset amount, is distributed to another WAP or LAP slot machine, in which case:

1. No change.

~~2. The redistribution does not require a higher wager amount on a single play to win the progressive jackpot than the WAP or LAP slot machine from which the incremental amount is distributed.~~

~~2.3.~~ The redistribution must be dispersed to another WAP slot machine of the same host or a LAP within the same licensed facility; and,

~~3.4.~~ The redistribution shall occur no later than seven (7) days after the progressive jackpot is removed from play.

(5) through (13) No change.

Rulemaking Authority 551.103(1), 551.122 FS. Law Implemented 551.103(1)(c), (d), (e), (g), 551.121(5) FS. History--New 8-14-11, Amended 5-30-17, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:

Bryan Barber, Division of Pari-Mutuel Wagering, bryan.barber@myfloridalicense.com, 2601 Blair Stone Rd., Tallahassee, FL 32399, (850)717-1761.

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Jonathan Zachem, Secretary, Department of Business and Professional Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: 12/21/2017

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: 12/28/2017

### DEPARTMENT OF HEALTH

#### Board of Psychology

RULE NO.: RULE TITLE:

64B19-11.0035 Licensure by Examination: Proof Satisfactory to the Board for the Purpose of Determining Eligibility for Examination

PURPOSE AND EFFECT: The Board proposes the rule amendment to clarify licensure by examination requirements.

SUMMARY: To clarify licensure by examination requirements.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within

one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: During discussion of the economic impact of this rule at its Board meeting, the Board concluded that this rule change will not have any impact on licensees and their businesses or the businesses that employ them. The rule will not increase any fees, business costs, personnel costs, will not decrease profit opportunities, and will not require any specialized knowledge to comply. This change will not increase any direct or indirect regulatory costs. Hence, the Board determined that a Statement of Estimated Regulatory Costs (SERC) was not necessary and that the rule will not require ratification by the Legislature. No person or interested party submitted additional information regarding the economic impact at that time.

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

RULEMAKING AUTHORITY: 490.004(4), 490.005(1)(b) FS.  
LAW IMPLEMENTED: 490.003(3), 490.005(1)(b) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Allen Hall, Executive Director, Board of Psychology, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255.

THE FULL TEXT OF THE PROPOSED RULE IS:

64B19-11.0035 Licensure by Examination: Proof Satisfactory to the Board for the Purpose of Determining Eligibility for Examination.

(1) U.S. and Canadian Education.

(a) Institution: ~~The following proof is satisfactory to the Board for the purpose of showing that the Applicant must have~~ has received a Ph.D. in Psychology, a Psy.D., or an Ed.D. in Psychology from an institution of higher learning recognized and approved by the U.S. States Department of Education or recognized as a member in good standing with the Association of Universities and Colleges of Canada; ~~and a true copy of the applicant's transcript confirming same and sent directly to the Board from an institution of higher learning accredited by a regional accrediting agency recognized and approved by the U.S. Department of Education or the Association of Universities and Colleges of Canada.~~

~~(b) Program: The following proof is satisfactory to the Board for the purpose of showing that the Applicant's degree obtained in the United States or Canada was must have been obtained from a program accredited by the American Psychological Association (APA). psychology program accredited by a programmatic accrediting agency recognized and approved by the U.S. Department of Education: a true copy of the applicant's transcript confirming same from a doctoral psychology program accredited by an accrediting agency recognized and approved by the United States Department of Education.~~

(c) No change.

(2) International Education:

~~(a) Institution: The following proof is satisfactory to the Board for the purpose of showing that the Applicants's degree who obtained a degree outside of the United States or Canada must provide proof that the institution was officially recognized by the government of the country in which it is located as an institution to train students to practice professional psychology; and was equivalent to a Ph.D. in psychology, a Psy.D., or an Ed.D. in psychology and was obtained from a program equivalent to a program accredited by a programmatic accrediting agency recognized and approved by the U.S. Department of Education:~~

~~(b) Program: An original, signed letter on official letterhead confirming same and sent directly to the Board from the director of a doctoral psychology program accredited by the accrediting agency recognized and approved by the United States Department of Education. The letter shall state that the Applicant's Program is equivalent to a psychology program accredited by APA and enumerate the exact documents that were reviewed in determining comparability, or augmentation. The Board shall also require the validation of degree and internship equivalence performed by a credentials' evaluation service acceptable to the Board.~~

(c) Proof of degree and internship equivalence must be provided by a Board approved education credentials evaluation service.

Rulemaking Authority 490.004(4), 490.005(1)(b) FS. Law Implemented 490.003(3), 490.005(4)(b) FS. History—New 1-7-96, Formerly 59AA-11.0035, Amended 12-4-97, 9-20-98, 11-24-98, 1-25-00, 10-12-11, 11-26-17, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Psychology

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Psychology

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 27, 2017

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: December 13, 2017

**DEPARTMENT OF CHILDREN AND FAMILIES**

**Substance Abuse Program**

RULE NOS.:	RULE TITLES:
65D-30.002	Definitions
65D-30.003	Department Licensing and Regulatory Standards
65D-30.0031	Certifications and Recognitions Required by Statute
65D-30.0032	Display of Licenses
65D-30.0033	License Types
65D-30.0034	Change in Status of License
65D-30.0035	Required Fees
65D-30.0036	Licensure Application and Renewal
65D-30.0037	Department Licensing Procedures
65D-30.0038	Violations; Imposition of Administrative Fines; Grounds
65D-30.004	Common Licensing Standards
65D-30.0041	Clinical Records
65D-30.0042	Clinical and Medical Guidelines
65D-30.0043	Placement
65D-30.0044	Plans, Progress Notes, and Summaries
65D-30.0045	Rights of Individuals
65D-30.0046	Staff Training, Qualifications, and Scope of Practice
65D-30.0047	Facility Standards
65D-30.0048	Offender Referrals Under Chapter 397, F.S.
65D-30.0049	Voluntary and Involuntary Placement
65D-30.005	Standards for Addictions Receiving Facilities
65D-30.006	Standards for Detoxification
65D-30.0061	Standards for Intensive Inpatient Treatment
65D-30.007	Standards for Residential Treatment
65D-30.0081	Standards for Day or Night Treatment with Community Housing
65D-30.009	Standards for Day or Night Treatment
65D-30.0091	Standards for Intensive Outpatient Treatment
65D-30.010	Standards for Outpatient Treatment
65D-30.011	Standards for Aftercare
65D-30.012	Standards for Intervention
65D-30.013	Standards for Prevention
65D-30.014	Standards for Medication and Methadone Maintenance Treatment

**PURPOSE AND EFFECT:** The Department intends to reorganize and update rule chapter 65D-30, F.A.C. by amending rules and adding new rules. Section 397.321(5), F.S., requires the Department to adopt rules necessary to comply with Chapter 397, Substance Abuse Services. Section 397.410, F.S., requires the Department to publish a notice of proposed rule to implement the provisions of the section by January 1, 2018.

**SUMMARY:** The amendments and new rules will accomplish the following:

- (1) Amend and add new definitions.
- (2) Update rule and statutory references.

- (3) Repeal unnecessary language.
- (4) Establish criteria for Department recognition of accrediting organizations and credentialing entities.
- (5) Establish requirements for licenses, including (a) Obtaining probationary, interim, and regular licenses, (b) Displaying of licenses, (c) Changing the status of a license, (d) Fees and fines, (e) Application and renewal requirements and licensing procedures, and (f) Licensing standards.
- (6) Establish requirements regarding clinical records, treatment plans, progress notes, and summaries.
- (7) Establish requirements regarding screening and placement in residential and outpatient treatment facilities.
- (8) Outline the rights of individuals.
- (9) Establish requirement regarding staff training, qualifications, and scope of practice.
- (10) Outline facility standards.
- (11) Set forth responsibilities regarding offender referrals under Chapter 397, F.S.
- (12) Establish requirements regarding eligibility determinations for voluntary and involuntary placements.
- (13) Outline treatment standards.

**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:**

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department used a checklist to conduct an economic analysis and determine if there is an adverse impact or regulatory costs associated with this rule that exceeds the criteria in section 120.541(2)(a), F.S. Based upon this analysis, the Department has determined that the proposed rule is not expected to require legislative ratification.

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

**RULEMAKING AUTHORITY:** 397.410(2), FS.

**LAW IMPLEMENTED:** 397.311, 397.321, 397.4014, 397.403, 397.407, 397.4073, 397.4075, 397.410, 397.4103, 397.411, 397.416, 397.419, 397.427, 397.501, 397.601, FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jodi Abramowitz. Jodi can be reached at (850)717-4470 or Jodi.abramowitz@myflfamilies.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

65D-30.002 Definitions.

(1) "Abbreviated Treatment Plan" means a shorter version of a treatment plan that is developed immediately following placement in an addictions receiving facility or detoxification component and is designed to expedite planning of services typically provided to individuals ~~clients~~ placed in those components.

(2) No change.

(3) "Aftercare Plan" means a written plan that specifies goals to be achieved by an individual ~~a client~~ or family involved in aftercare.

(4) "Ancillary Services" means services such as legal, vocational, employment, mental health, prenatal care, diagnostic testing, public assistance, child care, parenting supports, and transportation, that may be either essential or incidental to an individual's ~~a client's~~ recovery.

(5) "Assessment" means a process used to determine the type and severity of an individual's ~~a client's~~ substance use ~~abuse~~ problem and includes a psychosocial assessment and, depending upon the component, a physical health assessment.

(6) No change.

(7) "Best Practice" means a method or technique that, shown through research and experience, has proven to reliably lead to an optimal result to prevent or treat substance use disorders. Acceptable best practices are those that meet or exceed the standards disseminated by the Substance Abuse and Mental Health Administration's American Society of Addiction Medicine (ASAM) Criteria, or established by accrediting organizations recognized by the Department.

~~(8)(7)~~ "Case Management" means those direct services provided to an individual in order to assess his or her needs, plan or arrange services, coordinate service providers, link the service system to a client, monitor service delivery, and evaluate patient outcomes to ensure the individual is receiving the appropriate services. a process which is used by a provider to ensure that clients receive services appropriate to their needs and includes linking clients to services and monitoring the delivery and effectiveness of those services.

~~(9)(8)~~ "Certification" means a designation earned by an individual or organization demonstrating core competency in a practice area related to substance use prevention, treatment or recovery support, awarded by a Department-recognized credentialing agency, the process by which an individual achieves nationally accepted standards of competency and proficiency in the field of substance abuse through professional

~~experience and a curriculum of study for addiction professionals that has been recognized by the department.~~

~~(9) "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.~~

~~(10) "Change in Ownership" means, in addition to s. 397.407(6), F.S., an acquired, gained or bought service provider, or a licensable service component. "Client" or "Participant" means any person who receives substance abuse services from a provider.~~

~~(11) "Clinical Client or Participant Record" means all parts of the record required to be maintained that are of substance abuse services provided to an individual a client or participant and includes all medical records, progress notes, charts, admission and discharge data, clinical services, clinical summaries, and other information recorded by the facility staff, which pertains to the individual's treatment. documentation of progress.~~

~~(12) No change.~~

~~(13) "Clinical Supervisor" or "Clinical Services Supervisor" means a person who maintains lead responsibility for the overall coordination and provision of clinical services.~~

~~(14)(13)~~ "Clinical Staff" means those employees of a provider who are responsible for providing clinical services to individuals ~~clients~~.

~~(15)(14)~~ "Clinical Summary", as used in the context of these rules, means a written statement summarizing the results of the psychosocial assessment relative to the perceived condition of the individual ~~client~~ and a further statement of possible service needs based on the individual's ~~client's~~ condition.

~~(15) is renumbered (16) No change.~~

~~(17)(16)~~ "Component" or "service component" means the operational entity of a provider that is subject to licensing. The primary components are listed and defined below:

(a) "Addictions Receiving Facility" is an a-secure, acute-care, locked residential facility operated 24 hours-per-day, 7 days-per-week that is designated by the Department to provide, at a minimum, detoxification and stabilization services to individuals serve persons found to be substance use impaired as described in Section 397.675, F.S., and who meet the placement criteria for this component.

(b) "Detoxification" is a process involving subacute care that is provided on a non-hospital inpatient ~~a residential~~ or an outpatient basis to assist individuals ~~clients~~ who meet the placement criteria for this component to withdraw from the physiological and psychological effects of substance use.

~~(c) No change.~~

(d) “Residential Treatment” is a service provided in a structured live-in environment within a nonhospital setting on a residential basis 24 hours-per-day, 7 days-per-week, and is intended for individuals ~~clients~~ who meet the placement criteria for this component. For the purpose of these rules, there are four ~~five~~ levels of residential treatment that vary according to the type, frequency, and duration of services provided.

(e) “Day or Night Treatment with Host Homes” is provided on a nonresidential basis at least three (3) hours per day and at least 12 hours each week and is intended for individuals ~~clients~~ who meet the placement criteria for this level of care. This component also requires that each individual ~~client~~ reside with a host family as part of the treatment protocol.

(f) “Day or Night Treatment with Community Housing” is provided on a nonresidential basis at least 5 hours each day and at least 25 hours each week and is intended for individuals ~~clients~~ who can benefit from living independently in peer community housing while undergoing treatment.

(g) “Day or Night Treatment” is provided on a nonresidential basis at least three (3) hours per day and at least 12 hours each week and is intended for individuals ~~clients~~ who meet the placement criteria for this component.

(h) “Intensive Outpatient Treatment” is provided on a nonresidential basis and is intended for individuals ~~clients~~ who meet the placement criteria for this component. This component provides structured services each day that may include ancillary psychiatric and medical services.

(i) “Outpatient Treatment” is provided on a nonresidential basis and is intended for individuals ~~clients~~ who meet the placement criteria for this component.

(j) No change.

(k) “Intervention” includes a single session or multiple sessions of motivational discussion focused on increasing insight and awareness regarding substance use and motivation toward behavioral change. Intervention activities and strategies ~~that~~ are used to prevent or impede the development or progression of substance use problems.

(l) No change.

(m) ~~“Methadone mMedication-assisted and Methadone Maintenance tTreatment,” means an opioid treatment program (OTP) dispensing methadone combined with behavioral therapy to treat substance use disorders is provided on a nonresidential basis which utilizes methadone or other approved medication in combination with clinical services to treat persons who are dependent upon opioid drugs, and is intended for individuals persons who meet the placement criteria for this component.~~

~~(18)(17) “Control of Aggression” means the application of de-escalation and other approved techniques and procedures to manage aggressive client behavior. It does not include techniques used to restrict or prevent freedom of movement by~~

~~the individual unless allowable as specified in this Rule Chapter.~~

~~(19)(18) “Co-occurring Disorder” means a diagnosis of a substance use abuse disorder and a concurrent diagnosis of a mental health psychiatric disorder.~~

~~(20)(19) “Counseling” means the process, conducted in a facility licensed under Chapter 397, F.S., of engaging an individual a client in a discussion of issues associated with the individual’s client’s substance use and other co-occurring conditions in an effort to work toward a constructive resolution of those problems and ultimately toward recovery.~~

~~(20) renumbered (21) No change.~~

~~(22)(21) “Court Ordered” means the result of an order issued by a court requiring an individual’s participation in a licensed component of a provider under the following authority:~~

~~(a) No change~~

~~(b) Treatment of individuals with substance use disorders habitual substance abusers in licensed secure facilities as provided under Section 397.702, F.S.; and~~

~~(c) No change.~~

~~(23) “Credentialing entity” means a nonprofit organization that develops and administers professional, facility, or organization certification programs according to applicable nationally recognized certification or psychometric standards.~~

~~(24) “Crisis Intervention” means emergency psychological care aimed at assisting individuals in a crisis situation to restore equilibrium to their biopsychosocial functioning and to minimize the potential for psychological trauma. This includes the methods used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems.~~

~~(22) renumbered (25) No change.~~

~~(26) “Designate” as used in this Chapter means the action taken by the Department to approve an Addictions Receiving Facility to provide screening, assessment, evaluation, and treatment to individuals found to be substance use impaired as described in s. 397.675 F.S. and who meet the placement criteria for this component.~~

~~(27) “Detoxification Protocol” means a detailed plan of the medical protocol for the detoxification treatment or procedure. This includes the type of medication, dosage, administration, and components of treatment other than medication.~~

~~(28)(23) “Diagnostic Criteria” means prevailing standards which are used to determine an individual’s 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.~~

~~(29)(24) “Diagnostic Services” means services that are provided to individuals clients who have been assessed as having special needs and that will assist in their recovery such~~

as educational tests, psychometric tests and evaluation, psychological and psychiatric evaluation and testing, and specific medical tests.

~~(30)~~~~(25)~~ “Direct Care Staff” means employees and volunteers of a provider who provide direct services to individuals clients.

~~(31)~~~~(26)~~ “Direct Services” means services that are provided by employees or volunteers who have contact or who interact with individuals clients ~~on a regular basis~~.

~~(32)~~~~(27)~~ “Discharge Summary” means a written narrative of the individual’s client’s treatment record describing the individual’s client’s accomplishments and challenges ~~problems~~ during treatment, reasons for discharge, and recommendations for further services.

~~(28)~~ “District Office” ~~means a local or regional office of the department~~.

~~(33)~~~~(29)~~ “Financial Ability” means a provider’s ability to secure and maintain the necessary financial resources to provide services to individuals clients in compliance with required standards.

(30) through (31) are renumbered (34) through (35) No change.

~~(36)~~~~(32)~~ “Initial Treatment Plan” means a preliminary, written plan of goals and objectives intended to inform the individual client of service expectations and to prepare the individual client for service provision.

~~(37)~~~~(33)~~ “Intervention Plan” means a written plan of goals and objectives to be achieved by an individual a-client who is involved in intervention services.

(34) through (36) are renumbered (38) through (40) No change.

~~(41)~~ “Medication Administration Record” or “MAR” ~~means the chart maintained for each individual which records the medication information required by this rule chapter. Other information or documents pertinent to medication administration may be attached to the MAR.~~

(37) is renumbered (42) No change.

~~(43)~~~~(38)~~ “Medical History” means information on the individual’s client’s past and present general physical health, including the effect of substance abuse on the individual’s client’s health.

~~(44)~~~~(39)~~ “Medical Maintenance” means special clinical protocols that permit extending the amount of consecutive take out medication provided to individuals clients who are involved in medication-assisted treatment for opioid addiction ~~and methadone maintenance treatment~~ and who qualify through a special exemption from the Department for participation under these protocols. Medical maintenance may be either partial, i.e., 13 consecutive take-outs or full, i.e., 27 consecutive take-outs.

~~(45)~~~~(40)~~ “Medical Monitoring” means evaluation, care, and treatment, by medical personnel who are licensed under

Chapter 458, 459, or 464, F.S., of individuals clients whose substance abuse and related problems are severe enough to require intensive inpatient treatment using an interdisciplinary team approach.

~~(46)~~~~(41)~~ “Medication Error” means medication that is administered or dispensed to an individual client in a dose that is higher or lower, with greater or lesser frequency, or that is the wrong medication than that which is prescribed under a physician’s order ~~and has the potential to harm the patient~~.

~~(47)~~~~(42)~~ “~~Medication-Assisted Treatment Medication and Methadone Maintenance Treatment~~ Sponsor” means a representative of a medication-assisted treatment ~~for opioid addiction medication and methadone maintenance treatment~~ provider who is responsible for its operation and who assumes responsibility for all its employees and volunteers, including all practitioners, agents, or other persons providing services at the provider.

~~(48)~~~~(43)~~ “Nursing Physical Screen” means a procedure for taking an individual’s a-client’s medical history and vital signs and recording any general impressions of an individual’s a-client’s current physical condition, general body functions, and current medical problems.

~~(49)~~~~(44)~~ “Nursing Support Staff” means persons who assist Registered Nurses and Licensed Practical Nurses in carrying out their duties, but who are not licensed nurses. Nurse support staff must, at a minimum, be certified as a nursing assistant.

(45) through (47) renumbered (50) through (52) No change.

~~(53)~~ “Owner” ~~means an entity that has an enforceable claim or title to an asset or property and is recognized as such by law.~~

~~(54)~~~~(48)~~ “Physical Examination” means a medical evaluation of the individual’s client’s current physical condition.

~~(55)~~~~(49)~~ “Physical Health Assessment” means a series of services that are provided to evaluate an individual’s a-client’s medical history and present physical condition and include a medical history, a nursing physical screen, a physical examination, laboratory tests, tests for contagious diseases, and other related diagnostic tests.

(50) renumbered (56) No change.

~~(57)~~~~(51)~~ “Placement” means the process used to determine individual client admission to, continued stay in, and transfer or discharge from a component in accordance with specific criteria.

~~(52)~~ “~~Prevention Counseling~~” ~~means a discussion with a participant involved in a prevention component that follows the objectives established in the prevention plan and is intended to reduce risk factors and increase protective factors.~~

~~(58)~~~~(53)~~ “Prevention Plan” means a plan of goals to be achieved by an individual a-client or family involved in structured prevention activities on a regularly scheduled basis.

~~(59)~~(54) “Primary Counselor” means an employee who is part of the clinical staff and who has primary responsibility for delivering and coordinating clinical services for specific individuals ~~clients~~.

(55) is renumbered (60) No change.

~~(61)~~(56) “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.

(57) is renumbered (62) No change.

~~(63)~~(58) “Progress Notes” mean written entries made by clinical staff in the clinical ~~client~~ record that document progress or lack thereof toward meeting treatment plan objectives, and which generally address the provision of services, the individual’s ~~client’s~~ response to those services, and significant events.

(59) renumbered (64) No change.

~~(65)~~(60) “Provider” or “Service Provider” ~~“Provide”~~ means a public agency, a private for-profit or not-for-profit agency, a person who is in private practice, and a hospital, licensed under Chapter 397, F.S., or exempt from licensure.

(61) through (62) renumbered (66) through (67) No change

~~(68)~~(63) “Qualified ~~p~~Professional” as defined in subsection 397.311(34), F.S. Individuals certified as a Master’s Level Certified Addiction Professional, Certified Addiction Professional, a Certified Prevention Professional or a Certified Criminal Justice Addiction Professional are permitted to serve in the capacity of a qualified professional, but only within the scope of their certification. ~~means a physician licensed under Chapter 458 or 459, F.S., a practitioner licensed under Chapter 490 or 491, F.S., or a person who is certified through a department recognized certification process as provided for in subsection 397.311(25) and Section 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.~~

(64) renumbered (69) No change.

~~(70)~~ “Regional Substance Abuse and Mental Health Office” or “Regional Office” means a local Substance Abuse and Mental Health Program office of the Department.

~~(71)~~ “Resident” means an individual receiving treatment for a substance use disorder or co-occurring substance use and mental health disorders within a structured, non-hospital, live-in environment.

~~(72)~~(65) “Restraint” as defined in Section 394.455(41), F.S. means:

~~(a) Any manual method used or physical or mechanical device, material, or equipment attached or adjacent to a client’s body that he or she cannot easily remove and that restricts freedom of movement or normal access to one’s body; and,~~

~~(b) A drug used to control a client’s behavior when that drug is not a standard treatment for the client’s condition.~~

(66) through (67) renumbered (73) through (74) No change.

~~(75)~~(68) “Seclusion” as defined in Section 394.455(42), F.S. means the use of a secure, private 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.

~~(76)~~(69) “Services” means assistance that is provided to individuals ~~clients~~ in their efforts to become and remain substance free such as counseling, treatment planning, vocational activities, educational training, and recreational activities.

~~(77)~~ “Shared Registry” means a system used by two (2) or more providers to share information about individuals who are applying for or presently involved in detoxification or maintenance treatment using methadone, for the purpose of preventing the concurrent enrollment of individuals with more than one (1) methadone provider.

~~(78)~~(70) “Stabilization” means the use of short-term procedures for the purpose of alleviating an acute condition related to impairment or to prevent further deterioration of an individual ~~a client~~ who is impaired.

(71) renumbered (79) No change.

~~(80)~~(72) “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 individuals ~~clients~~ and, because of those violations, is issued an interim license or is subject to other sanctions as provided for in Section 397.415, F.S.

~~(81)~~(73) “Summary Note” means a written record of the progress made by individuals ~~clients~~ involved in intervention services and selective Level 2 ~~Level 2~~ prevention services.

~~(82)~~(74) “Supportive Counseling” means a form of counseling that is primarily intended to provide information and motivation to individuals ~~clients~~.

~~(83)~~ “Telehealth” means the practice of substance abuse treatment or prevention services provided through the use of electronic communications by which information is exchanged from one (1) site to another. Telemedicine does not include the provision of health services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. mail or other parcel service, or any combination thereof.

~~(84)~~(75) “Transfer Summary” means a written justification of the circumstances of the transfer of an individual ~~a client~~ from one (1) component to another or from one (1) provider to another.

(76) renumbered (85) No change.

~~(86)~~(77) “Treatment Plan” means an individualized, written plan of action that directs all treatment services and is



based upon information from the assessment and input from the individual client served. The plan establishes individual client goals and corresponding measurable objectives, time frames for completing objectives, and the type and frequency of services to be provided.

(87) “Written Communication” or “In Writing” means a form of either electronic or postal communication.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311, 397.321(1), 397.410, 397.419 FS. History—New 5-25-00, Amended 4-3-03, 12-12-05, \_\_\_\_\_.

65D-30.003 Department Licensing and Regulatory Standards.

(1) Licensing.

(a) License Required. All substance abuse components, as defined in subsection 65D-30.002(17) ~~65D-30.002(16)~~, F.A.C., must be provided by persons or entities that are licensed by the ~~Department~~ pursuant to Section 397.401, F.S., unless otherwise exempt from licensing under Section 397.4012, F.S., prior to initiating the provision of services. Any action in reliance of an application is taken at the risk of the applicant.

(b) Licenses Issued by Component. The Department shall electronically issue one license for each service component offered by a provider. The license is valid only for the specific service component listed for each specific location identified on the license. Each location listed on the license shall reflect the license type for that component. The provider shall print the most recent version of the license and display a copy in each facility providing the licensed service component. Premises. One (1) license is required:—

1. No change.

2. Where all facilities are maintained on the same premises and operated under the same management. If there are multiple buildings on the same premises, the buildings must appear as part of one (1) entity.

For the purposes of paragraph (b), living arrangements utilized for individuals of day or night treatment with community housing do not constitute facilities or separate premises.

(2) Mandatory Accreditation.

(a) Accreditation by an accrediting organization recognized by the Department, as discussed in 65D-30.0031, F.A.C., is a requirement for licensure of clinical treatment services.

(b) Applicants for licensure and licensed service providers must meet the most current best practice standards related to the licensable service components of the accrediting organization.

In both cases, all components shall be listed on the license. For the purposes of paragraph (b), living arrangements utilized for clients of day or night treatment with community housing do not constitute facilities or separate premises.

~~(c) Display of Licenses. Licenses shall be displayed in a prominent, publicly accessible place within each facility.~~

~~(d) Special Information Displayed on Licenses. In the case of addictions receiving facilities, detoxification, intensive inpatient treatment, and residential treatment, each license shall include the licensed bed capacity. The department shall identify on the license those components provided in each facility that are accredited by a department recognized accrediting organization such as the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and Council on Accreditation (COA). In the case of providers or components of providers that are accredited, licenses shall also include the statement, “THIS LICENSE WAS ISSUED BASED, IN PART, ON THE SURVEY REPORT OF A DEPARTMENT RECOGNIZED ACCREDITING ORGANIZATION.” This statement would not be included on the license when issuance is also based on the results of the department’s licensing inspections.~~

~~(2) Categories of Licenses; issuance.~~

~~(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 a probationary license for one 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 a regular license or has initiated action to satisfy all requirements.~~

~~3. Special Requirements Regarding Probationary Licenses. The following special requirements apply regarding new applicants.~~

~~a. A new applicant shall refrain from providing non-exempt 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 licensing.~~

~~c. In those instances where an applicant fails to admit clients for services during the initial probationary period, the department shall not issue a regular license, even where other standards have been met. However, the department may reissue a probationary license if it finds that the applicant can provide evidence of good cause for not having admitted clients during the initial 90-day probationary period.~~

~~4. Issuing New Licenses. In those instances where all licenses issued to a provider have the same expiration dates, any additional licenses that are issued to the provider during the~~

~~effective period will carry the same expiration date as provider's existing licenses.~~

~~(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 Dates. A regular license is considered to be valid for a period of 12 months from the date of issuance. If a regular license replaces a probationary license, the regular license shall be valid for a period of 12 months from the date the probationary license was issued. In cases where a regular license replaces an interim license, the anniversary date of the regular license shall not change.~~

~~(c) Interim License.~~

~~1. Conditions Permitting Issuance. An interim license will replace a regular license for a period not to exceed 90 days, where the department finds that any one of the following conditions exist:~~

~~a. A facility or component of the provider is in substantial noncompliance with licensing standards.~~

~~b. The provider has failed to provide proof of compliance with local fire, safety, or health requirements.~~

~~c. The provider is involved in license suspension or revocation proceedings.~~

~~All components within a facility 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 this case, reissuing an interim license is permitted when inability to reach full compliance can not be attributed to the provider.~~

~~(3) Changing the Status of Licenses. Changes to a provider's license shall be permitted under the following circumstances:~~

~~(a) If a new component is added to a facility's regular license, the department will issue a separate probationary license for that component. Once the provider has satisfied the requirements for a regular license, the department shall reissue an amended regular license to include the new component.~~

~~(b) If a component of a facility operating under a regular license is found to be in substantial noncompliance, a separate interim license will be issued by the department for that~~

~~component and the provider will return its regular license to the department. The department will reissue an amended regular license. Once the provider has satisfied the requirements of a regular license for that component, the department will reissue another amended regular license to include that component.~~

~~(c) A provider's current license shall be amended when a component is discontinued. In such cases, the provider shall send its current license to the department only after receipt of an amended license. Components not affected by this provision shall be permitted to continue operation.~~

~~(d) Whenever there is a change in a provider's licensed bed capacity equal to or greater than 10 percent, the provider shall immediately notify the department which shall, within 5 working days of receipt of notice, issue an amended license to the provider.~~

~~(e) When there is a change in a provider's status regarding accreditation, the provider shall notify the department in writing within 5 working days of such change. In those instances where the change in status will adversely affect the provider's license or requires other sanctions, the department shall notify the provider within 5 working days of receipt of the notice of the department's pending action.~~

~~(4) 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, Form 4024, shall be submitted to the department at least 30 days prior to acquisition or relocation.~~

~~1. Acquisition. In addition to Form 4024, the applicant shall be required to submit all items as required in subsection 65D 30.003(6), F.A.C. When the application is considered complete, the department shall issue a probationary license.~~

~~2. Relocation. In addition to Form 4024, if there is no change in the provider's services, the provider shall only be required to provide proof of liability insurance coverage and compliance with fire and safety standards established by the State Fire Marshal, health codes enforced at the local level, and zoning. If there is a change in the provider's services, the provider shall be required to submit all items as required in subsection 65D 30.003(6), F.A.C. In this latter case, when the department determines the application to be complete, the department shall issue a probationary license.~~

~~(5) Licensing Fees. Applicants for a license to operate as a licensed service provider as defined in Section 397.311(18), F.S., shall be required to pay a fee upon submitting an application to the district office. The fees paid by privately funded providers shall exceed fees paid by publicly funded providers, as required in Section 397.407(1), F.S. 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
Intensive Inpatient Treatment	325
Residential Treatment	300
Day or Night Treatment/Host Home	250
Day or Night Treatment/Community Housing	250
Day or Night Treatment	250
Intensive Outpatient Treatment	250
Outpatient Treatment	250
Medication and Methadone	350
Maintenance Treatment	-
Aftercare	200
Intervention	200
Prevention	200
-	-
<b>Schedule of Discounts</b>	
Number of Licensed Facilities	Discount
2-5	10%
6-10	15%
11-15	20%
16-20	25%
20+	30%
-	-

**Privately Funded Providers**

Licensable Service Component	Fee
Detoxification	\$375
Intensive Inpatient Treatment	350
Residential Treatment	350
Day or Night Treatment/Host Home	300
Day or Night Treatment/Community Housing	300
Day or Night Treatment	300
Intensive Outpatient Treatment	300
Outpatient Treatment	300
Medication and Methadone	400
Maintenance Treatment	-
Aftercare	250
Intervention	250
Prevention	250
<b>Schedule of Discounts</b>	
Number of Licensed Facilities	Discount
2-5	5%
6-10	10%
11-15	15%
16-20	20%
20+	25%

(6) ~~Application for Licensing. Applications for licensing shall be submitted initially and annually thereafter to the department along with the licensing required fee. Unless otherwise specified, all applications for licensure shall include the following:~~

~~(a) A standard application for licensing, C&F SA Form 4024, September 2001, titled Application for Licensing to Provide SUBSTANCE ABUSE SERVICES, incorporated herein by reference. Copies of C&F SA Form 4024 may be obtained from the Department of Children and Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700;~~

~~(b) Written proof of compliance with health and fire and safety inspections;~~

~~(c) A copy of the provider's occupational license and evidence of compliance with local zoning requirements (Inmate Substance Abuse Programs operated within Department of Corrections facilities are exempt from this requirement);~~

~~(d) A copy of the client service fee schedule and policy regarding a client's/participant's financial responsibility (Inmate Substance Abuse Programs operated within Department of Corrections facilities are exempt from this requirement);~~

~~(e) A comprehensive outline of the services to be provided, including the licensed bed capacity for addictions receiving facilities, residential detoxification, intensive inpatient treatment, 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;~~

~~(f) Information that establishes the name and address of the applicant, 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 (Providers that are accredited by department approved accrediting organizations are not required to submit this information);~~

~~(g) Information on the competency and ability of the applicant and its chief executive officer to carry out the requirements of these rules (Providers that are accredited by department approved accrediting organizations and Inmate Substance Abuse Programs operated directly by the Department of Corrections are not required to submit this information);~~

~~(h) Proof of the applicant's financial ability and organizational capability to operate in accordance with these rules (Providers that are accredited by department approved accrediting organizations and Inmate Substance Abuse Programs operated directly by the Department of Corrections are not required to submit this information);~~

~~(i) Proof of professional and property liability insurance coverage (Inmate Substance Abuse Programs operated directly~~

by the Department of Corrections are not required to submit this information);

~~(j) Confirmation of completion of basic HIV/AIDS education requirements pursuant to Section 381.0035, F.S., for renewal applications;~~

~~(k) A current organizational chart;~~

~~(l) Verification of certification from the Substance Abuse and Mental Health Administration relating to medication and methadone maintenance treatment, submitted with the initial application and documented approval from the Substance Abuse and Mental Health Administration and where there is a change of owner, sponsor, or physician;~~

~~(m) Verification that a qualified professional is included on staff;~~

~~(n) The Drug Enforcement Administration registration for medication and methadone maintenance treatment;~~

~~(o) The Drug Enforcement Administration registration for all physicians;~~

~~(p) A state of Florida pharmacy permit for medication and methadone maintenance treatment and any provider with a pharmacy;~~

~~(q) Verification of the services of a consultant pharmacist for medication and methadone maintenance treatment and any provider with a pharmacy;~~

~~(r) Verification of professional licenses issued by the Department of Health;~~

~~(s) Verification that fingerprinting and background checks have been completed as required by Chapters 397 and 435, F.S., and these rules;~~

~~(t) Proof of the availability and provision of meals for addictions receiving facilities, residential detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, and day or night treatment, if applicable in the case of the two latter components (Inmate Substance Abuse Programs operated within Department of Corrections facilities are exempt from this requirement);~~

~~(u) Verification that a medical director has been designated for addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, and medication and methadone maintenance treatment; and,~~

~~(v) Verification that the Chief Executive Officer has submitted proof in writing that the provider is following the requirements in Chapter 65D-30, F.A.C.~~

Items listed in paragraphs (a) (k), must accompany the application for a license. However, regarding items in paragraph (h), only new applicants will be required to submit this information with the application. Items listed in paragraphs (l) (v), including items in paragraph (h), for renewal applicants, must be made available for review at the provider facility. In

addition, documents listed in paragraphs (a) (v), that expire during the period the license is in effect shall be renewed by the provider prior to expiration and the department shall be notified by the provider in writing immediately upon renewal or in the event renewal does not occur.

~~(7) Accredited Providers. This subsection implements Section 394.741, F.S. This subsection applies to licensing inspections of providers or components of providers that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Council on Accreditation (COA), or other department approved accrediting organizations.~~

~~(a) Licensing Inspections of Accredited Providers. For those providers or components of providers that are accredited, the department shall conduct a licensing inspection once every 3 years.~~

~~(b) License Application. Accredited providers shall submit an application for licensing, Form 4024, to the department annually. The form shall be accompanied by:~~

~~1. Proof of compliance with fire and safety standards, health standards, and zoning;~~

~~2. A copy of the survey report including any information regarding changes in the provider's accreditation status; and,~~

~~3. In addition, the provider's Chief Executive Officer shall submit in writing to the department that the provider is following the standards for licensing required in Chapter 65D-30, F.A.C.~~

~~(c) Determination of Accreditation. As indicated in paragraph (b), providers shall submit a copy of the accreditation survey report to the department annually. The department shall review the report and confirm that accreditation has been awarded for the applicable components. If the survey report indicates that the provider or any components of the provider have been issued provisional or conditional accreditation, the department shall conduct a licensing inspection as permitted in paragraph (d).~~

~~(d) Inspections of Accredited Providers. In addition to conducting licensing inspections every three years, the department has the right to conduct inspections of accredited providers in accordance with Sections 394.741(6) and 397.411(3), (4), and (5), F.S., in those cases where any of the following conditions exist:~~

~~1. The accredited provider or component of the provider fails to submit the accreditation report and any corrective action plan related to its accreditation upon request by the department.~~

~~2. The accredited provider or component of the provider has not received or has not maintained accreditation as provided for in paragraph (c).~~

3. The department's investigation of complaints results in findings of one or more violations of the licensing standards of any accredited component.

4. The department has identified significant health and safety problems.

The department shall notify the provider of its intent to conduct an inspection in response to any of the conditions provided for under this paragraph.

~~(8) Authorized Agents; qualifications. Prior to being designated as an authorized agent of the department a person shall:~~

~~(a) Demonstrate knowledge of the state's substance abuse services system;~~

~~(b) Demonstrate knowledge of Chapter 397, F.S., Chapter 65D 30, F.A.C., department policy related to licensing and regulation of providers, federal regulations which directly affect the department or providers, accreditation standards from the Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and Council on Accreditation (COA), and other rules and statutes referenced herein;~~

~~(c) Demonstrate skill in conducting licensing inspections, the use of licensing instruments, and preparing accurate reports of findings from licensing inspections;~~

~~(d) Demonstrate knowledge of the specific services rendered by substance abuse providers within the agent's area of jurisdiction; and,~~

~~(e) Participate in a formal in service training program developed and conducted by designated department staff with the commensurate training and experience provided for in paragraphs (a) (d).~~

~~(9) Department Licensing Procedures.~~

~~(a) District Office Licensing Procedures. The district offices shall be responsible for licensing providers operating within their geographic boundaries.~~

1. Application Process. The district offices shall process all new and renewal applications for licensing and shall notify both new and renewal applicants in writing within 30 days of receipt of the application that it is complete or incomplete. Where an application is incomplete, the district office shall specify in writing to the applicant the items that are needed to complete the application. Following receipt of the district office's response, the applicant shall have 10 working days to submit the required information to the district office. If the applicant needs additional time to submit the required information it may request such additional time within 5 days of the deadline for submitting the information. That request shall be approved or denied by the district office within 5 days of receipt. Any renewal applicant that fails to meet these deadlines shall be assessed an additional fee equal to the late fee provided for in Section 397.407(3), F.S., \$100 per licensed component.

2. Licensing Inspection. The district office shall notify each applicant of its intent to conduct an onsite licensing inspection and of the proposed date and time of the inspection. The district office shall include the name(s) of the authorized agents who will conduct the inspection and the specific components and facilities to be inspected. This notification, however, shall not prohibit the district office from inspecting other components or facilities maintained by a provider at the time of the scheduled review. For accredited providers, such inspection is subject to paragraph 65D 30.003(7)(d), F.A.C.

3. Licensing Determination. A performance based rating system shall be used to evaluate a provider's compliance with licensing standards. Providers shall attain at least 80 percent compliance overall on each component reviewed. This means that each component within a facility operated by a provider is subject to the 80 percent compliance requirement. If any component within a facility falls below 80 percent compliance, an interim license would be issued for that component. In addition, there may be instances where a component is rated at an 80 percent level of compliance overall but is in substantial noncompliance with standards related to health, safety, and welfare of clients and staff. This would include significant or chronic violations regarding standards that do not involve direct services to clients. In such cases, the district office shall issue an interim license to the provider or take other regulatory action permitted in Section 397.415, F.S.

4. Notifying Providers Regarding Disposition on Licensing. In the case of new and renewal applications, the district office shall give written notice to the applicant as required in Section 120.60(3), F.S., that the district office has granted or denied its application for a license. In the case of new applicants, this shall occur within the 90 day period following receipt of the completed application. In the case of renewal applicants, this shall occur prior to expiration of the current license.

5. Reports of Licensing Inspections. The district offices shall prepare and distribute to providers a report of licensing inspections that shall include:

- a. The name and address of the facility,
- b. The names and titles of principal provider 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 authorized agent of the department.~~

~~6. Distribution of Licenses and Notices. For new and renewal applications, district offices shall send providers an original signed license along with the written notice as described in subparagraph 4. Additionally, any adverse action by district offices (e.g., issuance of an interim license, license suspension, denial, or revocation, or fine or moratorium) shall be accompanied by notice of the right of appeal as required by Chapter 120, F.S.~~

~~7. Content of Licensing Records. The district offices shall maintain current licensing files on each provider licensed under Chapter 397, F.S. The contents of the files shall include those items listed under paragraphs 65D 30.003(6)(a) (k), and subparagraph 65D 30.003(9)(a)5., F.A.C.~~

~~8. Listing of Licensed Providers. The district offices shall maintain a current listing of all licensed providers by components, with license expiration dates.~~

~~9. Complaint Log. The district offices shall maintain a 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.~~

~~(b) Substance Abuse Program Office Licensing Procedures.~~

~~1. Records. The Substance Abuse Program Office shall maintain a record of all licensed providers.~~

~~2. Monitoring. The Substance Abuse Program Office shall monitor the implementation of the licensing process from a statewide perspective and analyze provider performance relative to the results of licensing reviews.~~

~~(10) 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 a court of competent jurisdiction pursuant to Section 397.415(4), F.S., the provider shall maintain possession of all its records until the court order becomes final. The provider remains responsible for giving the department access to its records. 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 department shall provide assistance in placing clients. The provider shall return its license to the department by the designated date of closure.~~

~~(11) Department Recognition of Accrediting Organizations. The Rehabilitation Accreditation Commission, also known as CARF, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA), and the National Committee on Quality Assurance are department recognized accrediting organizations. Organizations not specified in Chapter 397, F.S., and that desire department recognition shall submit a request in~~

~~writing to the department. 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. The department shall maintain a list of recognized organizations. An organization must meet the following criteria in order to be considered for recognition by the department.~~

~~(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.~~

~~(12) Department Recognition of 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 certification protocol:~~

~~1. Six thousand hours of direct experience as a substance abuse counselor under the supervision of a qualified professional, within the 10 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 a certified addiction professional, 145 hours of addiction counseling education and 125 hours of counseling education;~~

~~b. For certification as a certified criminal justice addiction professional, 100 hours in criminal justice education, 90 hours in addiction education, and 80 hours of counseling education;~~

~~c. For certification as a certified addiction prevention professional, 200 hours in prevention and early intervention education and 100 hours of addiction education; and;~~

~~d. For all applicants for certification, 30 hours of ethics, 4 hours of HIV/AIDS, and 2 hours of domestic violence.~~

~~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.~~

~~(b) Certifying organizations which meet the requirements in paragraph (a) may request review by the department. 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.~~

~~(13) Approval of Overlay Services.~~

~~(a) Qualifying as Overlay Services. A provider that is licensed under Chapter 397, F.S., to provide day or night treatment, intensive outpatient treatment, outpatient treatment, aftercare, intervention, or prevention Level 2, is permitted to deliver those component services at locations which are leased or owned by an organization other than the provider. The aforementioned component services may be delivered under the authority of the provider's current license for that component service so that the alternate location will not require a license. To qualify, overlay services shall be provided on a regular or routine basis over time, at an agreed upon location.~~

~~(b) Procedure for Approving Overlay Services.~~

~~1. The provider shall submit a request to provide overlay services to the department along with:~~

- ~~a. A description of the services to be provided,~~
- ~~b. The manner in which services will be provided,~~
- ~~c. The number of days each week and the number of hours each day each service will be provided,~~
- ~~d. How services will be supervised; and,~~
- ~~e. The location of the services.~~

~~2. The department shall notify the provider within 30 days of receipt of the request to provide overlay services of its decision to approve or deny the request and, in the case of denial, reasons for denying the request in accordance with subparagraph 3.~~

~~3. The department reserves shall deny the request to provide overlay services if it determines that the provider did not address the specific items in subparagraph 1., or is currently operating under less than an interim license.~~

~~4. In those cases where the request to provide overlay services is approved, the department shall add to the provider's current license application, the information required in subparagraph 1., and clearly specify the licensed component that will be provided as overlay.~~

~~(c) Special Requirements.~~

~~1. Services delivered at the alternate site must correspond directly to those permitted under the provider's current license.~~

~~2. Information on each client involved in an overlay service must be maintained in a manner that complies with current licensing requirements.~~

~~3. Overlay services are subject to all requirements of the corresponding level of licensure, and are subject to inspection by the department.~~

~~4. Overlay services may only be provided within the geographical boundaries of the department's district office that issued the license.~~

~~(14) Licensing of Private Practices. The following shall apply to private practices that are not exempt from licensing pursuant to Chapter 397, F.S. Such practices shall:~~

~~(a) Comply with the requirements found in Rule 65D-30.004, F.A.C., and are permitted to operate pursuant to Rules 65D-30.009, 65D-30.0091, 65D-30.010, 65D-30.011, 65D-30.012, and 65D-30.013, F.A.C.;~~

~~(b) Be exempt from subparagraphs 65D-30.004(4)(a)1. 4., F.A.C., if the private practice is operated out of shared office space where there is no employee/employer relationship; and,~~

~~(c) Provide services only as permitted by the authority granted by statute and Chapter 65D-30, F.A.C., and will be prohibited from providing services outside the scope of the statute and these rules.~~

~~(15) Licensing of Department of Juvenile Justice Commitment Programs and Detention Facilities. In those instances where substance abuse services are provided within Juvenile Justice Commitment Programs and detention facilities, such services may be provided in accordance with any one of the four conditions described below:~~

~~(a) The services must be provided in a facility that is licensed under Chapter 397, F.S., for the appropriate licensable service component as defined in subsection 65D-30.002(16), F.A.C.~~

~~(b) The services must be provided by employees of a service provider licensed under Chapter 397, F.S.~~

~~(c) The services must be provided by employees of the commitment program or detention facility who are qualified professionals licensed under Chapter 458, 459, 490, or 491, F.S.~~

~~(d) The services must be provided by an individual who is an independent contractor who is licensed under Chapter 458, 459, 490, or 491, F.S.~~

~~(16) Licensing of Department of Corrections Inmate Substance Abuse Programs. Inmate substance abuse services shall be provided within inmate facilities operated by or under contract with the Department of Corrections as specifically provided for in these rules. The inmate facility is licensed under Chapter 397, F.S., in accordance with the requirements in Rule 65D-30.004, F.A.C., and the appropriate component under Rule 65D-30.007, 65D-30.009, 65D-30.0091, 65D-30.010, 65D-30.011, 65D-30.012, or 65D-30.013, F.A.C.~~

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), 20.19(10), 397.321(1), 397.401, 397.403, 397.410, 397.405, 397.406, 397.407, 397.409, 397.411, 397.415, 397.419, 397.752, 633.022 FS. History—New 5-25-00, Amended 4-3-03, 12-12-05 \_\_\_\_\_.

65D-30.0031 Certifications and Recognitions Required by Statute

(1) Department Recognition of Accrediting Organizations.

(a) The Department shall recognize one (1) or more professional credentialing entities as an accrediting organization for persons providing addiction treatment, prevention, and recovery support services. A list of Department recognized accrediting organizations can be found at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>.

(b) Accrediting organizations that desire Department recognition shall submit a request in writing to the Director for the Office of Substance Abuse and Mental Health. The Director for the Office of Substance Abuse and Mental Health shall respond in writing to the organization's chief executive officer denying or granting recognition. An organization must meet the following criteria in order to be granted recognition by the Department.

1. The accrediting organization shall have fees and practice standards which apply to substance abuse services. These standards shall incorporate administrative, clinical, medical, support, and environmental management standards.

2. The accrediting organization shall have written procedures detailing the survey and accreditation process.

3. The accrediting organization shall submit evidence of three (3) years of experience functioning as an accreditation organization for addiction services.

(2) Department Recognition of Credentialing Entities.

(a) The Department shall recognize one (1) or more professional credentialing entities as a certifying organization for Addiction Professionals. A list of Department recognized accrediting organizations can be found at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>. An organization that 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:

1. A non-profit and governed by a Board of Directors representative of the population it intends to certify;

2. Include specific requirements which applicants must meet to become certified and to maintain certification;

3. Establish core competencies, certification standards, and examination instruments according to nationally recognized certification and psychometric standards;

4. Require annual continuing education units to ensure currency of addiction treatment, prevention, or recovery support subject matter content;

5. Require applicants and certificants to adhere to a professional code of ethics and disciplinary process;

6. Conduct investigations into allegations of professional misconduct; and

7. Maintain a web-based public-access database of certificants' status, including ethical violation history.

(b) The Department shall recognize one (1) or more professional credentialing entities as a certifying organization for Recovery Residences who meets all requirements of s. 397.487, F.S. A list of Department recognized accrediting organizations can be found at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse>. An organization that desires recognition by the Department as a certifying organization for recovery residences shall request such approval in writing from the Department. Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6) and 397.403, FS. History—New.

65D-30.0032 Display of Licenses

(1) Display of Licenses. Licenses shall be displayed in a conspicuous, publicly accessible place within each facility.

(2) A license is valid only for the provider, location(s), service component, and type for which the license is issued.

(3) Licenses shall exhibit the name under which the provider conducts business.

(4) Providers shall include their license number on any website advertising or describing licensed service components.

(5) Special Information Displayed on Licenses. In the case of addictions receiving facilities, inpatient detoxification, intensive inpatient treatment, and residential treatment, each license shall include the licensed bed capacity. The Department shall identify on the license all component(s) accredited by an accrediting organization recognized by the Department, which may be found at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>. In the case of providers or components of providers that are accredited, licenses shall also include the following statement, "THIS LICENSE WAS ISSUED BASED, IN PART, ON THE SURVEY REPORT OF A DEPARTMENT RECOGNIZED ACCREDITING ORGANIZATION." This statement will not be included on the license when issuance is also based on the results of the Department's licensing inspections.

(6) All licenses, certifications, or recognitions of any entity pursuant to this chapter shall also include the following statement, "The issuance of a license, certification, or recognition pursuant to Chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a substance use



disorder treatment or prevention provider in the state of Florida.”

(7) Failure to properly display a license is a Class IV violation as defined in rule 65D-30.0038, F.A.C., and must be corrected within five (5) calendar days.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), 397.403, 397.407, and 397.410, FS. History—New.

#### 65D-30.0033 License Types

##### (1) Probationary License.

(a) Conditions Permitting Issuance. A probationary license is issued to new applicants and to licensed providers adding new components, upon completion of all applicable requirements.

(b) If all licensure requirements are not met after issuing of a probationary license, a regular license will not be issued. If the applicant continues to pursue licensure, a new application including the applicable fees must be submitted.

(c) Special Requirements Regarding Probationary Licenses. The following special requirements apply regarding new applicants:

1. A new applicant shall refrain from providing non-exempt services until a probationary license is issued;

2. 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 licensing; and

3. In those instances where an applicant fails to admit individuals for services during the initial probationary period, the Department shall not issue a regular license, even where other standards have been met. If an applicant continues to pursue licensure, the applicant must reapply and pay the associated fees.

4. The Department shall not issue a probationary license when doing so would place the health, safety, or welfare of individuals at risk.

(d) Issuing New Licenses. All licenses issued to a provider shall have the same expiration dates; any additional licenses that are issued to the provider will carry the same expiration date as provider’s existing regular licenses.

##### (2) Regular License.

(a) A regular license is valid for a period of 12 months from the date of issuance.

(b) If a regular license replaces a probationary license, the regular license shall be valid for a period of 12 months from the date the probationary license was issued if there are no other licenses issued to the provider.

(c) When a provider has an existing regular license, the regular license replacing a probationary license will carry the same expiration date as the provider’s existing license.

(d) When a regular license replaces an interim license, the anniversary date of the regular license shall not change.

##### (3) Interim License.

(a) Conditions Permitting Issuance. An interim license will replace a regular license for a period not to exceed 90 days, where the Department finds that any one (1) of the following conditions exist.

1. A facility or component of the provider is in substantial noncompliance with licensing standards. A provider is considered in substantial noncompliance if it is in compliance with less than 90 percent of the licensing standards.

2. The provider has failed to provide proof of compliance with local fire, safety, or health requirements.

3. The provider is involved in license suspension or revocation proceedings.

All components within a facility that are affected shall be listed on the interim license.

(b) 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. Extreme hardship is defined as an inability to reach full compliance that can not be attributed to the provider.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), 397.403, 397.407, and 397.410, FS. History—New.

#### 65D-30.0034 Change in Status of License

(1) Changing the Status of Licenses. Changes to a provider’s license shall be permitted under the following circumstances:

(a) If adding a new site to an existing licensed component, the Department will issue a license which shall indicate a probationary license type for the specific location. Once the provider has satisfied the requirements for a regular license, the Department shall reissue an amended license to reflect the license type as regular. The provider will print the most recent version of the license and display it in a conspicuous, publicly accessible place within each facility;

(b) If a component operating under a regular license is found to be in substantial noncompliance, the Department will amend the license to reflect an interim type at that site. Once the provider has satisfied the requirements of a regular license for that component at the specific site, the Department will reissue a license to reflect a regular license type for that location. For each time the license is issued or reissued by the Department, the provider will print the most recent version of the license and display it in a conspicuous place, publicly accessible within each facility;

(c) A provider’s current license shall be amended when a component at a specific site is discontinued. In such cases, the provider shall destroy its current license only after receipt of an

amended license. Locations not affected by this provision shall be permitted to continue operation:

(d) Whenever there is a change in a provider's licensed bed capacity equal to or greater than 10 percent, the provider shall notify the Department within 24 hours of the change. The Department shall issue an amended license to the provider within 30 working days of receipt of notice;

(e) When there is a change in a provider's status regarding accreditation, the provider shall notify the Department in writing within 5 working days of such change. In those instances where the change in status will adversely affect the provider's license or requires other sanctions, the Department shall notify the provider within 30 working days of receipt of the notice of the Department's pending action; and

(f) Any change in the name of a facility that remains under the same ownership and management shall be submitted in writing to the regional office within 60 days prior to the effective date of the change. Upon receipt of the notification, the regional office will issue a letter confirming receipt of the notification along with a replacement license listing the correct facility name. Following failure to provide such notification to the regional office, the Department shall issue the administrative penalty as established in Rule 65D-30.0038(6), F.A.C.

(2) License Non-transferable. In addition to Section 397.407(6), F.S., any new acquisition of a licensed provider, whether in whole or in part, shall be considered a change in ownership. A change in ownership may range from 1-100 percent.

(a) Licenses are not transferable:

1. Where an individual, a legal entity or an organizational entity, acquires an already licensed provider or site; and

2. Where a provider relocates or a component of a provider is relocated.

(b) Submitting Applications. A completed electronic application or C&F-SA Form 4024, Nov. 2017, titled "Application for Licensing to Provide Substance Abuse Treatment Services", incorporated herein by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX>, shall be submitted to the Department at least 30 days prior to acquisition or relocation. The electronic application and C&F-SA Form 4024 may be obtained from the Department of Children and Families, Office of Substance Abuse and Mental Health at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>.

1. Acquisition. An entity shall submit an Application for Licensing to Provide Substance Abuse Treatment Services to the Department 30 days prior to a change in controlling ownership of the provider or of the contractual management

entity. Failure to register the provider and submit an application 30 days prior to a change will result in the invalidation of the provider's license or site, if acquiring only a specific location, effective the date of the action changing the control of ownership or management. In addition to the application, online application or C&F-SA Form 4024, Nov. 2017, the applicant shall be required to submit all items as required in subsection 65D-30.0036(1), F.A.C. When the application is considered complete, the Department shall issue a probationary license.

2. Relocation. In addition to an Application for Licensing to Provide Substance Abuse Treatment Services, if there is no change in the provider's services, the provider shall only be required to provide proof of liability insurance coverage and compliance with fire and safety standards established by the State Fire Marshal, health codes enforced at the local level, and appropriate zoning or business tax receipt. If there is a change in the provider's services, the provider shall be required to submit all items as required in subsection 65D-30.0036(1), F.A.C. In this latter case, when the Department determines the application to be complete, the Department shall issue a probationary license. A regular license will not be issued if relocating during a probationary period, and the applicant must re-apply.

3. Temporary Relocation. A provider may temporary relocate services when an evacuation is necessary in order to protect the health, safety, and welfare of individual's being served.

a. The provider shall provide evidence that at least three (3) attempts were made to transfer individuals in treatment to other licensed providers with similar levels of care in the same geographic area.

b. The provider must notify the Regional Substance Abuse and Mental Health Office within five (5) days of relocation.

c. If the temporary relocation exceeds 30 days, prior approval is required by the Regional Substance Abuse and Mental Health Program Office. The provider shall submit a written request to the Department, including justification for the temporary relocation, the beginning and ending dates of the temporary relocation, and a plan for the transfer of any individuals to other providers. The regional office shall approve written requests containing the required information. The regional office shall send a written approval or denial to the provider.

d. During temporary relocation, a provider must deliver or arrange for appropriate care and services to all individuals. Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), 397.403, 397.407, and 397.410, FS. History—New.

#### 65D-30.0035 Required Fees

(1) Licensing Fees. Applicants for a license to operate a licensed service component shall be required to pay a fee upon

submitting an application to the regional office. The fees paid by privately funded providers shall exceed fees paid by publicly funded providers, as required in Section 397.407(1), F.S. 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:

<b>Publicly Funded Providers</b>	
<b>Service Component</b>	<b>Fee (\$)</b>
Addictions Receiving Facility	325
Detoxification	325
Intensive Inpatient Treatment	325
Residential Treatment	300
Day or Night Treatment with Community Housing	250
Day or Night Treatment	250
Intensive Outpatient Treatment	250
Outpatient Treatment	250
Methadone Medication-Assisted Treatment for Opioid Addiction	350
Aftercare	200
Intervention	200
Prevention	200
Applications to provide overlay services should be accompanied by the fee equal to the amount of the licensure fee for the relative service component(s).	
Complaint Investigation - In cases where an agent of the Department determines a special inspection is necessary and the complaint is substantiated, the cost will be equal to the amount of the licensure fee for the relative service component(s). If the Department concludes the complaint is unsubstantiated, the charge is half the cost of the licensure fee.	
Relocation Fee - The relocation fee is based on the fee charged for the component(s) being relocated. For Addictions Receiving Facilities, Inpatient Detoxification, Intensive Inpatient, Methadone Maintenance, Inpatient Methadone Detoxification, and all levels of residential services, the cost is equal to the amount of the licensure fee. For all other components, the rate is half the cost of the licensure fee.	

Schedule of Discounts

Number of Licensed Facilities	Discount
2-5	10%
6-10	15%
11-15	20%
16-20	25%

20+

30%

<b>Privately Funded Providers</b>	
<b>Service Component</b>	<b>Fee (\$)</b>
Addictions Receiving Facility	375
Detoxification	375
Intensive Inpatient Treatment	350
Residential Treatment	350
Day or Night Treatment with Community Housing	300
Day or Night Treatment	300
Intensive Outpatient Treatment	300
Outpatient Treatment	300
Methadone Medication-Assisted Treatment for Opioid Addiction	400
Aftercare	250
Intervention	250
Prevention	250
Applications to provide overlay services should be accompanied by the fee equal to the amount of the licensure fee for the relative service component(s).	
Complaint Investigation - In cases where an agent of the Department determines a special inspection is necessary and the complaint is substantiated, the cost will be equal to the amount of the licensure fee for the relative service component(s). If the Department concludes the complaint is unsubstantiated, the charge is half the cost of the licensure fee.	
Relocation Fee - The relocation fee is based on the fee charged for the component(s) being relocated. For Inpatient Detoxification, Intensive Inpatient, Inpatient Methadone Detoxification, and all levels of residential services, the cost is equal to the amount of the licensure fee. For all other components, the rate is half the cost of the licensure fee.	

Schedule of Discounts

Number of Licensed Facilities	Discount
2-5	5%
6-10	10%
11-15	15%
16-20	20%
20+	25%

(2) The licensure fee must be included with all applications. Applications will not be processed if the fee is not received within 30 days of the submission of the application.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6) and 397.407 FS. History—New.

65D-30.0036 Licensure Application and Renewal

(1) Application for Licensing. Applications for licensing shall be submitted initially and annually thereafter to the Department along with the required licensing fee. An application for renewal of a regular license must be submitted to the Department at least 60 days prior to the expiration of the regular license. Applications for renewal submitted less than 60 days, but at least 30 days before the license expires, will be processed and late fees will be applied. If the application for renewal is not received by the Department 30 days prior to the expiration of the regular license, the application will be denied and returned to the applicant, including any fees. In addition to requirements pursuant to Section 397.403, F.S., and unless otherwise specified, all applications for licensure shall include the following:

(a) A standard application for licensing, using C&F-SA Form 4024, Nov. 2017, titled "Application for Licensing to Provide Substance Abuse Treatment Services", incorporated herein by reference in Rule 65D-30.0034, F.A.C., or by completing the online process through the Department approved electronic system. Copies of C&F-SA Form 4024 and access to the electronic application may be obtained from the Department of Children and Families Office of Substance Abuse and Mental Health at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>;

(b) Written proof of compliance with health, fire and safety inspections;

(c) A copy of the provider's valid occupational license, zoning, or tax receipt. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement);

(d) A copy of the individual service fee schedule and policy regarding an individual's financial responsibility. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement);

(e) A comprehensive outline of the services to be provided, including the licensed bed capacity for addictions receiving facilities, inpatient detoxification, intensive inpatient treatment, residential treatment, and day or night treatment with community housing to be submitted with the initial application, with the addition of each new service component, or when there is a change of ownership. The outline must provide sufficient detail to ensure consistency with clinical best practices;

(f) Information that establishes the name and address of the applicant, its chief executive officer, the chief financial officer, clinical supervisor 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;

(g) Information on previous employment and a list of references for all owners, chief executive officers, chief financial officers, and clinical supervisors;

(h) Information on the competency and ability of the applicant and its chief executive officer to carry out the requirements of these rules. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services are exempt from this requirement);

(i) Proof of the applicant's financial ability and organizational capability to operate in accordance with these rules, such as copies of bank statements demonstrating at least six months of operational funds or a financial audit conducted by a certified accountant. The fiscal infrastructure should demonstrate an understanding of generally accepted accounting principles to ensure program stability. (Providers that are accredited by Department recognized accrediting organizations and Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement);

(j) Proof of professional liability and property insurance coverage. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement);

(k) Confirmation of completion of basic HIV/AIDS education requirements pursuant to Section 381.0035, F.S., for renewal applications;

(l) A current organizational chart;

(m) Demonstration of organizational capability through a written, indexed system of policies and procedures that are descriptive of services and the population served. If delivering telehealth services, detailed procedures outlining the equipment and implementation plan for services shall be included. All staff shall have a working knowledge of the substance abuse operating procedures;

(n) Verification that a qualified professional(s) is included on staff;

(o) Proof of a valid medical license for the medical director. The medical license must be free of administrative action(s), and be accompanied by the following documentation:

1. A copy of photo identification matching that of the physician named on the medical license; and

2. A notarized letter from the physician stating that he or she is employed or contracted by the provider as a medical director, and specifying in which component he or she is acting (addictions receiving facility, detoxification, intensive inpatient treatment, residential treatment, or methadone medication-assisted treatment). The letter must also state the

physician is knowledgeable of the limit to acting as medical director for no more than 10 facilities which must be within a 200 mile radius;

(p) The Drug Enforcement Administration registration for all physicians;

(q) A state of Florida pharmacy permit for methadone medication-assisted treatment for opioid addiction and outpatient detoxification and any applicant with a pharmacy;

(r) Verification of the services of a consultant pharmacist for addictions receiving facility, detoxification, intensive inpatient, residential and methadone medication-assisted treatment for opioid addiction;

(s) Verification of professional licenses issued by the Department of Health;

(t) Verification that fingerprinting and background checks to include local law enforcement have been completed as required by Chapters 397 and 435, F.S.;

(u) Proof of the availability and provision of meals for addictions receiving facilities, inpatient detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, and day or night treatment, if applicable in the case of the two (2) latter components. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement);

(v) Proof of accreditation or application for accreditation for each clinical service component by a Department recognized accrediting organization.

(2) Items listed in paragraphs (1)(a)-(o) must accompany the application for a license including the item listed in paragraph (1)(v) for renewal applicants. However, regarding items in paragraph (1)(i), only new applicants will be required to submit this information with the application. Items listed in paragraphs (1)(p)-(u), including items in paragraph (1)(m) for renewal applicants, must be made available for review at the provider facility. In addition, documents listed in paragraphs (1)(a)-(v) that expire during the period the license is in effect shall be renewed by the provider prior to expiration and the Department shall be notified by the provider in writing within 24 hours upon renewal or in the event renewal does not occur. The item listed in paragraph (1)(v) is required for all new applicants and must be maintained. Accreditation is required for all clinical treatment components. Applications for licensure renewal must submit proof of application for accreditation by a Department approved accrediting entity and proof of obtained accreditation for any subsequent renewals.

(3) In addition to the requirements outlined in paragraphs (1)(a)-(v) of this rule, methadone medication-assisted treatment for opioid addiction providers must submit the following:

(a) Verification of certification from the Substance Abuse and Mental Health Administration relating to methadone

medication-assisted treatment for opioid addiction, submitted with the initial application and documented approval from the Substance Abuse and Mental Health Administration, and where there is a change in the owner of record, sponsor, or physician; and

(b) The Drug Enforcement Administration registration for methadone medication-assisted maintenance treatment for opioid addiction.

(4) In addition to the requirements outlined in paragraphs (1)(a)-(v) of this rule, day or night treatment with community housing providers shall submit information regarding location and the number of beds available in community housing with the application for licensure.

(5) An applicant, provider, or controlling interest is required to register or file with the Florida Secretary of State, Division of Corporations. The principal name and mailing addresses submitted with the licensure application for the applicant, provider or controlling interests must be the same as the information registered with the Division of Corporations. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services are exempt from this requirement).

(6) Nonresponsive applicant. If certified mail sent to the provider's address of record, mailing address if applicable, is returned as unclaimed or undeliverable, the Department will send a copy of the letter by regular mail to the provider's address of record, or mailing address if applicable, with a copy to the applicant's address if different from the provider. The applicant must respond to the request within 21 days of the date of the letter sent by regular mail. If timely response is not received, the application will be denied

(7) Accredited Providers. This subsection implements Sections 397.403, and 394.741(4), F.S and applies to licensing inspections of providers or components of providers that are accredited by Department approved accrediting organizations. A list of Department approved accrediting agencies may be obtained from the Department of Children and Families, Office of Substance Abuse and Mental Health at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>. For accredited providers or components of providers, the Department shall conduct a licensing inspection once every 3 years.

(a) Inspections of Accredited Providers. In addition to conducting licensing inspections every 3 years, the Department has the right to conduct inspections of accredited providers in accordance with Subsection 394.741(6), F.S., and Section 397.411, F.S., in those cases where any of the following conditions exist:

1. The accredited provider or component of the provider fails to submit the accreditation report and any corrective action plan related to its accreditation upon request by the Department;

2. The provider or component of the provider has not received or has not maintained accreditation as provided for in paragraph (7)(c) of this rule;

3. The Department's investigation of complaints results in findings of one (1) or more violations of the licensing standards of any accredited component; or

4. The Department has health, safety or welfare concerns.

(c) Determination of Accreditation. As indicated in paragraph (7)(b) of this rule, providers shall submit a copy of the accreditation survey report to the Department annually. The Department shall review the report and confirm that accreditation has been awarded for the applicable components. If the survey report indicates that the provider or any components of the provider have been issued provisional or conditional accreditation, the Department shall conduct a licensing inspection as permitted in paragraph (7)(a) of this rule. -

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), 397.403, 397.407, and 397.410, FS. History—New.

#### 65D-30.0037 Department Licensing Procedures

##### (1) Department Licensing Procedures.

(a) Regional Office Licensing Procedures. The regional offices shall be responsible for licensing providers operating within their geographic boundaries but are not prohibited from reviewing applications or conducting audits of service providers outside the boundary.

1. Application Process. The regional offices shall process all new and renewal applications for licensing and shall notify both new and renewal applicants in writing within 30 days of receipt of the application that it is complete or incomplete. Where an application is incomplete, the regional office shall specify in writing to the applicant the items that are needed to complete the application. Following receipt of the regional office's response, the applicant shall have 10 working days to submit the required information to the regional office. If the applicant needs additional time to submit the required information it may request such additional time within 5 days of the deadline for submitting the information. Within 5 days of receipt of the request, the regional office shall approve the request for up to an additional 30 days. Any renewal applicant that fails to meet these deadlines shall be assessed an additional fee equal to the late fee provided for in subsection 397.407(3), F.S., \$100 per licensed component for each specific location. If the applicant is seeking a new license and fails to meet these deadlines, the application and all fees shall be returned to the applicant unprocessed.

2. Licensing Inspection. The regional office may notify each applicant of its intent to conduct an on-site licensing inspection or electronic file review and of the proposed date of the inspection. The regional office shall include the name(s) of

the authorized agents who will conduct the inspection and the specific components and facilities to be inspected. This notification, however, shall not prohibit the regional office from inspecting other components or facilities maintained by a provider at the time of the review.

3. Licensing Determination. A performance-based rating system shall be used to evaluate a provider's compliance with licensing standards. Providers shall attain at least 90 percent compliance for each set of standards reviewed. This means that each set of standards within each facility operated by a provider is subject to the 90 percent compliance requirement. If any set of standards within a facility falls below 90 percent compliance, an interim license will be issued for that component. In addition, there may be instances where a component is rated at an 90 percent level of compliance overall but is in substantial noncompliance with standards related to health, safety, and welfare of individuals or staff. This includes significant or chronic violations regarding standards that do not involve direct services to individuals. In such cases, the regional office shall issue an interim license to the provider or take other regulatory action as permitted in Section 397.415, F.S.

4. Notifying Providers Regarding Disposition on Licensing. In the case of new and renewal applications, the regional office shall give written notice to the applicant as required in Section 120.60(3), F.S., that the regional office has granted or denied its application for a license. In the case of new applicants, this shall occur within the 90-day period following receipt of the completed application. In the case of renewal applicants, this shall occur prior to expiration of the current license.

5. Reports of Licensing Inspections. The regional offices shall prepare and distribute to providers a report of licensing inspections that shall include:

- a. The name and address of the facility;
- b. The names and titles of principal provider 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 or statutory 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 authorized agent of the Department.

h. If the criteria established for a licensable component are not met, deficiencies must be classified according to the nature and scope of the deficiency and cited as isolated, patterned, or

widespread. The type must be identified on the licensing inspection.

6. Distribution of Licenses and Notices. For new and renewal applications, regional offices shall send providers a written, signed license along with the written notice as described in subparagraph 4 of this section. Additionally, any adverse action by regional offices (e.g., issuance of an interim license, license suspension, denial, revocation, fine or moratorium) shall be accompanied by notice of the right of appeal as required by Chapter 120, F.S.

7. Content of Licensing Records. The regional offices shall maintain current electronic licensing files on each provider licensed under Chapter 397, F.S. The contents of the files shall include those items submitted to the Department, as required in subsections 65D-30.0036(1)-(3), as appropriate, and subparagraph 65D-30.0037(1)(a)5., F.A.C. All documentation and updates will be entered into the Department approved database within 35 days of changes to the applicant or provider status to ensure contents of licensing records are current.

8. Listing of Licensed Providers. The regional offices shall maintain a current listing of all licensed providers by components, with license expiration dates as required by Section 397.6774 F.S.

9. Complaint Log. The regional offices shall electronically document all complaints regarding providers in the data system approved by the department. Documentation shall include the date the complaint was received, dates review was initiated and completed, and all findings, penalties imposed, fines collected, and other information relevant to the complaint.

10. Publishing Provider Information. A list of licensed providers shall be published to the Department's website. The list shall include provider name(s), address(es), contact information, number of beds for inpatient services, inspection score, and other information the Department deems useful to the public.

(b) The Regional Substance Abuse and Mental Health Program Office Licensing Procedures.

1. Monitoring. The Office of Substance Abuse and Mental Health shall monitor the statewide implementation of the licensure process.

(2) Closing a Licensed Provider. Pursuant to Chapter 120, F.S., providers shall notify the Department in writing at least 30 days prior to ceasing operation. The provider, with the Department's assistance, shall attempt to place all active individuals in need of care with other providers along with their clinical records and files. The provider shall notify the Department where the clinical records and files of previously discharged individuals are and where they will be stored for the legally required period.

(3) Approval of Overlay Services.

(a) Qualifying as Overlay Services. A provider that is licensed under Chapter 397, F.S., to provide day or night treatment, intensive outpatient treatment, outpatient treatment, aftercare, or intervention is permitted to deliver those component services at locations which are leased or owned by an organization other than the provider, but not by another provider. The aforementioned component services may be delivered under the authority of the provider's current license for that component service so that the alternate location will not require a license. To qualify, overlay services shall be provided on a regular or routine basis over time, at an agreed upon location.

(b) Procedure for Approving Overlay Services.

1. The provider shall submit a request to provide overlay services and applicable fee to the Department, including:

- a. A description of the services to be provided;
- b. The manner in which services will be provided;
- c. The number of days each week and the number of hours each day each service will be provided;
- d. How services will be supervised; and
- e. The location of the services.

2. The Department shall notify the provider within 30 days of receipt of the request to provide overlay services of its decision to approve or deny the request and, in the case of denial, reasons for denying the request in accordance with subparagraph 3.

3. The Department shall deny the request to provide overlay services if it determines that the provider did not address the specific items in subparagraph 1., or is currently operating under less than a regular license.

4. In those cases where the request to provide overlay services is approved, the Department shall clearly specify the licensed component that will be provided as overlay.

(c) Special Requirements.

1. Services delivered at the alternate site must correspond directly to those permitted under the provider's current license.

2. Information on each individual involved in an overlay service must be maintained in a manner that complies with current licensing requirements.

3. Overlay services are subject to all requirements of the corresponding level of licensure, and are subject to inspection by the Department.

4. Overlay services may only be provided at the locations specified by the Department in the approval letter.

(4) Licensing of Department of Juvenile Justice Commitment Programs and Detention Facilities. In those instances where substance abuse services are provided within Juvenile Justice Commitment Programs and detention facilities, such services may be provided in accordance with any one (1) of the four (4) conditions described below:

(a) The services must be provided for the appropriate licensable service component as defined in subsection 65D-30.002(17), F.A.C.:

(b) The services must be provided by employees of a service provider licensed under Chapter 397, F.S.:

(c) The services must be provided by employees of the commitment program or detention facility who are qualified professionals licensed under Chapters 458, 459, 490, or 491, F.S.; or

(d) The services must be provided by an individual who is an independent contractor who is licensed under Chapters 458, 459, 490, or 491, F.S.

(6) Licensing of Department of Corrections Inmate Substance Abuse Programs. Inmate substance abuse services shall be provided within inmate facilities operated by or under contract with the Department of Corrections, or Department of Management Services, as specifically provided for in these rules. The inmate facility is licensed under Chapter 397, F.S., in accordance with the requirements in Rule 65D-30.004, F.A.C., and the appropriate component under Rules 65D-30.007, 65D-30.009, 65D-30.0091, 65D-30.010, 65D-30.011, 65D-30.012, or 65D-30.013, F.A.C.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), 397.4014, 397.403, 397.407, and 397.410, FS. History—New.

65D-30.0038 Violations; Imposition of Administrative Fines; Grounds.

(1) The Department shall impose an administrative fine in the manner provided in Chapter 120, F.S., for the violation of any provision of Rule Chapter 65D-30, F.A.C. or of Chapter 397, F.S., by a licensed service provider, for the actions of any person subject to level 2 background screening under Chapter 435, F.S., for the actions of any facility employee, or for an intentional or negligent act seriously affecting the health, safety, or welfare of an individual receiving services.

(2) Each violation of Chapter 397, F.S., and Chapter 65D-30, F.A.C. shall be classified according to the nature of the violation and the gravity of its probable effect on individuals receiving services. The Department shall indicate the classification on the written notice of the violation as follows:

(a) Class “I” violations are defined in Section 397.411. The Department shall impose an administrative fine for a cited class I violation in an amount not less than \$400 and not exceeding \$500 for each violation.

(b) Class “II” violations are defined in Section 397.411. The Department shall impose an administrative fine for a cited class II violation in an amount not less than \$300 and not exceeding \$400 for each violation.

(c) Class “III” violations are defined in Section 397.411. The Department shall impose an administrative fine for a cited

class III violation in an amount not less than \$200 and not exceeding \$300 for each violation.

(d) Class “IV” violations are defined in Section 397.411. The Department shall impose an administrative fine for a cited class IV violation in an amount not less than \$100 and not exceeding \$200 for each violation.

(e) Regardless of the class of violation cited, instead of the fine amounts listed in paragraphs (a)-(d), the Department may impose a sanction on a provider, the operation of any service component or location if the provider if one (1) or more of the violations present as established by Sections 397.415(c) and (d).

(3) For purposes of this section, in determining if a penalty is to be imposed and in fixing the amount of the fine, the Department shall consider the following factors:

(a) The gravity of the violation, including the probability that death or serious physical or emotional harm to an individual receiving services will result or has resulted, the severity of the action or potential harm, and the extent to which the provisions of the applicable laws or rules were violated.

(b) Actions taken by the owner or administrator to correct violations.

(c) Any previous violations.

(d) The financial benefit to the facility of committing or continuing the violation.

(e) The licensed capacity of the facility, if applicable.

(4) Each day of continuing violation after the date fixed for termination of the violation, as ordered by the Department, constitutes an additional, separate, and distinct violation.

(5) Any action taken to correct a violation shall be documented in writing by the owner or administrator of the facility and verified through follow-up visits by Department personnel. The Department may impose a fine and revoke or deny a service provider’s license when an administrator fraudulently misrepresents action taken to correct a violation.

(6) Any service provider who operates a service without a license, including service providers who fail to inform the Department of a change in ownership within the specified timeframe in accordance with Rule 65D-30.0034, F.A.C., and operates the service component is subject to a fine of \$5,000.

(7) During an inspection, the Department may make an attempt to discuss each violation with the owner or administrator of the facility, prior to written notification. The Department shall impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class IV violation. The amount of the fine shall be \$500 for each violation. Unclassified violations include:

(a) Violating any term or condition of a license.

(b) Violating any provision of applicable rules or authorizing statutes.

(c) Providing services beyond the scope of the license.



(e) Violating a moratorium imposed pursuant to s. 397.415, F.S. Rulemaking Authority 397.321(5), 397.410(2) FS. Law Implemented 397.410 and 397.411, FS. History—New.

65D-30.004 Common Licensing Standards.

(1) Operating Procedures. Providers shall demonstrate organizational capability as required by Rule 65D-30.0036(e), F.A.C., through a written, indexed system of policies and procedures that are descriptive of services, and the population served. Administrative and clinical services must align with current best practices as defined in Rule 65D-30.002(7), F.A.C. All staff shall have a working knowledge of the operating procedures. These operating procedures shall be submitted with new applications and available for review by the Department at any time.

(2) Quality Improvement. Providers shall have a quality improvement program which complies with the requirements established in Section 397.4103 397.419, F.S., and which ensures the use of a continuous quality improvement process.

(3) Provider Governance and Management.

(a) through (b) No change.

(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 Chapters 397 and 435, F.S., and there is no evidence of a disqualifying offense. Providers shall notify the regional office in writing within 24 hours when a new chief executive officer is appointed. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services are exempt from the requirements in this paragraph. Juvenile Justice Commitment Programs and detention facilities operated by the Department of Juvenile Justice, are exempt from the requirements of this paragraph.)

(4) Personnel Policies. Personnel policies shall clearly address recruitment and selection of prospective employees, promotion and termination of staff, code of ethical conduct, sexual harassment, confidentiality of individual records, attendance and leave, employee grievance, non-discrimination, abuse reporting procedures, and the orientation of staff to the agency's universal infection control procedures. The code of ethical conduct shall prohibit employees and volunteers from engaging in sexual activity with individuals receiving services. 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 and documentation that the staff meets the minimum qualifications outlined in the job description;

2. The employment application or resume;

3. No change.

4. A signed document signed and dated by the employee indicating that the employee received new staff orientation 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 including sexual harassment, abuse reporting procedures, and policies regarding client rights and confidentiality;

5. through 7. No change.

(b) Screening of Staff. All owners, chief financial officers, chief executive officers, and clinical supervisors of service providers are subject to level 2 background screening and local background screening as provided under Chapters 435 and 397, F. S. All service provider personnel, and volunteers working more than 40 hours per month who have direct contact with children receiving services or with adults who are developmentally disabled receiving services are subject to level 2 background screening as provided under Chapter 435 F.S. and Section 397.4073, F.S. and directors, and staff, volunteers, and host families who have direct contact with clients as provided for under Section 397.451, F.S., shall be fingerprinted and have a background check completed. In addition, individuals shall be re-screened within five (5) years from the date of employment. Re-screening shall include a level 2 H screening in accordance with Chapter 435, F.S. Service provider personnel who request an exemption from disqualification must submit the request within 30 days after being notified of the disqualification. If five (5) years or more have elapsed since the most recent disqualifying offense, service provider personnel may work with adults who have substance use disorders under the supervision of a qualified professional licensed under Chapter 490 or Chapter 491 F.S., or a master's level certified addiction professional until the Department makes a final determination regarding the request for an exemption from disqualification. (Personnel operating directly with local correctional agency or authority, Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services staff are exempt from the requirements in this paragraph, unless they have direct contact with unmarried inmates under the age of 18 or with inmates who are developmentally disabled.)

(c) Employment History Checks and Checks of References. The chief executive officer shall assess employment history checks and checks of references for each

employee who has direct contact with children receiving services or adults who are developmentally disabled receiving services.

(5) Standards of Conduct. Providers shall establish written rules of conduct for individuals clients. Each individual receiving services. Rules on client conduct shall be given rules of conduct to each client during orientation to be reviewed, signed and dated.

(6) Medical Director. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, ~~day or night treatment with host homes~~ and methadone medication-assisted treatment for opioid addiction and methadone maintenance treatment. Providers shall designate a medical director who shall oversee all medical services. The medical director's responsibilities shall be clearly described. A medical director may not serve in that capacity for more than a maximum of 10 providers at any given time. A medical director may not supervise a facility more than 200 miles from any other facility supervised by the same medical director. A provider may not operate without a medical director on staff at any time. Upon the departure of a medical director, an interim medical director shall be appointed. The provider shall notify the regional district office in writing within 24 hours when there is a change in the medical director, provide proof that the new medical director holds a current license in the state of Florida and is free of administrative action(s) against their license. In those cases where a provider operates treatment components that are not identified in this subsection, the provider shall have access to a physician through a written agreement who will be available to consult on any medical services required by individuals involved in those components. Physicians serving as a medical consultant shall adhere to all requirements and restrictions as described for medical directors in this Chapter. A medical director or medical consultant in violation of any of the requirements set forth in Chapters 65D-30, F.A.C., or 397, F.S., is permanently barred from being employed by or contracting with a service provider.

(7) Medical Services.

(a) Written Medical Provisions Protocol. For those components identified in subsection 65D-30.004(6), F.A.C., each physician working with a provider 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. Such protocols will be implemented only after written approval by the ~~c~~Chief ~~e~~Executive ~~o~~fficer and medical director.

(b)The medical protocols shall also include:

1. through 3. No change.

4. Procedures shall be documented for the administration of medication by a qualified medical professional as authorized by their scope of practice.

~~All medical protocols shall be reviewed and approved by the medical director and Chief Executive Officer on an annual basis and shall be available for review by the Department.~~

(c) Supervision of self-administration of medication may be provided under the following conditions:

1. A secure, locked storage for medications must be maintained

2. Individuals must receive prescription medication in accordance to the prescriptions of qualified physicians, as required by law;

3. Supervision of self-administration must be provided by trained personnel in accordance with section 65D-30.0046(1)(f), F.A.C. of this chapter.

4. A record of all instances of supervision of self-administration of medication shall be maintained, to include the date, time, and dosage in accordance to the prescription. The personnel who witnessed the self-administration of the medication shall sign and date the medication administration record. All medical protocols shall be reviewed and approved by the medical director and chief executive officer on an annual basis and shall be available for review by the Department.

~~(d)(b)Emergency Medical Services. All licensed providers shall describe the manner in which medical emergencies shall be addressed. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from the requirements of subsection 65D-30.004(7), F.A.C., but shall provide such services as required by Chapter 33-19, F.A.C., titled Health Services. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.)~~

(8) State Approval Regarding Prescription Medication. In those instances where the provider utilizes prescription medication, medications shall be purchased, handled, dispensed, 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 consultant pharmacist, and approved by the medical director. The provider shall ensure that policies implementing this subsection are reviewed and signed and dated approved annually by a state-licensed consultant pharmacist. ~~(Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, the Department of Juvenile Justice, or the Department of~~

Management Services are exempt from the requirements of this subsection.) ~~but shall provide such services as required by Chapter 465, F.S. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection, but shall provide such services as required by Chapter 465, F.S. All providers purchasing, dispensing, handling, administering, storing, or observing self-administration of medications shall adhere to best practice, state and federal regulations.~~

(9) Universal Infection Control. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, ~~day or night treatment with host homes,~~ day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication-assisted treatment for opioid addiction 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 individuals receiving services ~~clients~~. The plan shall be initially approved and reviewed annually by the medical director or consulting physician. The plan shall be in compliance with Chapters 381 and 384, F.S., and Chapters 64D-2 and 64D-3, F.A.C. The plan shall be signed and dated by the medical director or consulting physician as required by this paragraph.

2. The plan shall be consistent with the protocols and facility standards published in the Federal Centers for Disease Control and Prevention 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 individuals for both ~~client~~ high-risk behavior and symptoms of communicable disease as well as actions to be taken on behalf of individuals ~~clients~~ identified as high-risk and individuals ~~clients~~ known to have an infectious disease;

2. ~~HIV and TB testing and HIV pre test and post test counseling to high risk individuals~~ 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.

(Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or Department of Management Services are exempt from the requirements of this subsection but shall provide such services as required by Chapter 945, F.S., titled Department of Corrections. Juvenile

Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.)

(10) Universal Infection Control Education Requirements for Employees and Individuals ~~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. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, the Department of Juvenile Justice, or the Department of Management Services are exempt from the requirements of this subsection, but shall provide such services as required by Chapter 945, F.S., titled Department of Corrections. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.)

(11) Meals. At least three ~~(3)~~ meals per day shall be provided to individuals in addictions receiving facilities, inpatient residential ~~detoxification,~~ intensive inpatient treatment, and residential treatment ~~and day or night treatment with host homes.~~ In addition, at least one ~~(1)~~ snack shall be provided each day. For day or night treatment with community housing and day or night treatment, the provider shall make arrangements to serve a meal to those individuals ~~clients~~ involved in services a minimum of five hours a day. Individuals ~~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. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, the Department of Juvenile Justice, or the Department of Management Services are exempt from the requirements of this subsection but shall provide such services as required by Chapter 33-204, F.A.C., titled Food Services. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the respective ~~Department of~~ Department of Juvenile Justice.)

~~(12) Client/Participant Records.~~

(a) ~~Record Management System. Client/participant records shall be kept secure from unauthorized access and maintained~~

in accordance with 42 Code of Federal Regulations, Part 2, and Section 397.501(7), F.S. Providers shall have record management procedures regarding content, organization, and use of records.

The record management system shall meet the following additional requirements:

1. Original client records shall be signed in ink and by hand.

2. Record entries shall be legible.

3. In those instances where records are maintained electronically, a staff identifier code will be accepted in lieu of a signature.

4. Documentation within records shall not be deleted.

5. 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/participant records, records shall be retained for a minimum of seven years. The disposition of client/participant records shall be carried out in accordance with Title 42, Code of Federal Regulations, Part 2, and subsection 397.501(7), F.S. In addition, records shall be maintained in accordance with Children and Families Operating Procedures (CFOP) 15 4, Records Management, and Children and Family Services Pamphlet (CFP) 15 7, Records Retention Schedule used by Children and Family Services, incorporated herein by reference. Copies of CFOP 15 4 and CFP 15 7 may be obtained from the Department of Children and Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.

Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the time period specified for the retention of records and from applying the Children and Families Operating Procedures (CFOP) 15 4, Records Management, and Children and Family Services Pamphlet (CFP) 15 7, Records Retention Schedule. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements found in the Children and Family Services Operating Procedures (CFOP) 15 4, Records Management, and the Children and Family Services Pamphlet (CFP) 15 7, Records Retention Schedule.

(c) Information Required in Client/Participant Records.

1. The following applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment. Information shall include:

- a. Name and address of the client and referral source;
- b. Screening information,

c. Voluntary informed consent for treatment or an order to treatment for involuntary admissions and for criminal and juvenile justice referrals;

d. Informed consent for a drug screen, when conducted;

e. Informed consent for release of information;

f. Documentation of client orientation;

g. Physical health assessment;

h. Psychosocial assessment, except for detoxification;

i. Diagnostic services, when provided;

j. Client placement information;

k. Abbreviated treatment plan, for addictions receiving facilities and detoxification;

l. Initial treatment plans, where indicated, and treatment plans and subsequent reviews, except for addictions receiving facilities and detoxification;

m. Progress notes;

n. Record of disciplinary problems, when they occur;

o. Record of ancillary services, when provided;

p. Record of medical prescriptions and medication, when provided;

q. Reports to the criminal and juvenile justice systems, when provided;

r. Copies of service related correspondence, generated or received by the provider, when available;

s. Transfer summary, if transferred; and;

t. A discharge summary.

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 subparagraph 1. Such records shall be made available to authorized agents of the department only on a need to know basis.

2. The following applies to aftercare. Information shall include:

a. A description of the client's treatment episode;

b. Informed consent for services;

c. Informed consent for drug screen, when conducted;

d. Informed consent for release of information;

e. Aftercare plan;

f. Documentation assessing progress;

g. Record of disciplinary problems, when they occur;

h. Record of ancillary services, when provided;

i. A record of medical prescriptions and medication, when provided;

j. Reports to the criminal and juvenile justice systems, when provided;

k. Copies of service related correspondence, generated or received by the provider;

l. Transfer summary, if transferred; and;

m. A discharge summary.

3. The following applies to intervention. Information shall include:

- a. Name and address of client and referral source;
- b. Screening information;
- c. Informed consent for services;
- d. Informed consent for a drug screen, when conducted;
- e. Informed consent for release of information;
- f. Client placement information, with the exception of case management;
- g. Intervention plan, when required;
- h. Summary notes;
- i. Record of disciplinary problems, when they occur;
- j. Record of ancillary services, when provided;
- k. Reports to the criminal and juvenile justice systems, when provided;
- l. Copies of service related correspondence, generated or received by the provider;
- m. A transfer summary, if transferred; and;
- n. A discharge summary.

4. The following applies to Level II prevention. Information shall include:

- a. Identified risk and protective factors for the target population;
- b. Record of activities including description, date, duration, purpose, 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;
- i. Completion of services summary of participant involvement and follow up information; and;
- j. Transfer summary, if referred to another placement.

(13) Screening. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication and methadone maintenance treatment, and intervention.

(a) Determination of Appropriateness and Eligibility for Placement. The condition and needs of the client shall dictate the urgency and timing of screening. For example, in those cases involving an involuntary placement, 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 placement or other disposition.

The person conducting the screening shall document the rationale for any action taken.

~~(b) Consent for Drug Screen. 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 informed consent for a drug screen.~~

~~(c) Consent for Release of Information. Consent for the release of information shall include information required in 42 Code of Federal Regulations, Part 2, and may be signed by the client only if the form is complete.~~

~~(d) Consent for Services. A consent for services form shall be signed by the client prior to or upon placement, with the exception of involuntary placements.~~

(14) Assessment. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment. Clients 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. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this paragraph but shall provide such services as required in Chapter 33-19, F.A.C., titled Health Services. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.

1. Nursing Physical Screen. A nursing physical screen shall be completed on each person considered for placement in addictions receiving facilities, detoxification, or intensive inpatient treatment. The screen shall be completed by an R.N. or by an L.P.N. and countersigned by an R.N. The results of the screen shall be documented by the nurse providing the service and signed and dated by that person. If the nursing physical screen is completed in lieu of a medical history, further action shall be in accordance with the medical protocol established under subsection 65D-30.004(7), F.A.C.

2. Medical History. A medical history shall be completed on each client.

a. For intensive inpatient treatment, the history shall be completed within 1 calendar day of placement. In those cases where a client is placed directly into intensive inpatient treatment from detoxification or residential treatment, the medical history completed on the client while in detoxification or residential treatment may be accepted.

b. For residential treatment, day or night treatment with host homes, and medication and methadone maintenance

treatment, the history shall be completed within 30 calendar days prior to placement, or within 1 calendar day of placement.

e. For day or night treatment with community housing, day or night treatment, intensive outpatient treatment, and outpatient treatment, a medical history shall be completed within 30 calendar days prior to or upon placement.

For the components identified in sub-subparagraphs a. and b., the medical history shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D 30.004(7), F.A.C. Further, the history shall be reviewed, signed and dated by the physician in accordance with the medical protocol established in subsection 65D 30.004(7), F.A.C. For the components identified in sub-subparagraph c., the medical history shall be completed by the client or the client's 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.

a. For addictions receiving facilities and detoxification, the physical examination shall be completed within 7 calendar days prior to placement or 2 calendar days after placement.

b. For intensive inpatient treatment, the physical examination shall be completed within 7 calendar days prior to placement or within 1 calendar day of placement. In those cases where a client is placed directly into intensive inpatient treatment from detoxification or residential treatment the physical examination completed on the client while in detoxification or residential treatment may be accepted.

c. For residential treatment and day or night treatment with host homes, the physical examination shall be completed within 30 calendar days prior to placement or 10 calendar days after placement.

d. 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 5 calendar days 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. d., the physical examination shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D 30.004(7), F.A.C. Further, the examination shall be reviewed, signed and dated by the physician in accordance with the medical protocol established in subsection 65D 30.004(7), F.A.C.

4. Laboratory Tests. Clients shall provide a sample for testing blood and urine, including a drug screen.

a. For addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, and day or night treatment with host homes, all laboratory tests will be performed in accordance with the medical protocol established in subsection 65D 30.004(7), F.A.C. Further, the results of the laboratory tests shall be reviewed, signed and dated during the assessment process and in accordance with the medical protocol established in subsection 65D 30.004(7), F.A.C.

b. For medication and methadone maintenance treatment, blood and urine samples shall be taken within 7 calendar days prior to placement or 2 calendar days after placement. A drug screen shall be conducted at the time of placement. 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 of medication may be given before the laboratory test results are reviewed by the physician. The results of the laboratory test shall be reviewed, signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D 30.004(7), F.A.C.

5. Pregnancy Test. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, and medication and methadone maintenance treatment. Female clients shall be evaluated by a physician, or in accordance with the medical protocol established in subsection 65D 30.004(7), F.A.C., to determine the necessity of a pregnancy test. In those cases where it is determined necessary, clients shall be provided testing services directly or by referral as soon as possible following placement.

6. Tests for Sexually Transmitted Diseases and Tuberculosis. A serological test for sexually transmitted diseases and a screening test for tuberculosis to determine the need for a Mantoux test shall be conducted on each client.

a. For intensive inpatient treatment, residential treatment, and day or night treatment with host homes, tests will be conducted within the time frame specified for the physical examination. The results of both tests shall be reviewed and signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D 30.004(7), F.A.C., and filed in the client record.

b. For medication and methadone maintenance treatment, the tests will be conducted at the time samples are taken for other laboratory tests. Positive results shall be reviewed and signed and dated by a physician, or in accordance with the medical protocol established in subsection 65D 30.004(7), F.A.C.

7. Special Medical Problems. Particular attention shall be given to those clients with special medical problems or needs. This would include referral for medical services. A record of all such referrals shall be maintained in the client record.

~~8. Additional Requirements for Intensive Inpatient Treatment, Residential Treatment, and Day or Night Treatment with Host Homes. If a client is readmitted within 90 calendar 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 calendar days of the discharge date, the client shall receive a complete physical examination.~~

~~9. Additional Requirements for Medication and Methadone Maintenance Treatment.~~

~~a. The client's current addiction and history of addiction shall be recorded in the client record by the physician, or in accordance with the medical protocol established in subsection 65D 30.004(7), F.A.C. In any case, the record of the client's current addiction and history of addiction shall be reviewed, signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D 30.004(7), F.A.C.~~

~~b. A physical examination shall be conducted on clients who are placed directly into treatment from another provider unless a copy of the examination accompanies the client and the examination has been completed within the year prior to placement. 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 5 calendar days of placement.~~

~~(b) Psychosocial Assessment.~~

~~1. Information Required. The psychosocial assessment shall include the client's history as determined through an assessment of the items in sub-subparagraphs a. 1. as follows:~~

~~a. Emotional or mental health,~~

~~b. Level of substance abuse impairment,~~

~~c. Family history, including substance abuse by other family members,~~

~~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. Past or current sexual, psychological, or physical abuse or trauma,~~

~~h. Client's involvement in leisure and recreational activities,~~

~~i. Cultural influences,~~

~~j. Spiritual or values orientation,~~

~~k. Legal history and status,~~

~~1. Client's perception of strengths and abilities related to the potential for recovery; and,~~

~~m. A clinical summary, including an analysis and interpretation of the results of the assessment, as described in sub-subparagraphs a. 1.~~

~~2. Requirements for Components. Any psychosocial assessment that is completed within 30 calendar days prior to placement in any component identified in sub-subparagraphs a. f. may be accepted by the provider placing the client. Otherwise, the psychosocial assessment shall be completed according to the following schedule:~~

~~a. For addictions receiving facilities, the psychosocial assessment shall be completed within 3 calendar days of placement, unless clinically contraindicated.~~

~~b. For intensive inpatient treatment, the psychosocial assessment shall be completed within 3 calendar days of placement.~~

~~c. For residential treatment level 1, the psychosocial assessment shall be completed within 5 calendar days of placement.~~

~~d. For residential treatment levels 2, 3, 4, 5, day or night with host homes, day or night treatment with community housing, and day or night treatment, the psychosocial assessment shall be completed within 10 calendar days of placement.~~

~~e. For intensive outpatient treatment and outpatient treatment, the psychosocial assessment shall be completed within 30 calendar days of placement.~~

~~f. For medication and methadone maintenance treatment, the psychosocial assessment shall be completed within 15 calendar days of placement.~~

~~3. Psychosocial Assessment Sign-off Requirements. 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, countersigned, and dated by a qualified professional within 10 calendar days of completion. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, shall conduct the review and sign-off within 30 calendar days.~~

~~4. Psychosocial Assessment Readmission Requirements. In those instances where a client is readmitted to the same provider for services within 180 calendar days of discharge, a psychosocial assessment update shall be conducted, if clinically indicated. Information to be included in the update shall be determined by the qualified professional. A new assessment shall be completed on clients who are readmitted for services more than 180 calendar days after discharge. In addition, the psychosocial assessment shall be updated annually for clients who are in continuous treatment for longer than one year.~~

~~5. Assessment Requirements Regarding Clients Who Are Referred or Transferred.~~

~~a. A new psychosocial assessment does not have to be completed on clients who are referred or transferred from one provider to another or referred or transferred within the same provider if the provider meets at least one of the following conditions:~~

~~I. The provider or component initiating the referral or transfer forwards a copy of the psychosocial assessment information prior to the arrival of the client;~~

~~II. Clients are referred or transferred directly from a specific level of care to a lower or higher level of care (e.g., from detoxification to residential treatment or outpatient to residential treatment) within the same provider or from one provider to another;~~

~~III. The client is referred or transferred directly to the same level of care (e.g., residential level 1 to residential level 1) either within the same provider or from one provider to another.~~

~~b. In the case of referral or transfer from one provider to another, a referral or transfer is considered direct if it was arranged by the referring or transferring provider and the client is subsequently placed with the provider within 7 calendar days of discharge. This does not preclude the provider from conducting an assessment. The following are further requirements related to referrals or transfers.~~

~~I. If the content of a forwarded psychosocial does not comply with the psychosocial requirements of this rule, the information will be updated or a new assessment will be completed.~~

~~II. If a client is placed with the receiving provider later than 7 calendar days following discharge from the provider that initiated the referral or transfer, but within 180 calendar days, the qualified professional of the receiving provider will determine the extent of the update needed.~~

~~III. If a client is placed with the receiving provider more than 180 calendar days after discharge from the provider that initiated the referral or transfer, a new psychosocial assessment must be completed.~~

~~(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 in the client record.~~

~~(15) Client Placement Criteria and Operating Procedures. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, outpatient treatment, intervention, and medication and methadone maintenance treatment. Providers shall have operating procedures that clearly state the criteria for admitting,~~

~~transferring, and discharging clients. This would include procedures for implementing these placement requirements.~~

~~(16) Primary Counselor, Orientation, and Initial Treatment Plan. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment.~~

~~(a) Primary Counselor. A primary counselor shall be assigned to each client placed in a component. This standard does not apply to detoxification and addictions receiving facilities.~~

~~(b) Orientation. Prior to or upon placement in a component, clients shall receive orientation. 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. General information about the provider's infection control policies and procedures;~~
- ~~7. Program rules; and;~~
- ~~8. Client grievance procedures.~~

~~(c) Initial Treatment Plan. An initial treatment plan shall be completed on each client upon placement, unless an individual treatment plan is completed at that time. The plan shall specify timeframes for implementing services in accordance with the requirements established for applicable components. The initial treatment plan shall be signed and dated by clinical staff and signed and dated by the client. This standard does not apply to detoxification and addictions receiving facilities.~~

~~(17) Treatment Plan, Treatment Plan Reviews, and Progress Notes.~~

~~(a) Treatment Plan. 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 tasks involved in achieving those objectives, the type and frequency of services to be provided, 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 completed by other than a qualified professional, the treatment plan shall be reviewed, countersigned, and dated by a qualified professional within 10 calendar days of completion. In the case of Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, the treatment plan shall be reviewed, countersigned, and dated by a qualified~~



professional within 30 calendar days of completion. A written treatment plan shall be completed on each client.

1. For long-term outpatient methadone detoxification and medication and methadone maintenance treatment, the treatment plan shall be completed prior to or within 30 calendar days of placement.

2. For intensive inpatient treatment, the treatment plan shall be completed within 3 calendar days of placement.

3. For residential treatment level 1, the treatment plan shall be completed prior to, or within 7 calendar days of placement.

4. For residential treatment levels 2, 3, 4, and 5, day or night treatment with host homes, and day or night treatment with community housing, the treatment plan shall be completed prior to or within 15 calendar days of placement.

5. For day or night treatment, the treatment plan shall be completed prior to or within 10 calendar days of placement.

6. For intensive outpatient treatment and outpatient treatment, the treatment plan shall be completed prior to or within 30 calendar days of placement.

7. For detoxification and addictions receiving facilities, an abbreviated treatment plan, as defined in subsection 65D-30.002(1), F.A.C., shall be completed upon placement. The abbreviated treatment plan shall contain a medical plan for stabilization and detoxification, provision for education, therapeutic activities and discharge planning, and in the case of addictions receiving facilities, a psychosocial assessment.

(b) Treatment Plan Reviews. Treatment plan reviews shall be completed on each client.

1. For intensive inpatient treatment, treatment plan reviews shall be completed every 7 calendar days.

2. For residential treatment levels 1, 2, and 3, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, and outpatient treatment, treatment plan reviews shall be completed every 30 calendar days.

3. For residential treatment levels 4 and 5, treatment plan reviews shall be completed every 90 calendar days.

4. For medication and methadone maintenance treatment and long-term outpatient methadone detoxification, treatment plan reviews shall be completed every 90 calendar days for the first year and every 6 months thereafter.

For all components, if the treatment plan reviews are not completed by a qualified professional, the review shall be countersigned and dated by a qualified professional within 5 calendar days of the review.

(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. When a single service event is documented, the progress note will be signed and dated by the person providing the service. When more than one service event is documented, progress notes may

be signed by any clinical staff member assigned to the client. The following are requirements for recording progress notes.

1. For addictions receiving facilities, residential detoxification, outpatient detoxification, short-term residential methadone detoxification, short-term outpatient methadone detoxification, and intensive inpatient treatment, progress notes shall be recorded at least daily.

2. For residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, and long-term outpatient methadone detoxification, progress notes shall be recorded at least weekly.

3. For intensive outpatient treatment and outpatient treatment, progress notes shall be recorded at least weekly or, if contact occurs less than weekly, notes will be recorded according to the frequency of sessions.

4. For medication and methadone maintenance treatment, progress notes shall be recorded according to the frequency of sessions.

(18) Ancillary Services. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient 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 in the client record, including whether or not a linkage occurred or documentation of efforts to confirm a linkage when confirmation was not received.

(19) Prevention Plan, Intervention Plan, and Summary Notes.

(a) Prevention Plan. For clients involved in Level 2 prevention as described in paragraph 65D-30.013(1)(b), F.A.C., a prevention plan shall be completed within 45 calendar days of placement. 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 60 calendar days from the date of completion of the plan. The prevention plan shall be signed and dated by staff who developed 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 calendar days of placement. Intervention plans shall include goals and objectives designed to reduce the severity and intensity of factors associated with the onset or progression of substance abuse. The intervention plan shall be reviewed and updated at least every 60 days. The intervention plan shall be signed and dated by staff who developed the plan and signed and dated by the client.~~

~~(c) Summary Notes. Summary notes shall be completed in Level 2 prevention and intervention services where individual client records are required. Summary notes shall contain information regarding a participant or client's progress or lack of progress in meeting the conditions of the prevention or intervention plan described in paragraphs (a) and (b). Summary notes shall be entered into the client record at least weekly for those weeks in which services are scheduled. Each summary note shall be signed and dated by staff delivering the service.~~

~~(20) Record of Disciplinary Problems. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication and methadone maintenance treatment, aftercare, and intervention. A record of disciplinary problems encountered with clients and specific actions taken to resolve problems shall be maintained.~~

~~(12)(21) Control of Aggression. This applies to all components with the exception of prevention Level 4. Providers shall have written documentation of the specific control of aggression technique(s) to be used. Direct care staff shall be trained in control of aggression techniques as required in paragraph 65D-30.0046(1)(b) 65D-30.004(31)(b), F.A.C. The provider shall provide proof to the Department that affected staff have completed training in those techniques. In addition, if the provider uses physical intervention, direct care staff shall receive training in the specific techniques used.~~

~~(a) Justification and Documentation of Use. De-escalation techniques shall be employed before physical intervention is used. In the event that physical intervention is used to restrict a client's movement, justification shall be documented in the client record.~~

~~(b) Prohibitions. Only addictions receiving facilities may utilize seclusion and restraint. Under no circumstances shall individuals being served be involved in the control of aggressive behavior of other individuals clients. If physical intervention techniques are used they shall not restrict or prevent freedom of movement by the individual unless allowable under this chapter. Additionally, aggression control or physical intervention techniques shall not be employed as~~

~~punishment or for the convenience of staff. (Inmate treatment programs for substance use disorders operated within or contracted through the Department of Corrections, the Department of Management Services, and Department of Juvenile Justice facilities are exempt from this requirement. Juvenile Justice Commitment Programs and detention facilities shall implement this subsection in accordance with Florida Department of Juvenile Justice Policies and Procedures, Policy Number 150-803, titled Protective Action Response (PAR) Policy that includes policies and procedures on the use of physical force and restraining devices. This policy may be obtained from the Department of Juvenile Justice, at the following link: <http://www.djj.state.fl.us/partners/policies-resources/department-policies>) Department of Children and Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.~~

~~(22) Discharge and Transfer Summaries. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication and methadone maintenance treatment, aftercare, and intervention.~~

~~(a) Discharge Summary. A written discharge summary shall be completed for clients who complete services or who leave the provider prior to completion of services. The discharge summary shall include a summary of the client's involvement in services and the reasons for discharge and the provision of other services needed by the client following discharge, including aftercare. The discharge summary shall be signed and dated by a primary counselor.~~

~~(b) Transfer Summary. A transfer summary shall be completed immediately for clients who transfer from one component to another within the same provider and shall be completed within 5 calendar days when transferring from one provider to another. In all cases, an entry shall be made in the client record regarding the circumstances surrounding the transfer and that entry and transfer summary shall be signed and dated by a primary counselor.~~

~~(23) through (24) renumbered (13) through (14) No change.~~

~~(15)(25) Special In-Residence Requirements. Service providers housing individuals for treatment shall only furnish beds to individuals admitted for substance use treatment for the specific level of care for which the individuals meet criteria. Providers that house males and females together within the same facility shall provide separate sleeping arrangements for these individuals clients, and must have at least one (1) male and one (1) female staff member available at all times. Providers which serve adults in the same facility as persons under 18 years of age shall ensure individual safety and~~

programming according to age. Providers, aside from Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice, shall not collocate children or adolescents with adults under any circumstances.

(26) renumbered (16) No change.

~~(17)(27)~~ Incident Reporting Pursuant to paragraph Section 397.419(2)(f), F.S. Incident reporting is required of all providers and shall be conducted in accordance with Children and Families Operating Procedure 215-6, incorporated herein by reference. Copies of CFOP 215-6 may be obtained from the Department of Children and Families Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700, and <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX>. Incident reporting shall include 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 1 calendar day of the incident when an action or inaction has a negative effect on the health or safety of the client, or violates the rights of a client;~~

~~(c) 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; and,~~

~~(d) Reporting, tracking, and responding to incidents in accordance with departmental regulation.~~

~~(18)(28)~~ Confidentiality. Providers shall comply with Title 42, Code of Federal Regulations, Part 2, titled "Confidentiality of Alcohol and Drug Abuse Patient Records," and with subsections 397.4103(7) and 397.501(7), 397.6751(2)(a) and ~~(e)~~; and Section 397.752, F.S., regarding confidential individual client information.

(19) Certified Recovery Residence Referrals. Providers shall comply with the statutory requirements established in subsection

397.4873 and 397.411, F.S., regarding referrals to and admissions from certified recovery residences. All providers shall maintain an active referral log of each individual referral to a recovery residence. The log shall include the address of the certified recovery residence, individual's name being referred or accepted, signature of the employee admitting or making the referral and date of the referral. The log shall be made available for review by the Department. (Service Providers under contract with the Managing Entites are exempt from this requirement).

(20) Telehealth Services.

(a) Telehealth services applies to intensive outpatient, day or night treatment, day or night treatment with community housing, outpatient, intervention, aftercare, and prevention. Prior to initiating telehealth services, providers shall submit detailed procedures outlining which services they intend to provide. Providers delivering services by telehealth are responsible for the quality of the equipment and technology employed and are responsible for its safe use. Telehealth equipment and technology must be able to provide the same information to staff which will enable them to meet or exceed the prevailing standard of care. Eligible providers approved to deliver telehealth services must meet the following additional requirements:

1. Must be capable of two (2)-way, real-time electronic communication, and the security of the technology must be in accordance with applicable federal confidentiality regulations 42 CFR, Part 164.312;

2. The interactive telecommunication equipment must include audio and high resolution video equipment which allows the staff providing the service to clearly understand and view the individual receiving services;

3. Clinical screenings, assessments, and counseling are the only services allowable through telehealth; and

4. Telehealth services must be provided and received by individuals residing within the state of Florida except for those licensed for outpatient, intervention, and prevention.

(21) Group Counseling. The maximum number of individuals allowed in a group session is fifteen.

~~(29) 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 Sections 397.501(1) (10), F.S.~~

~~(a) Provisions. Basic client rights shall include:~~

~~1. Provisions for informing the client, family member, or authorized guardian of their rights and responsibilities, assisting in the 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. Timely receipt of a filed grievance;~~

~~8. The logging and tracking of filed grievances until resolved or concluded by actions of the provider's 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 hotline, the local Florida Advocacy Council, 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 placed in 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 operated by or under contract with the Department of Corrections, the Department of Corrections shall adhere to the requirements found in Chapter 33-103, F.A.C., titled Inmate Grievances.~~

~~(d) Implementation of Client Rights Requirements by Department of Juvenile Justice. In lieu of the requirements of this subsection, and in the case of commitment programs and detention facilities operated by or under contract with the Department of Juvenile Justice, the Department of Juvenile Justice policies regarding client grievances shall be followed.~~

~~(30) 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.~~

~~(31) Training. Providers shall develop and implement a staff development plan. At least one staff member with skill in developing staff training plans shall be assigned the responsibility of ensuring that staff development activities are implemented. In those instances where an individual has received the requisite training as required in paragraphs (a) and (b), during the year prior to employment by a provider, that individual will have met the training requirements. This provision applies only if the individual is able to produce documentation that the training was completed and that such training was provided by persons who or organizations that are qualified to provide such training.~~

~~(a) Training Requirements for New Staff. Each new employee must have two hours of HIV/AIDS training within the first six months of employment. This training must also be provided for no less than two hours every two years.~~

~~(b) Training Requirements for New Direct Care Staff. For those staff working in component services identified in subsection 65D-30.004(21), F.A.C., two hours of training in control of aggression techniques must occur within the first six months of employment and two hours annually thereafter. In~~

~~addition, all new direct care staff shall have CPR training within the first six months of employment.~~

~~(c) Training Requirements for New Clinical Staff. All new clinical staff who work at least 20 hours per week or more must receive 20 hours of educational and competency based training within the first year. Training may include HIV/AIDS and control of aggression techniques.~~

~~(d) Special Training Requirements for Prevention. In addition to paragraphs (a) and (b), new staff providing prevention services shall receive basic training in science based prevention within the first year of employment. Prevention staff shall receive additional training related to their duties and responsibilities for a total of 20 hours, inclusive of the topics listed in this subsection.~~

~~(e) General Training Requirements. All staff and volunteers who provide clinical or prevention services and whose work schedule is at least 20 hours per week or more, shall participate in a minimum of 16 hours of documented training per year related to their duties and responsibilities. Persons who are licensed or certified are exempt from the training requirements in this paragraph providing they have proof of documentation of certified education units and any training that is required by their discipline.~~

~~(32) Clinical Supervision. A qualified professional shall supervise clinical services, as permitted within the scope of their qualifications. In the case of medical services, medical staff may provide supervision within the scope of their license. Supervisors shall conduct regular reviews of work performed by subordinate employees.~~

~~(33) Scope of Practice. Unless licensed under Chapter 458, 459, 464, 490 or 491, F.S., non-medical employees providing clinical services specific to 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) Consultation;~~
- ~~(g) Continuing assessment and treatment plan reviews;~~
- ~~(h) Counseling, including;~~
  - ~~1. Individual counseling;~~
  - ~~2. Group counseling; and,~~
  - ~~3. Counseling with families, couples, and significant others;~~
- ~~(i) Client, family, and community education;~~
- ~~(j) Documentation of progress; and,~~
- ~~(k) Any other tasks permitted in these rules and appropriate to that licensable component.~~

~~(34) Facility Standards. Facility standards in paragraphs (a) (k), apply to addictions receiving facilities, residential~~

~~detoxification facilities, intensive inpatient treatment, and residential treatment facilities. Facility standards in paragraphs (f)–(k), apply to day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment.~~

~~(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) Personal Possessions. Provisions shall be made which will ensure that clients have access to individual storage areas for clothing and personal possessions.~~

~~(d) Laundry Facilities. Laundry facilities or laundry services shall be available which ensure the availability of clean clothing, bed linens, and towels.~~

~~(e) Personal Hygiene. Items of personal hygiene shall be provided if the client is unable to provide these items.~~

~~(f) Safety. Providers shall ensure the safety of clients, staff, visitors, and the community to the extent allowable by law.~~

~~(g) 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 district office upon request. Providers shall conduct at least one disaster drill every year.~~

~~(h) 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.~~

~~(i) 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.~~

~~(j) Hazardous Materials. Providers shall ensure that hazardous materials are properly identified, handled, stored, used, and dispensed.~~

~~(k) Compliance with Local Codes. All licensed facilities used by a provider shall comply with fire and safety standards enforced by the State Fire Marshal, pursuant to Section 633.022, F.S., rules established pursuant to Rule 4A 44.012,~~

~~F.A.C., and with health and zoning codes enforced at the local level. All providers shall update and have proof of compliance with local fire and safety and health inspections annually. Inmate Substance Abuse Programs operated within Department of Corrections facilities are exempt from this requirement.~~

~~(35) 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) Referral Information. Referrals shall be in writing and signed by the referral source.~~

~~(c) Provider Responsibilities.~~

~~1. If the offender is not appropriate for placement by the provider, this decision must immediately be communicated to the referral source and documented 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.~~

~~(d) 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 contracted providers for assessment;~~

~~b. The role of the court in handling non-compliant juvenile offenders; and,~~

~~e. Priority Services.~~

~~3. 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.~~

~~(36) Voluntary and Involuntary Placement Under Chapter 397, F.S., Parts IV and V.~~

~~(a) Eligibility Determination.~~

~~1. Voluntary Placement. To be considered eligible for treatment on a voluntary basis, an applicant for services must meet diagnostic criteria for substance abuse-related disorders.~~

2. ~~Involuntary Placement. To be considered eligible for services on an involuntary basis, a person must meet the criteria for involuntary placement as specified in Section 397.675, F.S.~~

~~(b) Provider Responsibilities Regarding Involuntary Placement.~~

~~1. Persons who are involuntarily placed shall be served only by licensed service providers as defined in subsection 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 placement process to be followed for each of the involuntary placement 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 if the provider determines that the person should not be placed 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. 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. This includes 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.~~

~~(37) Persons with a Dual Diagnosis of Substance Abuse and Psychiatric Problems. Providers shall develop and implement operating procedures for serving or arranging services for persons with dual diagnosis disorders.~~

~~Rulemaking Authority 397.321(5) FS. Law Implemented 397.321, 397.4014, 397.4073, 397.4075, 397.410, 397.4103, 397.411, 397.416, 20.19(10), 232, 384, 397.311(23), (28), , 397.321(1), , 397.405, 397.419, 397.451, 397.471, , 397.501, 397.601, 397.675, 397.705, 397.706, 633.022, 944.026, 948 FS. History--New 5-25-00, Amended 4-3-03, 12-12-05 Amended \_\_\_\_\_.~~

#### 65D-30.0041 Clinical Records

##### (1) Clinical Records.

(a) Record Management System. Clinical records shall be kept secure from unauthorized access and maintained in accordance with 42 Code of Federal Regulations, Part 2 and subsection 397.501(7), F.S. Providers shall have record management procedures regarding content, organization, access, and use of records.

The record management system shall meet the following additional requirements:

1. Original clinical records shall be signed in ink and by hand or electronically;

2. Record entries shall be legible;

3. In those instances where records are maintained electronically, a staff identifier code will be accepted in lieu of a signature;

4. Documentation within records shall not be deleted; and

5. 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 clinical records, records shall be retained for a minimum of seven (7) years. The disposition of clinical records shall be carried out in accordance with Title 42, Code of Federal Regulations, Part 2, and subsection 397.501(7), F.S. In addition, records shall be maintained in accordance with Children and Families Operating Procedures (CFOP) 15-4, Records Management, and Children and Families Pamphlet (CFP) 15-7, Records Retention Schedule used by Children and Families, incorporated herein by reference. Copies of CFOP 15-4 and CFP 15-7 may be obtained from the Department of Children and Families, Office of Substance Abuse and Mental Health, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700, and <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX>. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from the

requirements found in the Children and Families Operating Procedures (CFOP) 15-4, Records Management, and Children and Families Pamphlet (CFP) 15-7, Records Retention Schedule. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements found in the Children and Family Services Operating Procedures (CFOP) 15-4, Records Management, and the Children and Families Pamphlet (CFP) 15-7, Records Retention Schedule.)

(c) Information Required in Clinical Records.

1. The following applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and methadone medication-assisted treatment for opioid addiction. Information shall include:

- a. Name and address of the individual and referral source;
- b. Screening information;
- c. Voluntary informed consent for treatment or an order to treatment for involuntary admissions and for criminal and juvenile justice referrals;
- d. Informed consent for a drug screen, when conducted;
- e. Informed consent for release of information;
- f. Documentation of individual orientation;
- g. Physical health assessment;
- h. Psychosocial assessment, except for detoxification;
- i. Diagnostic services, when provided;
- j. Individual placement information;
- k. Abbreviated treatment plan, for addictions receiving facilities and detoxification;
- l. Initial treatment plans, where indicated, and treatment plans and subsequent reviews, except for addictions receiving facilities and detoxification;
- m. Progress notes;
- o. Record of ancillary services, when provided;
- p. Record of medical prescriptions and medication, when provided;

q. Reports to the criminal and juvenile justice systems, when provided;

- r. Copies of service-related correspondence, generated or received by the provider, when available;
- s. Transfer summary, if transferred; and
- t. A discharge summary.

In the case of medical records developed and maintained by the Department of Corrections or the Department of Management Services on inmates participating in inmate substance abuse programs, or Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice, such records shall not be made part of information required in subparagraph.

1. Records regarding substance abuse treatment shall be made available to authorized agents of the Department only on a need-to-know basis.

2. The following applies to aftercare. Information shall include:

- a. A description of the individual's treatment episode;
- b. Informed consent for services;
- c. Informed consent for drug screen, when conducted;
- d. Informed consent for release of information;
- e. Aftercare plan;
- f. Documentation assessing progress;
- g. Record of ancillary services, when provided;
- h. A record of medical prescriptions and medication, when provided;
- i. Reports to the criminal and juvenile justice systems, when provided;
- j. Copies of service-related correspondence, generated or received by the provider;
- k. Transfer summary, if transferred; and
- l. A discharge summary.

3. The following applies to intervention. Information shall include:

- a. Name and address of individual and referral source;
- b. Screening information;
- c. Informed consent for services;
- d. Informed consent for a drug screen, when conducted;
- e. Informed consent for release of information;
- f. Individual placement information, with the exception of case management;
- g. Intervention plan, when required;
- h. Summary notes;
- i. Record of ancillary services, when provided;
- j. Reports to the criminal and juvenile justice systems, when provided;
- k. Copies of service-related correspondence, generated or received by the provider;
- l. A transfer summary, if transferred; and
- m. A discharge summary.

4. The following applies to prevention activities for selective populations. Information shall include:

- a. Identified risk and protective factors for the target population;
- b. Record of activities including description, date, duration, purpose, and location of service delivery;
- c. Tracking of individual attendance;
- d. Individual demographic identifying information;
- e. Informed consent for services;
- f. Prevention plan;
- g. Summary notes;
- h. Informed consent for release of information;

i. Completion of services summary of individual involvement and follow-up information; and

j. Transfer summary, if referred to another placement.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.4014, 397.4075, 397.410, 397.4103, FS. History—New.

65D-30.0042 Clinical and Medical Guidelines.

(1) Screening. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication-assisted treatment for opioid addiction, and intervention.

(a) Determination of Appropriateness and Eligibility for Placement. The condition and needs of the individual shall dictate the urgency and timing of screening; screening is not required if an assessment is completed at time of admission. For example, in those cases involving an involuntary placement, screening may occur after the individual has been placed in a component such as detoxification. Persons requesting services shall be screened to determine appropriateness and eligibility for placement or other disposition.

The person conducting the screening shall document the rationale for any action taken. The ASAM criteria shall be used to determine service determination.

(b) Consent for Drug Screen. If required by the circumstances pertaining to the individual's need for screening, or dictated by the standards for a specific component, individuals shall give informed consent for a drug screen.

(c) Consent for Release of Information. Consent for the release of information shall include information required in 42 Code of Federal Regulations, Part 2., and may be signed by the individual only if the form is complete.

(d) Consent for Services. A consent for services form shall be signed by the individual prior to or upon placement, with the exception of involuntary placements.

(2) Assessment. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and methadone medication-assisted treatment for opioid addiction. Individuals shall undergo an assessment of the nature and severity of their substance use disorder. The assessment shall include a physical health assessment and a psychosocial assessment.

(a) Physical Health Assessment. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or Department of Management Services are exempt from the requirements of this paragraph. Juvenile Justice Commitment Programs and detention facilities operated by or

under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection.)

1. Nursing Physical Screen. An in-person nursing physical screen shall be completed on each person considered for placement in addictions receiving facilities, detoxification, or intensive inpatient treatment. The screen shall be completed by an R.N. or by an L.P.N. and countersigned by an R.N. The results of the screen shall be documented by the nurse providing the service and signed and dated by that person. If the nursing physical screen is completed in lieu of a medical history, further action shall be in accordance with the medical protocol established under subsection 65D-30.004(7), F.A.C.

2. Medical History. A medical history shall be completed on each individual.

a. For intensive inpatient treatment, the history shall be completed within one (1) calendar day of placement. In those cases where a individual is placed directly into intensive inpatient treatment from detoxification or residential treatment, the medical history completed on the individual while in detoxification or residential treatment may be accepted.

b. For residential treatment and methadone medication-assisted treatment for opioid addiction, the history shall be completed within 30 calendar days prior to placement, or within one (1) calendar day of placement.

c. For day or night treatment with community housing, day or night treatment, intensive outpatient treatment, and outpatient treatment, a medical history shall be completed within 30 calendar days prior to or upon placement.

For the components identified in sub-subparagraphs 2.a. and 2.b., the medical history shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the history shall be reviewed, signed and dated by the physician in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. For the components identified in sub-subparagraph 2.c., the medical history shall be completed by the individual or the individual's legal guardian. For all components, the medical history shall be maintained in the clinical record and updated annually if a individual remains in treatment for more than one (1) year.

3. Physical Examination. A physical examination shall be completed on each individual.

a. For addictions receiving facilities and detoxification, the physical examination shall be completed within seven (7) calendar days prior to placement or two (2) calendar days after placement.

b. For intensive inpatient treatment, the physical examination shall be completed within seven (7) calendar days prior to placement or within one (1) calendar day of placement. In those cases where an individual is placed directly into intensive inpatient treatment from detoxification or



residential treatment, the physical examination completed on the individual while in detoxification or residential treatment may be accepted.

c. For residential treatment, the physical examination shall be completed within 30 calendar days prior to placement or three (3) calendar days after placement.

d. For methadone medication-assisted treatment for opioid addiction, 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 five calendar days of the initial dose, the physician shall document in the clinical record the circumstances that prompted the emergency administration of methadone and sign and date these entries.

For components identified in sub-subparagraphs 3.a.-d., the physical examination shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the examination shall be reviewed, signed and dated by the physician in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

4. Laboratory Tests. Individuals shall provide a sample for testing blood and urine, including a drug screen.

a. For addictions receiving facilities, detoxification, intensive inpatient treatment, and residential treatment, all laboratory tests will be performed in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the results of the laboratory tests shall be reviewed, signed and dated during the assessment process and in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

b. For medication-assisted treatment for opioid addiction, blood and urine samples shall be taken within seven (7) calendar days prior to placement or two (2) calendar days after placement. A drug screen shall be conducted at the time of placement. 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 individual record. The initial dose of medication may be given before the laboratory test results are reviewed by the physician. The results of the laboratory test shall be reviewed, signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

5. Pregnancy Test. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, and methadone medication-assisted treatment for opioid addiction. Female individual shall be evaluated by a physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., to determine the necessity of a pregnancy test. In those cases where it is determined necessary, individuals shall be provided

testing services directly or be referred within 24 hours following placement.

6. Tests for Diseases and Tuberculosis. A serological test for HIV and hepatitis C and a screening test for tuberculosis to determine the need for a Mantoux test shall be conducted on each individual.

a. For intensive inpatient treatment, and residential treatment, tests will be conducted within the time frame specified for the physical examination. The results of both tests shall be reviewed and signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., and filed in the individual record.

b. For methadone medication-assisted treatment for opioid addiction, the tests will be conducted at the time samples are taken for other laboratory tests. Positive results shall be reviewed and signed and dated by a physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

7. Special Medical Problems. Particular attention shall be given to those individuals with special medical problems or needs. This includes referral for medical services. A record of all such referrals shall be maintained in the individual record.

8. Additional Requirements for Intensive Inpatient Treatment, and Residential Treatment. If an individual is readmitted within 90 calendar days of discharge to the same provider, a physical examination shall be conducted as prescribed by the physician. If an individual is readmitted to the same provider after 90 calendar days of the discharge date, the individual shall receive a complete physical examination.

9. Additional Requirements for Methadone Medication-Assisted Treatment for Opioid Addiction.

a. The individual's current addiction and history of addiction shall be recorded in the individual record by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. In any case, the record of the individual's current addiction and history of addiction shall be reviewed, signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

b. A physical examination shall be conducted on individuals who are placed directly into treatment from another provider unless a copy of the examination accompanies the individual and the examination was completed within the year prior to placement. 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 five calendar days of placement.

(b) Psychosocial Assessment.

1. Information Required. The psychosocial assessment shall include the individual's history as determined through an assessment of the following items:

- a. Emotional or mental health;
- b. Level of substance use impairment;
- c. Family history, including substance use by other family members;
- d. The individual's substance use 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. Past or current sexual, psychological, or physical abuse or trauma;
- h. Individual's involvement in leisure and recreational activities;
- i. Cultural influences;
- j. Spiritual or values orientation;
- k. Legal history and status;
- l. Individual's perception of strengths and abilities related to the potential for recovery; and
- m. A clinical summary, including an analysis and interpretation of the results of the psychosocial assessment.

2. Requirements for Components. Any psychosocial assessment that is completed within 30 calendar days prior to placement in any component identified in sub-subparagraphs a.-f. below may be accepted by the provider placing the individual. Otherwise, the psychosocial assessment shall be completed according to the following schedule:

- a. For addictions receiving facilities, the psychosocial assessment shall be completed within three (3) calendar days of placement, unless clinically contraindicated;
- b. For intensive inpatient treatment, the psychosocial assessment shall be completed within three (3) calendar days of placement;
- c. For residential treatment level 1, the psychosocial assessment shall be completed within five (5) calendar days of placement;
- d. For residential treatment levels 2, 3, 4, day or night treatment with community housing, and day or night treatment, the psychosocial assessment shall be completed within 10 calendar days of placement;
- e. For intensive outpatient treatment and outpatient treatment, the psychosocial assessment shall be completed within 30 calendar days of placement; and
- f. For methadone medication-assisted treatment for opioid addiction, the psychosocial assessment shall be completed within 15 calendar days of placement.

3. Psychosocial Assessment Sign-off Requirements. 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, countersigned, and dated by a qualified professional within 10 calendar days of completion. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services shall conduct the review and sign-off within 30 calendar days.)

4. Psychosocial Assessment Readmission Requirements. In those instances where an individual is readmitted to the same provider for services within 180 calendar days of discharge, a psychosocial assessment update shall be conducted, if clinically indicated. Information to be included in the update shall be determined by the qualified professional. A new assessment shall be completed on individuals who are readmitted for services more than 180 calendar days after discharge. In addition, the psychosocial assessment shall be updated annually for individuals who are in continuous treatment for longer than one (1) year.

5. Assessment Requirements Regarding Individuals Who Are Referred or Transferred.

a. A new psychosocial assessment does not have to be completed on individuals who are referred or transferred from one (1) provider to another or referred or transferred within the same provider if the provider meets at least one (1) of the following conditions:

I. The provider or component initiating the referral or transfer forwards a copy of the psychosocial assessment information prior to the arrival of the individual;

II. Individuals are referred or transferred directly from a specific level of care to a lower or higher level of care (e.g., from detoxification to residential treatment or outpatient to residential treatment) within the same provider or from one (1) provider to another; or

III. The individual is referred or transferred directly to the same level of care (e.g., residential level 1 to residential level 1) either within the same provider or from one (1) provider to another.

b. In the case of referral or transfer from one (1) provider to another, a referral or transfer is considered direct if it was arranged by the referring or transferring provider and the individual is subsequently placed with the provider within seven (7) calendar days of discharge. This does not preclude the provider from conducting an assessment. The following are further requirements related to referrals or transfers:

I. If the content of a forwarded psychosocial does not comply with the psychosocial requirements of this rule, the information will be updated or a new assessment will be completed;

II. If an individual is placed with the receiving provider later than seven (7) calendar days following discharge from the

provider that initiated the referral or transfer, but within 180 calendar days, the qualified professional of the receiving provider will determine the extent of the update needed; and

III. If an individual is placed with the receiving provider more than 180 calendar days after discharge from the provider that initiated the referral or transfer, a new psychosocial assessment must be completed.

(c) Special Needs. The assessment process shall include the identification of individuals with mental illness and other needs. Such individual shall be accommodated directly or through referral. A record of all services provided directly or through referral shall be maintained in the individual's clinical record. Rulemaking Authority 397.321(5) FS. Law Implemented 397.4014, 397.4075, 397.410, 397.4103, FS. History—New.

#### 65D-30.0043 Placement

(1) Criteria and Operating Procedures. This requirement applies to addictions receiving facilities, inpatient and outpatient detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, outpatient treatment, intervention, and methadone medication-assisted treatment for opioid addiction. Providers shall have operating procedures that clearly state the criteria for admitting, retaining, transferring, and discharging individuals. This includes procedures for implementing these placement requirements.

(2) Individuals must be assessed prior to admission to a service component to determine level of service need and choice of the individual. If the provider completing the assessment does not offer the service needed, the provider must refer the individual to the assessed level of care.

(3) Primary Counselor, Orientation, and Initial Treatment Plan. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and methadone medication-assisted treatment for opioid addiction.

(a) Primary Counselor. A primary counselor shall be assigned to each individual placed in a component. This standard does not apply to detoxification and addictions receiving facilities.

(b) Orientation. Each individual served must receive an orientation to the program at the time of admission and upon request. The orientation shall be in a language the individual or his or her representative understands. The individual's acknowledgement of the orientation and receipt of required information must be documented in the medical record. The orientation shall include:

1. A description of services to be provided;

2. A copy of the individual's rights pursuant to Chapter 397, Part III, F.S.;

3. A copy of the facility's admission and discharge policies;

4. A copy of the service fee schedule, financial responsibility policy, and applicable fees;

5. Written rules of conduct for individual's served which shall be reviewed, signed, and dated;

6. A copy of the grievance process and procedure;

7. General information about infection control policies and procedures;

8. Limits of confidentiality;

9. Information on parental or legal guardian's access to information and participation in treatment; and

10. Information regarding advance directives which delineate the facility's position with respect to the state law and rules relative to advance directives.

(c) Initial Treatment Plan. Individuals may not be retained in a facility who require services beyond those for which the facility is licensed or has the functional ability to provide, as determined by the Medical Director in consultation with the facility chief executive officer or designee.

(4) Transfer and Discharge. Providers must ensure safe and orderly transfers and discharges in accordance with the facility's policies and procedures.

(a) Inpatient and residential providers shall not discharge an individual prior to treatment completion based on inability to pay. With consent of the individual, the provider may transfer the individual to a state-funded provider with capacity to accept and treat the individual.

(b) Inpatient and residential facilities must provide individuals and their guardians a minimum of 72 hours notice of proposed transfer or discharge, except, in the following circumstances, the facility shall give notice as soon as practicable before the transfer or discharge:

(a) The transfer or discharge is necessary for the individual's welfare and the individual's needs cannot be met by the facility, and the circumstances are documented in the individual's medical record; or

(b) The health or safety of other program participants or facility staff would be endangered, and the circumstances are documented in the individual's medical record

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321, 397.4075, 397.410, FS. History—New.

#### 65D-30.0044 Plans, Progress Notes, and Summaries

(1) Treatment Plan, Treatment Plan Reviews, and Progress Notes.

(a) Treatment Plan. Each individual shall be afforded the opportunity to participate and be actively engaged 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 individual, the tasks involved in achieving those objectives, the type and frequency of services to be provided, 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 individual. If the treatment plan is completed by other than a qualified professional, the treatment plan shall be reviewed, countersigned, and dated by a qualified professional within 10 calendar days of completion. In the case of Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services, the treatment plan shall be reviewed, countersigned, and dated by a qualified professional within 30 calendar days of completion. A written treatment plan shall be completed on each individual.

1. For long-term outpatient methadone detoxification and methadone medication-assisted treatment for opioid addiction, the treatment plan shall be completed prior to or within 30 calendar days of placement.

2. For intensive inpatient treatment, the treatment plan shall be completed within three (3) calendar days of placement.

3. For residential treatment level 1, the treatment plan shall be completed prior to, or within seven (7) calendar days of placement.

4. For residential treatment levels 2, 3, and 4 day or night treatment with community housing, the treatment plan shall be completed prior to or within 15 calendar days of placement.

5. For day or night treatment, the treatment plan shall be completed prior to or within 10 calendar days of placement.

6. For intensive outpatient treatment and outpatient treatment, the treatment plan shall be completed prior to or within 30 calendar days of placement.

7. For detoxification and addictions receiving facilities, an abbreviated treatment plan, as defined in subsection 65D-30.002(1), F.A.C., shall be completed upon placement. The abbreviated treatment plan shall contain a medical plan for stabilization and detoxification, provision for education, therapeutic activities and discharge planning, and in the case of addictions receiving facilities, a psychosocial assessment.

(b) Treatment Plan Reviews. Treatment plan reviews shall be completed with each individual and shall be signed and dated by the individual. The treatment plan must be reviewed when clinical changes occur and as specified in 65D-30.0044(1)(b)1-4, F.A.C.

1. For intensive inpatient treatment, treatment plan reviews shall be completed every seven (7) calendar days.

2. For residential treatment levels 1, 2, and 3, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, and outpatient treatment,

treatment plan reviews shall be completed every 30 calendar days.

3. For residential treatment level 4, treatment plan reviews shall be completed every 90 calendar days.

4. For methadone medication-assisted treatment for opioid addiction and long-term outpatient methadone detoxification, treatment plan reviews shall be completed every 90 calendar days for the first year and every 6 months thereafter.

For all components, if the treatment plan reviews are not completed by a qualified professional, the review shall be countersigned and dated by a qualified professional within five calendar days of the review.

(c) Progress Notes. Progress notes shall be entered into the clinical record documenting an individual's progress or lack of progress toward meeting treatment plan goals and objectives. When a single service event is documented, the progress note must be signed and dated by the person providing the service. When more than one (1) service event is documented, progress notes may be signed by any clinical staff member assigned to the individual. The following are requirements for recording progress notes:

1. For addictions receiving facilities, inpatient detoxification, outpatient detoxification, short-term residential methadone detoxification, short-term outpatient methadone detoxification, and intensive inpatient treatment, progress notes shall be recorded at least daily;

2. For residential treatment, day or night treatment with community housing, day or night treatment, and long-term outpatient methadone detoxification, progress notes shall be recorded at least weekly;

3. For intensive outpatient treatment and outpatient treatment, progress notes shall be recorded at least weekly or, if contact occurs less than weekly, notes will be recorded according to the frequency of sessions; and

4. For methadone medication-assisted treatment for opioid addiction, progress notes shall be recorded according to the frequency of sessions.

(2) Ancillary Services. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, aftercare, and medication-assisted treatment for opioid addiction. 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 individual. The provision of ancillary services shall be based on individual needs as determined by the treatment plan and treatment plan reviews. In those cases where individuals need to be referred for services, the provider shall use a case management approach by linking individuals to needed services and following-up on referrals. All such

referrals shall be initiated and coordinated by the individual's primary counselor or other designated clinical staff who shall serve as the individual's case manager. A record of all such referrals for ancillary services shall be maintained in the clinical record, including whether or not a linkage occurred or documentation of efforts to confirm a linkage when confirmation was not received.

(3) Prevention Plan, Intervention Plan, and Summary Notes.

(a) Prevention Plan. For individuals involved in selective prevention services as described in paragraph 65D-30.013(3)(a)3., F.A.C., a prevention plan shall be completed within 45 calendar days of placement. 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 60 calendar days from the date of completion of the plan. The prevention plan shall be signed and dated by staff who developed the plan and signed and dated by the individual.

(b) Intervention Plan. For individuals involved in intervention on a continuing basis, an intervention plan shall be completed within 45 calendar days of placement. Intervention plans shall include goals and objectives designed to reduce the severity and intensity of factors associated with the onset or progression of substance abuse. The intervention plan shall be reviewed and updated at least every 60 days. The intervention plan shall be signed and dated by staff who developed the plan and signed and dated by the individual.

(c) Summary Notes. Summary notes shall be completed for prevention and intervention services where clinical records are required. Summary notes shall contain information regarding an individual's progress or lack of progress in meeting the conditions of the prevention or intervention plan described in paragraphs (a) and (b). Summary notes shall be entered into the individual record at least weekly for those weeks in which services are scheduled. Each summary note shall be signed and dated by staff delivering the service.

(4) Record of Disciplinary Problems. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, methadone medication-assisted treatment for opioid addiction, aftercare, and intervention. A record of disciplinary problems with individuals shall be maintained.

(5) Discharge and Transfer Summaries. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment,

medication-assisted treatment for opioid addiction, aftercare, and intervention.

(a) Discharge Summary. A written discharge summary shall be completed for individuals who complete services or who leave prior to completion of services. The discharge summary shall include a summary of the individual's involvement in services and the reasons for discharge and the provision of other services needed by the individual following discharge, including aftercare. The discharge summary shall be completed within 15 days and signed and dated by a primary counselor.

(b) Transfer Summary. A transfer summary shall be completed immediately for individuals who transfer from one (1) component to another within the same provider and shall be completed within 5 calendar days when transferring from one (1) provider to another. In all cases, an entry shall be made in the individual's clinical record regarding the circumstances surrounding the transfer and that entry and transfer summary shall be signed and dated by a primary counselor within 15 days.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321, 397.410, 397.411, FS. History—New.

#### 65D-30.0045 Rights of Individuals

(1) Individual Rights. Individuals applying for or receiving services for substance use disorders are guaranteed the protection of fundamental human, civil, constitutional, and statutory rights, including those specified in subsections 397.501(1)-(10), F.S.

(a) Provisions. Basic individual rights shall include:

1. Provisions for informing the individual, family member, or authorized guardian of their rights and responsibilities, assisting in the 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 individuals of the grievance system;

4. Access to grievance submission forms;

5. Education of staff in the importance of the grievance system and individual rights;

6. Specific levels of appeal with corresponding time frames for resolution;

7. Timely receipt of a filed grievance;

8. The logging and tracking of filed grievances until resolved or concluded by actions of the provider's governing board;

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 hotline, the Disability Rights Florida, and the regional Office of Substance Abuse and Mental Health in a conspicuous place within each facility and provide a copy to each individual placed in services.

(c) Implementation of Individual Rights Requirements by Department of Corrections. In lieu of the requirements of this subsection, and in the case of Substance Abuse Programs operated by or under contract with the Department of Corrections or Department of Management Services shall adhere to the requirements found in Chapter 33-103, F.A.C., titled Inmate Grievance Procedure.

(2) Individual Employment. Providers shall ensure that all work performed by an individual is voluntary, justified by the treatment plan, and that all wages, if any, are in accordance with applicable wage and disability laws and regulations. Rulemaking Authority 397.321(5) FS. Law Implemented 397.321, 397.4014, 397.410, 397.501, FS. History--New.

#### 65D-30.0046 Staff Training, Qualifications, and Scope of Practice

(1) Staff Training. Providers shall develop and implement a staff development plan. At least one (1) staff member with skill in developing staff training plans shall be assigned the responsibility of ensuring that staff development activities are implemented.

(a) The staff development plan must be reviewed at least annually through the quality assurance program and revised as needed. The plan must be signed and dated.

(b) All required training activities shall be documented and accessible for Department review, including the date, duration, topic, name(s) of participants, and name(s) of the trainer or training organization.

(c) New staff orientation. Within six (6) months of the hiring date, employees must complete the following trainings:

1. A two (2) hour educational course on HIV/AIDS as required by s. 381.0035, F.S.

2. Overdose prevention training which must be renewed biennially.

3. Training in incident reporting procedures and requirements in accordance with Children and Families Operating Procedures 215-6, incorporated by reference in Rule 65D-30.004, the affirmative duty requirements and protections of Chapter 415, F.S., and Title V of the Americans with Disabilities Act.

4. For those staff working in component services identified in subsection 65D-30.004(12), F.A.C., two (2) hours of training

in control of aggression techniques and two (2) hours annually thereafter.

5. For all direct care staff, training and certification in cardiopulmonary resuscitation (CPR)/First AID. Staff must maintain CPR/First AID certification and a copy of the valid certificate must be filed in the personnel record.

(d) General Training Requirements. All staff and volunteers who provide direct care or prevention services and whose work schedule is at least 20 hours per week or more, shall participate in a minimum of 16 hours of documented training per year related to their duties and responsibilities. This includes training conducted annually in the following areas:

1. In inpatient and residential settings, prevention and control of infection;

2. Fire prevention, life safety, and disaster preparedness;

3. Safety awareness program;

4. Rights of individuals served;

5. Federal law, 42 CFR, Part 2, and applicable state laws regarding confidentiality.

(e) In those instances where an individual has received the requisite training as required in paragraphs (1)(c) and (d) during the year prior to employment by a provider, that individual will have met the training requirements. This provision applies only if the individual is able to produce documentation that the training was completed and that such training was provided by persons who or organizations that are qualified to provide such training

(f) Special Training Requirements for Clinical Staff. All new clinical staff who work at least 20 hours per week or more must receive 12 hours of competency-based training related to substance use disorder treatment and recovery within the first year.

(g) Special Training Requirements for Prevention. In addition to paragraphs (1)(c) and (d), new staff providing prevention services shall receive 12 hours basic training in science-based prevention within the first year of employment.

(h) Medication Administration Training Requirements. Training is required before personnel may supervise the self-administration of medication. At least four (4) hours of training is required which may be conducted only by licensed registered nurses or Advance Registered Nurse Practitioners. Personnel responsible for training must certify by signed document or certificate the competency of unlicensed staff to supervise the self-administration of medication. Proof of training shall be documented in the personnel file and shall be completed prior to implementing the supervision of self-administration of medication.

(i) In addition to the requirements of paragraph (h), medication administration training must include step-by-step procedures, covering, at a minimum, the following subjects:

1. Safe storage, handling, and disposal of medications;
2. Comprehensive understanding of and compliance with medication instructions on a prescription label, a healthcare practitioner's order, and proper completion of medication administration record (MAR) form;
3. The medical indications and purposes for commonly used medications, their common side effects, and symptoms of adverse reactions;
4. The proper administration of oral, transdermal, ophthalmic, otic, rectal, inhaled or topical medications;
5. Safety and sanitation practices while administering medication;
6. Medication administration documentation and record keeping requirements;
7. Medical errors and medical error reporting;
8. Determinations of need for medication administration assistance and informed consent requirements;
9. Procedural arrangements for individuals who require medication offsite; and
10. Validation requirements.

(2) Clinical Supervision. A qualified professional, as defined in subsection 65D-30.002(68), F.A.C., shall supervise clinical services, as permitted within the scope of their qualifications. In addition, all licensed and unlicensed staff shall be supervised by a qualified professional. In the case of medical services, medical staff may provide supervision within the scope of their license. Supervisors shall conduct regular reviews of work performed by subordinate employees. Clinical supervision may include supervisory participation in treatment planning meetings, staff meetings, observation of group sessions and private feedback sessions with personnel. The date, duration, and content of supervisory sessions shall be clearly documented for each licensed component and made available for Department review.

(3) Scope of Practice. Unless licensed under Chapter 458, 459, 464, 490 or 491, F.S., non-medical clinical staff providing clinical services specific to substance use are limited to the following tasks unless otherwise specified in this rule:

- (a) Screening;
- (b) Psychosocial assessment;
- (c) Treatment planning;
- (d) Referral;
- (e) Service coordination and case management;
- (f) Consultation;
- (g) Continuing assessment and treatment plan reviews;
- (h) Counseling, including:
  1. Individual counseling;
  2. Group counseling; and
  3. Counseling with families, couples, and significant others;
- (i) Individual, family, and community education;

- (j) Documentation of progress; and
- (k) Any other tasks permitted in these rules and appropriate to that licensable component.

(4) Staff Qualifications. Staff must provide services within the scope of their professional licensure or certification, training, protocols, and competence. Minimum staff qualifications apply to the type of task and licensable components listed below. A master's level or bachelor's level practitioner must hold degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education, or a related human services field. Certification must be obtained through a Department approved credentialing entity.

(a) Clinical services, including expressive therapy and crisis intervention, must be provided by one (1) of the following practitioners:

1. Qualified professional.
2. A bachelor's or master's level practitioner, including registered marriage and family therapy, clinical social work, and mental health counseling interns, working directly under the supervision of a qualified professional licensed under chapters 458, 459, 490, or 491, F.S.

(b) Training/education, intervention, and aftercare services must be provided by one (1) of the following practitioners:

1. Any practitioners described in paragraph (4)(a) of this section.
2. A certified recovery peer specialist or certified recovery support specialist working under the supervision of a bachelor's level practitioner or a certified recovery peer specialist with a minimum of two (2) years of experience working with individuals with substance use disorders."

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321, 397.410, FS. History--New.

65D-30.0047 Facility Standards.

Facility standards in paragraphs (1)-(11) below apply to addictions receiving facilities, inpatient detoxification facilities, intensive inpatient treatment, and residential treatment facilities. Facility standards in paragraphs (6)-(11) apply to outpatient detoxification, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and methadone medication-assisted treatment for opioid addiction.

(1) Grounds. Each facility and its grounds shall be designed to meet the needs of the individuals served, the service objectives, and the needs of staff and visitors. Providers shall afford each individual access to the outdoors. Access may be restricted in those cases where the individual presents a clear and present danger to self or others or is at risk for elopement.

(2) 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.

(3) Personal Possessions. Provisions shall be made which will ensure that individuals have access to individual storage areas for clothing and personal possessions.

(4) Laundry Facilities. Laundry facilities or laundry services shall be available which ensure the availability of clean clothing, bed linens, and towels.

(5) Personal Hygiene. Items of personal hygiene shall be provided if the individual is unable to provide these items.

(6) Safety. Providers shall ensure the safety of individual, staff, visitors, and the community to the extent allowable by law.

(7) Managing Disasters. Providers shall have written disaster preparedness plans as outlined in 65E-12.106(12)(c)1.b., F.A.C. In addition, the plan shall include procedures for the transfer of any individuals to other providers. In the cases of emergency temporary relocation, a provider must deliver or arrange for appropriate care and services to all individuals. All such plans shall be provided to the regional office upon request. The chief executive officer shall review, sign and date the plan at least annually.

(8) 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.

(9) 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 individuals, staff, or visitors.

(10) Hazardous Materials. Providers shall ensure that hazardous materials are properly identified, handled, stored, used, and dispensed.

(11) Compliance with Local Codes. All licensed facilities used by a provider shall comply with fire safety standards enforced by the State Fire Marshal, pursuant to Section 633.104, F.S., rules established pursuant to Rule Chapter 69A-44, F.A.C., and with health and zoning codes enforced at the local level. Providers shall update and have proof of compliance with local fire and safety and health inspections annually for applicable components. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services, and Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from this requirement.)

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321, 397.410, FS. History–New.

65D-30.0048 Offender Referrals Under Chapter 397, F.S

(1) 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.

(2) Referral Information. Referrals shall be in writing and signed by the referral source.

(3) Provider Responsibilities.

(a) If the offender is not appropriate for placement by the provider, this decision must immediately be communicated to the referral source and documented in writing within 24 hours, stating reasons for refusal.

(b) The provider, after consultation with the referral source, may discharge the offender to the referral source.

(c) 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.

(4) Assessment of Juvenile Offenders.

(a) Each juvenile offender referred by the court and the Department of Juvenile Justice shall be assessed to determine the need for services for substance use disorders.

(b) The Department, in conjunction with the court and the Department of Juvenile Justice, shall establish procedures to ensure that juvenile offenders are assessed for substance use disorders and that diversion and adjudication proceedings include conditions and sanctions to address substance use disorders. These procedures must address:

1. Responsibility of local contracted providers for assessment;

2. The role of the court in handling non-compliant juvenile offenders; and

3. Priority Services.

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.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321, 397.410, 397.4014, FS. History–New.

65D-30.0049 Voluntary and Involuntary Placement

(1) Voluntary and Involuntary Placement Under Chapter 397, F.S., Parts IV and V.

(a) Eligibility Determination.

1. Voluntary Placement. To be considered eligible for treatment on a voluntary basis, an applicant for services must meet diagnostic criteria for substance use disorders. The ASAM criteria shall be used to determine service determination.

2. Involuntary Placement. To be considered eligible for services on an involuntary basis, a person must meet the criteria for involuntary placement as specified in Section 397.675, F.S.



(b) Provider Responsibilities Regarding Involuntary Placement.

1. Persons who are involuntarily placed shall be served only by licensed service providers as defined in subsection 397.311(19), F.S., and only in those components permitted to admit individuals on an involuntary basis.

2. Providers which accept involuntary referrals must provide a description of the eligibility and diagnostic criteria and the placement process to be followed for each of the involuntary placement procedures described under Sections 397.677, 397.679, 397.6798, 397.6811, and 397.693, F.S.

3. Individuals shall be referred to more appropriate services if the provider determines that the person should not be placed or should be discharged. Such referral shall follow the requirements found in paragraphs 397.6751(2)(a), (b), (c) and paragraphs 397.6751(3)(a), (b), F.S. 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 subsection 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. This includes 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 use disorder 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.

(2) For persons with a co-occurring substance use and mental health disorders, providers shall develop and implement operating procedures for serving or arranging for services. Rulemaking Authority 397.321(5) FS. Law Implemented Chapter 397, Part V, 397.321, 397.501, 397.601, FS. History--New.

65D-30.005 Standards for Addictions Receiving Facilities. In addition to Rule 65D-30.004, F.A.C., the following standards apply to addictions receiving facilities.

(1) Designation of Addictions Receiving Facilities. The Department shall designate addictions receiving facilities. The provider shall indicate on the licensure application for this service component that designation is requested. Once the designation request is received by the Regional Substance Abuse and Mental Health Program Office, the Regional Substance Abuse and Mental Health Program Director shall submit a written recommendation to the Office of Substance Abuse and Mental Health headquarters in Tallahassee, Florida. The headquarters Director of Substance Abuse and Mental Health may approve or deny the request and shall respond in writing 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 certificate designating the facility. The designation shall be valid for three (3) years. ~~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 department's Director for Substance Abuse. The Director for Substance Abuse shall submit written recommendations to the Secretary of the department approving or denying the request.~~

(2) Services.

(a) Stabilization and Detoxification. Following the nursing physical screen, and in those cases where medical emergency services are unnecessary, the individual ~~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) Supportive Counseling. Each individual ~~client~~ shall be offered ~~participate in~~ supportive counseling on a daily basis, unless an individual ~~a client~~ is not sufficiently stabilized as defined in subsection ~~65D-30.002(78)~~ 65D-30.002(69), F.A.C. Supportive counseling sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the individual's ~~client's~~ need for other services. Services shall be directed toward assuring ~~that~~ the individual's ~~client's~~ most immediate needs are addressed and that the individual ~~client~~ is encouraged to remain engaged in treatment and to follow up on referrals after discharge.

(c) Daily Schedule. The provider shall develop a daily schedule that shall be posted in clear view of all program participants and include recreational and educational activities. Participation in daily activities by the individual client shall be documented in the individual's clinical client's record.

(3) No change.

(4) Observation of Individuals Clients. Individuals Clients requiring close medical observation, as determined by medical staff, shall be visible and readily accessible to the nursing staff 24 hours per day and 7 days per week. Staff shall perform visual checks minimally every 15 minutes, which shall be documented in the individual's clinical record. Individuals Clients who do not require close medical 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 placed in another component and must also fall into one (1) of the following categories:

(a) An individual who presents for voluntary admission ~~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 due to a substance use issue or who meets diagnostic or medical criteria justifying admission in a secure an addictions receiving facility;~~ or

(b) An individual involuntary client who meets the criteria for involuntary admission specified in Section 397.675, F.S.; or

(c) No change.

(d) Juveniles found in contempt as authorized under Section 985.037 ~~Section 985.216~~, F.S.

(6) Exclusionary Criteria for Addictions Receiving Facilities. Persons ineligible for admission include:

(a) Persons found not to be using substances or whose substance use ~~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 admitted 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 subsection 397.311(3) ~~397.311(5)~~, F.S., and as described under paragraph 397.6751(1)(f), F.S.

(7) Admission Procedures. Following the nursing physical screen, the individual client shall be screened to determine ~~the person's~~ eligibility ~~or ineligibility~~ for admission. The decision to admit place or not to admit place shall be made by a physician, a qualified professional, or an R.N., and shall be based upon the results of screening information and face-to-face consultation with the individual to be admitted.

(8) Notification and Referral. In the event that the addictions receiving facility has reached full capacity or it has been determined that the screened individual prospective client cannot be safely managed, the provider shall attempt to notify

the referral source and document the attempt. In addition, the provider shall 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 ~~for on~~ each individual admitted to client placed in an addictions receiving facility under protective custody, emergency admission, alternative involuntary assessment for minors, and under involuntary assessment and stabilization. The assessment shall be completed by a qualified professional and based on the requirements in paragraph 65D-30.0042(2)(b) ~~65D-30.004(14)(b)~~, F.A.C. The assessment shall be directed toward determining the individual's client's need for additional treatment and the most appropriate services and supports.

(b) Disposition Regarding Involuntary Admissions. Within the assessment period, one (1) of the following actions shall be taken, based upon the needs of the individual client and, in the case of a minor, after consultation with the parent(s) or guardian(s).

1. The individual 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 their parent(s), legal guardian(s), or legal custodian(s).

2. The individual 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 another service component residential treatment, day or night treatment, intensive outpatient treatment, or outpatient treatment.

3. No change.

(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 placement in 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 individuals admitted for services. Participation in staffing shall be dictated by the individual's needs. At a minimum, staffing ~~All staffing~~ shall include participation by a physician, nurse, ~~and~~ primary counselor, and the individual served unless clinically contraindicated. ~~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 individuals clients. A full-time R.N. shall be the supervisor of all nursing services. An R.N. or L.P.N. shall be on-site 24 hours per day, 7 days per week. At least one (1) qualified professional shall be on staff and shall be a member of the treatment team. At least one (1) member of the clinical staff shall be available

on-site for 8 hours daily and be on-call thereafter, 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) No change.

(14) Seclusion and Restraint and Seclusion.

(a) Addictions receiving facilities may utilize seclusion and restraint. If seclusion or restraint is utilized, addictions receiving facilities shall adhere to all standards and requirements for seclusion and restraint as described in Chapter 65E-5.180(7), F.A.C. Restraint and seclusion can only be used in emergency situations to ensure the physical safety of the client, other clients, staff, or visitors 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 subsection 65D-30.004(29), F.A.C.

(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 not be written as a standing order or on an as-needed basis.

2. The treating physician, or other medically qualified designee identified in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., must be consulted as soon as possible, but no longer than one hour after the initiation of restraint or seclusion. Further, in the case of adults, the physician, or other medically qualified designee identified in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., must conduct a face-to-face evaluation of the client within four hours of the initiation of restraint or seclusion. In the case of children age 17 and under, this shall occur within two hours of initiation of restraint or seclusion.

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 Chapter 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 be assessed, monitored, and reevaluated at least every 15 minutes.~~

~~(e) 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, maintain personal hygiene, 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, supportive counseling shall be provided in accordance with the needs of the client in an effort to transition the client from restraint or seclusion.

(b)(g) Seclusion Room Facility Requirements. If the provider utilizes seclusion and restraint, the provider Providers shall have at least one (1) seclusion room located in the facility. Seclusion rooms shall incorporate the following minimum facility standards.

1. through 7. No change.

Rulemaking Specific Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321, 397.4014, 397.410, 397.311(18), 397.321(1), 397.419, 397.904 F.S. History—New 5-25-00, Amended 4-3-03 Amended

65D-30.006 Standards for Detoxification.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to detoxification.

(1) General Requirements. Detoxification protocols shall be developed by the medical director, or in accordance with the medical protocol established in subsection 65D-30.004(6) 65D-30.004(7), F.A.C., and implemented upon admission placement according to the physiological and psychological needs of the individual client.

(2) Inpatient Residential Detoxification.

(a) Services.

1. No change.

2. Supportive Counseling. Each individual client shall participate in supportive counseling on a daily basis unless the individual client is not sufficiently stable. Supportive counseling sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the individual's client's need for other services. Services shall be directed toward ensuring ~~assuring~~ that the individual's client's most immediate needs are addressed and encouraging the individual client to remain engaged in treatment and to follow up on referrals after discharge.

3. Daily Activities. The provider shall develop a schedule of daily activities that will be provided based on the detoxification protocols as defined in section 65D-30.002(27), F.A.C. This shall include recreational and educational activities, and participation shall be documented in the clinical record.

4. Involuntary Assessment and Disposition. Individuals Clients who are involuntarily admitted ~~placed~~ into a detoxification unit under protective custody, emergency admission or involuntary assessment and stabilization pursuant to section 397.6772, 397.6797, or 397.6811, F.S., shall be assessed and referred as in subsection 65D-30.005(9), F.A.C.

(b) Observation of Individuals Clients. Individuals clients requiring close medical observation, as determined and documented by medical staff, shall be visible and readily accessible to nursing staff. Individuals clients who do not require close medical observation shall be in a bed area that allows for general nursing observation.

(c) No change.

(d) Staffing Requirement and Bed Capacity. The staffing requirement for nurses and nursing support personnel for each shift shall be as follows:

Licensed Bed Capacity	Nurses	Nursing Support
1-15	1	1
16-20	1	2
21-30	2	2

The number of nurses and nursing support staff shall increase in the same proportion as the requirement described above. In those instances where an inpatient a residential detoxification component and a licensed crisis stabilization unit are co-located, the staffing requirement for the combined components shall conform to the staffing requirement 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 individual's client's overall medical condition;

2. The individual's client's family or support system, for the purpose of observing the client during the detoxification process, and for monitoring compliance with the medical protocol;

3. The individual's client's overall stability and behavioral condition;

4. The individual's client's ability to understand the importance of managing withdrawal utilizing medications and to comply with the medical protocol; and

5. An assessment of the individual's client's ability to abstain from the use of substances, except for the proper use of prescribed medication.

(b) Drug and Alcohol Toxicology Screening. A drug and alcohol screen shall be conducted at admission. Thereafter, the program shall require random drug and alcohol screening for each individual in accordance with the provider's medical protocol ~~client at least weekly~~.

(c) Services.

1. Supportive Counseling. Each individual client shall participate in supportive counseling on a weekly basis. Counseling sessions shall be of sufficient duration to enable staff to make decisions regarding the individual's client's need for other services and to determine progress.

2. Referral to Inpatient Residential Detoxification. Providers shall refer individuals clients to inpatient residential detoxification or the appropriate level of care when there is evidence that the individual client is unable to comply with the outpatient protocol.

(d) No change.

(e) Training. All direct services staff working in outpatient detoxification shall be trained in the outpatient detoxification protocol prior to having contact with the individual in need of services 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 65D-30.006(2), F.A.C., if methadone is provided as part of inpatient residential detoxification, and subsection 65D-30.006(3), F.A.C., if methadone is provided as part of 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 an inpatient a residential and an outpatient basis while long-term detoxification is permitted on an outpatient basis only. A provider shall not admit an individual ~~place a client~~ in more than two (2) detoxification episodes in one (1) year. The physician or other medically qualified professional designee identified in accordance with

the medical protocol established in subsection 65D-30.004(7), F.A.C., shall assess the individual client upon admission to determine the need for other forms of treatment. Providers shall also comply with the standards found under subsection 65D-30.014(4), F.A.C., with the exception of the following conditions:

(a) No change.

(b) Individuals Clients involved in long-term detoxification shall have a drug screen initially and at least monthly thereafter.

(c) Individuals Clients involved in short-term detoxification shall have at least one (1) initial drug screen.

(5) Hours of Operation. Providers shall post their hours of operation and this information shall be visible to the public.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321(4), 397.4014, 397.410, 397.311(18)(c), 397.419 FS. History—New 12-12-05, Amended \_\_\_\_\_.

65D-30.0061 Standards for Intensive Inpatient Treatment.

(1) Admission Criteria. Intensive inpatient treatment is appropriate for individuals whose acute biomedical, behavioral, cognitive, and emotional problems are severe enough to require primary medical and nursing care. These individuals may exhibit violent or suicidal behaviors, or other severe disturbances due to substance abuse. Program services may be offered in an appropriately licensed facility located in a community setting, a specialty unit in a general or psychiatric hospital, or other licensed health care facility. In addition to Rule 65D-30.004, F.A.C., the following standards apply to intensive inpatient treatment.

(2)(1) Specialized Services. Providers shall make provisions to meet the needs of individuals clients with a co-occurring substance abuse and mental health disorder, and related biomedical disorders. This includes will include protocols for:

(a) Providing clinical services daily by an interdisciplinary team of qualified staff daily;

(b) Planning Planned clinical program activities designed to stabilize acute addictive and psychiatric symptoms, adapted to the individual's client's developmental stage and level of comprehension;

(c) Monitoring the individual's client's compliance in taking prescription medication on a regular basis, including medication education;

(d) Reviewing the individual's client's recent psychiatric history and mental status examination;

(e) Developing a comprehensive psychiatric history and conducting a mental status examination as determined by the individual's client's needs;

(f) Providing co-occurring enhanced services as defined in the American Society of Addiction Medicine (ASAM) Treatment Patient Placement Criteria for Addictive, Substance-

Related, and Co-Occurring Disorders, Third Edition 2013 2004; and

(g) Providing related biomedical services, as determined by the individual's client's needs.

(3)(2) Standard Services. Standard services shall include a specified number of hours of counseling as provided for in subsection 65D-30.0061(3), F.A.C. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed below be provided. Services shall be provided in accordance with the needs of the individual client as identified in the assessment and treatment plan as follows:

(a) through (b) No change.

(c) Counseling with families or support system;

(d) Substance-related and recovery-focused abuse education, such as strategies for avoiding substance abuse or relapse, information regarding ~~on~~ health problems related to substance use abuse, motivational enhancement, and strategies for achieving a substance-free lifestyle;

(e) Life skills training, such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery management, decision-making, relationship skills, and symptom management;

(f) Expressive Non-verbal therapies, such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual client with alternative means of self expression and problem resolution;

(g) Training or provision of information regarding advising ~~in~~ health and medical issues;

(h) Employment or educational support services to assist individuals clients in becoming financially independent; and

(i) Mental health services for the purpose of:

1. Managing individuals clients with disorders who are stabilized;

2. Evaluating individuals' clients' needs for in-depth mental health assessment;

3. Training individuals clients to manage symptoms; and

4. If the provider is not staffed to address primary mental health problems which may arise during treatment, the provider should initiate a timely referral to an appropriate provider for mental health crises or for the emergence of a primary mental health disorder in accordance with the provider's policies and procedures, if the provider is not staffed to address primary mental health problems which may arise during treatment.

(4)(3) Required Hours of Services. Individuals Clients shall receive services each week in accordance with subsections 65D-30.0061(2)(1) and (3)(2), F.A.C., including at least 14 hours of counseling and 20 hours of other structured activities.

(5)(4) Observation of Individuals Clients. Individuals Clients requiring close medical observation, as determined and documented by medical staff, shall be visible and readily

accessible to nursing staff. ~~Individuals~~ Clients who do not require close medical observation shall be in a bed area that allows for general nursing observation.

~~(6)(5)~~ Staff Coverage.

(a) There shall be nursing coverage 24 hours per day, 7 days per week. An R.N. shall supervise all nursing staff and an R.N. or L.P.N. shall be on-site. Nursing staff shall be responsible for monitoring each ~~individual's~~ client's ~~medical~~ progress and medication administration. An R.N. or L.P.N. shall conduct a mental health focused nursing assessment at the time of admission placement. A physician shall be on-call 24 hours per day, 7 days per week.

(b) A psychiatrist or psychiatric A.R.N.P. or P.A. shall be available by telephone to assess the ~~individual's~~ client's mental condition, if needed. A face-to-face assessment shall be conducted on ~~individuals~~ clients with a co-occurring disorder within three (3) calendar days of admission placement.

(c) A qualified professional licensed under Chapter 490 or 491, F.S., shall be a member of the interdisciplinary team and shall be on-site daily. At least one (1) member of the non-medical clinical staff shall be on-site for eight (8) hours daily and be on-call thereafter, 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.

~~(7)(6)~~ Caseload. No primary counselor may have a caseload that exceeds 10 currently participating ~~individuals~~ clients.

~~(8)(7)~~ Transportation. Each provider shall arrange for or provide transportation services to ~~individuals~~ clients who are involved in activities or in need of services that are provided at other facilities.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(18)(c), 397.321(1), 397.419 FS. History—New 12-12-05, Amended.

65D-30.007 Standards for Residential Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to residential treatment.

(1) Facilities Not Required to be Licensed as Residential Treatment. Licensure as residential treatment, as defined in paragraph 65D-30.002(16)(d) ~~65D-30.002(16)(e)~~, F.A.C., shall not apply to facilities that only provide ~~operated by a provider that provides only~~ housing, meals, or housing and meals to individuals who are substance use impaired or in recovery. These facilities do not provide clinical services, but may arrange for or provide support groups such as Alcoholics Anonymous and Narcotics Anonymous, and where the provider:

~~(a) Does not mandate that the individuals live in the residential facility as a condition of treatment in a separate facility owned and operated by the provider; and,~~

~~(b) May make available or provide support groups such as Alcoholics Anonymous and Narcotics Anonymous as the only services available to the residents in the facility where housing, meals, or housing and meals are provided. All other facilities providing that provide housing to residents that are substance abuse impaired and provide services to residents, as defined in subsection 397.311(22) Section 397.311(18)(d), F.S., and as described in subsections 65D-30.007(2) and (3), F.A.C., either at the facility or at alternate locations, must be licensed under this rule.~~

(2) ~~Levels~~ Categories of Residential Treatment. For the purpose of this rule, there are ~~four~~ five levels of residential treatment. In each level, treatment shall be structured to serve ~~residents~~ clients who need a safe and stable living environment in order to develop sufficient recovery skills for the transition to a less restrictive level of care or reintegration into the general community in accordance with placement criteria. Treatment shall also include a schedule of services provided within a positive environment that reinforce the ~~resident's~~ clients recovery. ~~Residents~~ and clients will be placed in a level of residential treatment that is based on their treatment needs and circumstances. Because treatment plans should be specific to the resident, length of stay and duration of treatment shall be dependent upon the resident's: a) severity of illness or disorder, b) level of functioning, and c) clinical progress in treatment and outcomes based on individualized treatment goals for all levels of residential treatment.

(a) Level 1 programs offer organized treatment services that feature a planned and structured regimen of care in a 24-hour residential setting. These programs are more than a 24-hour supported living environment (like those in level 4), and are a 24-hour treatment setting. There are two (2) categories of treatment under this level of care, include those that provide services on a short term basis. This level is appropriate for persons who have sub acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require inpatient treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. Typically, clients have a job and a home to support their recovery upon completion of this level of care. The emphasis is clearly on an intensive regimen of clinical services using a multidisciplinary team approach. Services may include some medical services based on the needs of the client.

1. Adult Level 1 programs are appropriate for adults age 18 years and older with a substance use disorder or a co-occurring mental health and substance use disorder who have sub-acute biomedical, behavioral, emotional, or cognitive conditions severe enough that they require treatment in a Level 1 program, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.

This level includes programs that provide services on a short-term basis. The emphasis is on an intensive regimen of clinical services using a multidisciplinary team approach. Services may include some medical services based on the needs of the resident.

2. Adolescent Level 1 programs are appropriate for adolescents under the age of 18 years who have co-occurring substance use disorders and mental health disorders or symptoms. This level is often necessary to help change negative patterns of behavior, thinking, and feeling that predispose one to substance use and to develop skills to maintain a substance-free life. Services should take into account the different developmental needs based on the age of the adolescent and address any deficits in behavioral, cognitive, and social-emotional development often associated with substance use during the adolescent period.

(b) Level 2 programs are structured rehabilitation-oriented group facilities that serve persons with a substance use disorder or a co-occurring mental health and substance abuse disorder who have significant deficits in independent living skills and need extensive support and supervision. Programs include those referred to as therapeutic communities or some variation of therapeutic communities and are longer term than Level 1. There are two (2) categories of treatment under this level of care. include those that are referred to as therapeutic communities or some variation of therapeutic communities and are longer term than level 1. This level is appropriate for persons characterized as having chaotic and often abusive interpersonal relationships, extensive criminal justice histories, prior treatment episodes in less restrictive levels of care, inconsistent work histories and educational experiences, and anti social behavior. In addition to clinical services, considerable emphasis is placed on services that address the client's educational and vocational needs, socially dysfunctional behavior, and need for stable housing upon discharge. It also includes services that assist the client in remaining abstinent upon returning to the community.

1. Adult Level 2 programs are appropriate for adults age 18 years and older with a substance use disorder or a co-occurring mental health and substance use disorder who have multi-dimensional needs of such severity that they cannot safely be treated in less intensive levels of care. This level is appropriate for adults who may experience significant social and psychological deficits, such as chaotic, and often abusive, interpersonal relationships; criminal justice involvement; prior treatment in less restrictive levels of care; inconsistent work histories and educational experiences; homelessness or inadequate housing; or anti-social behavior. In addition to clinical services, considerable emphasis is placed on services that address the resident's educational and vocational needs, socially dysfunctional behavior, and need for stable housing

upon discharge. It also includes services that promote continued abstinence from substance use upon the resident's return to the community.

2. Adolescent Level 2 programs are appropriate for adolescents under the age of 18 with a substance use disorder or a co-occurring mental health and substance use disorder who have impaired functioning across a comprehensive range of psychosocial domains. This is characterized as having unpredictable fluctuations in mood, and developmental or cognitive difficulties related to mental health symptoms or disorders. In addition to providing clinical services, as defined in section 65D-30.002, F.A.C., this level of care provides services to improve interpersonal relationships, conflict resolution skills, impulse control problems and to reduce social inhibition or withdrawal. For these adolescents, treatment must occur in a structured environment conducive to teaching and practicing prosocial behavior to facilitate healthy reintegration into the community.

(c) Level 3 programs are appropriate for adults age 18 years and older with a substance use disorder or a co-occurring mental health and substance abuse use disorder include those that are referred to as domiciliary care and are generally longer term than level 2. This level is appropriate for persons whose cognitive functioning has been severely impaired from the chronic use of substances, either temporarily or permanently. This would include individuals who have varying degrees of organic brain disorder or brain injury or other problems that require extended care. The emphasis is on providing services that work on cognitive problems and activities of daily living, socialization, and specific skills to restore and maintain independent living. Typically, The services are typically slower paced, more concrete and repetitive. This level excludes adolescent programs. There is considerable emphasis on relapse prevention and reintegration into the community. This involves considerable use of case management and networking residents into ancillary or wrap around services such as housing, vocational services, transportation, and self-help meetings.

(d) Level 4 programs service adults or adolescents with a substance use disorder or a co-occurring mental health and substance abuse use disorder and provide services on a include those that are referred to as transitional care and are generally short-term basis. This level is appropriate for individuals who have completed other levels of residential treatment, particularly levels 2 and 3. This includes individuals clients who have functional limitations in application of demonstrated problems in applying recovery skills, a lack of personal responsibility self-efficacy, or a lack of connection to the community systems world of work, education, or family life. Although clinical services are provided, the emphasis is on services that are low-intensity and typically emphasize a supportive environment. This includes would include services

that ~~would~~ focus on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into ~~the worlds~~ of work, education, and family life.

~~(e) Level 5 programs are those that provide only housing and meals to clients who are mandated to receive services at alternate locations in facilities that are owned and operated by the same provider. This level is appropriate for persons who need room and board while undergoing treatment. This level would utilize clinical services and other services that would be largely oriented and directed toward the client's lifestyle and the client's attitudinal and behavioral issues.~~

(3) Services. Each resident client shall receive services each week, including ~~The services shall include a specified number of hours of counseling, as provided for in subsection 65D-30.007(5)(4), F.A.C. Clinical staff shall provide those services.~~ Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, as defined in section 65D-30.002, F.A.C., it is not intended that all services listed below be provided. For individuals participating under subsections 65D-30.0037(6) and 65D-30.0048, F.A.C., services shall be provided in accordance with the terms and conditions of the Department of Corrections' contract with the provider. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection, but shall provide such services as required in the policies, standards, and contractual terms and conditions established by the Department of Juvenile Justice. Otherwise, sServices shall be provided in accordance with the needs of the resident, client as identified in the treatment plan as follows:

- (a) Individual counseling;
- (b) Group counseling;
- (c) Counseling with families;

(d) Substance related/recovery-oriented ~~abuse~~ education, such as strategies for avoiding substance use or relapse, health problems related to substance use ~~abuse~~, and motivational enhancement and strategies for achieving a substance-free lifestyle;

(e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery management, decision-making, relationship skills, and symptom management;

(f) Expressive ~~Non-verbal~~ therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the resident client with alternative means of self expression and problem resolution, and other therapies such as evidence-based practices and interventions for substance use or co-occurring conditions;

(g) Training or education ~~advising~~ in health and medical issues;

(h) Employment or educational support services to assist residents in becoming financially independent; and

(i) Mental health services for the purpose of:

1. Managing residents ~~clients~~ with disorders who are stabilized;

2. Evaluating residents' ~~clients'~~ needs for in-depth mental health assessment;

3. Training residents ~~clients~~ to manage symptoms; and;

4. If the provider is not staffed to address primary mental health problems that may arise during treatment, the provider should initiate a ~~Timely~~ referral to an appropriate provider for mental health crises or for the emergence of a primary mental health disorder, according to the provider's policies and procedures, when the provider is not staffed to address primary mental health problems.

~~For clients participating under subsections 65D-30.003(16) and 65D-30.004(35), F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.~~

(4) Education. As provided for in subsection 397.501(6), F.S., in addition to the services required for all programs, education and training must be coordinated or provided to an adolescent, appropriate to his or her needs, in order to maintain his or her educational and intellectual development.

~~(5)(4)~~ Required Hours of Services.

(a) For Level 1, each resident shall receive services each week in accordance with subsection 65D-30.007~~(5)(3)~~, F.A.C., including at least 14 hours of counseling.

(b) For Level 2, each resident shall receive services each week in accordance with subsection 65D-30.007~~(5)(3)~~, F.A.C., including at least 10 hours of counseling.

(c) For Level 3, each resident shall receive services each week in accordance with subsection 65D-30.007~~(5)(3)~~, F.A.C., including at least 4 hours of counseling.

(d) For Level 4, each resident shall receive services each week in accordance with subsection 65D-30.007~~(5)(3)~~, F.A.C., including at least 2 hours of counseling.

~~(e) For level 5, each client shall receive services each week in accordance with the requirements of the licensed component service in which the client is required to participate.~~

In those instances in which it is determined that a resident client requires fewer hours of counseling in any of the levels of residential treatment, this shall be documented and justified in



the resident's ~~client's~~ treatment plan and approved by the qualified professional.

~~(6)(5)~~ Transportation. Each provider shall arrange for or provide transportation services to residents ~~clients~~ who are involved in activities or in need of services, such as mental health, dental, public health, and social services, that are provided at other facilities.

~~(7)(6)~~ Staff Coverage. For all levels of residential treatment, each provider ~~Providers~~ shall maintain awake, paid staff coverage 24 hours per day, 7 days per week.

~~(8)(7)~~ Caseload. No primary counselor may have a caseload that exceeds 15 currently participating residents ~~clients~~.

Rulemaking Specific Authority 397.321(5), F.S. Law Implemented 397.311(26), 397.321, 397.4014, 397.410, 397.311(18)(d), 397.321(1), 397.419 F.S. History—New 5-25-00, Amended 4-3-03,  
\_\_\_\_\_.

65D-30.0081 Standards for Day or Night Treatment with Community Housing.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to day or night treatment with community housing.

(1) Description. Day or night treatment with community housing is appropriate for adults ~~clients~~ who do not require structured, 24 hours a day, 7 days a week residential treatment. Activities for day or night treatment with community housing programs emphasize rehabilitation and treatment services using multidisciplinary teams to provide integration of therapeutic and family services. This component allows individuals ~~clients~~ to live in a supportive, community housing location while participating in treatment. ~~This means that no t~~ Treatment shall not take ~~takes~~ place in the housing where the individuals ~~clients~~ live and the housing is utilized solely for the purpose of assisting individuals ~~clients~~ in making a transition to independent living. Individuals ~~Clients~~ who are considered appropriate for this level of care:

(a) through (f) No change.

(2) Services. Services shall include counseling as provided for in subsection 65D-30.0081~~(2)(3)~~, F.A.C. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling and life skills training, it is not intended that all services listed be provided. For individuals ~~clients~~ participating under subsection 65D-30.0048 ~~65D-30.004(35)~~ F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the individual ~~client~~ as identified in the assessment and treatment plan, as follows:

(a) through (b) No change.

(c) Counseling with families or support system;

(d) Substance-related and recovery-focused ~~abuse~~ education, such as strategies for avoiding substance use or

relapse, information regarding ~~on~~ health problems related to substance use ~~abuse~~, motivational enhancement, and strategies for achieving a substance-free lifestyle;

(e) No change.

(f) Expressive ~~Non-verbal~~ therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual ~~client~~ with alternative means of self expression and problem resolution;

(g) Training or provision of information regarding ~~advising~~ ~~in~~ health and medical issues;

(h) Employment or educational support services to assist individuals ~~clients~~ in becoming financially independent;

(i) No change.

(j) Mental health services for the purpose of:

1. Managing individuals ~~clients~~ with disorders who are stabilized;

2. Evaluating individuals' ~~clients'~~ needs for in-depth mental health assessment;

3. Training individuals ~~clients~~ to manage symptoms; and

4. If the provider is not staffed to address primary mental health problems that may arise during treatment, the provider shall initiate a tTimely referral to an appropriate provider for mental health crises or for the emergence of a primary mental health disorder in accordance with the provider's policies and.

(3) Psychiatric and other Medical Services. The need for psychiatric and medical services shall be addressed through consultation or referral when the services cannot be supplied by the provider. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from the requirements of this subsection.

~~(4)(3)~~ Required Hours of Services. Each individual ~~client~~ shall receive a minimum of 25 hours of services per week in accordance with subsection 65D-30.0081(2), F.A.C. This shall include individual counseling, group counseling, or counseling with families or support systems. In those instances where a provider requires fewer hours of participation in the latter stages of the individual's ~~client's~~ treatment process, this shall be clearly described and justified as essential to the provider's objectives relative to service delivery.

~~(4) Staff Coverage. Each provider shall have an awake, paid employee on the premises at all times at the treatment location when one or more clients are present. In addition, the provider shall have a paid employee on call during the time when clients are at the community housing location.~~

~~(5) Caseload. No primary counselor may have a caseload that exceeds 15 clients.~~

(6) renumbered (5) No change.

(6) Staff Coverage. Each provider shall have an awake, paid employee on the premises at all times at the treatment location when one (1) or more individuals are present. In

addition, the provider shall have a paid employee on call during the time when individuals are at the community housing location.

~~(7) Caseload. No primary counselor may have a caseload that exceeds 15 individuals. Inspection. Providers shall have evidence that the community housing complies with fire and safety and health codes as required at the local level.~~

~~Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321, 397.4014, 397.410, 397.311(18)(e), 397.321(1), 397.419 FS. History—New 12-12-05, Amended \_\_\_\_\_.~~

65D-30.009 Standards for Day or Night Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to day or night treatment.

(1) Services. Each client shall receive services each week. ~~The services shall include counseling as provided for in subsection 65D-30.009(2), F.A.C.~~ Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed be provided. For individuals clients participating under subsections 65D-30.0037(6) ~~65D-30.003(16)~~ and 65D-30.0048 ~~65D-30.004(35)~~, F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the individual client as identified in the assessment and treatment plan, as follows:

- (a) through (b) No change.
- (c) Counseling with families or support system;
- (d) Substance-related and recovery-focused ~~abuse~~ education, such as strategies for avoiding substance ~~abuse~~ or relapse, information regarding health problems related to substance abuse, ~~and~~ motivational enhancement, and strategies for achieving a substance-free lifestyle;
- (e) Life skills training in areas such as, anger management, communication ~~skills~~, employability ~~skills~~, problem solving, relapse prevention, ~~recovery training~~, decision-making, relationships ~~skills~~, and symptom management to promote recovery;
- (f) Expressive Non-verbal therapies, such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual client with alternative means of self expression and problem resolution;
- (g) Training or provision of information regarding advising ~~in~~ health and medical issues;
- (h) Employment or educational support services to assist individuals clients in becoming financially independent; and
- (i) Mental health services for the purpose of:
  1. Managing individuals clients with disorders who are stabilized;

2. Evaluating individuals' ~~clients'~~ needs for in-depth mental health assessment;

3. Training individuals clients to manage symptoms; and

4. If the provider is not staffed to address primary mental health problems that may arise during treatment, the provider shall initiate a timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder in accordance with the provider's policies and procedures when the provider is not staffed to address primary mental health problems.

(2) Required Hours of Services. For day or night treatment, each individual client shall receive a minimum of four or more consecutive hours of services per day for three (3) days per week ~~12 hours of services per week~~ in accordance with subsection 65D-30.009(1), F.A.C. This shall include individual counseling, group counseling, or counseling with families or support system, which shall be provided by clinical staff. In those instances where a provider requires fewer hours of individual 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.

(3) Psychiatric and other Medical Services. The need for psychiatric and medical services shall be addressed through consultation or referral when the services cannot be supplied by the provider. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from the requirements of this subsection.

(4)(3) Staff Coverage. Each facility shall have an awake, paid employee on the premises at all times when one (1) or more individuals clients are present.

(5)(4) Caseload. No primary counselor may have a caseload that exceeds 15 individuals clients.

~~Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321, 397.4014, 397.410 397.311(18)(e), 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03, Amended \_\_\_\_\_~~

65D-30.0091 Standards for Intensive Outpatient Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to intensive outpatient treatment.

(1) Services. Intensive outpatient services are non-residential, structured treatment providing counseling and education focusing mainly on addiction-related and mental health issues. This community-based treatment allows the individual to apply skills in real world environments. Each individual client shall receive services each week. The services shall include counseling as provided for in subsection 65D-30.0091(2), F.A.C. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the

services listed below. With the exception of counseling, it is not intended that all services listed be provided. For individuals clients participating under subsections ~~65D-30.003(16)~~ ~~65D-30.003(16)~~ and ~~65D-30.004(35)~~ ~~65D-30.004(35)~~, F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the individual client as identified in the assessment and treatment plan, as follows:

- (a) through (b) No change.
- (c) Counseling with families or support system;
- (d) Substance-related and recovery-focused ~~abuse~~ education, such as strategies for avoiding substance ~~abuse~~ or relapse, information regarding health problems related to substance abuse, ~~and~~ motivational enhancement, and strategies for achieving a substance-free lifestyle;
- (e) Life skills training, such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery management training, decision-making, relationship skills, and symptom management;
- (f) Training or provision of information regarding ~~advising~~ ~~in~~ health and medical issues;
- (g) Employment or educational support services to assist individuals clients in becoming financially independent; and
- (h) Mental health services for the purpose of:
  1. Managing individuals clients with disorders who are stabilized;
  2. Evaluating individuals' clients' needs for in-depth mental health assessment;
  3. Training individuals clients to manage symptoms; and
  4. If the provider is not staffed to address primary mental health problems that may arise during treatment, the provider should initiate a tTimely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder in accordance with the provider's policies and procedures ~~when the provider is not staffed to address primary mental health problems.~~

(2) Required Hours of Services. For intensive outpatient treatment, each individual client shall receive at least nine (9) hours of services per week, in accordance with subsection 65D-30.0091(1), F.A.C., including counseling.

(3) Psychiatric and other Medical Services. The need for psychiatric and medical services shall be addressed through consultation or referral when the services cannot be supplied by the provider. ~~arrangements. Providers shall develop formal agreements with health and mental health professionals for provision of such services, and shall accommodate the needs of clients on a case-by-case basis.~~ Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections and the Department of Management Services are exempt from the requirements of this subsection.

(4) Caseload. No full-time counselor shall have a caseload that exceeds 50 individuals clients participating in individual counseling at any given time.

(5) Hours of Operation. Providers shall post their hours of operation and this information shall be visible to the public. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections and the Department of Management Services are exempt from the requirements of this subsection. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection, but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321, 397.4014, 397.410, 397.311(18)(f), 397.419, 397.321(4), FS. History—New 4-3-03, Amended

65D-30.010 Standards for Outpatient Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to outpatient treatment.

(1) Services. Outpatient services provide a therapeutic environment, which is designed to improve the functioning or prevent further deterioration of persons with substance use problems. These services are typically provided on a regularly scheduled basis by appointment, with special arrangements for emergency or crisis situations. Outpatient services may be provided individually or in a group setting. Each individual client shall receive services each week. The services shall include counseling as provided for in subsection 65D-30.010(2), F.A.C. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed be provided. For individuals clients participating under the Department of Corrections, the Department of Juvenile Justice, or the Department of Management Services programs ~~subsections 65D-30.003(16) and 65D-30.004(35), F.A.C.~~, services shall be provided according to the conditions of the ~~Department of Corrections'~~ contract with the provider and the respective department. Otherwise, services shall be provided in accordance with the needs of the individual client as identified in the assessment and treatment plan, as follows:

- (a) through (b) No change.
- (c) Counseling with families or support system; ~~and~~
- (d) Substance-related and recovery-focused ~~abuse~~ education, such as strategies for avoiding substance ~~abuse~~ or relapse, health problems related to substance ~~abuse~~, ~~and~~ motivational enhancement, and strategies for achieving a substance-free lifestyle; ~~and-~~
- (e) Crisis intervention-

(2) Required Hours of Services. For outpatient treatment, each individual client shall receive services each week in accordance with subsection 65D-30.010(1), F.A.C., including a minimum of one (1) counseling session. If fewer sessions are indicated, clinical justification must be documented in the clinical client record. If short-term outpatient treatment is provided, the documentation of service provision shall clearly specify admission into this level of care.

(3) Caseload. No full-time counselor shall have a caseload that exceeds 50 individuals clients participating in individual counseling at any given time.

(4) Hours of Operation. Providers shall post their hours of operation and this information shall be visible to the public. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, Department of Management Services, are exempt from the requirements of this subsection. Juvenile Justice Commitment Programs, and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection, but shall provide such services as required in the policies, standards, and contractual conditions established by the respective department.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.311(18)(f), 397.321, 397.4014, 397.410, 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03, \_\_\_\_\_.

#### 65D-30.011 Standards for Aftercare.

Aftercare services help families and prosocial support systems reinforce a healthy living environment for individuals with substance use disorders. Relapse prevention education and strategies are important in assisting the individual to recognize triggers and warning signs of regression. Activities include individual participation in daily functions that were adversely affected by substance use impairments before treatment. The provider shall offer flexible hours in order to meet the needs of individuals. In addition to Rule 65D-30.004, F.A.C., the following standards apply to aftercare.

(1) Client Eligibility. Individuals Clients who have successfully completed intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, or medication-assisted treatment for opioid addiction and methadone maintenance treatment are eligible for aftercare services.

(2) Services. For individuals clients participating under the Department of Corrections, the Department of Juvenile Justice, or the Department of Management Services programs subsections 65D-30.003(16) and 65D-30.004(35), F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider and the

respective department. Otherwise, ~~the following~~ services shall be provided in accordance with the needs of the individual as identified in the aftercare plan as follows:-

(a) Counseling with a focus on relapse prevention. Relapse Prevention. Providers shall specify the type, frequency, and duration of counseling services to be provided to individuals clients who are eligible for aftercare. Special care shall be taken to ensure that the provider has flexible hours in order to meet the needs of individuals clients.

(b) Aftercare Plan. An aftercare plan shall be developed for each individual 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 and document the progress of individuals clients involved in aftercare and shall review and update the aftercare plan to determine the need for additional services. Individuals 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 individuals clients for other needed services ~~that are needed by the client~~ as specified in the aftercare plan. This shall include follow-up on all referrals.

(d) Discharge Summary. A written discharge summary shall be completed for individuals who complete services or who leave the provider prior to completion of services. The discharge summary shall include the basis for the individual's discharge, the individual's progress and setbacks during treatment, and recommendations for further services.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.311(18)(f), 397.321, 397.4014, 397.410, 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03, 12-12-05, \_\_\_\_\_

#### 65D-30.012 Standards for Intervention.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to intervention.

(1) General Intervention. General Intervention includes a single session or multiple sessions of motivational discussion focused on increasing insight and awareness regarding substance use and motivation toward behavioral change. Intervention can be tailored for variance in population or setting and can be used as a stand-alone service for those at risk, as well as a vehicle for engaging those in need of more extensive level of care. Interventions include Treatment Alternatives for Safer Communities and Employee Assistance Programs. The following information shall apply to services as described in subsections 65D-30.012(1) and 65D-30.012(2):

(a) Target Group, Outcomes, and Strategies. Providers shall have current information which:

1. Describes ~~services to be provided, including target groups or individuals to be served, including eligibility requirements;~~

2. Identifies specific clinical ~~client~~ outcomes to be achieved; and,

3. No change.

(b) Services.

1. Supportive Counseling. In those instances where supportive counseling is provided, the number of sessions or contacts shall be determined through the intervention plan. In those instances where an intervention plan is not completed, all contacts with the individual ~~client~~ shall be recorded in the clinical ~~client~~ record.

2. Intervention Plan. For individuals involved in intervention services on a continuing basis, the plan shall be completed in accordance with subsection 65D-30.0044, F.A.C. In those instances where an intervention plan is not completed, all contacts with the individual shall be recorded in the clinical record. For Treatment Alternatives for Safer Communities programs, the plan shall include requirements the individual is expected to fulfill and consequences should the individual fail to adhere to the prescribed plan, including provisions for reporting information regarding the individual to the criminal or juvenile justice system or other referral source. Employee Assistance Programs are exempt from the requirement to develop intervention plans.

3.(e) Referral. If during the course of treatment the individual is assessed and determined to need additional services, the provider ~~Providers~~ must have the capability of referring individuals ~~clients~~ to those 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 65D-30.012(1), F.A.C., the following requirements apply to Treatment Alternatives for Safer Communities.

(a) ~~Client~~ Eligibility. TASC providers shall establish eligibility standards requiring that individuals considered for intake shall be at-risk for criminal involvement, substance abuse, or have been arrested or convicted of a crime, or referred by the criminal or juvenile justice system.

(b) Services.

1. Court Liaison. For Treatment Alternative for Safer Communities, providers shall establish liaison activities with the court that shall specify procedures for the release of prospective individuals ~~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 an in-home environment.

2. Monitoring. Providers shall monitor and report the progress of each individual according to the consent agreement with the individual ~~client~~. Reports of individual ~~client~~ progress shall be provided to the criminal or juvenile justice system or other referral source as required, and in accordance with subsections 397.501(1)-(10), F.S.

3. Intervention Plan. The intervention plan shall include additional information regarding individuals ~~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 individuals ~~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 an individual ~~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 65D-30.012(1), F.A.C., the following requirements apply to Employee Assistance Programs.

(a) No change.

(b) Employee Services. Employee Assistance Programs shall provide services which include linking the individual ~~client~~ to a provider, motivating the individual ~~client~~ to accept assistance, and assessing the service needs of the individual ~~client~~. The principal services include:

1. Supportive counseling to motivate individuals ~~clients~~ toward recovery; and,

2. No change.

(c) Resource Directory. Providers shall maintain or have access to a current directory of substance-related ~~abuse~~, mental health, and ancillary services. This shall include information on Alcoholics Anonymous, Narcotics Anonymous, recovery support programs, public assistance services, and health care services.

(4) Requirements for Case Management. In addition to the requirements in subsection 65D-30.012(2), F.A.C., the following requirements apply to case management in those instances where case management is provided as a licensable sub-component of intervention services.

(a) No change.

(b) Priority Individuals ~~Clients~~. Individuals with a need for service ~~Priority clients~~ shall include persons 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 individual's ~~client's~~ condition and progress;
2. Linkage to ~~Linking and brokering for~~ services as dictated by individual clients needs;
3. Follow-up on all referrals for other services; and,
4. Advocacy on behalf of individuals served ~~clients~~.

(d) Contacts. Each case manager shall meet face-to-face with each individual client ~~client~~ at least monthly unless otherwise justified in the clinical client ~~client~~ record.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321, 397.4014, 397.410, 397.311(18)(i), 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03, \_\_\_\_\_.

65D-30.013 Standards for Prevention.

In addition to Rule 65D-30.004, F.A.C., 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 level 1 and level 2.

(a) Level 1. Level 1 pPrevention services are typically directed at the general population or specific sub-populations and do not track individual participation. Strategies address community norms and conditions that underlie illegal or illicit alcohol or other drug use, prescription drug misuse, and management of over-the-counter and prescription medication through public awareness and environmental management strategies. Prevention Level 1 services offer one (1) or more of the services listed in 65E-14 paragraphs 65D-30.013(2)(a)-(g), F.A.C., incorporated by reference, at an intensity and duration appropriate to the strategy and target population. Any community-based organization, including Community Substance Abuse Prevention Coalitions, may obtain a prevention license for prevention services.

(b) Level 2. Level 2 prevention services are typically directed toward individuals who are manifesting behavioral effects of specific risk factors for substance abuse. Level 2 services offer one or more of the strategies listed in paragraphs 65D-30.013(2)(a)-(g), F.A.C., at an intensity and duration appropriate to the strategy and the risk and protective factors of the participants. This level offers counseling for non drug treatment issues, geared at reducing risk factors and increasing protective factors. Each participant has a prevention plan in this level of prevention.

- (2) No change.
- (3) General Requirements.
- (a) No change.

(b) 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 substance abuse prevention field. Providers shall have at least one (1) qualified professional as defined in section 65D-30.002(67) on staff.

(c) 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 services and other human services for referral of prevention program participants, or prospective participants.

(d) No change.

(4) Activity Logs for Level 1 Prevention. Providers shall collect and maintain records of all Level 1 prevention activities, including the following:

(a) The title and description of the activity, event, or media action ~~A description of the characteristics of the target population;~~

(b) The strategy the activity, event, or media action is associated with ~~The risk and protective factors to be addressed;~~

(c) The date of the activity, event, or media action. For media, include the start and end date of action ~~A description of the activities;~~

(d) The description of the activity or event, or the type of media ~~The duration of the activities;~~

(e) The target population of the activity, event, or media action ~~The number of participants;~~

(f) The number of participants in the activity or event ~~The location of service delivery; and,~~

(g) A description of the location of the activity or event; and Tracking of individual participant attendance when a course or series of sessions are required by the prevention curriculum or strategy.

(h) The name of the person(s) leading the activity or event, or the name of the person(s) coordinating the media action.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321, 397.410, 397.321(1), 397.311(18)(h), 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03, Amended \_\_\_\_\_

65D-30.014 Standards for Medication-Assisted and Methadone Maintenance Treatment for Opioid Addiction.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to Methadone Medication-Assisted and Methadone Maintenance Treatment.

(1) State Authority. The state authority is the Department's Office of Substance Abuse and Mental Health Program Office.

(2) No change.

(3) Determination of Need.

(a) Criteria. New providers shall be established only in response to the Department's determination of need, which shall occur annually. The determination of need shall only apply to methadone medication-assisted and methadone

~~maintenance~~ treatment. In its effort to determine need, the ~~D~~Department shall examine ~~information on treatment, the consequences of the use of opioids (e.g., arrests, deaths, emergency room mentions, other incidence and prevalence data that may have relevance at the time, etc.),~~ population estimates, deaths, illicit opioid use, and data on treatment accessibility.

(b) Procedure. The ~~D~~Department shall publish the results of the assessment in the Florida Administrative Weekly by June 30. The publication shall direct interested parties to submit applications for licensure to the Substance Abuse and Mental Health Program Office ~~department's district~~ where need has been demonstrated and shall provide a closing date for submission of applications. Methadone medication-assisted treatment facilities must open within two (2) years of receiving approval. ~~The district office shall conduct a formal rating of applicants on a form titled MEDICATION AND MAINTENANCE TREATMENT NEEDS ASSESSMENT, September 6, 2001, incorporated herein by reference. The form may be obtained from the Department of Children and Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.~~

~~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:~~

~~1. The number of years the respondent has been licensed to provide substance abuse services;~~

~~2. The organizational capability of the respondent to provide medication and methadone maintenance medication-assisted treatment in compliance with these rules; and~~

~~3. History of substantial noncompliance by the respondent with departmental rules;~~

(4) General Requirements.

(a) Medication-Assisted Treatment Program or Methadone Maintenance Sponsor. The sponsor, as defined in 65D-30.002(46), of a new provider shall be a licensed health professional and shall have worked in the field of substance abuse at least five (5) years. The sponsor is responsible for the program operation and assumes responsibility for all its employees, including any practitioners, agents, or other persons providing medical, rehabilitative, or counseling services at the program or any of its medication units. The program sponsor need not be a licensed physician, but shall employ a licensed physician for the position of medical director.

(b) Medical Director. The medical director of a provider shall have a minimum of two (2) years experience in the field of substance abuse.

(c) Special Permit and Consultant Pharmacist.

1. Special Permit.

a. All providers facilities that 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 ~~D~~Department.

b. No change.

2. Consultant Pharmacist. The responsibilities of the consultant pharmacist include the following:

a. Develop policies and operating procedures relative to the supervision of the compounding and dispensing of all medications drugs dispensed in the facility clinic;

b. Provide ongoing pharmaceutical consultation;

c. Develop operating procedures for maintaining all medication drug records and security in the area within the facility in which the compounding, storing, and dispensing of medications medicinal drugs will occur;

d. No change.

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 by the consultant pharmacist and submitted to the medical director; and;

f. Physically vVisit the provider facility at least every two (2) weeks to ensure that established procedures are being followed, unless otherwise stipulated by the state Board of Pharmacy. 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, and provide a copy of such notification to the Substance Abuse and Mental Health Program Office and the State Opioid Treatment Authority (SOTA).

(d) ~~Pregnancy and Medication and Methadone Maintenance.~~

1. Use of Methadone.

a. Prior to the initial dose, each female client shall be fully informed of the possible risks from taking and not taking the use of methadone during pregnancy, including possible adverse effects on the mother or fetus, and shall be told that safe use in pregnancy has not been established in relation to possible adverse effects on fetal development. If the medication is not taken, risk includes withdrawal syndrome which has been associated with fetal demise. The individual client shall sign and date a statement acknowledging this information. Pregnant women shall be seen by the physician or their qualified designee as clinically advisable. Treatment protocols for pregnant individuals shall be included in the clinical record, and the provider's policies and procedures.

b. Pregnant individuals clients shall be informed of the opportunity and need for prenatal care either by the provider or by referral to other publicly or privately funded health care providers. ~~In any event, t~~The provider shall establish a

documented system for referring individuals ~~clients~~ to prenatal care.

c. In the event ~~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~~ individual 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 clinical ~~client~~ record.

d. When the individual ~~If the client~~ is referred for prenatal services, the practitioner to whom she is referred shall be notified that she is undergoing methadone ~~maintenance~~ medication-assisted treatment along with treatment plans addressing pregnancy and post-partum care. Documentation of referral shall be kept in the clinical record. If a pregnant individual ~~client~~ refuses ~~prenatal care or referral and prenatal instruction and counseling,~~ the provider shall obtain a signed statement from the individual ~~client~~ acknowledging that she had the opportunity for the prenatal care but declined ~~refused it.~~

e. The physician shall sign or countersign and date all entries related to prenatal care.

f. Treating physicians or their qualified designee, shall consult with other treating medical staff providing care and medications to ensure that prescribed medication protocols are not contraindicated.

2. Use of Other Medication During Pregnancy. Providers shall adhere to the prevailing federal and state requirements regarding the use of opioid treatment medications ~~medication~~ other than methadone in the ~~maintenance~~ treatment of individuals ~~clients~~ who are or become pregnant during the course of treatment.

(e) Minimum Responsibilities of the Physician. Physicians must adhere to current best practice standards, regardless of the type of medication used, for an individual receiving medication-assisted treatment for opioid addiction. In addition, ~~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 clinical ~~client~~ record before the individual ~~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, and all changes in the frequency of take-home medication; ~~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 clinical ~~client~~ record for any change to the ~~reducing the~~ frequency of visits to the provider for observed drug ingesting, providing additional take-home methadone in cases involving the need for

~~exemptions, including 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; and-

5. To ensure that a face-to-face assessment is conducted with each individual ~~client~~ at least annually, including evaluation of the individual's physical/medical status, ~~client's~~ progress in treatment, and justification for continued maintenance or medical clearance for voluntary withdrawal or a dosage reduction protocol. The assessment shall be conducted by a physician or a P.A. or A.R.N.P. under the supervision of a physician. If conducted by authorized staff other than a physician, the assessment shall be reviewed and signed by a physician in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. The protocol shall include criteria and the conditions under which the assessment would be conducted more frequently.

(f) Central ~~Client~~ Registry.

1. Providers shall register and participate in the Department approved, electronic regional registry system for individuals receiving methadone medication-assisted treatment services. The registry is used to prevent the enrollment of individuals at more than one (1) provider and to facilitate continuity of care in the event of program closure and guest dosing verification. The registry shall be implemented in compliance with 42 Code of Federal Regulations, Part 2. The provider must submit to information gathering activities by the SOTA for state planning purposes. ~~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 shall designate a provider.~~

2. ~~Providers may volunteer to coordinate the registry activities or, in the event that no provider volunteers, the state authority shall designate a provider.~~

2. Providers must maintain the registry by recording and updating identifying, demographic, dosing and relevant medical information for all individuals receiving methadone medication-assisted treatment. Providers must maintain wait list data for individuals seeking care but unable to enroll.

a. Program directors must certify monthly, the accuracy of census data.

b. Program directors must provide and certify the accuracy of wait list data to SOTA by April 30<sup>th</sup> of each year.



3. Within 72 hours of admission, the provider shall conduct a multiple registration verification search. If an individual is registered as an active participant receiving treatment at another provider site, the individual can only be conditionally admitted for 72 hours. The admitting staff must verify the individual's last dose prior to administering a dose during the 72 hour conditional period. Providers shall submit, with the application for licensure, written plans for participating in registry activities.

4. It is the responsibility of the original admission site to discharge the individual upon notification that the individual is being admitted to a new provider. If the original provider has not discharged the individual within 72 hours, the individual may not continue in treatment and must be discharged.

5. Methadone or other opioid treatment medication shall not be administered or dispensed to a individual ~~client~~ who is known to be currently enrolled with ~~participating in~~ another provider. 5. The individual ~~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 with at the facility of another provider shall be granted only when the multi-disciplinary treatment team, in their professional judgement, determine it is in the best interest of the individual. The permission in exceptional circumstances and shall be noted in the clinical ~~client's~~ record.

6. Individuals applying for ~~methadone medication-assisted 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 ~~enrolled placed in medication-assisted treatment maintenance.~~

7. If an individual is found trying to secure or has succeeded in obtaining duplicate doses of methadone or other medication, the individual ~~client~~ shall be referred back to the original provider. A written statement documenting the incident shall be forwarded to the original provider, and if the individual ~~succeeded in obtaining the duplicate dose, the incident must be reported in the Department approved incident reporting system by the provider who dispensed the duplicate dose.~~ The physician of the original provider shall evaluate the individual ~~client~~ as soon as medically feasible for continuation of treatment. In addition, a record of violations by individuals ~~individual clients shall must~~ become part of the clinical record maintained by all participating providers and shall be made available to Department staff upon request ~~in an automated system and permit access by all participating providers.~~

8. Providers shall submit, with the application for licensure, written plans for participating in registry activities, maintaining accurate data on staff and individuals in treatment, and ensuring annual training for all staff on reporting and disaster preparedness procedures.

9. It is the responsibility of the SOTA to run monthly reports to identify providers with missing data related to patient identification, dosage information, dual enrollment, pregnancy outcomes, and demographic information. Providers with a higher than three (3) percent non-compliance rate will be contacted by the SOTA and/or licensure staff. Pursuant to s. 397.415, F.S., a Class V fine will be imposed on those providers who do not correct non-compliance issues within five (5) days.

10. Prior to conducting an inspection or program review, an authorized agent of the Department shall contact the SOTA to obtain a compliance report. Non-compliance shall be incorporated into inspection reports and included in corrective action plans.

(g) Wait lists.

1. Providers must maintain a waiting list of eligible prospective individuals. When an opening is available, providers must make at last one (1) attempt to contact the next prospective patient on the waiting list and maintain a system of documenting attempts.

(h)(g) Operating Hours and Holidays

1. Providers shall post operating hours in ~~full view of the public a conspicuous place within the facility.~~ This information shall include hours for counseling and administering medication ~~medicating clients.~~

2. All providers shall be open Monday through Saturday. Providers shall have medicating hours and counseling hours that accommodate individuals ~~clients~~, including ~~two 2~~ hours of medicating time accessible daily outside the hours of 9:00 a.m. to 5:00 p.m.

3. Providers are required to medicate on Sundays according to ~~the needs of the individual client's needs.~~ This includes individuals ~~would include clients~~ on Phase 1, individuals ~~clients~~ on a 30 to 180-day detoxification regimen, and individuals ~~clients~~ who need daily observation. The provider shall develop operating policies and procedures for Sunday coverage.

4. In case of impending disaster, providers shall implement disaster preparedness policies and procedures as necessary regarding operating hours and dosing. Providers shall note in the client registry system whether each individual was contacted prior to the temporary closure of the program, the date contacted, type and amount of medication dispensed for on-site ingestion or take-home purposes. Providers shall ensure individuals not contacted through the central registry are notified of disaster plans by a program representative.

5. When holidays are observed, all individuals ~~clients~~ shall be given a minimum of a 7-day notice of any changes to the hours of operation.

6. When applying for a license, providers shall inform the respective ~~program district~~ offices of their intended holidays. In no case shall two (2) or more holidays occur in immediate succession unless the provider is granted an

exemption by the state and federal authority. Take-out privileges shall be available to all eligible individuals ~~methadone clients~~ during holidays, ~~but only~~ if clinically advisable. ~~On those days during which the provider is closed,~~ services shall be accessible to individuals ~~clients~~ for whom take-home medication ~~out methadone~~ is not clinically advisable. Individuals ~~Clients~~ who fall into this category shall receive a minimum of one (1) week's ~~adequate~~ notification regarding arrangements and ~~the~~ exact hours of operation.

(5) Maintenance Treatment Standards.

(a) Standards for Placement.

1. Determining Addiction and Placement.

a. An individual ~~A person~~ aged 18 or over shall be placed in treatment ~~as a client~~ only if the physician, or their qualified designee identified in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., determines that the individual person is currently physiologically addicted to opioid drugs and became physiologically addicted at least one (1) year before placement in medication-assisted maintenance treatment.

b. A one (1)-year history of addiction means that individuals seeking an applicant for placement in medication-assisted maintenance treatment were was physiologically addicted to opioid drugs at least one (1) year before placement and were was addicted continuously or episodically for most of the year immediately prior to placement with in a provider.

c. In the event the exact date of physiological addiction cannot be determined, the physician or their qualified designee, may admit the individual person to maintenance treatment if, by the evidence presented and observed, it is reasonable to conclude that the individual person was physiologically addicted during the year prior to placement. Such observations shall be recorded in the clinical client record by the physician or their qualified designee. Participation in treatment must be voluntary.

d. Individuals with a chronic immune deficiency, past opioid dependence, or who are pregnant, must be screened and admitted on a priority basis.

e. Individuals seeking admission with only a primary medical diagnosis of a chronic pain condition must be referred to specialists qualified to treat chronic pain conditions and are not eligible for admission.

2. Placement of Individuals Under 18 Years of Age

a. An individual ~~A person~~ under 18 is required to have had two (2) documented unsuccessful attempts at short-term detoxification or drug-free treatment within the last year to be eligible for maintenance treatment.

b. The physician or their qualified designee shall document in the clinical client's record that the individual client continues to be or is again physiologically dependent on opioid drugs and is appropriate for placement. No person under 18 years of age

~~shall be placed in maintenance treatment unless a parent, legal guardian, or responsible adult provides written consent.~~

c. Treatment standards in this rule are not intended to limit current best practice protocols for this population.

3. Evidence of Addiction.

a. In determining the current physiological addiction of the individual client, the physician or their qualified designee shall consider signs and symptoms of drug intoxication, evidence of use of illicit drugs through a urine drug screen, and needle marks.

b. Other evidence of current physiological dependence shall be considered by noting early signs of withdrawal such as cramping, lachrymation, rhinorrhea, pupillary dilation, pilo erection, body temperature, pulse rate, elevated blood pressure, and increased respiratory rate.

(b) Individual Consent.

1. Each provider shall obtain a voluntary, written and signed program-specific statement of fully informed consent from the individual at admission.

2. Each individual shall provide fully informed acknowledgement and consent to all program services as well as state and federal policies and regulations.

3. Individuals should be advised of the importance of therapeutic and supportive rehabilitative services, and that the goal of methadone medication-assisted treatment is stabilization of functioning. The individual should be fully informed of the risks and consequences of methadone medication-assisted treatment.

4. At periodic intervals, in full consultation with the individual, the counselor shall discuss present level of functioning, course of treatment, and future goals. These discussions should not place pressure on the individual to withdraw from or to remain in methadone medication-assisted treatment, unless medically or clinically indicated. Acknowledgement of these discussions shall be documented in the clinical record.

5. No individual under 18 years of age shall be placed in methadone medication-assisted treatment unless a parent, legal guardian, or responsible adult provides written consent.

(c)(b) Exemption from Minimum Standards for Placement.

1. An individual ~~A person~~ who has resided in a penal or chronic-care institution for one (1) month or longer may be placed in 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 individual person would have been eligible for placement before incarceration or institutionalization, and in the reasonable clinical judgment of the physician or their qualified designee, methadone medication-assisted treatment is medically justified.

~~2. Documented e~~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 or their qualified designee in the clinical client record.

~~3. The physician or their qualified designee shall sign and date these entries recordings~~ before the initial dose is administered.

(d) Pregnant individuals.

~~12. Pregnant individuals 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, may be placed in methadone medication-assisted treatment. with all its attendant dangers during pregnancy, may be placed in maintenance treatment. For such individuals clients, evidence of current physiological addiction to opioid drugs is not needed if a physician or their qualified designee certifies the pregnancy and, in utilizing reasonable clinical judgment, finds treatment to be medically justified.

~~2. Pregnant individuals clients~~ may be placed on a medication-assisted maintenance treatment regimen using a medication other than methadone only upon the written order of the physician who determines this to be the best choice of therapy for that individual client.

~~3. Documented e~~Evidence of current or prior addiction and criteria used to determine such findings shall be recorded in the clinical client record by the admitting physician or their qualified designee. The physician or their qualified designee shall sign and date these recordings prior to administering the initial dose.

(e) Readmission to Treatment.

~~13. Up to 2 years after discharge or detoxification for opioid abuse or dependence, an individual a client~~ who has been previously involved in methadone medication-assisted 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 six 6 months or more and the physician or their qualified designee, utilizing reasonable clinical judgment, finds readmission to maintenance treatment to be medically justified.

~~2. Evidence of prior treatment and the criteria used to determine such findings shall be recorded in the clinical client record by the physician or their qualified designee. The physician or their qualified designee shall sign and date the information recorded in the clinical client record. 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.~~

~~(f)(e)~~ Denying an Individual a Client Treatment.

~~1. If an individual a client~~ will not benefit from a treatment regimen that includes the use of methadone or other opioid

treatment medications medication, or if treating the individual client would pose a danger to others other clients staff, or other individuals, the individual client may be refused treatment. This is permitted even if the individual client meets the standards for placement. The physician or their qualified designee shall make this determination and shall document the basis for the decision to refuse treatment.

~~(g)(d)~~ Take-home Privileges.

~~1. Take-home doses are permitted only for individuals clients participating in a methadone medication-assisted treatment program on a methadone maintenance regimen. All requests must be entered into the SAMHSA/CSAT Opioid Treatment Program Extranet for federal and state approval. The following must be indicated on the exception request:~~

~~a. Dates of Exception: not to exceed a six (6) month period of time per request.~~

~~b. Justification.~~

~~c. Dates and results of last three (3) drug screens.~~

~~d. Indication of lock box compliance.~~

~~e. Statement of supporting documentation on file.~~

~~f. Any other information the provider deems necessary in support of the request.~~

~~2. Take home doses of methadone may be granted if the client meets the following conditions:~~

~~a. Absence of recent abuse of drugs as evidenced by 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.~~

~~2. The medical director shall make determinations based on take-home criteria as stated in 42 CFR 8.12.~~

~~3. When considering an individual's 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 individual client.~~

~~4. The requirement of time in treatment and participation is a minimum reference point after which a client may be eligible for take-home privileges. The time in treatment reference is not intended to mean that an individual 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, state or federal authorities with cause, may deny or rescind the take-home ~~methadone~~ privileges of an individual a-client.

5. In the event of a disaster that prompts a program-wide exemption, authorized by SAMHSA and the SOTA in advance, providers must make appropriate arrangements for unstable clients. Providers are responsible for contacting guest dosing centers (i.e. hospitals) in advance to ensure continuity of care. Providers must distribute to individuals receiving services a list of nearby emergency shelters that will allow individuals to bring medication in a locked box.

(h)(e) Take-home Phases. To be considered for take-home privileges, all individuals clients shall be in compliance with subparagraph (g)(d)2.

1. Differences in the nature of abuse potential in opioid treatment medications determine the course of treatment and subsequent take-home privileges available to the individual based on progress, participation, and circumstances. The assessment and decision denying or approving all take-homes shall be documented in the individual's clinical record, signed and dated by the physician. All requests must be entered into the SAMHSA/CSAT Opioid Treatment Program Extranet for federal and state approval. The following must be indicated on the exception request:

a. Dates of Exception: not to exceed a six (6) month period of time per request.

b. Justification.

c. Dates and results of last three (3) drug screens.

d. Indication of lock box compliance.

e. Statement of supporting documentation on file.

f. Any other information the provider deems necessary in support of the request.

No medications shall be dispensed to individuals in short-term detoxification treatment or interim maintenance treatment for unsupervised or take-home use.

2. No take-homes shall be permitted during the first 14 30 days following placement unless approved by both the state and federal authorities authority.

a1. Phase I. Following 14 30 consecutive days in treatment, the individual client may be eligible for one (1) take-home per week from day 15 31 through day 90, provided that the individual client has had negative drug screens and is following program requirements for the preceding 30 days.

b2. Phase II. Following 90 consecutive days in treatment, the individual client may be eligible for two (2) take-homes per week from day 91 through day 180, provided that the client has had negative drug screens for the preceding 60 days.

c3. Phase III. Following 180 consecutive days in treatment, the client may be eligible for three (3) take-homes per week with no more than a 2-day supply at any one time from day 181

through day 270 ~~1-year~~, provided that the client has had negative drug screens for the preceding 90 days.

d4. Phase IV. Following 271 days to 1 year in continuous treatment, the individual client may be eligible for four (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 negative drug screens for the preceding 90 days.

e5. Phase V. Following one (1) 2 year in continuous treatment, the individual client may be eligible for five (5) take-homes per week with no more than a three (3)-day supply at any one (1) time, provided that the client has had negative drug screens for the preceding 90 days.

6. Phase VI. Following 3 years in treatment, the client 1 may be eligible for 6 take-homes per week provided that the client has passed all negative drug screens for the past year.

3.(f) Medical Maintenance. ~~Providers must receive prior approval in writing from the State Authority to use the medical maintenance protocol. The provider~~ Providers may place an individual a-client on medical maintenance in those cases where it can be demonstrated that the potential benefits of medical maintenance to the individual client far exceed the potential risks. Only a physician may authorize placement of an individual a-client on medical maintenance. The physician shall provide justification in the clinical client record regarding the decision to place an individual a-client on medical maintenance. All requests for each individual must be entered into the SAMHSA/CSAT Opioid Treatment Program Extranet for federal and state approval. The following must be indicated on the exception request:

a. Dates of Exception: not to exceed a six (6) month period of time per request.

b. Justification.

c. Dates and results of last three (3) drug screens.

d. Indication of lock box compliance.

e. Statement of supporting documentation on file.

f. Any other information the provider deems necessary in support of the request.

The following conditions shall apply to medical maintenance.

1. To qualify for partial medical maintenance an individual a-client may receive no more than 13 take-homes and must have been in continuous treatment with the same clinic for two (2) four years with at least one (1) year two years of negative drug screens:-

2. To qualify for full medical maintenance an individual a-client may receive no more than 27 take-homes and must have been in continuous treatment with the same clinic for three (3) five years with at least two (2) three years of negative drug screens:-

3. All individuals clients in medical maintenance will receive their medication in oral tablet form only. The liquid

form is preferred to reduce the potential for parenteral abuse. Liquid doses should be sealed with a childproof cap. Tablets for take-home doses require a physician's approval citing medical reasons. Tablet form is not recommended for take-home doses;

4. All individuals clients will participate in a "call back" program by reporting back to the provider upon notice; and.

5. All criteria for take-homes as listed under paragraph (d) shall continue to be met.

~~The provider shall develop operating procedures for medical maintenance.~~

(i) Buprenorphine Products. Qualified physicians, licensed to practice in the state of Florida and meeting all federal requirements, can prescribe buprenorphine to individuals under their license. Physicians shall conform to federal regulations related to buprenorphine products.

(j) Naltrexone Products.

1. Qualified physicians, licensed to practice in the state of Florida and meeting all federal requirements, shall conform to federal regulations related to naltrexone products.

2. All staff and individuals should be notified of the existence of the Narcan emergency overdose prevention kit. Providers who maintain an emergency overdose prevention kit must develop and implement a plan to have staff trained in the prescribed use and the availability of kit for use during all program hours of operation.

~~(k)(g) Transferred Individuals Transfer Clients~~ and Take-Home Privileges.

1. Any individual client—who transfers from one (1) provider to another within the state of Florida shall be eligible for placement on the same phase provided that verification of enrollment and compliance with program requirements is received from the previous provider prior to implementing transfer within two weeks of placement. The physician at the previous provider shall also document that the individual client met all criteria for their current phase and are at least on Phase I.

2. Any individual client who transfers from out-of-state is required to meet the requirements of subparagraph (d)2., and with verification of previous clinical client—records, the physician shall determine the phase level based on the individual's client's history subject to the approval of state and federal authorities.

~~(l)(h) Transfer Information. When an individual a-client~~ transfers from one (1) provider to another, the referring provider shall release the following information:

1. through 5. No change.

6. Documentation of the conditions which precipitated the referral; ~~and~~

7. A written summary of the individuals client's last three (3) months of treatment;—

8. Any history of behavioral non-compliance, emotional, or legal problems; and

9. Copy of the clinical record.

This information shall be released prior to the individual's client's arrival at the provider to which he or she is transferred. Providers shall not withhold an individual's a-client's records when requested by the individual client for any reason, including failure to pay bills owed to the provider client debt. The referring provider shall forward the records directly to the provider of the individual's choosing with signed records releases from the individual client's choice.

~~(m)(i) Exemptions from Take-Home Privileges and Phasing Requirements for Methadone Maintained Clients.~~

1. Exemptions for Disability or Illness

a. If an individual a-client is found to have a physical disability which interferes with the individual's-client's ability to conform to the applicable mandatory schedule, the individual client may be permitted a temporary or permanently reduced schedule by the physician, and at the discretion of the SOTA and federal authorities, provided the individual client is also found to be responsible in handling opioid treatment medication, making progress in treatment and providing drug screens free of unapproved medications and illicit drugs methadone.

b. Providers shall obtain medical records and other relevant information as needed to verify the medical condition physical disability. Justification for the reduced attendance schedule shall be documented in the client's client record by the physician or their qualified designee who shall sign and date these entries.

2. Temporary Reduced Schedule of Attendance

a. An individual 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 individual client to become unable to conform to the applicable mandatory schedule. This is permitted only if the individual client is also found to be responsible in handling opioid treatment medication, has consistently provided drug screens free of unapproved and illicit drugs, and has made acceptable progress toward treatment goals methadone.

b. Any individual using prescription opioid medications or sedative drugs not used in the medication-assisted treatment protocols shall provide a legitimate prescription from the prescribing physician. The physician shall consult with the prescribing physician to determine the prescribed medication's appropriateness and the related risks. Consultation documentation shall be noted in the clinical record by the physician.

c. 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 clinical ~~client~~ record by the physician or their qualified designee who shall sign and date these entries. Entries relating to requests for exemptions or exceptions from state or federal requirements shall be reviewed and a decision rendered by state and federal authorities. 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 state methadone authority and by the federal government.

### 3. Travel Distance.

a. In those instances where ~~client~~ access to a provider is limited because of travel distance, the physician is authorized to reduce the frequency of an individual's ~~client's~~ attendance. This is permitted if the individual ~~client~~ is currently employed or attending a regionally approved educational or vocational program or the individual ~~client~~ has regular child-caring responsibilities that preclude daily trips to the provider. This does not extend to individuals who choose to travel further than the closest affordable program to dose.

b. The reason for reducing the frequency of attendance shall be documented in the clinical ~~client~~ record by the physician who shall sign and date these entries. These requests shall be reviewed and rendered a decision by state and federal authorities.

### 4. Other Travel.

a. Any exemption that is granted to an individual ~~a client~~ regarding travel shall be documented in the clinical ~~client's~~ record. Such documentation shall include tickets prior to a trip, copies of boarding passes, copies of fuel, gas or lodging receipts, or other verification of the individual's ~~client's~~ arrival at the approved destination. If travel is due to medical treatment, documentation shall include a physician's note or related documentation. Generally, special take-homes shall not exceed 27 doses at one (1) time.

b. Individuals ~~Clients~~ who receive exemptions for travel shall be required to submit to a drug test on the day of return to the provider facility.

### (n)(j) Random Drug Screening.

1. Individuals in the first six (6) months of treatment shall be required to submit to a ~~At least one (1) monthly random drug screen, random and monitored, shall be performed on each.~~ The drug screen shall be conducted so as to reduce the risk of falsification of results. This shall be accomplished by direct observation, or by another accurate method of monitoring in order to reduce the risk of falsification of results.

2. Individuals ~~Clients~~ who are on Phase III or higher ~~VI~~ shall be required to submit to one (1) random drug screen at least every 90 days.

3. Each specimen shall be analyzed for methadone metabolites, benzodiazepines, opiates, cocaine, and marijuana. Additionally, specimens shall be analyzed for the appropriate

opioid treatment medication consistent with the individual's treatment regimen.

4. The physician shall review all positive drug screens from unapproved medications and illicit drug use in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

(o)(k) 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 state and federal authorities. Any approved personnel on a maintenance regimen shall not be allowed access to or responsibility for handling methadone or other opioid treatment medication.

(p)(4) Caseload. No full-time counselor shall have a caseload that exceeds the equivalent of 32 currently participating clients. Participating client equivalents are determined in the following manner.

1. An individual ~~A client~~ seen once per week would count as 1.0 ~~client~~ equivalent.

2. An individual ~~A client~~ seen bi-weekly would count as a .5 ~~client~~ equivalent.

3. An individual ~~A client~~ seen monthly or less would count as a .25 ~~client~~ equivalent.

4. As an example, a counselor has a caseload of 15 individuals ~~clients~~ that are seen weekly (counts as ~~45~~ an equivalent of 15 ~~clients~~), 30 individuals ~~clients~~ seen biweekly (counts as ~~15~~ an equivalent of 15 ~~clients~~), and 8 individuals ~~clients~~ seen monthly (counts as ~~2~~ an equivalent of 2 ~~clients~~). The counselor would have a total caseload of 53 individuals ~~individual clients~~ equaling 32 individuals ~~equivalent clients~~.

### (q)(m) Termination from Treatment.

1. There will be occasions when individuals ~~clients~~ will need to be terminated from ~~maintenance~~ treatment. Individuals ~~Clients~~ who fall into this category are those who:

a. Attempt to sell or deliver their prescribed medication or any other drugs;

b. Become or continue to be actively involved in criminal behavior;

c. Consistently fail to adhere to the requirements of the provider;

d. Persistently use unapproved medications or illicit drugs other than prescribed treatment medication; methadone, or

e. No change.

Such individuals ~~clients~~ shall be withdrawn in accordance with a dosage reduction schedule prescribed by the physician and referred to other treatment, as clinically indicated. This action shall be documented in the clinical ~~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 individuals clients shall be given a copy of these criteria upon placement and shall sign and date a statement that they have received the criteria.~~

~~(r)(n)~~ Withdrawal from Maintenance.

1. The physician shall ensure that all individuals clients in methadone medication-assisted maintenance treatment receive an annual assessment. This assessment may coincide with the annual assessment of the treatment plan and shall include an evaluation of the individual's client's progress in treatment and the justification for continued maintenance. The assessment and recommendations shall be recorded in the clinical client record.

2. All providers shall develop policies and procedures that allow for systemic withdrawal of individuals as part of on-going services of the program. Following admission to the program, the provider shall provide the individual with documentation that explains the titration of medication to maintain therapeutic levels or to withdraw from the medication with the least necessary discomfort. The provider shall discuss the advantages and potential problems associated with withdrawal. The provider shall document request in the clinical record with course of action and shall be signed by individual and consulting staff.

3. An individual A client being withdrawn from maintenance treatment shall be closely supervised during withdrawal. A dosage reduction schedule shall be established by the physician and documented in the clinical record. In the event withdrawal is clinically inadvisable, justification must be kept in the clinical record, signed and dated by the physician and individual.

~~(s)(e)~~ Services.

1. Comprehensive Services. A comprehensive range of services shall be available to each individual as required in subsection 397.42791 F.S. client. The type of services to be provided shall be determined by individual client needs, the characteristics of individuals clients served, and the availability of community resources.

2. Counseling.

a. Each individual receiving methadone medication-assisted treatment client on maintenance shall receive regular counseling. A minimum of one (1) counseling session per week shall be provided to individuals new clients through the first 90 days. A minimum of two (2) counseling sessions per month shall be provided to individuals clients who have been in treatment for at least 91 days and up to 180 days one year. A minimum of one (1) counseling session per month shall be provided to clients who have been in treatment for longer than 180 days one year.

b. If fewer sessions are clinically indicated for a client, this shall be justified and documented in the client record. In no case shall sessions be scheduled less frequently than every 90 days.

~~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.~~

be. A counseling session shall be at least 30 minutes in duration, conducted in a private room, and shall be documented in the clinical client record.

c. Any entity or qualified professional who has entered into a written agreement with a licensed provider is bound by these regulations.

~~(6) Medication Units Satellite Maintenance.~~

(a) A provider that currently holds a state license, that has either exceeded site capacity or has a significant proportion of individuals in treatment with a travel burden, may apply to the SOTA to establish a medication unit. The provider must be in good standing with the Department and applicable regulating agencies. The licensed provider and medication unit must be owned by the same provider. A satellite maintenance dosing station must be operated by a primary, licensed comprehensive maintenance provider and must meet all applicable regulations in Rule 65D-30.004 and subsection 65D-30.014(4), F.A.C.

(b) A medication unit's services are limited to medication dosing and drug testing only as outlined in 42 CFR 8.12. 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.

(c) Providers interested in establishing a medication unit must submit a written proposal to the state authority for review and approval. Proposals shall include:

1. Description of proposed medication unit. Include description of target population, geographical catchment area, physical location/address, proposed capacity, and hours of operation;

2. Justification of need for medication unit. Provide explanation on why currently licensed facilities are insufficient and how the proposed medication unit address unmet need;

3. Copy of state license and federal certifications;

4. Information on Medical Director, clinical on-site Director or Manager, and proposed staffing for medication unit;

5. Implementation plan, including timeframes for securing federal approvals for a medication unit and anticipated start date of services;

6. Provide plans to secure proper zoning before medication unit opening; and

7. Describe plan on how medication unit will ensure individuals receive comprehensive support services such as counseling.

(d) Medication units must open within two (2) years of receiving approval.

(7) Best Practices. All licensed providers shall comply with best practices as identified in the most current version of the Center for Substance Abuse Treatment’s Treatment Improvement Protocol.

Rulemaking Authority 397.321(5), ~~397.21(5)~~ FS. Law Implemented 397.311(26), 397.321, 397.410, 397.427, 397.311(18)(g), 397.321(1), 397.419, 465 FS. History—New 5-25-00, Amended 4-3-03, \_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Ute Gazioch  
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Mike Carroll  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 28, 2017  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: October 9, 2017

### Section III Notice of Changes, Corrections and Withdrawals

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Board of Professional Engineers**

RULE NO.: RULE TITLE:  
61G15-21.007 Re-examination

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 43 No. 204, October 20, 2017 issue of the Florida Administrative Register.

The changes are in response to written comments submitted by the staff of the Joint Administrative Procedures Committee and discussion and subsequent vote by the board at a public hearing held December 7, 2017. The changes are as follows:

61G15-21.007 Re-examination; Additional requirements after third failure; Examinations in additional disciplines.

(1) Re-examinations. Any applicant desiring to retake either the Fundamentals of Engineering or Principles and Practice of Engineering examination must reapply to the Board by submitting a completed application and remitting the appropriate reapplication fee. Applicants wishing to retake Fundamentals of Engineering shall reapply using Form FBPE/013 (08/17), Application for Fundamentals of Engineering Re-Examination, which is incorporated by reference herein and may be obtained from <https://fbpe.org/licensure/application-process/fundamentals-examination/FE> Re Exam Application or at

[https://www.flrules.org/Gateway/reference.asp?No=Ref-\\_\\_\\_\\_](https://www.flrules.org/Gateway/reference.asp?No=Ref-____). Applicants wishing to retake Principles and Practice of Engineering shall reapply using Form FBPE/012005 (08/17), Application for Principles and Practice Re-Examination, which is incorporated by reference herein and may be obtained from <https://fbpe.org/licensure/application-process/principles-practices-examination/PE> Re-Exam Application or at [https://www.flrules.org/Gateway/reference.asp?No=Ref-\\_\\_\\_\\_](https://www.flrules.org/Gateway/reference.asp?No=Ref-____). All applications must be accompanied by the fee as specified in Rule 61G15-24.001, F.A.C.

(2) Additional Requirements after third failure. If an applicant fails three (3) times to pass either the examination, the applicant must take additional courses in order to reapply for examination. The applicant may either:

(a) No change.

(b) Submit evidence of completion of one of the following board approved engineering examination review courses; the selected course must cover content for the examination in the engineering discipline the applicant intends to take.

1. through 6. No change.

~~7. State and National Engineering Professional Associations approved by the Board.~~

(3) No change

Rulemaking Authority 455.217(2), 471.008 FS. Law Implemented 455.217(2), 471.013, 471.015 FS. History—New 1-8-80, Amended 8-25-81, Formerly 21H-21.07, 21H-21.007, Amended 2-14-95, 5-22-01, 12-10-02, 2-3-05, 4-10-08, 11-3-15, \_\_\_\_.

The following changes have been made to incorporated form FBPE/005, 08/17:

Form FBPE/005 has been changed to FBPE/012

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Zana Raybon, Executive Director, Board of Professional Engineers, 2639 North Monroe Street, Suite B-112, Tallahassee, FL 32303; (850)521-0500.

### Section IV Emergency Rules

**DEPARTMENT OF THE LOTTERY**

RULE NO.: RULE TITLE:  
53ER17-78 Replacement of Obsolete Emergency Rules

SUMMARY: This emergency rule is replacing other emergency rules that have been determined to be obsolete or unnecessary by the Department of the Lottery.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

THE FULL TEXT OF THE EMERGENCY RULE IS:



53ER17-78 Replacement of Obsolete Emergency Rules.

The following Department of the Lottery emergency rules relating to Florida Lottery games, promotions or obsolete rules are being replaced because the games or promotions have concluded, or the provisions of the rule are obsolete. This rule shall replace the following rules: 53ER13-22, 53ER13-52, 53ER13-81, 53ER14-3, 53ER15-12, 53ER15-29, 53ER15-35, 53ER15-39, 53ER15-55, 53ER16-7, 53ER16-11, 53ER16-19, 53ER16-26, 53ER16-42, 53ER16-43, 53ER16-60, 53ER16-64, 53ER17-38, 53ER17-52, 53ER17-63, 53ER17-65 F.A.C.

Rulemaking Authority - 24.109(1) FS. Law Implemented - 24.109(1) FS. History - New 12-28-17, Replaces 53ER13-22, 53ER13-52, 53ER13-81, 53ER14-3, 53ER15-12, 53ER15-29, 53ER15-35, 53ER15-39, 53ER15-55, 53ER16-7, 53ER16-11, 53ER16-19, 53ER16-26, 53ER16-42, 53ER16-43, 53ER16-60, 53ER16-64, 53ER17-38, 53ER17-52, 53ER17-63, 53ER17-65.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: 12-28-17.

#### DEPARTMENT OF THE LOTTERY

RULE NO.: RULE TITLE:  
53ER17-79 Retailer MEGA MILLIONS® Bonus  
Commission Program

SUMMARY: The rule describes the Retailer MEGA MILLIONS® Bonus Commission Program in which the Florida Lottery will award bonus commissions to Florida Lottery retailers that sell a winning MEGA MILLIONS jackpot or second prize ticket for a Tuesday or Friday MEGA MILLIONS drawing. The rule updates bonus commissions and the starting jackpot due to an increase in the MEGA MILLIONS game starting jackpot and other game changes. This rule replaces Emergency Rule 53ER13-68.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER17-79 Retailer MEGA MILLIONS® Bonus Commission Program.

(1) The Florida Lottery will conduct, as a retailer sales incentive, a Retailer MEGA MILLIONS® Bonus Commission Program ("Program") in which the Florida Lottery will award bonus commissions to Florida Lottery retailers who sell a winning jackpot MEGA MILLIONS ticket for a Tuesday or Friday MEGA MILLIONS drawing.

(2) The bonus commission will start at \$20,000 for a \$40 million starting jackpot. In the event no winning jackpot ticket is sold for a MEGA MILLIONS drawing, the bonus commission amount will increase by \$5,000 per drawing until a winning jackpot ticket is sold, up to a maximum bonus commission of \$100,000.

(3) If multiple winning jackpot tickets are sold in Florida for the same MEGA MILLIONS drawing, the retailers selling such tickets will share the bonus commission. Each retailer selling a winning jackpot ticket will receive a share of the bonus equal to the number of winning jackpot tickets sold by that particular retailer divided by the total number of winning jackpot tickets sold in Florida for that drawing.

(4) If a winning jackpot ticket is a MEGA MILLIONS with Megaplier® ticket, an additional \$20,000 bonus commission will be paid to the retailer selling such ticket. If multiple winning jackpot tickets are MEGA MILLIONS with Megaplier tickets, each retailer selling such a ticket will be paid the additional bonus commission.

(5) Florida Lottery retailers who sell a MEGA MILLIONS ticket that matches 5+0 numbers will receive a \$1,000 bonus commission.

(6) Florida Lottery retailers who sell a MEGA MILLIONS with Megaplier® ticket that matches 5+0 numbers will receive a \$5,000 bonus commission.

(7) Award of a bonus commission is not dependent upon the MEGA MILLIONS winning jackpot ticket, MEGA MILLIONS 5+0 winning ticket or MEGA MILLIONS with Megaplier 5+0 winning ticket being claimed by the winner.

(8) Retailers whose Florida Lottery contracts are terminated or inactivated prior to the bonus commission award shall be paid the bonus commission earned provided said termination or inactivation was not due to noncompliance with Chapter 24, Fla. Stat., Chapter 53, Fla. Admin. Code or contract terms.

(9) A bonus commission will be considered compensation to the retailer for Internal Revenue Service purposes. The Florida Lottery reserves the right to apply a bonus commission earned against a retailer's outstanding debt to the Florida Lottery, and to award the remaining balance of the bonus commission, if any.

(10) MEGA MILLIONS bonus commissions are subject to availability of funds appropriated for retailer incentives. This Program is subject to cancellation by future emergency rule if retailer incentive funding is not appropriated or if the Florida Lottery determines that it is no longer in the state's best interest to use such funds for this purpose.

(11) This emergency rule replaces Emergency Rule 53ER13-68, F.A.C.

Rulemaking Authority 24.105(9)(i), 24.109(1) FS. Law Implemented 24.105(9)(i), 24.112(1) FS. History—New 12-28-17, Replaces 53ER13-68.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: 12-28-17.

## DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

### Division of Pari-Mutuel Wagering

RULE NO.: RULE TITLE:  
61DER17-2 Emergency Procedures for Collecting Samples from Racing Greyhounds

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: An Emergency rule is necessary because there exists an immediate danger to the public health, safety and welfare due to a final order concluding that the Division of Pari-Mutuel Wagering's ("Division") greyhound sample collection process contains some procedures that qualify as unadopted rules.

On December 22, 2017, the Division of Administrative Hearings issued a partial summary final order in DOAH case number 17-5238RU, holding that the sample collection procedures performed by the Division included procedures that were considered unadopted rules.

In light of the partial summary final order, an emergency rule is necessary because the Division would be unable to test for many prohibited substances in greyhounds and be unable to take subsequent administrative action in cases where a prohibited substance is found in such an animal. Such substances would include performance enhancing substances, pain numbing substances, and others that could lead to potential injuries or death to the racing animals. Further, the Division must be able to test for such substances in order to ensure legitimate and fair races and to protect the betting public.

Although the Division rejects the legal finding in the Partial Summary Final Order, the Emergency Rule is necessary so that the Division can ensure the greyhound races that occur during the pendency of any legal challenges occur under safe conditions.

REASON FOR CONCLUDING THAT THE PROCEDURE IS FAIR UNDER THE CIRCUMSTANCES: Due to the number of performances scheduled in the immediate future, conducting regular rule making, without an emergency rule in place, will not provide a timely remedy.

SUMMARY: Emergency rule 61DER17-2, adds language about collecting, sealing, storing, and shipping samples to the laboratory for analysis to the current sample collection rule. These changes address specific concerns identified by the

administrative law judge and are valid exercise of delegated legislative authority.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Bryan Barber, bryan.barber@myfloridalicense.com, (850)717-1761, 2601 Blair Stone Road, Tallahassee, Fl, 32399

THE FULL TEXT OF THE EMERGENCY RULE IS:

#### 61DER17-2 Emergency Procedures for Collecting Samples from Racing Greyhounds

(1) In addition to the rules that exist in 61D-6.005, Florida Administrative Code, the following procedures are promulgated under an emergency basis.

##### (2) Collection of Samples:

(a) Urine samples shall be collected in an unused sample container supplied by the division or its agent.

(b) Authorized representatives of the division shall collect as much urine as possible from each greyhound sampled until all of the urine the greyhound produces is collected, or time restrictions require the collection attempts to cease.

(c) Authorized representatives of the division shall record the identification tattoo of any greyhound from which a sample is collected or attempted to be collected.

##### (3) Sealing and Labeling of Samples:

(a) As soon as possible after a sample is collected the sample container shall be closed.

(b) Evidence tape shall be placed over both the sample container and lid on at least two sides.

##### (4) Storing and Shipping the Samples:

(a) Urine samples shall be stored in a lockable freezer in the detention enclosure until the time of shipping.

(b) Urine samples shall be shipped to the laboratory under contract with the division for testing of the samples via the laboratory's contracted common carrier in a locked and sealed container maintained in a manner to preserve the integrity of the samples.

(c) The container or cooler lid shall be closed and locked upon the completion of packing the samples for shipment. All appropriate forms for shipment shall be completed in order to assure the samples are correctly delivered to the laboratory under contract with the division for testing of the samples.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: 12/27/2017

**Section V**  
**Petitions and Dispositions Regarding Rule**  
**Variance or Waiver**

**WATER MANAGEMENT DISTRICTS**

Southwest Florida Water Management District

RULE NO.: RULE TITLE:

40D-22.201 Year-Round Water Conservation Measures

NOTICE IS HEREBY GIVEN that on December 19, 2017, the Southwest Florida Water Management District, received a petition for a variance or waiver.

Petitioner’s Name: Strathmore Riverside Villas Assoc., Inc.

Rule No.: 40D-22.201

Nature of the rule for which variance or waiver is sought: Lawn and landscape irrigation

The Petition has been assigned tracking No. 18-4274

A copy of the Petition for Variance or Waiver may be obtained by contacting: Lois Sorensen, 7601 US Highway 301, Tampa, Florida 33637, (813) 985-7481 x. 2298, water.variances@watermatters.org. Any interested person or other agency may submit written comments within 14 days after the publication of this notice. (R2017064)

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001 Safety Standards

NOTICE IS HEREBY GIVEN that on December 26, 2017, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for Lake Worth Towers at 1500 Lucerne Avenue, Lake Worth, FL. Petitioner seeks a variance of the requirements of ASME A17.3, Section 3.11.3, as adopted by subsection 61C-5.001(1), Florida Administrative Code that requires upgrading the elevators with firefighters’ emergency operations which poses a significant economic/financial hardship. Any interested person may file comments within 14 days of the publication of this notice with Michelle Comingore, Division of Hotels and Restaurants, Bureau of Elevator Safety, 2601 Blair Stone Road, Tallahassee, Florida 32399-1013 (VW2017-230).

A copy of the Petition for Variance or Waiver may be obtained by contacting: Michelle Comingore, Division of Hotels and Restaurants, Bureau of Elevator Safety, 2601 Blair Stone Road, Tallahassee, Florida 32399-1013. dhr.elevators@myfloridalicense.com.

**Section VI**  
**Notice of Meetings, Workshops and Public**  
**Hearings**

**DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

The Florida Agriculture in the Classroom Board of Directors announces a public meeting to which all persons are invited.

DATE AND TIME: January 29, 2018, 10:00 a.m.

PLACE: Conner Complex, Eyster Room, 3125 Conner Blvd., Tallahassee, FL 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: The FAITC Board of Directors will meet for a regularly scheduled board meeting.

For a copy of the agenda or more information, you may contact: sponholtz@agtag.org.

**DEPARTMENT OF LAW ENFORCEMENT**

Criminal Justice Standards and Training Commission

The Criminal Justice Professionalism Division and the Training Center Directors Association announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, January 8, 2018, 11:00 a.m.

PLACE: Seminole State College, Sanford/Lake Mary Campus, 100 Weldon Boulevard, Sanford, Florida 32773, Room PS 160 in the Public Safety Building. For directions, go to <https://www.seminolestate.edu/slm/directions>.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Training Center Directors Association (TCDA) has formed a Special Forces Training Committee to discuss legislative efforts as well as standards, training, certification, Commission rules, equivalency of training for criminal justice officers who have obtained special forces training in the military. Attendees will address specific issues relating to the proposed HB 333 and SB 470, which establishes an exemption from the law enforcement basic recruit training program based on service in special operations forces.

A copy of the agenda may be obtained by contacting: Joyce Gainous-Harris at (850)410-8615 or email at JoyceGainous-Harris@fdle.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting Joyce Gainous-Harris, (850)410-8615, JoyceGainous-Harris@fdle.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**DEPARTMENT OF TRANSPORTATION**

The Florida Department of Transportation, Florida's Turnpike Enterprise announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, January 11, 2018, 5:30 p.m. – 7:30 p.m.: Public Information Meeting (Open House)

PLACE: American German Club of the Palm Beaches, 5111 Lantana Road, Lake Worth, Florida 33463. In the event that the Public Information Meeting cannot be held on January 11, 2018 due to severe weather or unforeseen conditions, it will be held on the alternate date of Tuesday, January 30, 2018 at the same time and place.

GENERAL SUBJECT MATTER TO BE CONSIDERED: This meeting will inform the public of the traffic control and construction for the replacement of the Hypoluxo Road bridge over Florida's Turnpike/SR 91 (Financial Project ID Number: 406144-1).

A copy of the agenda may be obtained by contacting: Marco Barbarossa, P.E., Project Manager for Florida's Turnpike Enterprise (Atkins), P.O. Box 613069, Ocoee, Florida 34761-3069 or by email at marco.barbarossa@dot.state.fl.us.

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 hours before the workshop/meeting by contacting: Marco Barbarossa, P.E. at (407)264-3166 or marco.barbarossa@dot.state.fl.us.

If any person requires translation services (free of charge) please advise Marco Barbarossa at least 7 days before the meeting. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

#### DEPARTMENT OF TRANSPORTATION

The Florida Transportation Commission (FTC) announces a telephone conference call to which all persons are invited.

DATES AND TIMES: January 18, 2018, February 15, 2018, March 1, 2018, March 15, 2018, March 29, 2018, April 12, 2018, April 26, 2018, May 10, 2018, May 24, 2018, June 7, 2018, and June 21, 2018. all conference calls will begin at 10:00 a.m. and held until conclusion of business

PLACE: Florida Department of Transportation Central Office, Burns Building Auditorium, 605 Suwannee Street, Tallahassee, Florida 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: discuss FTC business.

A copy of the agenda may be obtained by contacting: the FTC, 605 Suwannee Street, MS 09, Tallahassee, Florida 32399, (850)414-4105.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: FTC, 605 Suwannee Street, MS 09, Tallahassee, Florida 32399, (850)414-4105. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: FTC, 605 Suwannee Street, MS 9, Tallahassee, Florida 32399, (850)414-4105.

#### WATER MANAGEMENT DISTRICTS

St. Johns River Water Management District

The St. Johns River Water Management District announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, January 9, 2018; Committee Meetings will begin at 10:00 a.m. followed by the Governing Board meeting scheduled to begin at 11:00 a.m. or following the Committee Meetings whichever is later.

PLACE: District Headquarters, 4049 Reid Street (Hwy 100 West), Palatka, FL 32177

GENERAL SUBJECT MATTER TO BE CONSIDERED: Discussion and consideration of District business including regulatory and non-regulatory matters. Staff may recommend approval of external amendments which affect the adopted budget.

NOTE: One or more Governing Board members may attend and participate in the meetings by means of communications media technology.

A copy of the agenda may be obtained by contacting: St. Johns River Water Management District, Attention Lori Griffith, 4049 Reid Street, Palatka, FL 32177, or by phone at (386)329-4470, or by visiting the District's website at sjrwm.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: District Clerk at (386) 329-4500. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

#### WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

The Southwest Florida Water Management District (SWFWMD) announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, January 10, 2018, 1:30 p.m.  
PLACE: SWFWMD Tampa Service Office, 7601 Highway 301 N, Tampa, FL 33637

GENERAL SUBJECT MATTER TO BE CONSIDERED: Well Drillers Advisory Committee (WDAC) Meeting. Some members of the District's Governing Board may also attend the meeting.

A copy of the agenda may be obtained by contacting: [teri.rhodes@watermatters.org](mailto:teri.rhodes@watermatters.org), 1(800)836-0797 (FL only), or (813)985-7481, ext. 4476.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 2 days before the workshop/meeting by contacting: SWFWMD Human Resources, 1(800)423-1476 (FL only), or (352)796-7211, ext. 4702. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

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#### REGIONAL UTILITY AUTHORITIES

Tampa Bay Water - A Regional Water Supply Authority  
Tampa Bay Water, A Regional Water Supply Authority, announces public meetings to which all persons are invited.

DATES AND TIMES: Friday, January 12, 2018, 10:00 a.m.; Friday, February 2, 2018, 10:00 a.m.; Monday, March 5, 2018, 10:00 a.m.; Monday, April 2, 2018; 10:00 a.m.; Monday, May 7, 2018, 10:00 a.m.; Monday, June 4, 2018, 10:00 a.m.

PLACE: Tampa Bay Water Administrative Offices, 2575 Enterprise Road, Clearwater, Florida 33763

GENERAL SUBJECT MATTER TO BE CONSIDERED: A public meeting of the Member Government Reclaimed Committee will convene to discuss reclaimed water issues and projects, the effects on rate payers and the effects on Tampa Bay Water bond holders.

A copy of the agenda may be obtained by contacting Records Department, (727)796-2355.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Records Department, (727)796-2355. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Records Department, (727)796-2355.

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#### AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NOS.:RULE TITLES:

59A-17.101 Definitions

59A-17.118 Dietary and Nutrition Services

59A-17.119 Facility Life Safety, Building Code Requirements and Physical Plant Standards

The Agency for Health Care Administration announces a hearing to which all persons are invited.

DATE AND TIME: Wednesday, January 24, 2018, 9:30 a.m. – 11:00 a.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room B, Tallahassee, Florida 32308

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Agency proposes to amend Rule 59A-17.101 to delete obsolete definitions and include licensure language and revise the transitional living facility licensure application; Rule 59A-17.118 to reflect current nutrition standards that are consistent with the Older Americans Act and other federal nutrition programs, and Rule 59A-17.119 to remove duplicative statutory language.

A copy of the agenda may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 33, Tallahassee, FL 32308 or [LTCStaff@ahca.myflorida.com](mailto:LTCStaff@ahca.myflorida.com)

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: . If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, FL 32308 or [LTCStaff@ahca.myflorida.com](mailto:LTCStaff@ahca.myflorida.com).

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#### DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Veterinary Medicine

The Board of Veterinary Medicine announces a telephone conference call to which all persons are invited.

DATE AND TIME: Wednesday, January 10, 2017, 1:30 p.m.

PLACE: Telephone number: 1(888)670-3525, conference code: 8357925709

GENERAL SUBJECT MATTER TO BE CONSIDERED: Probable Cause Panel.

A copy of the agenda may be obtained by contacting: Board of Veterinary Medicine, 2601 Blair Stone Rd., Tallahassee, FL 32399; (850)717-1981.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by

contacting: Board of Veterinary Medicine, 2601 Blair Stone Rd., Tallahassee, FL 32399; (850)717-1981. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Board of Veterinary Medicine, 2601 Blair Stone Rd., Tallahassee, FL 32399; (850)717-1981.

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

Board of Accountancy

The Committee on Continuing Professional Education announces a telephone conference call to which all persons are invited.

DATE AND TIME: January 17, 2018, 9:30 a.m.

PLACE: Teleconference: conference number 1(888)670-3525, participant code 4694532213

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Committee on Continuing Professional Education will meet to discuss items relating to CPE credits.

A copy of the agenda may be obtained by contacting: Karan Lee, Florida Board of Accountancy, 240 NW 76th Drive, Suite A, Gainesville, Florida 32607.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 2 days before the workshop/meeting by contacting: Karan Lee. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Karan Lee.

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

Board of Accountancy

RULE NO.: RULE TITLE:

61H1-27.002 Concentrations in Accounting and Business

The Board of Accountancy announces a telephone conference call to which all persons are invited.

DATE AND TIME: January 8, 2018, 9:00 a.m. Eastern Time

PLACE: Conference call: dial-in number 1(888)670-3525, participant code 1368986679#

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Board of Accountancy will review and discuss comments submitted for Rule 61H1-27.002, F.A.C. and any other Board business.

A copy of the agenda may be obtained by contacting: Denise Graves, (352)333-2505 or denise.graves@myfloridalicense.com.

For more information, you may contact Denise Graves, (352)333-2505 or denise.graves@myfloridalicense.com.

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

The Department Of Environmental Protection announces a public meeting to which all persons are invited.

DATE AND TIME: January 10, 2018, 5:00 p.m. – 8:00 p.m.; 6:00 p.m. presentation

PLACE: Wekiwa Springs State Park, Youth Camp Recreation Hall, 1800 Wekiwa Circle, Apopka, Florida 32712

GENERAL SUBJECT MATTER TO BE CONSIDERED: To solicit public comments for selected portions of the draft 2018 Statewide Comprehensive Outdoor Recreation Plan (SCORP).

A copy of the agenda may be obtained by contacting Mark Kiser, Office of Park Planning, Division of Recreation and Parks, Florida Department of Environmental Protection, 3900 Commonwealth Boulevard, MS 525, Tallahassee, Florida 32399-3000, Mark.Kiser@dep.state.fl.us, (850)245-3051. A copy of the meeting materials and agenda are available before the date of the public meeting online at <https://www.fldepnet.org/public-notices> and <https://floridadep.gov/Parks/florida-scorp-outdoor-recreation-florida>.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Mark Kiser as listed above. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

The Department of Environmental Protection announces a public meeting to which all persons are invited.

DATE AND TIME: January 11, 2018, 5:00 p.m. – 8:00 p.m.; 6:00 p.m., presentation

PLACE: Department of Environmental Protection Southwest District Office, 13051 North Telecom Parkway, Temple Terrace, Florida 33637

GENERAL SUBJECT MATTER TO BE CONSIDERED: To solicit public comments for selected portions of the draft 2018 Statewide Comprehensive Outdoor Recreation Plan (SCORP).

A copy of the agenda may be obtained by contacting Mark Kiser, Office of Park Planning, Division of Recreation and Parks, Florida Department of Environmental Protection, 3900 Commonwealth Boulevard, MS 525, Tallahassee, Florida 32399-3000, Mark.Kiser@dep.state.fl.us, (850)245-3051. A copy of the meeting materials and agenda are available before the date of the public meeting online at <https://www.fldepnet.org/public-notice> and <https://floridadep.gov/Parks/florida-scorp-outdoor-recreation-florida>.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting Mark Kiser as listed above. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact Mark Kiser as listed above.

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

Division of Recreation and Parks

The Florida Department of Environmental Protection, Division of Recreation and Parks, announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, January 9, 2018, 5:30 p.m. – 7:30 p.m. (presentation at 6:00 p.m.)

PLACE: Chiefland Women’s Club, 825 East Park Avenue, Chiefland, FL 32626

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** An opportunity for the public to provide input on the ten-year management plan update for Manatee Springs State Park.

A copy of the agenda may be obtained by contacting Mark Abrizenski, Park Manager, Manatee Springs State Park, 11650 NW 115th Street, Chiefland, FL 32626, (352)493-6072, fax (352)493-6089 or email Mark.Abrizenski@dep.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Mark Abrizenski, as listed above. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

Division of Recreation and Parks

The Florida Department of Environmental Protection, Division of Recreation and Parks, announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, January 10, 2018, 9:00 a.m.

PLACE: Chiefland Women’s Club, 825 East Park Avenue, Chiefland, FL 32626

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Discussion of the proposed unit management plan update for Manatee Springs State Park with the advisory group members.

A copy of the agenda may be obtained by contacting: Mark Abrizenski, Park Manager, Manatee Springs State Park, 11650 NW 115th Street, Chiefland, FL 32626; (352)493-6072; fax (352)493-6089; email Mark.Abrizenski@dep.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Mark Abrizenski, as listed above. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**DEPARTMENT OF CHILDREN AND FAMILIES**

Refugee Services

The Jacksonville Area Refugee Task Force announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, January 10, 2018, 1:30 p.m. – 3:30 p.m.

PLACE: Jacksonville Baptist Association, 2700 University Boulevard South, Jacksonville, FL 32216

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The purpose of the Jacksonville Area Refugee Task Force meeting is to increase awareness of the refugee populations, share best practices, spot trends in refugee populations, build collaborations between agencies, help create good communication among service providers, get informed about upcoming community events, and discuss refugee program service needs and possible solutions to meeting those needs.

A copy of the agenda may be obtained by contacting Taddese Fessehaye at (407)317-7335.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Taddese Fessehaye at (407) 317-7335. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Taddese Fessehaye at (407)317-7335.

**PASCO-PINELLAS AREA AGENCY ON AGING**

The Area Agency on Aging of Pasco-Pinellas announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, January 8, 2018, 9:30 a.m.

PLACE: 9549 Koger Blvd., Suite 100, St. Petersburg, FL 33702

GENERAL SUBJECT MATTER TO BE CONSIDERED: Items related to Area Agency on Aging of Pasco-Pinellas business and Board of Directors oversight.

A copy of the agenda may be obtained by contacting Brenda Black, (727)570-9696, ext. 233.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Brenda Black at (727)570-9696 ext. 233. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact Brenda Black at (727)570-9696, ext. 233.

PRIDE ENTERPRISES

The PRIDE Enterprises announces public meetings to which all persons are invited.

DATES AND TIMES: January 10, 2018, 1:00 p.m.; January 11, 2018, 9:00 a.m.

PLACE: Courtyard by Marriott, Brandon, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: The PRIDE Enterprises Board of Directors has scheduled a Board Strategic Planning Committee meeting to discuss various matters of Board interest. Additional Board meetings and Board Committee meetings will be scheduled throughout 2018 as determined by the Board Chair. Specific meeting announcements will be posted at www.pride-enterprises.org.

A copy of the agenda may be obtained by contacting: Dee Kiminki at dkiminki@pride-enterprises.org.

POLK REGIONAL WATER COOPERATIVE

The Board of Directors of the Polk Regional Water Cooperative for the first quarter of 2018, announces public meetings to which all persons are invited.

DATES AND TIMES: Wednesday, January 17, 2018, 2:00 p.m.; Wednesday, March 21, 2018, 2:00 p.m.

PLACE: Polk County Tourism and Sports Marketing Headquarters building in the Lake Myrtle Sports Complex, 2701 Lake Myrtle Park Road, Auburndale, Florida 33823 at 2:00 p.m., unless otherwise set by the Board.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Polk Regional Water Cooperative (the "PRWC") is an independent special district of local government whose members are the fifteen largest municipalities located within Polk County, Florida, and Polk County, a charter county and political subdivision of the State of Florida. Each Member Government is represented on the PRWC Board of Directors by one of its elected officials (e.g. Mayor, Vice-Mayor, Commissioner, etc.). The PRWC Board of Directors will meet on the dates and times listed above to discuss and decide matters

which may include the cooperative's organization, its budget, water conservation, and PRWC water project selection, funding, planning, and development.

Copies of the meeting agenda are available in the Documents & Agendas section of the Cooperative's website, www.prwcwater.org, or may be obtained by writing to: Polk Regional Water Cooperative c/o Polk County Manager, Attn: Diane Pannebaker, P.O. Box 9005, Drawer CA01, Bartow, Florida, 33831-9005 or by calling Diane Pannebaker at (863)534-6444.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: The Polk County Communications Office, Neil Combee Administration Building, 330 West Church Street, Bartow, FL, (863)534-6090. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: For more information, you may contact: Gene Heath, Coordinator, Polk Regional Water Cooperative, (813)920-0180, GeneHeath@PRWCwater.org.

Section VII

Notice of Petitions and Dispositions Regarding Declaratory Statements

NONE

Section VIII

Notice of Petitions and Dispositions Regarding the Validity of Rules

Notice of Petition for Administrative Determination has been filed with the Division of Administrative Hearings on the following rules:

NONE

Notice of Disposition of Petition for Administrative Determination has been filed with the Division of Administrative Hearings on the following rules:

NONE



Section IX  
Notice of Petitions and Dispositions  
Regarding Non-rule Policy Challenges

NONE

Section X  
Announcements and Objection Reports of  
the Joint Administrative Procedures  
Committee

NONE

Section XI  
Notices Regarding Bids, Proposals and  
Purchasing

NONE

Section XII  
Miscellaneous

DEPARTMENT OF STATE

Index of Administrative Rules Filed with the Secretary of State Pursuant to Section 120.55(1)(b)6. – 7., F.S., the below list of rules were filed in the Office of the Secretary of State between 8:00 a.m., Friday, December 22, 2017 and 3:00 p.m., Thursday, December 28, 2017. An improved electronic publication system is forthcoming on the Florida Administrative Rules website, FLRules.org, which will accommodate complete publication of rules filed for adoption in the previous 7 days, including rules awaiting legislative action.

Rule No.	File Date	Effective Date
2A-9.001	12/28/2017	1/17/2018
2A-9.003	12/28/2017	1/17/2018
2A-9.004	12/28/2017	1/17/2018
2A-9.006	12/28/2017	1/17/2018
5C-13.0035	12/27/2017	1/16/2018
5C-13.004	12/27/2017	1/16/2018
12-16.003	12/28/2017	1/17/2018

12-29.003	12/28/2017	1/17/2018
12D-7.001	12/28/2017	1/17/2018
12D-16.002	12/28/2017	1/17/2018
12E-1.030	12/28/2017	1/17/2018
12E-1.036	12/28/2017	1/17/2018
53ER17-78	12/28/2017	12/28/2017
53ER17-79	12/28/2017	12/28/2017
53ER18-1	12/28/2017	1/1/2018
61C-5.001	12/22/2017	1/11/2018
61DER17-2	12/27/2017	12/27/2017
64B33-3.001	12/27/2017	1/16/2018
65C-30.019	12/22/2017	1/11/2018

**LIST OF RULES AWAITING LEGISLATIVE  
APPROVAL SECTIONS 120.541(3), 373.139(7)  
AND/OR 373.1391(6), FLORIDA STATUTES**

Rule No.	File Date	Effective Date
40C-2.101	8/2/2017	**/**/****
60FF1-5.009	7/21/2016	**/**/****
64B8-10.003	12/9/2015	**/**/****
69L-7.020	12/15/2017	**/**/****
69L-7.100	12/15/2017	**/**/****
69L-7.501	12/15/2017	**/**/****

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

RCH Automotive Group, LLC, d/b/a RC Hill Mitsubishi-Ocala for establishment of Mitsubishi vehicles

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that Mitsubishi Motors North America, Inc., intends to allow the establishment of RCH Automotive Group, LLC, d/b/a RC Hill Mitsubishi-Ocala as a dealership for the sale of Mitsubishi vehicles (line-make MITS) at 2905 North Pine Avenue, Ocala, (Marion County), Florida, 34475, on or after October 31, 2018.

The name and address of the dealer operator(s) and principal investor(s) of RCH Automotive Group, LLC, d/b/a RC Hill Mitsubishi-Ocala are dealer operator(s): Robert C. Hill, 1451 Shady Meadow Lane, Deland, Florida 32724; principal investor(s): Robert C. Hill, 1451 Shady Meadow Lane, Deland, Florida 32724.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Jaime Williams, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS 65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Kimberly A. McKee, Mitsubishi Motors North America Inc, 8100 Mesquite Bend Drive, Irving, Texas 75063.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

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#### DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

##### Division of Motor Vehicles

Golf Car Depot, Inc. for the establishment of TMEC

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that X-Power Motorsports, Inc., intends to allow the establishment of Golf Car Depot, Inc., as a dealership for the sale of motorcycles manufactured by Wuxi Tmec Power Technology Co., Ltd. (line-make TMEC) at 1751-A South Dixie Highway, Pompano Beach, (Broward County), Florida 33060, on or after January 29, 2018.

The name and address of the dealer operator(s) and principal investor(s) of Golf Car Depot, Inc. are dealer operator(s): Jeffrey Blitman, 1751-A South Dixie Highway, Pompano Beach, Florida 33060; principal investor(s): Jeffrey Blitman, 1751-A South Dixie Highway, Pompano Beach, Florida 33060, Christian Vailquette, 1751-A South Dixie Highway, Pompano Beach, Florida 33060.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Jaime Williams, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS 65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Ronald Ho, X-Power Motorsports, Inc., 1715 Lakes Parkway, Lawrenceville, Georgia 30043.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

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#### DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

##### Division of Motor Vehicles

Golf Car Depot, Inc. for the establishment of ZHGG

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that X-Power Motorsports, Inc., intends to allow the establishment of Golf Car Depot, Inc., as a dealership for the sale of motorcycles manufactured by Zhejiang Doohan Technology Co., Ltd. (line-make ZHGG) at 1751-A South Dixie Highway, Pompano Beach, (Broward County), Florida 33060, on or after January 29, 2018.

The name and address of the dealer operator(s) and principal investor(s) of Golf Car Depot, Inc. are dealer operator(s): Jeffrey Blitman, 1751-A South Dixie Highway, Pompano Beach, Florida 33060; principal investor(s): Jeffrey Blitman, 1751-A South Dixie Highway, Pompano Beach, Florida 33060, Christian Vailquette, 1751-A South Dixie Highway, Pompano Beach, Florida 33060.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Jaime Williams, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS 65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Ronald Ho, X-Power Motorsports, Inc., 1715 Lakes Parkway, Lawrenceville, Georgia 30043.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

**REGIONAL PLANNING COUNCILS**

South Florida Regional Planning Council

**NOTICE OF REGULATORY PLAN**

The South Florida Regional Planning Council announces that it has prepared a regulatory plan which is posted on its website: <http://sfregionalcouncil.org>.

The Council's rules can be accessed at <https://www.flrules.org/gateway/Division.asp?DivID=66>. The Agency Regulatory Plan can be accessed at <http://sfregionalcouncil.org/wp-content/uploads/2017/12/12-16-17-SFRPC-Letter-re-Agency-Regulatory-Plan.pdf?lbisphpreq=1>.

Should you need assistance, please contact the South Florida Regional Council, 3440 Hollywood Boulevard, Suite 140, Hollywood, Florida 33021; (954)985-4416. If you are hearing or speech impaired, please contact the South Florida Regional Planning Council using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**AGENCY FOR HEALTH CARE ADMINISTRATION**

Certificate of Need

**Notice of Litigation**

The Agency for Health Care Administration has received the following petitions for administrative hearings as of the close of business on December 26, 2017, concerning certificate of need decisions. No decision has been made as to the sufficiency of these petitions. A brief description of these projects is listed below. Resolution of these requests for hearings by way of a grant or denial of their certificate of need at issue will determine the substantial interest of persons. Those persons whose substantial interest may be determined by these proceedings including settlements, grants, and denials are

advised to govern themselves accordingly and may wish to exercise rights including intervention. See Chapter 120, F. S., as well as Section 408.039, F.S. and Section 59C-1.012, F. A. C. In deference to rights of substantially affected persons, AHCA will not settle or otherwise reach a final resolution of these matters for a period of 30 days from the date of the publication.

**CON# INITIAL DECISION, PROJECT, CTY, APPLICANT, PARTY REQUEST HEARING (PRH)**

10495 Denial, to establish a 50-bed comprehensive medical rehabilitation hospital, Escambia County, Encompass Health Rehabilitation Hospital of Escambia County, LLC, (PRH) same as applicant

10496 Approval, to establish a 12-bed comprehensive medical rehabilitation unit, Lake County, Florida Hospital Waterman, Inc. d/b/a Florida Hospital Waterman (PRH) Marion Community Hospital, Inc. d/b/a West Marion Community Hospital and Ocala Regional Medical Center,

10496 Approval, to establish a 12-bed comprehensive medical rehabilitation unit, Lake County, Florida Hospital Waterman, Inc. d/b/a Florida Hospital Waterman, (PRH) Munroe HMA Hospital, LLC d/b/a Munroe Regional Medical Center

10498 Denial, to establish a 12-bed comprehensive medical rehabilitation unit and a partial of six bed, Marion County, Munroe HMA Hospital, LLC d/b/a Munroe Regional Medical Center, (PRH) same as applicant

10499 Denial, to establish a 12-bed comprehensive medical rehabilitation Unit, Marion County, Marion Community Hospital, Inc. d/b/a West Marion Community Hospital, (PRH) same as applicant

10500 Denial, to establish a 90-bed acute care hospital, Sarasota County, Sarasota County, Public Hospital District d/b/a Sarasota Memorial Hospital, (PRH) same as applicant

10501 Denial, to establish a 120-bed acute care hospital, Sarasota County, North Port Hospital, LLC, (PRH) same as applicant

10502 Denial, to establish a 100-bed acute care hospital, Miami-Dade County, The Public Health Trust of Miami-Dade County FL d/b/a Jackson Hospital West, (PRH) same as applicant

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

Office of the Secretary

Florida State Clearinghouse

The state is coordinating reviews of federal activities and federally funded projects as required by Section 403.061(42), F.S. This includes Outer Continental Shelf activities and other actions subject to federal consistency review under the Florida Coastal Management Program. A list of projects, comments and

deadlines, and the address for providing comments, are available at: <https://fldep.dep.state.fl.us/clearinghouse/>. For information, call (850)717-9076. This public notice fulfills the requirements of 15 CFR 930.

**DEPARTMENT OF FINANCIAL SERVICES**

FSC - Financial Institution Regulation

Office of Financial Regulation

**NOTICE OF FILINGS**

Financial Services Commission

Office of Financial Regulation

December 29, 2017

Notice is hereby given that the Office of Financial Regulation, Division of Financial Institutions, has received the following application. Comments may be submitted to the Division Director, 200 East Gaines Street, Tallahassee, Florida 32399-0371, for inclusion in the official record without requesting a hearing. However, pursuant to provisions specified in Chapter 69U-105, Florida Administrative Code, any person may request a public hearing by filing a petition with the Agency Clerk as follows:

By Mail or Facsimile	OR	By Hand Delivery
Agency Clerk		Agency Clerk
Office of Financial Regulation		Office of Financial Regulation
P.O. Box 8050		The Fletcher Building, Suite 118
Tallahassee, Florida 32314-8050		101 East Gaines Street
Phone (850)410-9800		Tallahassee, Florida 32399-0379
Fax: (850)410-9548		Phone: (850)410-9643

The Petition must be received by the Clerk within twenty-one (21) days of publication of this notice (by 5:00 P.M., January 19, 2018):

**APPLICATION FOR CONVERSION OF A FEDERAL CREDIT UNION**

**TO A STATE CREDIT UNION**

Applicant and Location: Country Federal Credit Union, 602 South 6th Street, Macclenny, Baker County, Florida 32063

With Title: Country Financial Credit Union

Received: December 27, 2017

**CITY OF PALM COAST**

Notice of Proposed Ordinance

The City of Palm Coast, Florida gives notice of the first reading of a proposed ordinance governing wireless communications.

DATE AND TIME: Tuesday, January 16, 2018 at 9:00 a.m.

PLACE: City of Palm Coast, 160 Lake Avenue, Community Wing, Palm Coast, FL 32164

SUBJECT: The proposed ordinance repeals Chapter 54 “wireless telecommunications” of the Code of Ordinances of the City of Palm Coast; amending the unified land development code of the City of Palm Coast by amending Chapter 3, “Zoning, Uses, and Dimensional Standards”, Section 3.02.01 “Residential Zoning Districts”, Table 3-2, to cross reference

Section 4.20 relating to wireless communication facilities; and amending Section 3.03.02 “Nonresidential And Mixed Use Districts – Allowable Uses”, Table 3-4, to cross reference Section 4.20 relating to wireless communication facilities; repealing and replacing Section 4-20, “Wireless Communication Facilities” of chapter 4, “Conditions for Limited Specific Uses and Activities” to amend and update regulations regarding communications facilities consistent with applicable State and Federal law, and to rename Section 4.20 to read “Wireless Telecommunications”; amending Section 14.02, “Glossary” to update definitions relating to wireless communication facilities.

A copy of the proposed ordinances can be obtained by calling the City Clerk’s office at (386) 986-3713 or by visiting City Hall during regular business hours.

**CITY OF PALM COAST**

Notice of Proposed Ordinance

The City of Palm Coast, Florida gives notice of the first reading of a proposed ordinance governing wireless communications and maintaining telecommunications facilities in its roads or rights-of- way.

DATE AND TIME: Tuesday, January 16, 2018 at 9:00 a.m.

PLACE: City of Palm Coast, 160 Lake Avenue, Community Wing, Palm Coast, FL 32164

The proposed ordinance amends the Code of Ordinances of the City of Pam Coast in Section 42-38, “Exceptions” Of Article II, “Right-Of-Way Utilization”, Of Chapter 42, “Streets, Roads, Bridges, and Other Public Places” to provide exception for Wireless Facilities Permitted In accordance with the Communications Rights-Of-Way Ordinance; Amending Article IV, “Communications Rights-Of-Way” of Chapter 42, “Streets, Roads, Bridges, And Other Public Places”, of The Code Of Ordinances of the City of Palm Coast, to amend and update the Regulations Regarding Communications Facilities in Public Rights-Of-Way consistent With applicable State And Federal Law Including the Advanced Wireless Infrastructure Deployment Act.

A copy of the proposed ordinances can be obtained by calling the City Clerk’s office at (386)986-3713 or by visiting City Hall during regular business hours.

**GRAY ROBINSON**

City of Pinellas Park

Notice of Proposed Ordinance

In accordance with Section 337.401(3)(d), FS, notice is hereby given that the City Council of the City of Pinellas Park, Florida, will hold a public hearing for the first reading on Thursday, January 11, 2018, at 7:30 p.m. in the City Council Chambers, City Hall, in said City, for the purpose of adopting a proposed ordinance governing a telecommunications company placing or

maintaining telecommunications facilities in its roads or rights-of-way.

DATE AND TIME: Thursday, January 11, 2018, 7:30 p.m.

PLACE: City Council Chambers, City Hall, 5141 78th Avenue North, Pinellas Park, FL 33781

SUBJECT: The proposed ordinance creates minimum objective standards for at-grade facilities, below-grade facilities, wireline facilities, utility poles, and small wireless facilities within public rights-of-way and to expressly address current industry practices with respect to the installation of wireless communication facilities, and adopt other rules related thereto in the City's Land Development Code. A copy of the proposed ordinance can be obtained by calling the City Clerk's Office at 727-369-0619, or by visiting the Clerk's Office during regular business hours at City Hall, 5141 78th Avenue North, Pinellas Park, FL 33781 . The ordinance is set to take effect upon adoption but apply to all applications filed on or after July 27, 2017, the date when the City formally announced in duly noticed public hearing that it would develop such regulations.

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**Section XIII**  
**Index to Rules Filed During Preceding**  
**Week**

NOTE: The above section will be published on Tuesday beginning October 2, 2012, unless Monday is a holiday, then it will be published on Wednesday of that week.

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