

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE CHAPTER TITLE: Individual Environmental
Resource Permits

RULE CHAPTER NO.: 40D-4

RULE TITLE: Content of Application

RULE NO.: 40D-4.101

PURPOSE AND EFFECT: This proposed rulemaking will amend subsection 40D-4.101(6), Florida Administrative Code (F.A.C.), to delete the Department of Environmental Protection as an agency to receive notice of Environmental Resource Permit applications involving activities in, on or over wetlands or other surface waters, including activities that have a potential to impact listed species.

SUBJECT AREA TO BE ADDRESSED: Subsection 40D-4.101(6), F.A.C., which provides that the District will send notice to and request comments from certain agencies for environmental resource permit applications involving activities located in, on or over wetlands or other surface waters.

SPECIFIC AUTHORITY: 373.044, 373.113, 373.171 FS.

LAW IMPLEMENTED: 373.042, 373.413 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Jack R. Pepper, Senior Attorney, Office of General Counsel, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, Extension 4651

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

40D-4.101 Content of Application.

(1) through (6)(c) No change.

~~(d) The Department of Environmental Protection, if the proposed activities have a potential to impact marine listed species.~~

Specific Authority 373.044, 373.113, 373.171 FS. Law Implemented 373.042, 373.413 FS. History—Readopted 10-5-74, Amended 12-31-74, 6-7-78, Formerly 16J-4.06(1),(2), Amended 10-1-84, 3-1-88, 10-3-95, 10-16-96, 12-16-97, _____.

DEPARTMENT OF MANAGEMENT SERVICES

Agency for Workforce Innovation

RULE CHAPTER TITLE: Workforce Programs' Grievance,
Complaint, Hearing and

RULE CHAPTER NO.: 60BB-1

Appeal Procedure

60BB-1

PURPOSE AND EFFECT: Florida Statutes, sections 20.50 and chapter 445, transferred the functions of the federally funded employment and training programs from the

Department of Labor and Employment Security to the Agency for Workforce Innovation (AWI). The federally funded Workforce Investment Act (WIA), Welfare Transition (WT)/TANF Program, and the Welfare-to-Work (WtW) Grant Program require the State, the local areas, and that the recipients of program funds establish and maintain grievance, complaint, hearing and appeal procedures for handling program related complaints. These rules implement those requirements.

SUBJECT AREA TO BE ADDRESSED: During the rule development process the agency will review the rules to identify those areas that require amendment.

SPECIFIC AUTHORITY: 20.02(1)(e), 20.50, 120.54(6) FS.

LAW IMPLEMENTED: 445, 120.54(2), 120.569, 120.57, 445.002(1)(4), 445.004(1),(2),(3),(5), 445.006, 445.024, 455.028, 445.031 FS., Federal Laws: 29 USCA 2801 et seq. Workforce Investment Act (WIA); 42 USCA 601-619, Temporary Assistance for Needy Families (TANF).

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Sonja P. Mathews Agency for Workforce Innovation, Office of the General Counsel, 107 E. Madison Street, MSC 150, Tallahassee, FL 32399-4128

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

**Section II
Proposed Rules**

DEPARTMENT OF INSURANCE

Division of Workers' Compensation

RULE TITLE: Confidentiality of Records Produced

RULE NO.: 4L-6.022

by the Division

4L-6.022

PURPOSE AND EFFECT: The purpose and effect of the rule is to facilitate compliance with the confidentiality requirements of Sections 440.185(11) and 440.125, F.S.

SUMMARY: The rule specifies what constitutes information that would identify an injured worker which would be exempt from disclosure. The rule also provides a means for persons whose information is protected by the statutes to waive confidentiality of the information.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: The impact of the rule is not expected to be significant; however, businesses which sell

information from state workers' compensation records and law firms which use such information to market their services may be affected.

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

SPECIFIC AUTHORITY: 440.185(10), 440.591 FS.

LAW IMPLEMENTED: 440.125, 440.185(11) FS.

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

TIME AND DATE: 1:30 p.m., December 3, 2002

PLACE: Room 116, Larson Building, 200 East Gaines Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Department at least 5 calendar days before the program by contacting the person listed below.

Pursuant to §120.54(2)(c), F.S., the Department explains that a workshop is unnecessary because of the urgent need for the clarity that the rule provides, and the fact that the public hearing will provide ample opportunity for public comment on the proposed rule.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Don Davis, Division of Workers' Compensation, Office of Data Quality & Collection, 200 East Gaines Street, Tallahassee, FL 32399-4228, (850)922-4480

THE FULL TEXT OF THE PROPOSED RULE IS:

4L-6.022 Confidentiality of Records Produced by the Division.

(1) Section 440.185(11), Florida Statutes, provides that any information in a report of injury or illness filed with the Division pursuant to Section 440.185, Florida Statutes, that would identify an ill or injured employee is confidential and exempt from the provisions of Section 119.07(1), Florida Statutes and Section 24(a), Article I of the Constitution of the State of Florida. Section 440.125, Florida Statutes, provides in part that any information identifying an injured employee in medical bills which are provided to the Division pursuant to Section 440.13, Florida Statutes, is confidential and exempt from the provisions of Section 119.07(1), Florida Statutes and Section 24(a), Article I of the Constitution of the State of Florida.

(2) For purposes of maintaining the confidentiality of information as required pursuant to Sections 440.125 and 440.185(11), Florida Statutes, the following constitutes information that would identify an ill or injured employee: the ill or injured employee's

(a) Name or signature;

(b) Social security number;

(c) Business, residence, and mailing addresses; and

(d) Residence and business telephone number.

(3) In the Division's response to a public records request, information that would identify an ill or injured employee will be redacted from any report of injury or illness filed with the Division pursuant to Section 440.185, Florida Statutes, and from any medical bill provided to the Division pursuant to Section 440.13, Florida Statutes, unless the employee that would be identified in such records waives the confidentiality provisions of Sections 440.125 or 440.185(11), Florida Statutes, and consents to the production of confidential information or records through submission to the Division of a completed Form DI4-1545 (DWC) (Rev. 9/02) Consent And Waiver For Release of Confidential Records, which is hereby adopted and incorporated herein by reference.

Specific Authority 440.185(10), 440.591 FS. Law Implemented 440.125, 440.185(11) FS. History--New

NAME OF PERSON ORIGINATING PROPOSED RULE: Don Davis, Division of Workers' Compensation, Office of Data Quality & Collection, 200 East Gaines Street, Tallahassee, FL 32399-4228, (850)922-4480

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Tanner Holloman, Director, Division on Workers' Compensation, Department of Insurance
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 2, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 18, 2002

DEPARTMENT OF COMMUNITY AFFAIRS

Division of Housing and Community Development

RULE CHAPTER TITLE: Special District Information Program
RULE CHAPTER NO.: 9B-50

RULE TITLES: Fee Schedule and Annual Invoicing
RULE NOS.:

and Data Updating 9B-50.003

Updating of the Special District Database 9B-50.004

PURPOSE AND EFFECT: Revise the invoicing and annual updating processes to provide that they shall be carried out at the same time; provide that each special district in noncompliance with its fee requirements may be reported to the Office of the Comptroller for further action.

SUMMARY: Streamlines invoicing and database updating procedures, provides a process for collecting delinquent annual fees.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 189.425 FS.

LAW IMPLEMENTED: 189.4035, 189.412, 189.427 FS.

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

TIME AND DATE: 10:00 a.m., December 10, 2002

PLACE: Department of Community Affairs, Room 250L, 2555 Shumard Oak Boulevard, Tallahassee, Florida

Any person requiring special accommodation at the hearing because of a disability or physical impairment should contact: Jack Gaskins Jr., Operations and Management Consultant II, Division of Housing and Community Development, Special District Information Program, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100; (850)922-1457, SUNCOM 292-1457, at least seven days before the date of the hearing. If you are hearing or speech impaired, please contact the Department of Community Affairs using the Florida Dual Party Relay System which can be reached at 1(800)955-8770 (Voice) or 1(800)955-9771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Jack Gaskins Jr., 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100, (850)922-1457, SUNCOM 292-1457

THE FULL TEXT OF THE PROPOSED RULES IS:

9B-50.003 Fee Schedule and Annual Invoicing and Data Updating.

(1) On or about October 1 of each year, and at least 60 days prior to the due date, ~~the Department shall annually, at least 60 days prior to the due date,~~ send the Special District Fee Invoice and Update Form DCA-SDIP-001, 3-1-2003 Fee Assessment Form DCA-SDIP-002, 3-17-99 (hereby incorporated by reference and available from the Special District Information Program, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100) by regular mail to the registered agent of each special district registered with the Special District Information Program. For newly created special districts, the Department shall send the Special District Fee Invoice and Update Form ~~Fee Assessment Form~~ by regular mail to the registered agent of the special district, or an appropriate contact person if a registered agent has not yet been appointed, at the time of registering the special district with the Special District Information Program. ~~The failure of a special district to receive the Fee Assessment Form from the Department shall not excuse the special district from its obligation to comply with the fee schedule.~~

(2) By the due date on the Special District Fee Invoice and Update Form ~~Fee Assessment Form~~, each registered agent ~~special district~~ shall make any necessary changes to the information on the form about the special district and comply with the fee schedule by signing, dating, and returning the upper ~~lower~~ portion of the Special District Fee Invoice and Update Form ~~Fee Assessment Form~~ to the Department along with the appropriate fee as follows:

(a) \$150.00 from new independent and dependent special districts created between October 1 and December 31 of the fiscal year billing period.

(b) \$125.00 from new independent and dependent special districts created between January 1 and March 31 of the fiscal year billing period.

(c) \$100.00 from new independent and dependent special districts created between April 1 and June 30 of the fiscal year billing period.

(d) \$75.00 from new independent and dependent special districts created between July 1 and September 30 of the fiscal year billing period.

(e) Zero annual fee from any independent or dependent special district that meets all of the following conditions:

1. The special district is in compliance with its Annual Financial Reporting Requirements to the Department of Banking and Finance;

2. The special district reported \$3,000.00 or less in revenues to the Department of Banking and Finance on its Annual Financial Report for the most recent fiscal year in which complete annual data is available from the Department of Banking and Finance, or as a newly created special district, has attached a current income statement verifying \$3,000.00 or less in revenues for the current fiscal year;

3. The special district is not a component unit of a general purpose local government as defined in the Governmental Accounting Standards Board's Statement No. 14, issued in June 1991, effective after December 15, 1992, as amended; and

4. The special district's registered agent has fully completed the certification section on the Special District Fee Invoice and Update Form ~~Fee Assessment Form~~ certifying the special district meets the conditions for a zero annual fee, and has returned the Special District Fee Invoice and Update Form ~~Fee Assessment Form~~ to the Department by the due date.

(f) \$175.00 from all other independent and dependent special districts.

(3) The Department shall verify the conditions for a zero annual fee within 30 days of receiving the completed certification section on the Special District Fee Invoice and Update Form ~~Fee Assessment Form~~. If the Department determines that a special district did not meet any condition in paragraph (e) of Rule 9B-50.003(2)(e), F.A.C., the Department shall notify the registered agent of the special district, and the special district shall be responsible for paying the appropriate fee when invoiced by the Department.

(4) If a special district fails to comply with the fee schedule requirements by the due date set forth on the Special District Fee Invoice and Update Form ~~Fee Assessment Form~~, the special district shall be subject to fining within the limits set by statute. ~~Department shall assess a fine of an additional \$25.00, the total fee and fine being due within 30 days of the invoice date. If upon second notice, a special district again fails to remit the required annual fee to the Department by the due date, the Department shall assess a fine of an additional \$25.00, the total fee and fines being due within 30 days.~~ The Department shall, at least 30 days prior to the due date, send any late fee invoice by regular mail to the registered agent of the special district. The Department shall use the post-marked date as a determination of whether ~~or not~~ a special district complies with the fee schedule by the due date. The Department shall report each special district in noncompliance with its fee requirements to the Office of the Comptroller for further action.

PROPOSED EFFECTIVE DATE IS MARCH 1, 2003.

Specific Authority 189.425 FS. Law Implemented 189.427 FS. History—New 5-1-90, Amended 3-14-91, 12-3-91, 8-10-97, 3-17-99, 3-1-03.

9B-50.004 ~~Annual~~ Updating of the Special District Database.

The Department shall use any updated data from each returned Special District Fee Invoice and Update Form to help ensure that its database remains up-to-date for the purpose of meeting its responsibilities associated with the Official List of Special Districts.

~~(1) By June 1 of each year, and at least 30 days prior to the due date, the Department shall send the Special District Update Form, DCA-SDIP-001, Effective 3-17-99, (hereby incorporated by reference and available from the Special District Information Program, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100) by regular mail to the registered agent of each special district registered with the Special District Information Program.~~

~~(2) On or before July 1 of each year, each special district shall fully complete and return to the Department the Special District Update Form. The Department shall use this form to update its database in preparation for the annual updating and distribution of the Official List of Special Districts.~~

PROPOSED EFFECTIVE DATE IS MARCH 1, 2003.

Specific Authority 189.425 FS. Law Implemented 189.4035, 189.412 FS. History—New 5-1-90, Amended 8-10-97, 3-17-99, 3-1-03.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Jack Gaskins, Jr., Division of Housing and Community Development, Special District Information Program, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100, (850)488-3581, SUNCOM 298-3581

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Linda Zeigler, Division of Housing and Community Development, Housing Assistance, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100, (850)488-3581, SUNCOM 298-3581

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 3, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 13, 2002

DEPARTMENT OF TRANSPORTATION

RULE CHAPTER TITLE: Incorporation by Reference
RULE CHAPTER NO.: 14-15

RULE TITLE: Toll Facilities Description and Toll Rate Schedule
RULE NO.: 14-15.0081

PURPOSE AND EFFECT: The purpose of this rulemaking is to allow the public an opportunity to provide input to changes in the Toll Facilities Description and Toll Rate Schedule required by the construction of an interchange on Florida's Turnpike at State Road 710/Northlake Boulevard in Palm Beach County. This new interchange will be located on the Ticket System, approximately 6.6 miles north of the existing Okeechobee Boulevard interchange and approximately 2.4 miles south of the existing PGA Boulevard interchange.

SUMMARY: The proposed action is being taken to determine the Toll Rate Schedule resulting from the Florida Department of Transportation's construction of an interchange at SR 710/Northlake Boulevard and Florida's Turnpike. The Toll Rate Public Hearing is being held in conjunction with the Design Public Hearing for the SR 710/Northlake Boulevard interchange project, Financial Project ID 232074-1. The required Toll Rate Rule Development Workshop was held on November 29, 2000.

SPECIFIC AUTHORITY: 334.044(2) FS.

LAW IMPLEMENTED: 338.222, 338.231, 338.155 FS.

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

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

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

TIMES AND DATE: Informal Open House: 6:00 p.m., Formal Hearing: 7:00 p.m., Thursday, September 26, 2002

PLACE: Palm Beach Gardens Community High School, 4245 Holly Drive, Palm Beach Gardens, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: James C. Myers, Administrative and Management Support Level IV, Florida Department of Transportation, Office of the General Counsel, 605 Suwannee Street, Mail Station 58, Tallahassee, Florida 32399-0458

THE FULL TEXT OF THE PROPOSED RULE IS:

14-15.0081 Toll Facilities Description and Toll Rate Schedule.

The Toll Facilities Description and Toll Rate Schedule, adopted November 15, 1987, and amended on February 8, 1988, August 1, 1988, February 2, 1989, May 10, 1989, July 1, 1991, August 1, 1991, November 6, 1991, July 11, 1993, November 28, 1993, September 18, 1994, June 6, 1995, July 9, 1995, January 1, 1996, March 31, 1996, April 28, 1996, June 2, 1996, July 28, 1996, September 23, 1997, November 24, 1997, February 12, 1998, June 30, 1998, July 29, 1998, January 6, 1999, February 9, 1999, April 29, 1999, June 21, 1999, September 4, 2001, and March 26, 2002, and _____, is hereby incorporated by this rule and made a part of the rules of the Department. Copies of this Department of Transportation Toll Facilities Description and Toll Rate Schedule and any amendments thereto are available at no more than cost.

Specific Authority 334.044(2), 338.155(1) FS. Law Implemented 338.222, 338.231, 338.155 FS. History—New 11-15-87, Amended 2-8-88, 8-1-88, 2-2-89, 5-10-89, 7-1-91, 8-1-91, 11-6-91, 7-11-93, 11-28-93, 9-18-94, 6-6-95, 7-9-95, 1-1-96, 3-31-96, 4-28-96, 6-2-96, 7-28-96, 9-23-97, 11-24-97, 2-12-98, 6-30-98, 7-29-98, 1-6-99, 2-9-99, 4-29-99, 6-21-99, 9-4-01, 3-26-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: James Ely, Executive Director, Florida’s Turnpike Enterprise

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Ken Morefield, Assistant Secretary for Transportation Policy, for Thomas F. Barry, Jr., P.E., Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 13, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 6, 2000, with Notice of Rescheduled Workshop published November 3, 2000

DEPARTMENT OF TRANSPORTATION

RULE CHAPTER TITLE: Logo Sign Program RULE CHAPTER NO.: 14-85

RULE TITLE: Logo Sign Program RULE NO.: 14-85.004

PURPOSE AND EFFECT: The proposed amendment to Sections (11)(c)6., (11)(e), and (12)(a) is needed to streamline the renewal process and to more closely follow standard business practice. There also is a clarification to eliminate a conflict with another section in the rule.

SUMMARY: Sections (11)(c)6., (11)(e), and (12)(a) are being amended to streamline the renewal process and to more closely follow standard business practice.

SPECIFIC AUTHORITY: 334.044(2) FS.

LAW IMPLEMENTED: 334.044(28), 479.261 FS.

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

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

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

TIME AND DATE: 9:00 a.m., December 16, 2002

PLACE: Department of Transportation, 605 Suwannee Street, Suwannee Room (Room 250), Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: James C. Myers, Management Analyst 4, Florida Department of Transportation, Office of the General Counsel, 605 Suwannee Street, Mail Station 58, Tallahassee, Florida 32399-0458

THE FULL TEXT OF THE PROPOSED RULE IS:

14-85.004 Logo Sign Program.

(1) through (10) No change.

(11) Permitting.

(a) through (b) No change.

(c) Initial Permit Application. A business applying for a business logo sign must submit a completed Logo Application/Annual Permit Renewal, Form Number FLI-163, Rev. 09/01, incorporated herein by reference, to the address specified on the form. The Logo Application/Annual Permit Renewal, Form Number FLI-163, Rev. 09/01, may be obtained from the Program Administrator.

1. Completed applications will be approved or denied within 90 days of receipt. A written notice of the approval or denial will be furnished to the applicant.

2. Permit fees must be received by the Program Administrator within 30 days of the notification of permit approval.

3. After notification of approval of the application, the applicant shall be responsible for providing the Program Administrator with a business logo sign which meets the specifications provided herein.

4. The business logo sign will be affixed to the display panel by the Department or its agent within 30 days of receipt of the sign or the permit fee, whichever is later.

5. Whenever space is not available on a logo structure for a business logo sign, the Program Administrator shall review the application for distance pursuant to paragraph (10)(b)

above, and for operating hours pursuant to paragraph (10)(e)4., and will place the business on a waiting list in the order of the dates on which they were received. A notice will be provided to the business indicating its position on the waiting list. When space becomes available, notice will be provided to the business with the highest priority allowing the business 30 days within which to submit an application in accordance with this section.

6. For gas, food, and lodging ~~all~~ categories only, applications received for businesses within three miles of an interchange have priority over businesses that are within three to six miles of an interchange.

(d) No change.

(e) Annual Permit Renewal.

1. On or before November 1 of each year, the Program Administrator will provide a Notice of Annual Permit Renewal to each holder of a valid permit. Failure to receive the Notice will not excuse timely submission of the permit renewal application by the permit holder.

2. Each permit holder must submit a completed Logo Application/Annual Permit Renewal, form number FLI-163, Rev. 09/01, to the Program Administrator by fax, mail, or hand delivery no later than December 1. The Annual Permit Renewal must be postmarked no later than December 1. If the application is mailed or faxed it must be received no later than 5:00 p.m. on December 1. If the application is hand delivered it must arrive and be date and time stamped by the Program Administrator no later than 5:00 p.m. on December 1.

3. The ~~annual~~ permit fee amount must be received and be date and time stamped by the Program Administrator no later than 5:00 p.m. on December 1. submitted with the Annual Permit Renewal.

4. If the completed application and permit fee are not received by the Program Administrator Failure to submit the Annual Permit Renewal by 5:00 p.m. on December 1, will result in expiration of the permit will expire and removal of the business logo sign will be removed from the display panel. Should the business subsequently reapply for a permit, such reapplication will be processed as an initial permit application in accordance with this section.

(12) Denial, revocation, suspension, voiding, or cancellation of permit.

(a) Denial. An application for a business logo permit will be denied if:

1. Space is not available;

2. The business does not meet the eligibility requirements; or

3. A completed Logo Application/Annual Permit Renewal, form FLI-163, Rev. 09/01, and applicable permit The required fees are not received by the Program Administrator by 5:00 p.m. on December 1 submitted with the application.

(b) through (f) No change.

(13) No change.

Specific Authority 334.044(2) FS. Law Implemented 334.044(28), 479.261 FS. History—New 6-26-85, Formerly 14-85.04, Amended 3-20-91, Amended 10-10-96, 12-31-96, 10-8-97, 5-25-99, 8-31-99, 7-15-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Roger Eudy, Administrator, State Logo Program

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Ken Morefield, Assistant Secretary for Transportation Policy, for Thomas F. Barry, Jr., P.E., Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 29, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 4, 2002

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE CHAPTER TITLE: Procedural RULE CHAPTER NO.: 40D-1

RULE TITLE: Forms and Instructions RULE NO.: 40D-1.659

PURPOSE AND EFFECT: This proposed rulemaking corrects the rule reference in Section H, Part 2 of the Environmental Resource Permit Application, an application form incorporated by reference into Rule 40D-1.659, F.A.C.

SUMMARY: Section H of the Environmental Resource Permit Application contains a reference to the exemption for normal and necessary farming and forestry operations previously found in subsection 40D-4.051(7), Florida Administrative Code (F.A.C.). Several of the District's exemptions from obtaining an Environmental Resource Permit (ERP) were invalidated by an Administrative Law Judge and subsequently removed from Rule 40D-4.051, F.A.C. As a result, the exemption for normal and necessary farming and forestry operations has been renumbered as subsection 40D-4.051(3), F.A.C. Also, to conform with recent rule amendments to make references to general permits consistent, this proposed rulemaking will delete the term "standard" from references in the form to a General ERP for Minor Surface Water Systems.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: A Statement of Estimated Regulatory Cost is not being prepared based on the District's determination that the proposed revisions to Rule 40D-1.659, F.A.C., will not result in a substantial increase in the costs to affected parties and there will not be significant adverse effects on competition, employment, investment or productivity.

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

SPECIFIC AUTHORITY: 373.044, 373.046, 373.113, 373.149, 373.171, 373.414, 373.414(9) FS.

LAW IMPLEMENTED: 373.0361, 373.114, 373.171, 373.403, 373.406, 373.413, 373.414, 373.414(9), 373.416, 373.429, 373.441 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jack R. Pepper, Senior Attorney, Office of General Counsel, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, Extension 4651

THE FULL TEXT OF THE PROPOSED RULE IS:

40D-1.659 Forms and Instructions.

The following forms and instructions have been approved by the Governing Board and are incorporated by reference into this Chapter. Copies of these forms may be obtained from the District.

GROUND WATER

(1) through (19) No change.

SURFACE WATER

Application for Permit – Used for Docks or Piers and Bulkheads

(1) JOINT APPLICATION FOR: ENVIRONMENTAL RESOURCE PERMIT/AUTHORIZATION TO USE STATE OWNED SUBMERGED LANDS/FEDERAL DREDGE AND FILL PERMIT FORM 547.27/ERP (___/___) (8/94)

(2) through (14) No change.

Specific Authority 373.044, 373.113, 373.149, 373.171 FS. Law Implemented 373.116, 373.206, 373.207, 373.209, 373.216, 373.219, 373.229, 373.239, 373.306, 373.308, 373.309, 373.313, 373.323, 373.324, 373.339, 373.413, 373.414, 373.416, 373.419, 373.421 FS. History–New 12-31-74, Amended 10-24-76, Formerly 16J-0.40, 40D-1.901, Amended 12-22-94, 5-10-95, 10-19-95, 5-26-95, 7-23-96, 2-16-99, 7-12-99, 7-15-99, 12-2-99, 5-31-00, 10-26-00, 6-26-01, 11-4-01, 6-12-02.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jack R. Pepper, Senior Attorney, Office of General Counsel, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, Ext. 4651

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Governing Board of the Southwest Florida Water Management District

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 27, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 25, 2002

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE CHAPTER TITLE: Procedural RULE CHAPTER NO.: 40D-1

RULE TITLE: Timeframe for Providing Requested Information RULE NO.: 40D-1.1020

PURPOSE AND EFFECT: This proposed rulemaking will amend Rule 40D-1.1020, F.A.C., to provide that applications will be deemed withdrawn, as opposed to being denied, if additional information is not supplied within 30 days after notice by the District.

SUMMARY: The language in the procedural rule governing the time frame for applicants to submit requested information will be revised to provide that applications will be deemed withdrawn if requested information is not timely supplied.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: A Statement of Estimated Regulatory Cost is not being prepared based on the District’s determination that the proposed revisions to Rule 40D-1.1020, F.A.C., will not result in a substantial increase in the costs to affected parties and there will not be significant adverse effects on competition, employment, investment or productivity.

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

SPECIFIC AUTHORITY: 120.54(5), 373.044, 373.113, 373.118, 373.4135, 373.4136, 373.414 FS.

LAW IMPLEMENTED: 120.54(5), 120.60, 373.084, 373.085, 373.116, 373.118, 373.119, 373.171, 373.229, 373.2295, 373.308, 373.309, 373.323, 373.413, 373.4136, 373.414, 373.416, 373.418, 373.426 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jack R. Pepper, Senior Attorney, Office of General Counsel, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, Extension 4651

THE FULL TEXT OF THE PROPOSED RULE IS:

40D-1.1020 Timeframe for Providing Requested Information.

Within 30 days after receipt of an application, the District shall notify the applicant if the application is incomplete and request the additional information required to make the application complete. If additional information is not supplied within 30 days after notice by the District, the application will be deemed withdrawn by the applicant denied for lack of completeness. If the application is still incomplete after additional information is provided, the District shall so notify the applicant, who shall have an additional 30 days to render the application complete or be deemed withdrawn by the applicant denied for lack of completeness. Upon request by the applicant, an extension of time may be granted by the District staff upon a showing by the applicant that a good faith effort is being made to provide the

additional information and the additional time is required. The District may, within 30 days after receiving information from the applicant, request only clarifications of the information or request answers to new questions raised or directly related to the information previously furnished. ~~Denial of an application for lack of completeness is without prejudice to the applicant's right to file a new application on the same subject matter.~~

Specific Authority 120.54(5), 373.044, 373.113, 373.118, 373.4135, 373.4136, 373.414 FS. Law Implemented 120.54(5), 120.60, 373.084, 373.085, 373.116, 373.118, 373.119, 373.171, 373.229, 373.2295, 373.308, 373.309, 373.323, 373.413, 373.4136, 373.414, 373.416, 373.418, 373.426 FS. History—New 7-2-98, Amended.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jack R. Pepper, Senior Attorney, Office of General Counsel, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, Extension 4651

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Governing Board of the Southwest Florida Water Management District

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 24, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 25, 2002

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE CHAPTER TITLE: Consumptive Use of Water
RULE TITLE: Exemptions

RULE CHAPTER NO.: 40D-2
RULE NO.: 40D-2.051

PURPOSE AND EFFECT: Delete an obsolete exemption from the District's water use permitting rules.

SUMMARY: Rule 40D-2.051(1)(c), Florida Administrative Code (F.A.C.), exempts from water use permitting "certified uses defined in Chapter 62-23 entitled Industrial Siting." While there used to be an Industrial Waste Siting Act, it has been repealed and there is no Chapter 62-23 in the Florida Administrative Code. Therefore, the exemption contained in Rule 40D-2.051(1)(c), F.A.C., is obsolete. The proposed rulemaking will delete this obsolete exemption.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: A Statement of Estimated Regulatory Cost is not being prepared based on the District's determination that the proposed revisions to Rule 40D-2.051, F.A.C., will not result in a substantial increase in the costs to affected parties and there will not be significant adverse effects on competition, employment, investment or productivity.

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

SPECIFIC AUTHORITY: 373.044, 373.113, 373.149, 373.171, 373.216, 373.249 FS.

LAW IMPLEMENTED: 373.219, 373.223, 373.224, 373.226 FS., Ch. 76-243, Laws of Florida.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jack R. Pepper, Senior Attorney, Office of General Counsel, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, Extension 4651

THE FULL TEXT OF THE PROPOSED RULE IS:

- 40D-2.051 Exemptions.
- (1)(a) through (b) No change.
- ~~(c) Those certified uses defined in Chapter 62-23 entitled Industrial Siting effective January 3, 1980.~~
- (d) through (f) renumbered (c) through (e) No change.
- (2) No change.

Specific Authority 373.044, 373.113, 373.149, 373.171, 373.216, 373.249 FS. Law Implemented 373.219, 373.223, 373.224, 373.226 FS., Ch. 76-243, Laws of Florida. History—Readopted 10-5-74, Amended 12-31-74, 10-24-76, 9-4-77, 10-16-78, Formerly 16J-2.04(3), Amended 10-1-89, .

NAME OF PERSON ORIGINATING PROPOSED RULE: Jack R. Pepper, Senior Attorney, Office of General Counsel, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, Extension 4651

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Governing Board of the Southwest Florida Water Management District

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 27, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 25, 2002

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Advanced Registered Nurse Practitioner Services
RULE NO.: 59G-4.010

PURPOSE AND EFFECT: The purpose of the proposed rule amendment is to incorporate by reference the revised Florida Medicaid Advanced Registered Nurse Practitioner Coverage and Limitations Handbook, January 2002 and April 2002. The handbook includes the updated fee schedule. The effect will be to incorporate by reference in the rule the current Florida Medicaid Advanced Registered Nurse Practitioner Coverage and Limitations Handbook, January 2002 and April 2002.

SUMMARY: The purpose of the rule is to incorporate by reference the revised Florida Medicaid Advanced Registered Nurse Practitioner Coverage and Limitations Handbook, January 2002 and April 2002. The Handbook revisions include

an updated fee schedule effective for the months of January through March 2002 and another updated fee schedule beginning April 1, 2002.

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

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

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.908, 409.9081 FS.

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

DATE AND TIME: 9:00 a.m., December 4, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Conference Room D, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Belinda McClellan, Agency for Health Care Administration, Medicaid Health Systems Development, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7324

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-4.010 Advanced Registered Nurse Practitioner Services.

(1) No change.

(2) All advanced registered nurse practitioner services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Advanced Registered Nurse Practitioner Services Coverage and Limitations Handbook, January 2002 and April 2002 ~~January 2001~~ which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA 1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History—New 12-21-80, Formerly 10C-7.52, Amended 8-18-92, Formerly 10C-7.052, Amended 8-22-96, 3-11-98, 10-13-98, 6-8-99, 4-23-00, 8-5-01,

NAME OF PERSON ORIGINATING PROPOSED RULE: Belinda McClellan

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rhonda M. Medows, M.D.

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 17, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 21, 2002

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Ambulatory Surgical Center Services
 RULE NO.: 59G-4.020

PURPOSE AND EFFECT: The purpose of the proposed rule is to incorporate by reference the Florida Medicaid Ambulatory Surgical Center Services Coverage and Limitations Handbook, January 2002. Appendix A of the handbook contains the 2002 procedure codes and payment groups in effect for dates of service beginning on January 1, 2002. The effect will be to incorporate in the rule the current Florida Medicaid Ambulatory Surgical Center Services Coverage and Limitations Handbook.

SUMMARY: The proposed rule incorporates by reference the Florida Medicaid Ambulatory Surgical Center Services Coverage and Limitations Handbook, January 1, 2002. The handbook update consists of covered code and payment group revisions to Appendix A, Ambulatory Surgical Center Procedure Codes and Groups, routinely updated every year. The revised code list is effective for dates of service beginning on January 1, 2002.

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

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

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908 FS.

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

TIME AND DATE: 9:00 a.m. – 10:00 a.m., December 2, 2002

PLACE: Agency for Health Care Administration, 2728 Fort Knox Boulevard, Building 3, Conference Room C, Tallahassee, Florida 32308

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Ouida Mazzocoli, Medical/Health Care Program Analyst, Medicaid Program Development Office, 2728 Fort Knox Boulevard, Building 3, Tallahassee, Florida 32308, (850)922-7351

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-4.020 Ambulatory Surgical Center Services.

(1) No change.

(2) All ambulatory surgical center providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Ambulatory Surgical Center Services Coverage and Limitations Handbook, January 2002 ~~2001~~, incorporated by reference, and the Florida Medicaid Provider Reimbursement

Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908 FS. History—New 10-25-84, Formerly 10C-7.531, Amended 5-13-92, 7-12-92, 7-27-93, Formerly 10C-7.0531, Amended 9-8-94, 7-3-95, 11-18-97, 10-27-98, 1-1-01, 7-26-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Ouida Mazzocoli
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rhonda M. Medows, M.D.
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 30, 2002
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 16, 2002

**AGENCY FOR HEALTH CARE ADMINISTRATION
 Medicaid**

RULE TITLE: Birth Center Services
 RULE NO.: 59G-4.030

PURPOSE AND EFFECT: The purpose of the proposed rule amendment is to incorporate by reference the revised Florida Medicaid Birth Center and Licensed Midwife Services Coverage and Limitations Handbook, January 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Birth Center and Licensed Midwife Services Coverage and Limitations Handbook, January 2002.

SUMMARY: The purpose of the rule is to incorporate by reference the revised Florida Medicaid Birth Center and Licensed Midwife Services Coverage and Limitations Handbook, January 2002. The Handbook revision includes an updated fee schedule.

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

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

SPECIFIC AUTHORITY: 409.919 FS.
 LAW IMPLEMENTED: 383.335, 409.906, 409.908, 409.9081 FS.

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

DATE AND TIME: 9:00 a.m., December 4, 2002
 PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Conference Room D, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Belinda McClellan, Agency for Health Care Administration, Medicaid Health Systems Development, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7324

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-4.030 Birth Center Services.

(1) No changes.

(2) All birth center services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Birth Center and Licensed Midwife Services Coverage and Limitations Handbook, January 2002, ~~January 2001~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA 1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 383.335, 409.906, 409.908, 409.9081 FS. History—New 4-18-85, Formerly 10C-7.0532, Amended 8-18-92, Formerly 10C-7.0532, Amended 4-22-96, 3-11-98, 10-13-98, 5-24-99, 4-23-00, 8-5-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Belinda McClellan
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rhonda M. Medows, M.D.
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 17, 2002
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 21, 2002

**AGENCY FOR HEALTH CARE ADMINISTRATION
 Medicaid**

RULE TITLE: Dental Services
 RULE NO.: 59G-4.060

PURPOSE AND EFFECT: The purpose of the proposed rule amendment is to incorporate by reference the revised Florida Medicaid Dental Coverage and Limitations Handbook, January 2002 and April 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Dental Coverage and Limitations Handbook, January 2002 and April 2002.

SUMMARY: The purpose of this rule amendment is to incorporate by reference in the rule the Florida Medicaid Dental Coverage and Limitations Handbook, January 2002 and April 2002 and the Florida Medicaid Provider Reimbursement Handbook, Dental 111, February 2001. The Handbook revisions include an updated fee schedule effective for the months of January through March 2002 and another updated fee schedule beginning April 1, 2002.

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

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

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908 FS.

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

DATE AND TIME: 9:00 a.m., December 4, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Conference Room D, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Millard Howard, Agency for Health Care Administration, Medicaid Health Systems Development, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7328

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-4.060 Dental Services.

(1) No change.

(2) All dental services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Dental Coverage and Limitations Handbook, January 2002 and April 2002 ~~January 2001~~, and Florida Medicaid Provider Reimbursement Handbook, Dental 111, February 2001, which are incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA 1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. All three handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS, Law Implemented 409.906, 409.908 FS, History—New 7-10-80, Amended 2-19-81, 10-27-81, 7-21-83, Formerly 10C-7.523, Amended 9-11-90, 11-3-92, Formerly 10C-7.0523, Amended 6-29-93, Formerly 10P-4.060, Amended 7-19-94, 7-16-96, 3-11-98, 10-13-98, 12-28-98, 6-10-99, 4-23-00, 7-5-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Millard Howard

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rhonda M. Medows, MD.

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 17, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 21, 2002

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Outpatient Hospital Services
 RULE NO.: 59G-4.160

PURPOSE AND EFFECT: The purpose of the rule amendment is to incorporate by reference the Florida Medicaid Hospital Coverage and Limitations Handbook, January 2002. The handbook contains the 2002 outpatient hospital laboratory and pathology codes and fee schedule. The effect will be to incorporate in the rule the current Florida Medicaid Hospital Coverage and Limitations Handbook.

SUMMARY: The proposed rule incorporates by reference the Florida Medicaid Hospital Coverage and Limitations Handbook, January 2002. The handbook update consists of code and fee revisions to Appendix C, Laboratory and Pathology Codes and Fee Schedule, routinely updated every year in January. The revised code list is effective for dates of service beginning on January 1, 2002.

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

Any person who wishes to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.908, 409.9081 FS.

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

TIME AND DATE: 10:00 a.m. – 11:00 a.m., December 2, 2002

PLACE: Agency for Health Care Administration, 2728 Fort Knox Boulevard, Building 3, Conference Room C, Tallahassee, Florida 32308

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Ouida Mazzocoli, Medical/Health Care Program Analyst, Medicaid Health Systems Development Office, 2728 Fort Knox Boulevard, Building 3, Tallahassee, FL 32308, (850)922-7351

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-4.160 Outpatient Hospital Services.

(1) This rule applies to all hospital providers enrolled in the Medicaid program.

(2) All hospital providers enrolled in the Medicaid program must comply with the Florida Medicaid Hospital Coverage and Limitations Handbook, January 2002 ~~2001~~, and the Florida Medicaid Provider Reimbursement Handbook, UB-92, October 1998, both incorporated by reference in this rule. Both handbooks are available from the fiscal agent contractor.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History—New 1-1-77, Revised 12-7-78, 1-18-82, Amended 7-1-83, 7-16-84, 7-1-85, 10-31-85, Formerly 10C-7.40, Amended 9-16-86, 2-28-89, 5-21-91, 5-13-92, 7-12-92, 1-5-93, 6-30-93, 7-20-93, 12-21-93, Formerly 10C-7.040, Amended 6-13-94, 12-27-94, 2-21-95, 9-11-95, 11-12-95, 2-20-96, 10-27-98, 5-12-99, 10-18-99, 3-22-01, 8-12-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Ouida Mazzoccoli

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rhonda M. Medows, M.D., Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 30, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 26, 2002

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Physician Services

RULE NO.: 59G-4.230

PURPOSE AND EFFECT: The purpose of the proposed rule amendment is to incorporate by reference the revised Florida Medicaid Physician Coverage and Limitations Handbook, January 2002 and April 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Physician Coverage and Limitations Handbook, January 2002 and April 2002.

SUMMARY: The purpose of the rule is to incorporate by reference the revised Florida Medicaid Physician Coverage and Limitations Handbook, January 2002 and April 2002. The Handbook revisions include an updated fee schedule effective January through March 2002 and another updated fee schedule beginning April 1, 2002.

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

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

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.908, 409.9081 FS.

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

DATE AND TIME: 9:00 a.m., December 4, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Conference Room D, Tallahassee, Florida
THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Lynne Metz, Agency for Health Care Administration, Medicaid Health Systems Development, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7325

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-4.230 Physician Services.

(1) No change.

(2) All physician providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Physician Coverage and Limitations Handbook, January 2002 and April 2002 ~~January 2001~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA 1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History—New 1-1-77, Revised 2-1-78, 4-1-78, 1-2-79, 1-1-80, Amended 2-8-82, 3-11-84, Formerly 10C-7.38, Amended 1-10-91, 11-5-92, 1-7-93, Formerly 10C-7.38, Amended 6-29-93, 9-6-93, Formerly 10P-4.230, Amended 6-13-94, 2-9-95, 3-10-96, 5-28-96, 3-18-98, 9-22-98, 8-25-99, 4-23-00, 8-05-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Lynne Metz

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rhonda M. Medows, M.D.

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 17, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 21, 2002

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Physician Assistant Services

RULE NO.: 59G-4.231

PURPOSE AND EFFECT: The purpose of the proposed rule amendment is to incorporate by reference the revised Florida Medicaid Physician Assistant Coverage and Limitations Handbook, January 2002 and April 2002. The effect will be to incorporate by reference in the rule the current Florida Medicaid Physician Assistant Coverage and Limitations Handbook, January 2002 and April 2002.

SUMMARY: The purpose of the rule is to incorporate by reference the revised Florida Medicaid Physician Assistant Coverage and Limitations Handbook, January 2002 and April 2002. The Handbook revisions include an updated fee schedule effective for the months of January through March 2002 and another updated fee schedule beginning April 1, 2002.

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

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

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.9081 FS.

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

DATE AND TIME: 9:00 a.m., December 4, 2002

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Conference Room D, Tallahassee, Florida
THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Belinda McClellan, Agency for Health Care Administration, Medicaid Health Systems Development, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7324

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-4.231 Physician Assistant Services.

(1) No change.

(2) All physician assistant providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Physician Assistant Services Coverage and Limitations Handbook, January 2002 and April 2002 January 2001, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA 1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.9081 FS. History—New 8-21-95, Amended 5-28-96, 3-11-98, 10-13-98, 8-9-99, 4-23-00, 8-5-01.

NAME OF PERSON ORIGINATING PROPOSED RULE: Belinda McClellan

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rhonda M. Medows, M. D.

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 17, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 21, 2002

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Pilot Commissioners

RULE TITLE: RULE NO.:

Guidelines for the Disposition of Disciplinary Cases 61G14-17.004

PURPOSE AND EFFECT: To supply additional violations of the practice act and the corresponding sanctions.

SUMMARY: The Board proposes new violations of the practice act that include forms of fraud and other infractions, as well as the sanctions on a licensee who has been found guilty of those violations.

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

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

SPECIFIC AUTHORITY: 310.101, 310.185, 455.2273 FS.

LAW IMPLEMENTED: 455.2273 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Anthony Spivey, Executive Director, Board of Pilot Commissioners, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G14-17.004 Guidelines for the Disposition of Disciplinary Cases.

(1) No change.

(2) Guidelines for the imposition of sanctions for those guilty of acts or omissions proscribed by Chapters 310 or 455, F.S. (“piloting offenses”) are set forth below, as follows: In order to be considered a second or subsequent piloting offense, the then current piloting offense must follow a previous finding of guilt of an offense for which an equal, or more severe, sanction is authorized.

(a) If the offense is:

1. through 9. No change.

10. Making misleading, deceptive, or fraudulent representations in or related to the practice of the piloting profession; or

11. Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee; or

12. Failing to report to the department any person who the licensee knows is in violation of Chapters 455 or 310, F.S., or the rules of the department or the board; or

13. Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to Chapters 455 or 310, F.S., or the rules of the department or the board; or

14. Making deceptive, untrue, or fraudulent representations in or related to the practice of the profession or employing a trick or scheme in or related to the practice of the profession; or

15. Violating any provision of Chapters 455 or 310, F.S., or the rules of the department or the board, or a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department; or

16. Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding.

~~the~~ The following sanctions shall apply:

a. through (b)1. No change.

2. Failure to maintain a valid United States Coast Guard first-class unlimited pilot's license covering the waters of the port in which the state pilot's license was issued; ~~or;~~

3. In any jurisdiction, being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime, (other than one hereafter described in (e)), which relates to the practice of, or the ability to practice, the piloting profession.

(c) through (d) No change.

(e) If the offense is:

1. Regardless of adjudication, having ever been found guilty of, or pled guilty or nolo contendere to (i) a charge which was a felony or first degree misdemeanor which directly related to the navigation or operation of a vessel or (ii) a felony involving the sale of or trafficking in, or conspiracy to sell or traffic in, a controlled substance as defined by Chapter 893, F.S., or an offense under the laws of any state or country which, if committed in this state, would constitute the felony of selling or trafficking in, or conspiracy to sell or traffic in, such controlled substance; or

2. Attempting to obtain, obtaining, or renewing a license or certificate to practice a profession by bribery, by fraudulent misrepresentation, or through an error of the department or the board.

the sanction shall be class 1.

(3) through (4) No change.

(5)(a) In addition to any other discipline imposed, the board may assess costs related to the investigation and prosecution of the case excluding costs associated with an attorney's time.

(b) In any case where the board imposes a fine or assessment and the fine or assessment is not paid within the time prescribed in the order assessing such fines or costs, the department or the Department of Legal Affairs may contract for the collect of, or bring a civil action to recover, the fine or assessment.

Specific Authority 310.101, 310.185, 455.2273 FS. Law Implemented 310.202, 455.227, 455.2273 FS. History--New 2-11-87, Formerly 21SS-7.005, 21SS-17.004, Amended 9-27-94, 5-1-02,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Pilot Commissioners

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 13, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 4, 2002

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Accountancy

RULE TITLES: Independence
Conflicts of Interest

RULE NOS.: 61H1-21.001
61H1-21.004

PURPOSE AND EFFECT: Rule 61H1-21.001, F.A.C., is being amended to clarify the requirements for independence within public accountancy. Rule 61H1-21.004, F.A.C., is being proposed to clarify how to handle conflict of interest issues in public accounting.

SUMMARY: Rule 61H1-21.001, F.A.C., delineates the standards against which a licensee's independence or lack thereof is to be judged, and incorporates the document created by the Board entitled "Standards for Determining Independence in the Practice of Public Accountancy for CPAs Practicing Public Accountancy in the State of Florida". Rule 61H1-21.004, F.A.C., sets out how to handle conflict of issue areas in public accountancy and reminds licensees that some public accountancy requires independence.

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

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

SPECIFIC AUTHORITY: 473.304, 473.316, 473.319, 473.3205 FS.

LAW IMPLEMENTED: 473.316, 473.319, 473.3205 FS.

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

TIME AND DATE: 9:30 a.m., December 6, 2002

PLACE: Hilton Westshore, 2225 North Lois Avenue, Tampa, FL 33607-2355, phone (866)597-9330

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: John W. Johnson, Executive Director, Board of Accountancy, 240 N. W. 76 Drive, Suite A, Gainesville, Florida 32607

THE FULL TEXT OF THE PROPOSED RULES IS:

61H1-21.001 Independence.

(1) A licensee shall not express an opinion on financial statements of an enterprise or on the reliability of an assertion by one party for use by another (third) party unless the CPA and the CPA's firm are independent with respect to such enterprise or the party making the assertion. A licensee shall not express an opinion on financial statements of an enterprise or on the reliability of an assertion by one party for use by

another (third) party unless he and his firm are independent with respect to such enterprise or the party making the assertion. Independence will be considered to be impaired if, for example:

(a) During the period of his engagement, or at the time of expressing his opinion, he or his firm:

1. Had or was committed to acquire any direct financial interest or material indirect financial interest in the enterprise; or

2. Had any joint closely held business investment with the enterprise or any officer, director or principal stockholder thereof which was material in relation to his or his firm's net worth; or

3. Had any loan to or from the enterprise or any officer, director or principal stockholder thereof. This latter proscription does not apply to the following loans from a financial institution when made under normal lending procedures, terms and requirements:

a. Loans obtained by a certified public accountant or his firm which are not material in relation to the net worth of such borrower.

b. Home mortgages.

c. Other secured loans, except loans guaranteed by a certified public accountant's firm which are otherwise unsecured.

(b) During the period covered by the financial statements, during the period of the engagement, or at the time of expressing an opinion, he or his firm:

1. Was connected with the enterprise as a promoter, underwriter or voting trustee, a director or officer or in any capacity equivalent to that of a member of management or of an employee; or

2. Was a trustee of any trust or executor or administrator of any estate if such trust or estate had a direct or material indirect financial interest in the enterprise; or was a trustee for any pension or profit-sharing trust of the enterprise.

(c) The above examples are not intended to be all-inclusive.

(2) In order to delineate the standards against which a licensee's independence or lack thereof is to be judged, the Board has created a document entitled "Standards for Determining Independence in the Practice of Public Accountancy for CPAs Practicing Public Accountancy in the State of Florida" (effective 1-1-2003) (hereinafter "Standards for Independence") which document is hereby incorporated by reference in this Rule. The standards contained in the "Standards for Independence" are similar to those contained in the Code of Professional Conduct promulgated by the American Institute of Certified Public Accountants.

(3) In order to be considered independent a licensee must comply with the requirements set out in the "Standards for Independence" and the requirements of this rule.

(4)(2) Honorary directorships and trusteeships. Licensees Certified public accountants are often asked to lend the prestige of their names to not-for-profit organizations that limit their activities to those of a charitable, religious, civic or similar nature by being named as a director or trustee. A licensee certified public accountant who permits the licensee's his name to be used in this manner and who is associated with the financial statements of the organization would not be considered lacking in independence so long as (a) the licensee's his position is purely honorary, (b) it is identified as honorary on all letterheads and externally circulated materials in which the licensee he is named as a director or trustee, (c) the licensee he restricts the licensee's his participation to the use of the licensee's his name, and (d) the licensee he does not vote or otherwise participate in management functions. Such organizations to which licensees certified public accountants lend only the prestige of their names shall have sufficiently large membership on their boards of directors or trustees to clearly permit the licensee certified public accountant to limit the licensee's his participation consistent with the foregoing restriction.

(5)(3) Retired Partners and Firm Independence. A retired partner or former shareholder or the equivalent of a firm having a relationship of a type specified in Paragraph (1) of the "Standards for Independence" Rule 61H1-21.001(1) with a client of the licensee's his former firm would not be considered as impairing the firm's independence with respect to the client provided that he is no longer active in the firm, that the fees received from such client do not have a material effect on the retired partner or former shareholder or the equivalent's his retirement benefits and that the retired partner or former shareholder or the equivalent he is not held out as being associated with the retired partner or former shareholders or the equivalent's his former partnership or corporation.

(6)(4) Accounting Services. A licensee certified public accountant performing public accounting services for an audit or review client must meet the following requirements to retain the appearance that the licensee he is not virtually an employee and therefore lacking independence in the eyes of a reasonable observer.

(a) The licensee certified public accountant must not have any relationships with the client or any conflict of interest which would impair the licensee's his integrity and objectivity as defined by Rule 61H1-21.002.

(b) The licensee certified public accountant shall discuss accounting matters with the client to be sure that the client accepts responsibility for the financial statements as the client's his own.

(c) The licensee certified public accountant must not assume the role of employee or of management conducting the operations of an enterprise. For example, the licensee certified public accountant shall not consummate transactions, have custody of assets or exercise authority on behalf of the client.

The client must prepare the source documents on all transactions in sufficient detail to identify clearly the nature and amount of such transactions and maintain an accounting control over data processed by the licensee certified public accountant such as control totals and document counts. The licensee certified public accountant should not make changes in such basic data without the concurrence of the client.

~~(5) Effect of Family Relationships on Independence. Certified public accountants must be aware that it is impossible to enumerate all circumstances where the appearance of independence might be questioned by third parties because of family relationships. In situations involving the assessment of relationships with both close and remote kin, certified public accountants must consider whether geographical proximity, strength of personal and other business relationships and other factors — when viewed together with financial interest in question — would lead a reasonable observer to conclude that the specified relationships pose an unacceptable threat to the certified public accountant's objectivity and appearance of independence. Rule 61H1-21.001(1) proscribes relationships which impair a licensee's independence through direct financial interests, material indirect financial interests, or other involvements. Relationships which arise through family bloodlines and marriage give rise to circumstances that may impair a certified public accountant's independence.~~

~~(a) Financial and business relationships ascribed to the certified public accountant. The financial or business relationships of a certified public accountant's spouse, dependent children or other relative living in a common household or supported by the certified public accountant, shall be ascribed to the certified public accountant and the accountant's independence shall be considered impaired if such ascribed interests or relationships are among those enumerated in subsection (1).~~

~~(b) Financial and business relationships that may be ascribed to the certified public accountant. Close Kin.~~

~~1. A presumption that the appearance of independence is impaired arises from a significant financial interest, investment, or business relationship by the following close kin in a certified public accountant's client: Non-dependent children, brothers and sisters, grandparents, parents, parents-in-law, and the respective spouses of any of the foregoing.~~

~~2. If the close kin's financial interest in a certified public accountant's client is material in relationship to the kin's net worth, the certified public accountant's objectivity is impaired with respect to the client since the kinship is so close. In addition, financial interest held by close kin may result in an indirect financial interest being ascribed to the certified public accountant.~~

~~3. The presumption that the appearance of independence is impaired would also prevail where a close kin has an important role or responsible executive position (e.g., director, chief executive or financial officer) with a client.~~

~~4. Geographical separation from the kin and infrequent contact may mitigate such impairment except with respect to:~~

~~a. a partner shareholder or staff member working on the engagement or located in the office responsible for the engagement;~~

~~b. a partner or shareholder who maintained a close personal relationship with partners or shareholders working on the engagement; or~~

~~c. a partner or shareholder who, as a result of his administrative or advisory positions, is involved in the engagement.~~

~~5. If a certified public accountant does not or could not reasonably be expected to have knowledge of the financial interests, investments and business relationships of his close kin, such lack of knowledge would preclude an impairment of objectivity and appearance of independence.~~

~~(c) Financial and business relationships that are not normally ascribed to the licensee. Remote Kin.~~

~~1. A presumption that the appearance of independence is impaired would not normally arise from the financial interest and business relationships of remote kin: uncles, aunts, cousins, nephews, nieces, other in-laws, and other kin who are not close.~~

~~2. The financial interest and business relationships of these remote kin are not considered either direct or indirect interests ascribed to the certified public accountant. However, the presumption of no impairment with remote kin would be negated if other factors indicating a closeness exists, such as living in the same household with the certified public accountant, having financial ties, or jointly participating in other business enterprises.~~

~~(7)(6) A licensee's independence will be considered impaired for a period of three years commencing with the date of any judgment in civil suit brought by a client and ending three years after settlement of said judgment and if no judgment is entered then three years after settlement of a civil suit brought by a client if the facts in the situation would lead a reasonable observer to conclude that any adverse judgment or settlement of a civil suit would constitute a threat to the licensee's objectivity or appearance of independence.~~

~~(7) Meaning of the term "Normal Lending Procedures, Terms and Requirements." Rule 61H1-21.001(1)(a)3. prohibits loans to a certified public accountant from his client except for certain specified kinds of loans from a client financial institution when made under "normal lending procedures, terms and requirements." The certified public accountant would meet the criteria prescribed by this rule if the procedures, terms and requirements relating to his loan are reasonable comparable to those relating to other loans of a~~

~~similar character committed to other borrowers during the period in which the loan to the licensee is committed. Accordingly, in making such comparison and in evaluating whether his loan was made under "normal lending procedures, terms and requirements", the certified public accountant should consider all the circumstances under which the loan was granted including:~~

~~(a) The amount of the loan in relation to the value of the collateral pledged as security and the credit standing of the certified public accountant or his firm.~~

~~(b) Repayment terms.~~

~~(c) Interest rate, including "points."~~

~~(d) Requirement to pay closing costs in accordance with the lender's usual practice.~~

~~(e) General availability of such loans to the public.~~

~~(8) Application of Rule 61H1-21.001 to Professional Personnel. The term "he and his firm" as used in the first sentence of Rule 61H1-21.001 means (a) all partners or shareholders in the firm and (b) all full and part-time professional employees participating in the engagement or located in an office participating in a significant portion of the engagement.~~

Specific Authority 473.304, 473.315 FS. Law Implemented 473.315 FS. History—New 12-4-79, Amended 2-3-81, 10-28-85, Formerly 21A-21.01, Amended 10-20-86, Formerly 21A-21.001, Amended _____.

61H1-21.004 Conflicts of Interest.

(1) A conflict of interest may occur if a licensee performs a public accounting service for a client or employer and the individual licensee or his or her licensed firm has a relationship with another person, entity, product, or service that could, in the licensee's professional judgment, be viewed by the client, employer, or other appropriate parties as impairing the licensee's objectivity which is required by Rule 61H1-21.002, F.A.C. If such a circumstance arises the licensee and his or her licensed firm shall decline to enter into or to continue with the engagement. However, if the licensee believes that the public accounting service can be performed with objectivity, and the relationship is disclosed to and consent is obtained from such client, employer, or other appropriate parties, this rule shall not operate to prohibit the performance of the public accounting service. When making the disclosure, the licensee should consider the provisions of Section 473.316, Fla. Stat., which describes the privilege which attaches to certain communications between licensees and their clients.

(2) Licensees are reminded that certain public accounting engagements require independence, see Rule 61H1-21.001, F.A.C. Independence impairments under Rule 61H1-21.001, F.A.C., cannot be eliminated by such disclosure and consent.

(3) Nothing in this rule is intended to apply to the provisions of Sections 473.319 or 473.3205, Fla. Stat., and the rules promulgated thereto.

Specific Authority 473.304, 473.316, 473.319, 473.3205 FS. Law Implemented 473.316, 473.319, 473.3205 FS. History—New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Accountancy

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 30, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 20, 2002

DEPARTMENT OF HEALTH

Board of Dentistry

RULE TITLE: Advertising and Soliciting by Dentists
RULE NO.: 64B5-4.002

PURPOSE AND EFFECT: This rule is being amended to update the rule text of subsection (3).

SUMMARY: This rule sets forth the criteria for advertising and soliciting by dentists.

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

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

SPECIFIC AUTHORITY: 466.004(4), 466.019 FS.

LAW IMPLEMENTED: 466.019, 466.028(1)(d) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sue Foster, Executive Director, Board of Dentistry/MQA, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULE IS:

64B5-4.002 Advertising and Soliciting by Dentists.

(1) through (2) No change.

(3) No dentist shall disseminate or cause the dissemination of any advertisement or advertising which is in any way fraudulent, false, deceptive, or misleading in form or content. Additionally, no dentist shall disseminate or cause the dissemination of any advertisement or advertising which:

(a) through (f) No change.

(g) Is intended or is likely to appeal primarily to a layperson's fears.

(4) through (6) No change.

Specific Authority 466.004(4), 466.019 FS. Law Implemented 466.019, 466.028(1)(d) FS. History—New 7-7-87, Amended 1-11-89, 10-29-90, 4-24-91, 7-14-92, Formerly 21G-4.002, Amended 3-30-94, Formerly 61F5-4.002, 59Q-4.002, Amended 5-20-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Board of Dentistry
 NAME OF SUPERVISOR OR PERSON WHO APPROVED
 THE PROPOSED RULE: Board of Dentistry
 DATE PROPOSED RULE APPROVED BY AGENCY
 HEAD: May 4, 2002
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT
 PUBLISHED IN FAW: April 19, 2002

DEPARTMENT OF HEALTH

Board of Dentistry

RULE TITLES:	RULE NOS.:
Definitions	64B5-14.001
Prohibitions	64B5-14.002
Training, Education, Certification, and Requirements for Issuance of Permits	64B5-14.003
Additional Requirements	64B5-14.004
Application for Permit	64B5-14.005
Reporting Adverse Occurrences	64B5-14.006
Inspection of Facilities	64B5-14.007
Conscious Sedation	64B5-14.009

PURPOSE AND EFFECT: The purpose of the rule amendments is to include enteral forms of sedation within the requirements imposed by these rules.

SUMMARY: These rules address different types of sedation to be utilized by Florida dentists. They define terminology utilized in the rules; list prohibitions regarding sedation, give training, education, certification and requirements for issuance of permits necessary; state who may and may not monitor different types of sedation; how to apply for a permit; state reporting requirements; requirements for inspection of facilities; and set forth additional requirements for conscious sedation.

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

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

SPECIFIC AUTHORITY: 466.004, 466.017 FS.

LAW IMPLEMENTED: 120.60(8), 466.017 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Sue Foster, Executive Director, Board of Dentistry/MQA, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULES IS:

64B5-14.001 Definitions.

(1) Anesthesia – No change.

(2) General anesthesia – A controlled state of unconsciousness, produced by a pharmacologic agent, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command. This modality includes administration of medications via parenteral routes; that is: intravenous, intramuscular, subcutaneous, submucosal, or inhalation, as well as enteral routes, that is oral, rectal, or transmucosal.

(3) Deep Sedation – A controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including either or both the inability to continually maintain an airway independently or to respond appropriately to physical stimulation or verbal command, produced by pharmacologic or non-pharmacologic method or combination thereof. Deep sedation includes administration of medications via parenteral routes; that is intravenous, intra muscular, subcutaneous, submucosal, or inhalation, as well as enteral routes, that is oral, rectal or transmucosal.

(4) ~~Conscious Parenteral conscious~~ sedation – A depressed level of consciousness produced by the ~~parenteral~~ administration of pharmacologic substances, that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and ~~or~~ verbal command. This modality includes administration of medications via all parenteral routes: that is, intravenous, intramuscular, subcutaneous, submucosal, or inhalation, as well as enteral routes; that is oral, rectal, or transmucosal. The drugs, and techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

(5) through (8) No change.

(9) Office team approach – A methodology employed by a dentist in the administration of general anesthesia, deep sedation, ~~parenteral~~ conscious sedation, and pediatric sedation whereby the dentist uses one or more qualified assistants/dental hygienists who, working under the direct supervision of the dentist, assist the dentist, and assist in emergency care of the patient.

(10) Anxiolysis – The preoperative use of medication to relieve anxiety before or during a dental procedure which does not produce a depressed level of consciousness and maintains the patient’s ability to continually maintain an airway independently or to respond appropriately to physical stimulation and verbal command. The requirements contained in these rules are not applicable to the use of medication for the purpose of providing anxiolysis but not intended to induce sedation.

Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History—New 1-31-80, Amended 4-7-86, Formerly 21G-14.01, Amended 12-31-86, 6-1-87, 9-1-87, 2-1-93, Formerly 21G-14.001, Amended 12-20-93, Formerly 61F5-14.001, Amended 8-8-96, Formerly 59Q-14.001, Amended _____.

64B5-14.002 Prohibitions.

(1) No change.

(2) ~~Conscious Parenteral~~ conscious sedation. Beginning November 1, 1986, no dentists licensed in this State, including those authorized to administer ~~parenteral~~ conscious sedation subsequent to January 31, 1982, shall administer ~~parenteral~~ conscious sedation in the practice of dentistry until they have obtained a permit as required by the provisions of this rule chapter.

(3) through (6) No change.

Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History—New 1-31-80, Amended 4-20-81, 2-13-86, Formerly 21G-14.02, 21G-14.002, Amended 12-20-93, Formerly 61F5-14.002, Amended 8-8-96, Formerly 59Q-14.002, Amended _____.

64B5-14.003 Training, Education, Certification, and Requirements for Issuance of Permits.

(1) General Anesthesia Permit.

(a) A permit shall be issued to an actively licensed dentist authorizing the use of general anesthesia or deep sedation at a specified practice location or locations on an outpatient basis for dental patients provided the dentist:

1. through 5. No change.

(b) through (c) No change.

(d) A dentist permitted to administer general anesthesia or deep sedation under this rule may administer ~~parenteral~~ conscious sedation and nitrous-oxide inhalation conscious sedation.

(e) No change.

(2) ~~Parenteral~~ Conscious Sedation Permit.

(a) A permit shall be issued to a dentist authorizing the use of ~~parenteral~~ conscious sedation at a specified practice location or locations on an outpatient basis for dental patients provided such dentist:

1. Has received formal training in the use of ~~parenteral~~ conscious sedation; and

2. Is certified by the institution where the training was received to be competent in the administration of ~~parenteral~~ conscious sedation; and

3. Is competent to handle all emergencies relating to ~~parenteral~~ conscious sedation.

(b) through (c) No change.

(d) A dentist utilizing ~~parenteral~~ conscious sedation shall maintain a properly equipped facility for the administration of ~~parenteral~~ conscious sedation, staffed with supervised assistant/dental hygienist personnel, capable of reasonably handling procedures, problems, and emergencies incident thereto. The facility must have the equipment capability of delivering positive pressure oxygen ventilation. Administration

of ~~parenteral~~ conscious sedation requires at least two individuals: a dentist, and an auxiliary trained in basic cardiac life support. It shall be incumbent upon the operating dentist to insure that the patient is appropriately monitored.

(e) A dentist utilizing ~~parenteral~~ conscious sedation and his assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one man CPR, two man CPR, infant resuscitation, and obstructed airway with a periodic update not to exceed two years. Starting with the licensure biennium commencing on March of 2000, a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing ~~parenteral~~ conscious sedation must be currently trained in ACLS (Advanced Cardiac Life Support) or ATLS (Advanced Trauma Life Support).

(f) Dentists permitted to administer ~~parenteral~~ conscious sedation may administer nitrous-oxide inhalation conscious sedation.

(g) Dentists permitted to administer ~~parenteral~~ conscious sedation may administer pediatric conscious sedation in compliance with Rule 64B5-14.010, F.A.C.

(3) Pediatric Conscious Sedation Permit.

(a) A permit shall be issued to a dentist authorizing the use of pediatric conscious sedation at a specified practice location or locations on an outpatient basis for dental patients provided such dentist:

1. through 3. No change.

(b) through (c) No change.

(d) Dentists permitted to administer ~~parenteral~~ conscious sedation may administer pediatric conscious sedation.

(4) Nitrous-Oxide Inhalation Analgesia.

(a) A dentist may employ or use nitrous-oxide inhalation analgesia on an outpatient basis for dental patients provided such dentist:

1. through 3. No change.

(b) through (c) No change.

(d) Nitrous oxide may not be used in combination with oral sedative drugs to achieve a depressed level of consciousness unless the administering dentist holds a ~~parenteral~~ conscious sedation permit issued in accordance with subsection 64B5-14.003(2), F.A.C., or a pediatric conscious sedation permit issued in accordance with Rule 64B5-14.010, F.A.C.

Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History—New 1-31-80, Amended 4-20-81, 2-13-86, Formerly 21G-14.03, Amended 12-31-86, 11-8-90, 2-1-93, Formerly 21G-14.003, Amended 12-20-93, Formerly 61F5-14.003, Amended 8-8-96, 10-1-96, Formerly 59Q-14.003, Amended 2-17-98, 12-20-98, 5-31-00, 6-7-01, _____.

64B5-14.004 Additional Requirements.

(1) Office Team – A dentist licensed by the Board and practicing dentistry in Florida and who is permitted by these rules to induce and administer general anesthesia, deep sedation, ~~parenteral~~ conscious sedation, pediatric conscious sedation or nitrous-oxide inhalation analgesia may employ the office team approach.

(2) Dental Assistants, Dental Hygienists – Dental assistants and dental hygienists may monitor nitrous-oxide inhalation analgesia under the direct supervision of a dentist who is permitted by rule to use general anesthesia, ~~parenteral~~ conscious sedation, pediatric conscious sedation, or nitrous-oxide inhalation analgesia, while rendering dental services allowed by Chapter 466, Florida Statutes, and under the following conditions:

(a) through (b) No change.

(3) through (4) No change.

(5) A dentist utilizing ~~parenteral~~ conscious sedation in the dental office may induce only one patient at a time. A second patient shall not be induced until the first patient is awake, alert, conscious, spontaneously breathing, has stable vital signs, is ambulatory with assistance, is under the care of a responsible adult, and that portion of the procedure requiring the participation of the dentist is complete. In an office setting where two or more permit holders are present simultaneously, each may sedate one patient provided that the office has the necessary staff and equipment, as set forth in paragraph 64B5-14.003(2)(d), F.A.C., for each sedated patient.

Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History–New 1-31-80, Amended 2-13-86, Formerly 21G-14.04, Amended 12-31-86, 12-28-92, Formerly 21G-14.004, Amended 12-20-93, Formerly 61F5-14.004, Amended 8-8-96, Formerly 59Q-14.004, Amended.

64B5-14.005 Application for Permit.

(1) No dentist shall administer, supervise or permit another health care practitioner, as defined in subsection 456.001, F.S., to perform the administration of general anesthesia, deep sedation, ~~parenteral~~ conscious sedation or pediatric conscious sedation in a dental office for dental patients, unless such dentist possesses a permit issued by the Board. A permit is required even when another health care practitioner, as defined in subsection 456.001, F.S., administers general anesthesia, deep sedation, ~~parenteral~~ conscious sedation, or pediatric conscious sedation in a dental office for a dental patient. The dentist holding such a permit shall be subject to review and such permit must be renewed biennially. Nothing herein shall be read to authorize the administration of any anesthesia by a health care practitioner who is permitted to administer anesthesia pursuant to their own professional license. All dentists in a practice who perform the administration of general anesthesia, deep sedation, ~~parenteral~~ conscious sedation or pediatric conscious sedation shall each possess an individual permit.

(2) through (3) No change.

(4) An application for a ~~parenteral~~ conscious sedation permit must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the applicant’s facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ ~~parenteral~~ conscious sedation.

(5) through (6) No change.

(7) The holder of any general anesthesia, ~~parenteral~~ conscious sedation, or pediatric conscious sedation permit is authorized to practice pursuant to such permit only at the location or locations previously reported to the Board office.

Specific Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History–New 4-7-86, Amended 1-29-89, 11-16-89, 11-8-90, 4-24-91, Formerly 21G-14.005, Amended 12-20-93, Formerly 61F5-14.005, Amended 8-8-96, Formerly 59Q-14.005, Amended 12-12-00, Amended.

64B5-14.006 Reporting Adverse Occurrences.

(1) Any dentist practicing in the State of Florida must notify the Board in writing by registered mail, postmarked within 48 hours of any mortality or other incident occurring in the dentist’s outpatient facilities. A complete written report shall be filed with the Board within 30 days of the mortality or other incident. Incidents which shall be reported are those which result in temporary or permanent physical or mental injury requiring hospital emergency room treatment and/or hospitalization of a patient during, or as a direct result of the use of general anesthesia, deep sedation, ~~parenteral~~ conscious sedation, pediatric conscious sedation, oral sedation, nitrous oxide, or local anesthesia during or related to a dental procedure. The report shall include at minimum, responses to the following:

(a) through (e) No change.

1. through 3. No change.

(f) No change.

(2) No change.

Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History–New 2-12-86, Amended 3-27-90, Formerly 21G-14.006, Amended 12-20-93, Formerly 61F5-14.006, Amended 8-8-96, Formerly 59Q-14.006, Amended.

64B5-14.007 Inspection of Facilities.

(1) The Chairman of the Board or the Board by majority vote shall appoint consultants who are Florida licensed dentists to inspect facilities where general anesthesia, deep sedation, ~~parenteral~~ conscious sedation, or pediatric conscious sedation is performed. Consultants shall receive instruction in inspection procedures from the Board prior to initiating an inspection.

(2) Any dentist who has applied for or received a general anesthesia permit, ~~parenteral~~ conscious sedation permit, or pediatric conscious sedation permit shall be subject to announced or unannounced on-site inspection and evaluation

by an inspection consultant. This inspection and evaluation shall be required prior to issuance of an anesthesia permit. However, if the Agency cannot complete the required inspection prior to licensure, such inspection shall be waived until such time that it can be completed following licensure.

(3) No change.

(4) Any applicant who receives a failing grade as a result of the on-site inspection shall be denied a permit for general anesthesia and ~~parenteral~~ conscious sedation.

(5) Any permit holder who fails the inspection shall be so notified by the anesthesia inspection consultant and shall be given a written statement at the time of inspection which specifies the deficiencies which resulted in a failing grade. The inspection consultant shall give the permit holder 20 days from the date of inspection to correct any documented deficiencies. Upon notification by the permit holder to the inspection consultant that the deficiencies have been corrected, the inspector shall reinspect to insure that the deficiencies have been corrected. If the deficiencies have been corrected, a passing grade shall be assigned. No permit holder who has received a failing grade shall be permitted 20 days to correct deficiencies unless he voluntarily agrees in writing that no general anesthesia or deep sedation or ~~parenteral~~ conscious sedation will be performed until such deficiencies have been corrected and such corrections are verified by the anesthesia inspection consultant and a passing grade has been assigned.

(6) through (7) No change.

(8) The holder of any general anesthesia, ~~parenteral~~ conscious sedation, or pediatric conscious sedation permit shall inform the Board office in writing of any change in authorized locations for the use of such permits prior to accomplishing such changes. Written notice shall be required prior to the addition of any location or the closure of any previously identified location.

(9) No change.

Specific Authority 466.017(3) FS. Law Implemented 120.60(8), 466.017(3) FS. History--New 10-24-88, Amended 3-27-90, 11-8-90, 4-24-91, 2-1-93, Formerly 21G-14.007, Amended 12-20-93, Formerly 61F5-14.007, Amended 8-8-96, Formerly 59Q-14.007, Amended.

64B5-14.009 ~~Parenteral~~ Conscious Sedation.

~~Parenteral~~ Conscious Sedation Permit applicants or permit holders shall comply with the following requirements at each location where anesthesia procedures are performed. The requirements shall be met and equipment permanently maintained and available at each location.

(1) through (6) No change.

(7) The following records are required when ~~parenteral~~ conscious sedation is administered:

(a) through (d) No change.

1. through 6. No change.

Specific Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History--New 10-24-88, Amended 11-16-89, 4-24-91, Formerly 21G-14.009, 61F5-14.009, Amended 8-8-96, 10-1-96, Formerly 59Q-14.009, Amended 8-2-00, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Dentistry

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 4, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: April 19, 2002

DEPARTMENT OF HEALTH

Board of Nursing Home Administrators

RULE TITLE: Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances

RULE NO.: 64B10-14.004

PURPOSE AND EFFECT: The Board proposes an amendment to this rule pursuant to sections 468.1755 and 456.072, Florida Statutes.

SUMMARY: Proposed new language promulgated sets forth the range of disciplinary penalties for licensees pursuant to Section 468.1755(1)(r), Florida Statutes.

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

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

SPECIFIC AUTHORITY: 456.079, 468.1685(1) FS.

LAW IMPLEMENTED: 456.072, 456.079, 468.1685(4), (5),(6), 468.1755(1)(a),(j) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John Taylor, Executive Director, Board of Nursing Home Administrators, 4052 Bald Cypress Way, Bin C04, Tallahassee, Florida 32399-1753

THE FULL TEXT OF THE PROPOSED RULE IS:

64B10-14.004 Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances.

(1) No change.

(2) The following disciplinary guidelines shall be followed by the Board in imposing disciplinary penalties upon licensees for violation of the below mentioned statutes and rules:

	Minimum	Maximum
--	---------	---------

(a) through (mm) No change.

(nn) Failure to implement quality assurance program.

(Section 468.1755(1)(r), F.S.)

First Offense reprimand reprimand and \$1000 fine

Second Offense probation and \$1000 fine 1 month suspension

(3) No change.

Specific Authority 456.079, 468.1685(1) FS. Law Implemented 456.072, 456.079, 468.1685(4),(5),(6), 468.1755(1)(a),(j),(r) FS. History--New 11-23-86, Amended 4-22-87, Formerly 21Z-14.004, 61G12-14.004, 59T-14.004, Amended 10-12-97, 10-16-00, 2-13-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Nursing Home Administrators

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Nursing Home Administrators

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 10, 2001

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 25, 2002

DEPARTMENT OF HEALTH

Board of Opticianry

RULE TITLE: Standards for Continuing Professional Education RULE NO.: 64B12-15.003

PURPOSE AND EFFECT: The Board proposes to promulgate new language to establish the requirements for continuing education credit during attendance at board meetings.

SUMMARY: New language is proposed in this rule to set forth and clarify continuing education credit at board meetings during disciplinary proceedings.

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

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

SPECIFIC AUTHORITY: 456.013(7), 484.005, 484.008(3) FS.

LAW IMPLEMENTED: 456.013(7), 484.008(3) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sue Foster, Executive Director, Board of Opticianry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULE IS:

64B12-15.003 Standards for Continuing Professional Education.

(1) through (2) No change.

(3) Continuing professional education courses must contribute to the advancement, extension or enhancement of professional skills and knowledge in the practice of opticianry or the management of a practice. For biennial renewal, twenty hours of continuing education shall be required as follows:

(a) through (e) No change.

(f) Two hours of continuing education per biennium may be granted for attendance at a regularly scheduled board meeting where disciplinary action is being taken. Licensees appearing before the board on any disciplinary proceeding shall not be entitled to claim two hours of continuing education for that particular board meeting. Any licensee claiming two hours of continuing education under this section shall prepare a written statement detailing the date and location of said board meeting and the hours attended at said board meeting. Said written statement shall be used to report continuing education pursuant to Rule 64B12-5.001, F.A.C.

(g)(f) No change.

(4) through (7) No change.

Specific Authority 456.013(7), 484.005, 484.008(3) FS. Law Implemented 456.013(7), 484.008(3) FS. History--New 10-12-80, Formerly 21P-15.03, Amended 3-5-87, 8-10-87, 10-29-87, 1-6-88, 6-11-92, Formerly 21P-15.003, Amended 4-17-94, Formerly 61G13-15.003, Amended 3-14-95, Formerly 59U-15.003, Amended 4-20-99, 12-31-00, 10-29-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Opticianry

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 21, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN THE FAW: November 1, 2002

DEPARTMENT OF HEALTH

Board of Optometry

RULE TITLE: Fees RULE NO.: 64B13-6.001

PURPOSE AND EFFECT: The Board proposes to amend this rule to remove paragraphs (1) and (10) as the Board no longer has the responsibility for setting the examination and re-examination fees. By statute, this responsibility is now delegated to the Department.

SUMMARY: This rule sets out the fees prescribed by the Board.

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

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

SPECIFIC AUTHORITY: 456.013(2), 456.025(7), 456.036, 463.005, 463.0057, 463.006, 463.007, 463.008 FS.

LAW IMPLEMENTED: 456.013(2), 456.025, 456.036, 463.0057, 463.006, 463.007, 463.008 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Executive Director, Board of Optometry/MQA, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B13-6.001 Fees.

The following fees are prescribed by the Board:

~~(1) The examination or reexamination fee shall be \$325.00.~~

(2) through (9) renumbered (1) through (8) No change.

~~(10) The examination fee for certification as a certified optometrist shall be \$250.00.~~

(11) through (22) renumbered (9) through (20) No change.

Specific Authority 456.013(2), 456.025(7), 456.036, 463.005, 463.0057, 463.006, 463.007, 463.008 FS. Law Implemented 456.013(2), 456.025, 456.036, 463.0057, 463.006, 463.007, 463.008 FS. History—New 12-13-79, Amended 2-14-82, 8-18-82, 12-2-82, 5-6-84, 7-29-85, Formerly 21Q-6.01, Amended 11-20-86, 7-21-88, 2-5-90, 5-29-90, 7-10-91, 4-14-92, 7-1-93, Formerly 21Q-6.001, Amended 1-24-94, Formerly 61F8-6.001, Amended 12-22-94, 2-13-95, 4-5-95, 5-29-95, 12-31-95, Formerly 59V-6.001, Amended 12-24-97, 3-21-00, 11-18-01, 5-9-02.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Optometry

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 13, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 11, 2002

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE TITLE: Citations RULE NO.: 64B16-30.003

PURPOSE AND EFFECT: The Board proposes to update the rule to conform with a recent rule amendment addressing the penalty for a violation that may be disposed of by citation.

SUMMARY: The rule update addresses the penalty for a prescription filling error violation that may be disposed of by citation.

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

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

SPECIFIC AUTHORITY: 456.077, 456.073, 465.005 FS.

LAW IMPLEMENTED: 456.077 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AT THE BOARD'S NEXT MEETING TO BE HELD ON DECEMBER 3, 2002 IN MIAMI, FLORIDA.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John Taylor, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

THE FULL TEXT OF THE PROPOSED RULE IS:

64B16-30.003 Citations.

(1) through (2) No change.

(3) The following violations with accompanying fines may be disposed of by citation:

(a) through (g) No change.

(h) Using in the compounding of a prescription, or furnishing upon prescription, an ingredient or article different in any manner from the ingredient or article prescribed, except as authorized in §465.019(6) or §465.025; or dispensing a medication with dosage instructions different in any way than prescribed, provided that:

- 1. No allegation of harm or ill effects is present;
- 2. The licensee has no prior disciplinary history; and
- 3. The event did not result in or pose a significant threat to the health and safety of the patient or the public.

The penalty shall be a ~~letter of concern, payment of costs, fine of \$500~~ and completion of an approved continuing education course in the prevention of medication dispensing errors, of no less than eight (8) hours.

(4) through (5) No change.

Specific Authority 456.077, 456.073, 465.005 FS. Law Implemented 456.077 FS. History—New 12-22-91, Formerly 21S-30.003, 61F10-30.003, 59X-30.003, Amended 4-3-00, 1-2-02, 8-26-02.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Pharmacy

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 8, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 20, 2002

DEPARTMENT OF HEALTH

School Psychology

RULE TITLE: Continuing Education Credit Guidelines RULE NO.: 64B21-502.004

PURPOSE AND EFFECT: To update and clarify existing language and add new language to address programs accepted for continuing education credit.

SUMMARY: The Department of Health proposes new language to clarify existing text and amend acceptable continuing education programs to include those approved by Boards within the Division of Medical Quality Assurance.

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

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

SPECIFIC AUTHORITY: 490.015 FS.

LAW IMPLEMENTED: 490.0085 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Executive Director, Department of Health, 4052 Bald Cypress Way, BIN #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B21-502.004 Continuing Education Credit Guidelines.

(1) through (3) No change.

(4) Programs approved for continuing education credits will contain the following characteristics:

(a) Continuing education speakers must:

1. No change.

2. Have been awarded a doctorate which is psychological in nature or is directly related to the topic of their presentation from a college or university which is accredited by an accrediting agency approved by the United States Department of Education, or

3. through 4. No change.

(b) The content of all continuing education programs must be psychological in nature or directly relevant to the practice of school psychology and provide information concerning human behavior and/or methods of providing school psychological services. Continuing education credit will be granted only for those courses designed to improve the counseling or other school psychological skills of the licensee.

(c) Programs accepted for continuing education credit shall fall into one of the following categories.

1. through 3. No change.

4. Continuing education courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health, provided that such courses enhance the school psychological skills and/or school psychological knowledge of the licensee.

(5) through (8) No change.

Specific Authority 490.015 FS. Law Implemented 490.0085 FS. History--New 7-3-83, Amended 11-27-83, 2-21-85, Formerly 21U-502.04, Amended 12-26-91, 6-24-92, Formerly 21U-502.004, 61E9-502.004, Amended 10-16-01.

NAME OF PERSON ORIGINATING PROPOSED RULE: Kaye Howerton, Executive Director

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Amy Jones, Director, MQA

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 2, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 18, 2002

DEPARTMENT OF HEALTH

Division of Family Health Services

RULE CHAPTER TITLE: Antiepileptic Drug Program RULE CHAPTER NO.: 64F-19

RULE TITLES: Definitions 64F-19.001 Procedure 64F-19.002

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to revise eligibility criteria for the Antiepileptic Drug Program.

SUBJECT AREA TO BE ADDRESSED: The rule establishes eligibility requirements and a form for the distribution of antiepileptic medication to Florida residents who could not otherwise obtain medication for the control of their seizures.

SPECIFIC AUTHORITY: 385.207 FS.

LAW IMPLEMENTED: 385.207 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 9:00 a.m. until 11:00 a.m., November 21, 2002

PLACE: Florida Department of Health, 4025 Esplanade Way, Room 220 P, Tallahassee, FL 3239-1744

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Paula DeBoles-Johnson, Epilepsy Program, HSFCD Bin #A-18, 4052 Bald Cypress Way, Tallahassee, FL 32399-1744

THE FULL TEXT OF THE PROPOSED RULES IS:

64F-19.001 Definitions.

(1) “Bona fide resident” means a person living in Florida with the intent to remain as evidenced by self-declaration. This definition does not exclude migrant farm workers as defined in Section 381.008(4), F.S., from participation in the Antiepileptic Drug Program.

(2) “Client” refers to a person who has been determined eligible for the Antiepileptic Drug Program and is receiving medications to control seizures through the program.

(3) “Epilepsy Services Program provider” is an agency that under contract with the Department of Health provides services to persons with epilepsy as outlined in Section 385.207, F.S.

(4) “Poverty guidelines” mean the guidelines defined by subsection 64F-16.001(7), F.A.C.

(5) “Self declaration” means a statement regarding assets, income, family size, medical diagnosis, or residency made by a person applying for services. Self-declaration does not include any documentation other than the signature of the person making the statement.

(6) “Valid prescription” means a prescription written by a licensed health care practitioner who is authorized by law to prescribe medicine and is presented within 12 months of the date the prescription was written, except for controlled substances which must be presented within six months of the date written.

Specific Authority 385.204 FS. Law Implemented 385.204 FS. History—New

64F-19.002 Procedure.

(1) A person wishing to participate in the Antiepileptic Drug Program may apply at any county health department. The applicant will submit to the county health department a valid prescription or a completed Epilepsy Medication Request DH2007 (dated 6/01), incorporated herein by reference. An Epilepsy Medication Request may be obtained from any county health department or Epilepsy Services Program provider. In accordance to the eligibility criteria set forth in this rule, form DH2007 must be completed in its entirety prior to the Department’s acceptance of the applicant into the program.

(2) Clients of Children’s Medical Services who are diagnosed as having epilepsy are automatically eligible for the program.

(3) Additionally, the county health department will accept into the program persons who meet all the following eligibility criteria:

(a) Have a diagnosis of epilepsy;

(b) Are a bona fide Florida resident;

(c) Have no coverage for medication through Medicaid or other health insurance;

(d) Have a gross family income at or below 110 percent of the current federal poverty level guidelines, as defined in subsection 64F-16.001(7), F.A.C.; and

(e) Have no more than \$2,500 per family in private funds, bank accounts or liquid assets not including their homestead or personal vehicle.

(4) The department may establish a limited access program to provide antiepileptic medications not available through the Antiepileptic Drug Program. Persons who are eligible for the Antiepileptic Drug Program and who have a valid prescription may apply to participate in this program as provided in paragraph one. Antiepileptic medications available through this limited access program may vary and are determined by the Department’s Health State Health Officer or designee. A list of available medications are available through the limited access program is available from the DOH Central Pharmacy. Availability of these medications is limited and is based on need as evidenced by a valid prescription and the availability of funds.

(5) A person who does not meet the eligibility criteria as defined above who is temporarily without financial resources to purchase antiepileptic medication may receive a one month supply of medication once annually.

(6) Every 12 months a client must be determined eligible for the program.

(7) If at any time the client experiences a change in status which could affect his or her eligibility, the client must report this change to the county health department within 30 days.

(8) If a client is determined ineligible for the Antiepileptic Drug Program, the county health department will continue to provide medication through the Antiepileptic Drug Program to the client for up to six months after the determination of ineligibility unless another source for medication is found.

Specific Authority 385.207 FS. Law Implemented 385.207 FS. History—New

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Economic Self-Sufficiency Program Office

RULE TITLE:

RULE NO.:

Forms for Client Notice and Contact

65A-1.400

PURPOSE AND EFFECT: The proposed amendment of Rule 65A-1.400, F.A.C., is to incorporate new and amended agency client notice and contact forms and to delete forms no longer in use or incorporated by reference in other rules. Some of the form amendments are substantive and others reflect only a change of the department’s and/or program office’s name designator in the form number.

SUMMARY: A number of verification, disclosure, client statement and information release forms are being newly incorporated into this rule by reference. A few forms that are currently incorporated by reference have been amended for clarity and ease of use. A number of forms are being deleted

because they are no longer in use, or because they will be moved to other rules. Other forms are being deleted because they are not used for client notice or contact.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: A statement of estimated regulatory cost was not prepared for this proposed rule amendment.

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

SPECIFIC AUTHORITY: 409.919, 409.953, 414.45 FS.

LAW IMPLEMENTED: Specific Appropriation 435, 2000 General Appropriations Act, 409.903, 409.904, 410.033, 414.065, 414.075, 414.085, 414.095, 414.105, 414.115, 414.122, 414.125, 414.13, 414.16, 414.21, 414.28, 414.31 FS.

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

TIME AND DATE: 2:00 p.m., December 2, 2002

PLACE: 1317 Winewood Boulevard, Building 3, Room 100, Tallahassee, Florida 32399-0700

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Audrey Mitchell, Program Administrator, 1317 Winewood Boulevard, Building 3, Room 421, Tallahassee, Florida 32399-0700, (850)488-3090

THE FULL TEXT OF THE PROPOSED RULE IS:

(Substantial Rewording of Rule 65A-1.400 follows. See Florida Administrative Code for present text.)

65A-1.400 Forms for Client Notice and Contact.

(1) This section lists forms used in two or more Public Assistance Programs. The following forms will be used to provide clients with notice and information about their initial and continuing eligibility for public assistance programs. These forms are hereby incorporated by reference.

- (a) SS-5, Mar 01 Application for Social Security Card
- (b) Form DBF-AA-408, Oct 96 Affidavit for Duplicate Warrant
- (c) Form DBF-AA-409, Apr 99 Affidavit Attesting to Forgery
- (d) CF-ES Form 990, Sep 02 Designation of Beneficiary
- (e) CF-ES Form 2039, Sep 02 Medical Assistance Referral
- (f) CF-ES Form 2059, Sep 02 Consent of Disclosure Statement
- (g) CF-ES Form 2270, Sep 02 Bank Account Verification Request
- (h) CF-ES Form 2271, Sep 02 Life Insurance Verification Request
- (i) CF-ES Form 2272, Sep 02 Income Verification Request
- (j) CF-ES Form 2300, Sep 01 Verification of No Income

- (k) CF-ES Form 2301, Sep 02 Verification of Shared Living Arrangements
- (l) CF-ES Form 2303, Sep 02 Verification of Household Composition
- (m) CF-ES Form 2304, Sep 02 Public Assistance Consent to Release Information
- (n) CF-ES Form 2306, Sep 02 Verification of Contributions Loans and/or Vendor Payments
- (o) CF-ES Form 2307, Sep 02 Verification of Railroad Retirement
- (p) CF-ES Form 2309, Sep 02 Program Options (for Public Assistance Applicants Recipients)
- (q) CF-ES Form 2310, Sep 02 Request for Social Security Income Verification (TPOY)
- (r) CF-ES Form 2313, Sep 02 Student Financial Aid Verification
- (s) CF-ES Form 2514, Sep 02 Authorization to Release Medical Information
- (t) CF-SES Form 2613, Sep 02 Financial Information Release
- (u) CF-ES Form 2620, Sep 01 Verification of Employment/Loss of Income
- (v) CF-ES Form 2621, Sep 02 Dependent Care Verification
- (w) CF-ES Form 2622, Sep 01 Shelter Verification
- (x) CF-ES Form 2623, Sep 02 School Verification
- (y) CF-ES Form 2635, Sep 02 Protective Payee Agreement
- (z) CF-ES Form 2641, Sep 02 Claim Notice – Good Cause Claim for Refusal to Cooperate
- (aa) CF-ES Form 2672, Sep 02 Real Property Agreement
- (bb) CF-ES Form 3010, Sep 02 Authorized Representative Designation
- (cc) CF-ES Form 3052A, Sep 02 Change Report Form
- (dd) CF-ES Form 3103, Oct 01 Authorized Benefit Representative for Electronic Benefit Transfer

(2) Single copies of each of the forms listed as incorporated by reference may be obtained without cost from the public assistance office which serves your area or by written request to the Economic Self-Sufficiency Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.

Specific Authority 409.919, 409.953, 410.033, 414.45, 409.026 FS. Law Implemented 400.903, 409.904, 410.033, 414.065, 414.075, 414.085, 414.095, 414.105, 414.115, 414.122, 414.125, 414.13, 414.16, 414.21, 414.28, 414.31, 409.026, 409.185, 409.235, 409.275 FS. History–New 4-9-92, Amended 7-1-93, 8-3-94, Formerly 10C-1.400, Amended 12-29-98, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Rodney McInnis, Operations Review Specialist

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Audrey Mitchell, Program Administrator, Public Assistance Policy Bureau
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 24, 2002
 DATE NOTICES OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 21, 1999 and August 2, 2002

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Substance Abuse Program

RULE TITLES:	RULE NOS.:
Title	65D-30.001
Definitions	65D-30.002
Department Licensing and Regulatory Standards	65D-30.003
Common Licensing Standards	65D-30.004
Standards for Addictions Receiving Facilities	65D-30.005
Standards for Detoxification	65D-30.006
Standards for Residential Treatment	65D-30.007
Standards for Day or Night Treatment With Host Homes	65D-30.008
Standards for Day or Night Treatment	65D-30.009
Standards for Intensive Outpatient Treatment	65D-30.0091
Standards for Outpatient Treatment	65D-30.010
Standards for Aftercare	65D-30.011
Standards for Intervention	65D-30.012
Standards for Prevention	65D-30.013
Standards for Medication and Methadone Maintenance Treatment	65D-30.014

PURPOSE AND EFFECT: Chapter 65D-30, F.A.C., titled Substance Abuse Services, is being substantially amended, in part, in response to amendments to Chapter 397, F.S., mandating the department to develop rules in specific areas. Additionally, the rules are being amended to allow the department, as the state regulatory authority for substance abuse services, to respond more effectively to changing trends and practices in the substance abuse field brought on by mandates at the state and federal levels.

SUMMARY: Chapter 65D-30, F.A.C., sets forth clearly defined standards for the department regarding licensure of substance abuse service providers and substantially updates and clarifies the process of licensure in the context of accreditation. Specific standards regarding client assessment, placement, and treatment planning have been substantially updated in accordance with best practices. The standards for the various levels of residential treatment have been updated and a new level of residential treatment has been added in response to new legislation. New standards are created for intensive outpatient treatment and the standards for prevention have been significantly updated. Standards for medication and methadone maintenance treatment will provide more flexibility for using methadone or other approved medication in treating

opioid addiction in accordance with state and federal regulations. The rules also provide waivers from certain standards, in accordance with Section 397.406, F.S., for inmate programs operated under the Department of Corrections and commitment programs and detention facilities operated under the Department of Juvenile Justice.

SPECIFIC AUTHORITY: 397.321(5) FS.

LAW IMPLEMENTED: 20.19(10), 232, 384, 394, 397.311, 397.321(1), 397.401, 397.403, 397.405, 397.406, 397.407, 397.409, 397.411, 397.415, 397.419, 397.427, 397.431(5), 397.451, 397.471, 397.501, 397.601, 397.675, 397.705, 397.706, 397.752, 397.753, 397.754, 397.901, 465, 633.022, 944.026, 948 FS.

SUMMARY OF THE STATEMENT OF ESTIMATED REGULATORY COST: The cost to the department will be limited to the cost of adopting the amendments to Chapter 65D-30. It is estimated that the department will not experience any additional costs. The substance abuse provider agencies should not anticipate any increase in costs relative to the adoption of these proposed rules since the amendments promote greater efficiency in substance abuse provider service delivery and department regulation.

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

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

TIME AND DATE: 2:00 p.m., EST., December 10, 2002

PLACE: Department of Children and Families, 1317 Winewood Boulevard, Building 6, Conference Room A, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Phil Emenheiser, Senior Management Analyst II, Substance Abuse Program Office, 1317 Winewood Blvd., Building 6, Rm. 306, Tallahassee, Florida 32301

THE FULL TEXT OF THE PROPOSED RULES IS:

65D-30.001 Title.

These rules shall be known as the licensure standards for “Substance Abuse Services”. ~~“substance abuse services.”~~

Specific Authority 397.321(5) FS. Law Implemented 397 FS. History—New 5-25-00, Amended.

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 clients placed in those components.

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

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

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

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

(6)(5) No change.

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

(8)(7) "Certification" means the process by which an individual achieves nationally accepted specific national 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 which is recognized by the department.

(9)(8) No change.

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

(11)(10) "Client or Participant Record" means the ~~clinical and medical~~ record of substance abuse services provided to a client or participant and includes documentation of ~~the client's~~ progress.

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

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

(14)(13) "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 client and a further statement of possible service needs based on the client's condition.

(15) "Competency and Ability of Applicant" means a determination that an applicant for a license under Chapter 397, F.S., is able or unable to demonstrate, through a

background check on education and employment history, the capability of providing substance abuse services in accordance with applicable laws and regulations.

(16)(14) "Component" means the operational entity a licensable service of a provider that is subject to licensing. The primary specific service components are listed and defined below, as follows:

(a) "Addictions Receiving Facility" is a secure, acute-care, residential facility operated 24 hours-per-day, 7 days-per-week, designated by the department to serve persons found to be substance abuse impaired as described in Section section 397.675, F.S., and who meet the placement criteria for this component.

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

(c) "Residential Treatment" is ~~treatment provided on in~~ a residential ~~basis, non-hospital facility~~ operated 24 hours-per-day, 7 days-per-week, and is intended for clients who meet the placement criteria for this component. For the purpose of these rules, there There are five four levels of residential treatment, that vary according to each designed to serve a different purpose, including variations in the type, frequency, and duration intensity of services provided.

(d) "Day or Night Treatment with Host Homes" is ~~treatment~~ provided on a nonresidential basis at least three four hours each day and at least 12 16 hours each week and is intended for clients who meet the placement criteria for this level of care. This component also requires that each client reside with a host family as part of the treatment protocol.

(e) "Day or Night Treatment" is ~~treatment~~ provided on a nonresidential basis at least three four hours per each day and at least 12 16 hours each week and is intended for clients who meet the placement criteria for this component.

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

(g)(f) "Outpatient Treatment" is ~~treatment~~ provided on a nonresidential basis and is intended involves scheduled and unscheduled appointments for clients who meet the placement criteria for this component.

(h)(g) "Aftercare" involves means structured services provided to individuals who have completed an episode of treatment in a component and who are in need of continued observation and support to maintain recovery.

(i)(h) "Intervention" includes activities and strategies that are used to prevent forestall or impede the development or progression of substance abuse problems.

(j)(4) “Prevention” includes activities and strategies that are used to preclude the development of substance abuse problems.

(k)(f) “Medication and Methadone Maintenance Treatment” is ~~treatment~~ provided on a ~~an~~ nonresidential basis which utilizes methadone or other approved medication in combination with clinical services to treat persons who are dependent upon opioid drugs, and is intended for persons who meet the placement criteria for this component.

(17)(15) “Control of Aggression” means the application use of de-escalation and other approved verbal and physical intervention techniques and procedures that have been approved by the department to manage aggressive client behavior.

(18)(16) “Counseling” means the process, conducted in a facility licensed under Chapter 397, F.S., of engaging a client in a verbal discussion of issues associated with the client’s substance abuse and associated problems in an effort to work toward a constructive resolution of those problems and ultimately toward recovery.

(19) “Counselor” means a member of the clinical staff, working in a facility licensed under Chapter 397, F.S., whose duties primarily consist of conducting and documenting Services such as counseling, psycho-educational groups, psychosocial assessment, treatment planning, and case management.

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

(a) Civil involuntary as provided under Sections sections 397.6811 and 397.693, F.S.;

(b) Treatment of habitual substance abusers in licensed secure facilities as provided under Section section 397.702, F.S.; and

(c) Offender referrals as provided under Section section 397.705, F.S.

(21)(18) “Department” means the Department of Children and Family Services, created pursuant to Section 20.19, F.S. Chapter 20, Florida Statutes.

(22)(19) “Diagnostic Criteria” means prevailing ~~clinical and medical~~ standards which are used ~~by licensed practitioners~~ to determine a client’s mental and physical condition relative to their need for substance abuse services, such as those which are described in the current Diagnostic and Statistical Manual of Mental Disorders.

(23) “Diagnostic Services” means services that are provided to 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.

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

(25)(20) “Direct Services” means services that are provided by employees or volunteers staff who have contact or who interact with clients on a regular basis.

(26)(21) “Discharge Summary Plan” means a written narrative of the client’s treatment record describing the client’s accomplishments and problems during treatment, reasons for discharge, and recommendations for further services.

(27)(22) “District Office” means a local or regional office designated geographical service area of the department Department.

(28)(23) “Dual Diagnosis ~~or Co-occurring Disorder~~” means a diagnosis of a substance use abuse disorder and accompanied by a concurrent diagnosis of a at least one psychiatric disorder.

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

(30)(25) “Impairment” means a physical or psychological condition directly attributed to the use of alcohol or other substances of abuse drugs which substantially interferes with an individual’s level of functioning.

(31)(26) No change.

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

(33)(28) “Intervention Plan” means a written plan outline of goals and objectives to be achieved by a client who is involved in intervention services.

(34) “Involuntary” means the status ascribed to a person who meets the criteria for admission under Section 397.675, F.S.

(35)(29) No change.

(36)(30) “Licensing Licensure Fee” means revenue collected by the department from a provider required to be licensed under Section section 397.407, F.S.

(37)(31) No change.

(38)(32) No change.

(39) “Medical Maintenance” means special clinical protocols that permit extending the amount of consecutive take out medication provided to clients who are involved in medication 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 (13 consecutive take-outs) or full (27 consecutive take-outs).

(33) “Medical Services” means services which include a medical history, a nursing physical screen, a physical examination, laboratory tests, tests for contagious diseases, and other related diagnostic tests, which are provided by practitioners licensed under Chapters 458, 459, and 464, F.S.

(40) “Medication Error” means medication that is administered or dispensed to a 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.

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

(42)(35) No change.

(43)(36) “Nursing Support Staff” means persons who assist Licensed Registered Nurses and Licensed Practical Nurses in carrying out their duties, but who are not licensed nurses.

(44)(37) “Operating Procedures” means written policies and procedures ~~policies and standards~~ governing the organization and operation of a provider that include and the methods of implementation and accountability for implementing those policies and standards.

(45)(38) “Organizational Capability” means a provider’s ability to implement written operating procedures in conformance with required ~~licensure~~ standards.

(46)(39) “Overlay” means a component operated ~~provider licensed under Chapter 397, F.S., rendering services~~ within facilities not owned or operated by a ~~the~~ provider.

(47)(40) No change.

(48)(41) “Physical Health Assessment” means a series of ~~medical~~ services that are provided to evaluate 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.

(49)(42) No change.

(50)(43) No change.

(51) “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.

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

(53)(45) “Primary Counselor” means an employee who is part of the clinical a staff and who has ~~member with~~ primary responsibility for delivering and coordinating clinical services for specific clients ~~to within their scope of practice and qualifications.~~

(54)(46) “Private Practice”, as used in these rules, means a sole proprietorship, an individual or individuals using shared office space, or other business entity, required to be licensed under Chapter 397, F.S.

(55)(47) No change.

(56) “Program Office” means the specific office of the department identified as the single state authority for substance abuse.

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

(58)(49) “Protective Factors” means those conditions that inhibit, reduce, or protect against the probability of the occurrence of drug use or abuse ~~aspects of a client’s life which have a positive influence and is used, largely in prevention services, to describe circumstances which have such an impact.~~

(59)(50) “Provider”, as used in these rules, means a public agency, a private for-profit or not-for-profit agency, a person who is in private practice, and a qualified professional, or a hospital, ~~which agency, person, professional, or hospital is required to be licensed under Chapter 397, F.S., or exempt from licensure.~~

(60)(51) No change.

(61)(52) “Publicly Funded Provider” means a provider that ~~which~~ receives funds directly from the department, Medicaid, or another public agency or is a state agency or local government agency.

(62)(53) “Qualified Professional” means a physician licensed under Chapters 458 or 459, F.S., a practitioner licensed under Chapters 490 or ~~and~~ 491, F.S., or is a person who is certified through a department-recognized certification process as provided for in subsection ~~sections~~ 397.311(25), F.S., 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.

(63)(54) “Quality Assurance” means a formal ~~formalized~~ method of evaluating the quality of care rendered by a provider and is used to promote and maintain an efficient and effective service delivery system. Quality assurance includes the use of a formalized quality improvement process to prevent ~~that focuses on preventing~~ problems from occurring so that corrective efforts are not required.

(64)(55) “Restraint” means ~~the use of~~

(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 or to restrict the client’s freedom of movement ~~and~~ is not a standard treatment for the client’s condition.

~~The use of restraint is permitted only within addictions receiving facilities.~~

(65)(56) “Risk Factors” means those conditions affecting a group, individual, or defined geographic area that increase the likelihood of a substance use or substance abuse problem

aspects of a client's life which have a negative influence and is used, largely in prevention services, to describe circumstances which have such an impact.

(66)(57) "Screening" means a process involving a brief review of a person's presenting problem to determine the person's appropriateness and eligibility for substance abuse services and the possible level of services required.

(67)(58) "Seclusion" means the use of a secure, private, or quiet room designed to isolate a client who has been determined by a physician to pose an immediate threat of physical harm to self or others. ~~The use of seclusion is permitted only within addictions receiving facilities.~~

(68)(59) "Services" means assistance ~~that which~~ is provided to clients in their efforts to ~~remain or become and remain~~ substance free such as counseling, treatment planning, vocational activities, educational training, and recreational activities.

(69)(60) "Stabilization" means the use of short-term emergency procedures for the purpose of alleviating an acute condition related to impairment or to prevent further deterioration of a client who is impaired.

(70)(61) "Substantial Compliance" means an applicant for a ~~new license or a licensed provider applying to add a new component~~, that is in the initial stages of developing services, has demonstrated the ability to implement the requirements of these rules through operating procedures, and is thereby eligible for a probationary license.

(71)(62) "Substantial Noncompliance" means that a provider operating on a regular license has significant violations, or a pattern of violations, which affects the health, safety, or welfare of clients and, because of those violations, as a consequence, is issued an interim license or is subject to other sanctions as provided for in ~~Section section~~ 397.415, F.S.

(72)(63) "Summary Notes" means a written record of the progress made by clients involved in intervention services and Level 2 ~~structured~~ prevention services.

(73) "Supportive Counseling" means a form of counseling that is primarily intended to provide information and motivation to clients.

(74)(64) "Transfer Summary" means a written justification ~~of regarding~~ the circumstances ~~of surrounding~~ the transfer of a client from one component to another or from one provider to another.

(75) "Treatment" means specific clinical and Services such as individual and group counseling.

(76)(65) "Treatment Plan" means an individualized, written plan course of action that directs all treatment services and is based upon information from the assessment and input from the client served. The plan establishes client goals and corresponding measurable objectives, ~~and~~ time frames for completing objectives, and includes the type and frequency of services to be provided.

Specific Authority 397.321(5) FS. Law Implemented 397.311, 397.321(1), 397.419 FS. History—New 5-25-00, Amended _____.

65D-30.003 Department Licensing Licensure and Regulatory Standards.

For purposes of this rule, "district office" and "Substance Abuse Program Office" are used whenever the standards to be implemented are applied to one or the other level of department operations. The term "department" is used whenever there is no distinction in the implementation of standards within department operations.

(1) Licensing Licensure.

(a) License Required. All substance abuse components, as defined in subsection 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 397.405, F.S., prior to initiating the provision of services.

(b) Licensing Inspections. The district offices will be responsible for conducting licensing inspections and issuing licenses.

(c) Licenses Issued By Premises. One license is required:

1. For each facility that is maintained on separate premises even if operated under the same management; and

2. Where all facilities are maintained on the same premises and operated under the same management.

In both cases, all components shall be listed on the license.

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

(e) Special Information Displayed on Licenses. In the case of addictions receiving facilities, detoxification, and residential treatment, each license shall include the licensed bed capacity. The district office shall identify on the license those components provided in each facility that are accredited by a department recognized accrediting organization such as the Rehabilitation Accreditation Commission, known as CARF, the Joint Commission on 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.

~~Unless otherwise exempt from licensure, substance abuse providers must be licensed by the department pursuant to Section 397.401, F.S. The department's districts will be responsible for conducting licensure reviews and for issuing licenses, as permitted under section 20.19(10)(c)2., F.S. A license is required for each facility that is maintained on separate premises even and operated under the same management. Only one license is required for all facilities that are maintained on the same premises and operated under the~~

~~same management. In the case of separate premises, all components provided at each facility shall be listed on the license. However, a district may elect to issue a separate license for each component provided at a given facility on the condition that the amount of licensure fees would be the same as for a single license listing each component service. The license shall be displayed in a prominent, publicly accessible place within each facility. In the case of additions receiving facilities, detoxification, and residential treatment, each license shall include the licensed bed capacity. In addition, those components provided in each facility that are accredited by the Rehabilitation Accreditation Commission, known as CARF, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or other department approved accrediting organization, shall be indicated on the license.~~

(2) Categories of Licenses; ~~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 ~~district office department~~ may reissue a probationary the license for one an additional 90-day period. The district office may take this action if it the department determines that the applicant needs additional time to become fully operational and has substantially complied with all requirements for a regular license licensure or has initiated action to satisfy all requirements.

3. Special Requirements Regarding Probationary Licenses Stipulations. The following special requirements are stipulations 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 ~~district office department~~ to approve the applicant for licensing licensure.

c. In those instances where an applicant fails to admit clients for services during the initial probationary period, the ~~district office department~~ shall not issue a regular license, even where other standards have been met. However, the district office 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. Where necessary, licensure fees shall be prorated.

(b) Regular License.

1. No change.

2. Applications for Renewal. In regard to applications for renewal of a regular license, the ~~district office department~~ must receive a completed application no later than 60 days before the provider's current license expires.

3. Effective ~~Dates Date.~~ A regular license is considered to be valid in effect for a period of 12 months from the date of issuance. ~~If In cases where~~ a regular license replaces a probationary license, the regular license shall be valid issued for a period of 12 months from the ~~effective date of the initial~~ probationary license was issued. In cases where a regular license replaces an interim license, the ~~effective period will remain 12 months from the established anniversary date of the regular license shall not change.~~ If a new component is added to a currently licensed facility, or if a component of a currently licensed facility is found to be in noncompliance, separate probationary and interim licenses shall be issued, respectively. Once the conditions required for a regular license have been met, the probationary or interim license shall be converted to a regular license.

(c) Interim License.

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

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

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

c. No change.

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

2. Reissuing an Interim License. The ~~district office department~~ may reissue an interim license for an additional 90 days at the end of the initial 90-day period in the case of extreme hardship, ~~in which noncompliance is not caused by the provider. In 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 district office will issue a separate probationary license for that component. Once the provider has satisfied the requirements for a regular license, the district office 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 district office for that component and the provider will return its regular license to

the district office. The district office will reissue an amended regular license. Once the provider has satisfied the requirements of a regular license for that component, the district office 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 district office 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 district office 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 district office 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 district office shall notify the provider within 5 working days of receipt of the notice of the district office's pending action.

(4)(3) License Non-transferable.

(a) No change.

(b) Submitting Applications. A completed application, Form 4024 4026, shall be submitted to the district office department at least 30 days prior to such acquisition or relocation. No services shall be provided until a license has been issued.

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 district office 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 Marshall, 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 district office determines the application to be complete, the district office shall issue a probationary license.

(c) Information Required Regarding Relocation. In the case of relocation, the provider shall be required to provide proof of liability insurance coverage and compliance with fire and safety standards established by the State Fire Marshall and health codes enforced at the local level. If there is no change in the provider's services, the provider shall not be required to submit any additional information.

(4) License Amendment. A provider's current license shall be amended when a component is added or discontinued or there is a change in licensed bed capacity equal to or greater

than 10 percent. Once the provider receives the amended license, the provider shall immediately return the previous license to the department.

(5) Licensing Licensure Fees. Applicants for a license to operate as a licensed service provider as defined in subsection section 397.311(19), F.S. Florida Statutes, shall be required to pay a fee upon submitting an application to the district office department. The fees paid by privately funded providers shall exceed fees paid by publicly funded providers, as required in subsection section 397.407(1), F.S. Florida Statutes. Applicants shall be allowed a reduction, hereafter referred to as a discount, in the amount of fees owed the department. The discount shall be based on the number of facilities operated by a provider. The fee schedules are listed by component as follows:

Publicly Funded Providers	
Licensable Service Component	Fee
Addictions Receiving Facility	\$325
Detoxification	325
Residential Treatment	300
Day or Night Treatment/Host Home	250
Day or Night Treatment	250
<u>Intensive Outpatient Treatment</u>	<u>250</u>
Outpatient Treatment	250
Medication and Methadone	350
Maintenance Treatment	
Aftercare	200
Intervention	200
Prevention	200

Schedule of Discounts	
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
Residential Treatment	350
Day or Night Treatment/Host Home	300
Day or Night Treatment	300
<u>Intensive Outpatient Treatment</u>	<u>300</u>
Outpatient Treatment	300
Medication and Methadone	400
Maintenance Treatment	
Aftercare	250
Intervention	250
Prevention	250

Schedule of Discounts

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

(6) Application for Licensing Licensure.

~~(a) New and Renewal License Applications. Applications for licensing shall be submitted initially and annually thereafter to the respective district office along with the licensing required fee.~~ Unless otherwise specified, all applications for licensure shall include the following:

~~(a)1-~~ A standard ~~departmental~~ application for licensing licensure, C&F-SA Form 4024, ~~September 2001 June 1999~~, titled Application for Licensing Licensure to Provide SUBSTANCE ABUSE SERVICES, incorporated herein by reference, ~~(Copies copies of which~~ may be obtained from the Department of Children and Families, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700);

~~(b)2-~~ No change.

~~(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)3-~~ A copy of the client service fee schedule and policy regarding a client's/participant's financial responsibility;

~~(e)4-~~ A comprehensive outline of the services to be provided, including the licensed bed capacity for addictions receiving facilities, residential detoxification, and residential treatment, to be submitted with the initial application, with the addition of each new ~~service~~ component, or when there is a change of ownership;

~~(f)5-~~ Information that establishes the name and address of the applicant, ~~and~~ its chief executive officer and, if a corporation, the name of each member of the applicant's board, the name of the owner, the names of any officers of the corporation, and the names of any shareholders, ~~with the exception of providers which (Providers that~~ are accredited by department approved accrediting organizations ~~identified in subsection (1) are not required to submit this information);~~

~~(g)6-~~ Information on the competency and ability of the applicant and its chief executive officer to carry out the requirements of these rules, ~~with the exception of providers which (Providers that~~ are accredited by department approved accrediting organizations ~~identified in subsection (1) and Inmate Substance Abuse Programs operated directly by the Department of Corrections are not required to submit this information);~~

~~(h)7-~~ Proof of the applicant's financial ability and organizational capability to operate in accordance with these rules, ~~with the exception of providers which (Providers that~~ are accredited by department approved accrediting organizations ~~identified in subsection (1) and Inmate Substance Abuse Programs inmate substance abuse programs~~ operated directly by the Department of Corrections ~~staff are not required to submit this information);~~

~~(i)8-~~ Proof of professional and property liability insurance coverage, ~~with the exception of (Inmate Substance Abuse Programs inmate substance abuse programs~~ operated directly by the Department of Corrections ~~staff are not required to submit this information);~~

~~(j)9-~~ Confirmation of completion of basic HIV/AIDS education requirements pursuant to Section section 381.0035, F.S., for renewal applications;

~~(k)10-~~ No change.

~~(l)12-~~ No change.

~~(m)14-~~ Verification of certification from the Substance Abuse and Mental Health Administration ~~compliance with federal requirements~~ 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;

~~(n)13-~~ The Drug Enforcement Administration DEA registration for medication and methadone maintenance treatment a pharmacy;

~~(o)14-~~ The Drug Enforcement Administration DEA registration for all physicians;

~~(p)15-~~ A state of Florida pharmacy permit for medication and methadone maintenance treatment and any provider with a pharmacy;

~~(q)16-~~ Verification of the services of a consultant pharmacist for medication and methadone maintenance treatment and any provider with a pharmacy, ~~as required under section 65D-30.014;~~

~~(r)17-~~ No change.

~~(s)18-~~ No change.

~~(t)19-~~ Proof of the availability and provision of meals nutritional services for addictions receiving facilities, residential detoxification, residential treatment, day or night treatment with host homes, and day or night treatment, if applicable in the latter component; ~~and~~

~~(u)20-~~ Verification that a medical director has been is designated for addictions receiving facilities, detoxification, residential treatment, 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) subparagraphs 1-11, must accompany the application for a license licensure. 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) subparagraphs 12-20, including items in paragraph (h) for renewal applicants, must be made available for review at the provider facility. In addition, ~~those documents items listed in paragraphs (a)-(v) subparagraphs 1-20~~ that expire during the licensure period the license is in effect shall be renewed by the provider prior to expiration and verification shall be given to the district office shall be notified by the provider in writing immediately upon renewal or in the event renewal does not occur.

(7) Licensing Inspections of Accredited Providers. This subsection implements Section 394.741, F.S. This subsection applies to licensing inspections of providers or components of providers that are Providers accredited by the Rehabilitation Accreditation Commission, known as CARF, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Council on Accreditation (COA), or other department approved accrediting organizations shall, ~~with their request for licensure and items required in section 397.403(3), F.S., submit proof of full accreditation for those components that are accredited~~.

(a) Licensing Inspections ~~Inspection~~ of Accredited Providers. For those providers or components of providers that are accredited, the district office ~~department may accept, in lieu of conducting a licensure inspection, the survey report of the accrediting organization~~. However, the department shall conduct a licensing full licensure inspection of accredited providers or components of providers once every 3 years. Proof of compliance with fire and safety standards and health standards must be provided to the department annually. The department shall ~~conduct compliance and sample validation inspections in those cases where:~~

1. ~~The accredited organization or component fails to submit the accreditation report and any corrective action plan related to its accreditation following a survey;~~
2. ~~The accredited organization or component has not received full accreditation and is not in substantial compliance with the licensure requirements based on the survey report;~~
3. ~~Complaints have been received and substantiated by the department during the year of the annual licensing inspection; or~~
4. ~~The accreditation report has not been received within 120 days of the annual survey date following accreditation and each renewal of accreditation.~~

(b) License Application. Accredited providers shall submit an application for licensing, Form 4024, to the district office annually. The form shall be accompanied by: ~~Determination of Compliance~~. Upon receipt of the accreditation report, the

~~department shall review the findings to determine if the organization or component is in compliance with licensure standards.~~

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 district office annually. The district office 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 district office shall conduct a licensing inspection as permitted in paragraph (d). Department Decision to Conduct Inspection. The department shall notify the organization within 60 days of receipt of the accreditation report whether or not it will accept the report in lieu of a state inspection. This includes a brief statement of any standards found to be in non-compliance or not covered by the survey report.

(d) Inspections of Accredited Providers. In addition to conducting licensing inspections every three years, district offices have the right to conduct inspections of accredited providers in accordance with subsection 394.741(6), F.S., and subSections 397.411(3), (4), and (5), F.S., in those cases where any of the following conditions exist. Joint Surveys. The department may elect to participate in the survey process conducted by the accrediting organization. The department shall submit a request to participate directly to the accrediting organization and the affected provider. In those instances where a provider denies the department's request, the department shall retain the option of conducting a full inspection.

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 district office.

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 district office's investigation of complaints results in findings of one or more violations of the licensing standards of any accredited component.

4. The district office has identified significant health and safety problems.

The district office 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 Department Licensure Procedures.

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

~~(a)1.~~ Demonstrate knowledge of the state's substance abuse services ~~service~~ system;

~~(b)2.~~ Demonstrate knowledge of Chapter 397, F.S., Chapter 65D-30, F.A.C., department policy related to licensing and regulation of providers, and federal regulations which directly affect the department or providers, applicable accreditation standards, and other rules and statutes referenced herein;

~~(c)3.~~ Demonstrate skill in conducting licensing inspections, the use of licensing instruments, and preparing accurate reports of findings from licensing licensure inspections; and

~~(d)4.~~ 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)(b) Department~~ District Office Licensing Licensure Procedures. The district offices shall be responsible for licensing licensure of providers operating within their geographic boundaries jurisdiction and as permitted under section 20.19(10)(c)2., F.S.

1. Application Process. The district offices ~~districts~~ shall process all new and renewal applications for licensing licensure and shall notify both new and renewal applicants in writing within 30 days of receipt of the application that it is complete or incomplete. ~~Where In those instances where~~ an application is incomplete, the district office shall specify in writing to the applicant the items that are needed to complete the application in need of completion. Following receipt of the district office's ~~district'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, the applicant shall submit a request to the district in writing within 5 working days of receipt of the district's response requesting that additional time is needed to produce the required information. ~~Districts shall notify the applicant immediately upon receipt of the applicant's request for additional time of its decision to approve or deny the request.~~ 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.

2. Licensing Inspection. The district office ~~Districts~~ shall notify each applicant of its intent to conduct an on-site licensing inspection and of the proposed date and time of the inspection. The district office ~~Districts~~ shall include the name(s) of the authorized agents ~~agent of the department~~ who will conduct the inspection and the specific components ~~services~~ and facilities to be inspected. This notification, however, shall not prohibit the district office ~~districts~~ from inspecting other components ~~services~~ or facilities maintained by a ~~the~~ 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 Licensure Determination. When conducting licensing inspections, the district offices shall use the "Substance Abuse Monitoring Instrument," dated October 1, 2002. A performance-based rating system shall be used to evaluate in evaluating a provider's level of compliance with licensing licensure standards. Providers This system shall require that providers attain at least 80 percent compliance overall on each component reviewed all areas reviewed during an inspection. 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 However, there may be instances where a component is rated at provider has attained an 80 percent level of compliance overall but is in substantial noncompliance with standards violation of a requirement related to the 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 ~~districts~~ shall issue an interim license to the provider or take other regulatory action permitted in Section 397.415, F.S. subsection (10).

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

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

- a. No change.
- b. The names and titles of principal provider staff interviewed;
- c. through f. No change.
- g. The name and title of each authorized agent of the department reviewer;

6. Distribution of Licenses and Notices Reports. For new and renewal applications, district offices ~~districts~~ shall send providers ~~the provider~~ an original signed license along with the written notice as described in subparagraph 4. and notice of the right of appeal as required by section 120.57, F.S., prior to the expiration of the existing license. For new applications, the license and notice shall be sent within the 90 day period following receipt of the completed application. Concurrently, ~~districts~~ shall send a copy of the license and the notice of the right of appeal to the department's Substance Abuse Program Office. 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 Licensure Records. The district offices ~~Districts~~ shall maintain current licensing licensure 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), F.A.C., and subparagraph 65D-30.003(9)(a)5., F.A.C. paragraph (6)(a) and subparagraph(8)(b)5.

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

9. Complaint Log. The district offices ~~Districts~~ shall maintain a continuous log of complaints regarding providers. The log shall include the date the complaint was received, dates review was initiated and completed, and all findings, penalties imposed, and other information relevant to the complaint.

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

1. Records. The department's Substance Abuse Program Office shall maintain a record of all licensed providers, ~~and~~

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

(9) Right to Conduct Inspections. The department may enter and inspect at any reasonable time, with or without prior notification, all facilities of a provider which are licensed and those for which licensure is pending, to ensure compliance with these rules. However, in the case of inmate substance abuse programs operated by the Department of Corrections and substance abuse services provided in secure facilities operated

~~or contracted by the Department of Juvenile Justice, due to reasons related to security, such entry and inspection shall be permitted only with prior notification. Notification of entry and inspection shall be given directly to the facility's superintendent or designee and shall not be unreasonably denied.~~

~~n cases where the department suspects that services are being delivered by an unlicensed provider, such entry and inspection shall be made only with permission of the provider or pursuant to warrant. An authorized agent of the department is permitted to conduct interviews with staff and clients during an inspection and to review clinical and medical records and any other records of the provider.~~

~~(10) Denial, Suspension, and Revocation of Licenses, and Fines and Moratoriums.~~

~~(a) If the department determines that a provider or component of a provider is not in compliance with statutory and regulatory requirements, the department, in addition to, or in lieu of issuing an interim license, may deny, suspend, revoke, or impose reasonable restrictions or penalties on the license or any portion of the license. In such cases, the department:~~

~~1. May impose a moratorium on admissions to any component of a provider if the department determines that conditions within such component are a threat to the health or safety of clients and the public.~~

~~2. May impose an administrative penalty of up to \$500 per day against a provider operating in violation of any fire-related, safety-related, or health-related statutory or regulatory requirement.~~

~~3. May suspend, revoke, or deny a license if it determines that a provider has failed to correct the substantial or chronic violation of any statutory or regulatory requirement that affects the quality of client care.~~

~~(b) If a provider's license or any component of a provider's license is revoked, the provider is barred from submitting an application for licensure to the department for a period of 12 months after revocation.~~

~~(c) Where a license has been suspended, the provider will be required to apply for re-instatement of a regular license.~~

~~(d) A license shall be revoked in those instances where a provider submits any materials required by licensure that are fraudulent or that have been changed from their original content and such action on the part of the provider shall be referred to the State Attorney in the county or circuit in which the licensee is located.~~

~~(e) When considering denials, suspensions, and revocations and imposing fines and moratoriums, the department shall consider the severity of the violation, actions taken by the provider to correct the violation, previous violations by the provider, and the effect of resulting actions on the community.~~

~~(10)~~(11) Closing a Licensed Provider. Providers shall notify the district offices ~~department~~ in writing at least 30 days prior to voluntarily ceasing operation. If a provider, facility, or component is ordered closed by ~~the department~~ or a court of competent jurisdiction pursuant to subsection ~~section~~ 397.415(4), F.S., the provider shall maintain possession of all its records until the court order becomes final ~~question of closing is resolved~~. The provider remains responsible for giving the district office ~~department~~ access to its records. In the interim, the provider, with the district office's ~~department's~~ assistance, shall attempt to place all active clients in need of care with other providers. The respective ~~department~~ district office shall provide assistance in placing clients ~~and for ensuring that all placements are completed in accordance with Title 42, Code of Federal Regulations, Part 2, and section 397.501(7), F.S.~~ The provider shall return its license to the district office ~~District Alcohol, Drug Abuse, and Mental Health Program Office~~ by the designated date of closure.

~~(11)~~(12) Department Recognition of Accrediting Organizations. The ~~department recognizes the~~ Rehabilitation Accreditation Commission, also known as CARF, ~~and the~~ Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA), and the National Committee on Quality Assurance are department recognized as the approved accrediting organizations. Organizations Additional organizations not specified in Chapter 397, F.S., and that desire department recognition approval 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. In order for an organization to be considered by the department, the organization shall meet the following criteria:

(a) through (c) No change.

(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, 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 district office 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 district office 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 district office 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 district office 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 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. Additionally, a residential commitment program that provides substance abuse treatment may be licensed under

residential treatment, day or night treatment, or outpatient treatment, based upon contractual conditions as required by the Department of Juvenile Justice.

(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.

(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.

(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 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.

Specified Authority 397.321(5) FS. Law Implemented 20.19(10), 397.321(1), 397.401, 397.403, 397.405, 397.406, 397.407, 307.409, 397.411, 397.415, 397.419, 397.752, 633.022 FS. History--New 5-25-00, Amended _____

65D-30.004 Common ~~Licensing Licensure~~ Standards.

(1) Operating Procedures. Providers shall demonstrate organizational capability through a written, ~~standards~~ providing an organized, indexed system of policies and procedures that are descriptive of services and the population served which will be based on and ensure compliance with these licensure standards. All staff shall have a working knowledge of the operating procedures. These operating procedures shall be available for review by the department.

(2) Quality Assurance. Providers shall have a quality assurance/~~quality management~~ program which complies with the requirements established in ~~Section~~ section 397.419, F.S., and which ensures the use of a continuous quality improvement process.

(3) Provider Governance and Management

(a) Governing Body. Any provider that applies for a license, shall be a legally constituted entity. Providers that are government-based and providers that are for-profit and not-for-profit, as defined in ~~subsections~~ section 397.311(13) and (20), F.S., respectively, shall have a governing body that shall set policy for the provider. ~~The governing body shall meet face-to-face at least once every three months.~~ The governing body shall maintain a record of all meetings where business is conducted relative to provider operations. These records shall be available for review by the department.

(b) 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 Chapter 397, F.S., and Chapter 435, F.S., and there is no evidence of a disqualifying offense. Providers shall notify the district office in writing when a new chief executive officer is appointed.

Inmate Substance Abuse Programs ~~Inmate substance abuse programs~~ operated ~~directly~~ by the Department of Corrections staff are exempt from the requirements of 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.

(a) Personnel Records.

1. through 3. No change.

4. A signed document indicating that the employee has 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 6. No change.

7. Documentation of required staff training, ~~including new staff orientation.~~

(b) Screening of Staff. Owners, chief financial officers, and directors, and ~~Except as otherwise provided in section 397.451(1)(b),(g), F.S.,~~ all staff, volunteers, and host families who have direct contact with clients as provided for under Section 397.451, F.S., unmarried clients under the age of 18 years or with clients who are developmentally disabled shall be fingerprinted and have a background check completed ~~in accordance with section 397.451(3), F.S.~~ In addition, individuals shall be re-screened within 5 years from the date of employment. Re-screening shall include a level II screening in accordance with Chapter 435, F.S.

Inmate Substance Abuse Programs ~~Inmate substance abuse programs~~ operated ~~directly~~ by or under contract with the Department of Corrections staff are exempt from the requirements in this paragraph.

(5) No change.

(6) Medical Director. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, and medication and methadone maintenance treatment. Providers ~~The provider~~ shall designate a medical director who shall oversee all medical services. The medical director's responsibilities shall be clearly described. The provider shall notify the district office in writing when there is a change in the medical director and provide proof that the new medical director holds a current license in the state of Florida. In those cases where a provider operates components that are not

identified in this subsection, the provider shall have access to a physician who will be available to consult on any medical services required by clients involved in those components and as required by these rules.

(7) Medical Services.

(a) Medical Protocol. For those components identified in subsection 65D-30.004(6), F.A.C., each physician working with a provider ~~Each provider's medical director~~ shall establish written protocols for the provision of medical services pursuant to Chapters 458 and 459, F.S., and for managing medication according to medical and pharmacy standards, pursuant to Chapter 465, F.S. Such protocols will be implemented only after written approval by the Chief Executive Officer and medical director. The medical protocols shall also include:

1. The manner in which certain medical functions may be delegated to Advanced Registered Nurse Practitioners and Physician's Assistants in those instances where these practitioners are utilized as part of the clinical staff.

2. Issuing orders; and

3. Signing and countersigning results of physical health assessments.

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.

~~In those cases where there is no requirement for a medical director, providers shall have access to a physician who will be available to consult on any medical services required by these rules.~~

(b) Emergency Medical Services. All licensed providers ~~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 ~~Inmate substance abuse programs~~ are exempt from the requirements of this subsection 65D-30.004(7), F.A.C., paragraph but shall provide such services as required by Chapter 33-19, F.A.C. Florida Administrative Code, 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, 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 approved annually by a state-licensed consultant pharmacist.

Inmate Substance Abuse programs operated by or under contract with the Department of Corrections ~~Inmate substance abuse programs~~ 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.

~~(9) Urine Drug Screen. Urine drug screens shall be conducted on clients for the purpose of monitoring substance use as prescribed by the treatment plan or intervention plan.~~

~~(9)(10) Universal Infection Control. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment.~~

(a) Plan for Exposure Control.

1. A written plan for exposure control regarding infectious diseases shall be developed and shall apply to all staff, volunteers, and clients. The plan shall be initially approved and ~~periodically~~ reviewed annually by the medical director or consulting physician and medical staff. The plan shall be in compliance with Chapters 381 and 384, F.S., and Chapters 64D-2 and 64D-3, F.A.C.

2. No change.

(b) Required Services. The following Universal Infection Control Services shall be provided:

1. through 2. No change.

3. Reporting of communicable diseases to the Department of Health in accordance with Sections ~~sections~~ 381.0031 and 384.25, F.S.

Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections ~~Inmate substance abuse programs~~ 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)(11) Universal Infection Control Education Requirements for Employees and Clients. Providers shall meet the educational requirements for HIV and AIDS pursuant to Section~~ ~~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 ~~Inmate substance abuse programs~~ 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)(12) Meals. At least three nutritious meals per day shall be provided to clients in addictions receiving facilities, residential detoxification, residential treatment, and day or night treatment with host homes. In addition, at least one nutritious snack shall be provided each day. For day or night treatment, the provider shall make arrangements to serve a meal to those clients involved in services a minimum of five hours at any one time. Clients with special dietary needs shall be reasonably accommodated. Under no circumstances may food be withheld for disciplinary reasons. The provider shall document and ensure that nutrition and dietary plans are reviewed and approved by a Florida registered dietitian at least annually.~~

Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections ~~Inmate substance abuse programs~~ are exempt from the requirements of this subsection but shall provide such services as required by Chapter 33-204, F.A.C. Florida Administrative Code, 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 Department of Juvenile justice.

~~(12)(13) 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 subsection ~~section~~ 397.501(7), F.S. Providers shall have Client record management procedures ~~shall include requirements~~ regarding content, organization, and use of records. ~~Signatures on all records shall be original. In those instances where records are maintained electronically, a staff identifier code will be acceptable in lieu of a signature. Documentation within records shall not be deleted. Amendments or marked through changes shall be initialed and dated by the individual making such changes.~~

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 section 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.

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 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 Families Operating Procedures (CFOP) 15-4, Records Management, and the Children and Families Pamphlet (CFP) 15-7, Records Retention Schedule.

(c) Information Required in Client/Participant Records.

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

a. through b. No change.

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

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

e. through h. No change.

i. Diagnostic services, when provided;

j. No change.

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

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

~~m.l.~~ No change.

~~n.m.~~ Record of disciplinary problems, when they occur;

~~o.n.~~ Record of ancillary services, when provided;

~~p.o.~~ A Record record of medical prescriptions and administration of medication, when provided;

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

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

~~s.t.~~ No change.

~~t.s.~~ A discharge summary plan.

In the case of medical records developed and maintained by the Department of Corrections on inmates participating in inmate substance abuse programs, such records shall not be made part of information required in subparagraph 1. Such records and 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. through b. No change.

c. Informed consent for ~~urine~~ drug screen, when conducted;

d. through f. No change.

g. Record of disciplinary problems, when they occur;

h. Record of ancillary services, when provided;

i. A record of medical prescriptions and administration of 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; and

l. Transfer summary, if transferred; and

~~m.l.~~ A discharge summary Plan.

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

a. through b. No change.

~~e.~~ Identified risk and protective factors;

~~c.d.~~ No change.

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

~~e.f.~~ No change.

~~f.g.~~ No change.

~~g.h.~~ Intervention plan, when required for persons continuing in intervention services beyond 30 days;

~~h.i.~~ No change.

~~j.~~ Record of attendance and contacts, with the exception of case management;

~~i.k.~~ Record of disciplinary problems, when they occur;

~~j.l.~~ Record of ancillary services, when provided;

~~k.m.~~ Reports to the criminal and juvenile justice systems, when provided;

~~l.n.~~ Copies of service-related correspondence, generated or received by the provider;

~~m.o.~~ No change.

~~n.p.~~ A discharge summary plan;

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

a. Identified risk and protective factors for the target population ~~Identification of target population, including target population demographics and identified risk and protective factors;~~

b. Record of activities including description, date, duration, ~~number of participants~~, purpose, ~~evaluation of effectiveness~~, and location of service delivery;

c. through g. No change.

h. Informed consent for release of information; ~~and~~

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

j. Transfer summary, if referred to another placement.

~~Items in sub-subparagraphs a-i. are required for indicated prevention services. Items in sub-subparagraphs a-c. are required for selective prevention services. Items in sub-subparagraphs a. and b. are required for universal prevention services.~~

~~(13)~~(14) Screening. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, intensive outpatient treatment, outpatient treatment, medication and methadone maintenance treatment, and intervention.

(a) Determination of Appropriateness and Eligibility for Placement Admission ~~Admission~~. The condition and needs of the client shall dictate the urgency and timing of screening. For example, in those cases involving an involuntary placement admission, screening may occur after the client has been placed in a component such as detoxification. Persons requesting services shall be screened to determine appropriateness and eligibility for placement or other disposition admission. ~~Required documentation of screening shall include a record of whether the person is:~~

1. ~~Not in need of services;~~
2. ~~Appropriate for services;~~
3. ~~Not appropriate for services at screening site; or~~
4. ~~Appropriate for referral elsewhere.~~

The person conducting the screening shall document ~~provide~~ the rationale for any action taken ~~in subparagraphs 1-4.~~

(b) ~~Consent for Drug Screen and Release of Information~~. If required by the circumstances pertaining to the client's need for screening, or dictated by the standards for a specific component, clients shall give informed consent for a urine drug screen and release of information. ~~In the latter case, consent for release shall be signed by the client only if the form is completed and includes information required in 42 Code of Federal Regulation, Part 2.~~

(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)~~(15) Assessment. Each client placed into an addictions receiving facility, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment ~~admitted for services~~ shall undergo an assessment of the nature and severity of their substance abuse problem. The assessment shall include a physical health assessment and a psychosocial assessment.

(a) Physical Health Assessment. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections ~~Inmate substance abuse programs~~ are exempt from the requirements of this paragraph but shall provide such services as required in Chapter 33-19, F.A.C., Florida Administrative Code, 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 admission to an addictions receiving facility or a detoxification component. The screen shall be completed by an R.N. or by an and L.P.N. and countersigned by working under the supervision of an R.N. The results of the screen shall be documented by the nurse providing the service and signed and dated by that person. 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, as follows:

a. For addictions receiving facilities, detoxification, residential treatment, and 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 one calendar day of placement 24 hours of admission.

b. For medication and methadone maintenance treatment, the history shall be completed upon admission.

~~b.e.~~ For day or night treatment, intensive outpatient treatment, and for outpatient treatment, each client or legal guardian shall complete a medical history shall be completed within 30 calendar days prior to or upon placement admission.

For the components identified in sub-subparagraph a. ~~sub-paragraphs 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 an A.R.N.P., a P.A., an R.N., or an L.P.N.,~~ The history shall be reviewed, signed and dated by the physician person providing the service in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. ~~If the medical history is not completed by a physician, it shall be reviewed, countersigned, and dated by the physician within 24 hours of completion.~~ For the components ~~component~~ identified in sub-subparagraph b.e., the medical history shall be completed by the a 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, as follows:

a. For addictions receiving facilities and ~~for~~ detoxification, the physical examination shall be completed within 7 calendar days prior to placement or 2 calendar days after placement 48 hours of admission.

b. For residential treatment and ~~for~~ 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 10 working days of admission.

c. For medication and methadone maintenance treatment, the physical examination shall be completed prior to administration of the initial dose of methadone. In emergency situations the initial dose may be administered prior to the examination. Within 5 calendar days 48 hours of the initial dose, the physician shall document in the client record the circumstances that prompted the emergency administration of methadone and sign and date these entries.

For components identified in sub-subparagraphs a.-c., the physical examination shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. ~~Further, the an A.R.N.P., or a P.A.~~ 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. person providing the service. ~~If the physical examination is not completed by the physician, it shall be reviewed, countersigned, and dated by the physician within 48 hours of completion.~~

4. Laboratory Tests. Clients shall provide a sample for testing blood and urine, including and a second urine specimen for drug screen, screening as follows:

a. For addictions receiving facilities, detoxification, residential treatment, and day or night treatment with host homes, all laboratory tests will be performed ~~as prescribed by the physician and in accordance with the medical a written~~ 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. ~~The physician shall review the results of laboratory tests and sign and date all such reviews.~~

b. For medication and methadone maintenance treatment, blood and urine samples shall be taken within 7 calendar days prior to placement or 2 calendar days after placement 2 days of admission. A ~~urine~~ drug screen shall be conducted at the time of placement admission. If there are delays in the procedure, such as problems in obtaining a blood sample, this shall be documented by a licensed nurse in the client record. The initial dose of medication may be given before the ~~results of~~ laboratory tests 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. ~~The physician shall review the results of laboratory tests within 24 hours of receipt and sign and date all such reviews.~~

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

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

a. For residential treatment and ~~for~~ day or night treatment with host homes, tests will be conducted within the time frame specified for the physical examination 30 days of admission or at the time of 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, within 10 working days after the blood sample was drawn, or earlier, if possible. The physician shall sign and date ~~the review of the results.~~

b. For medication and methadone maintenance treatment, the tests will be conducted at the time samples are taken for other laboratory tests, Positive, and the 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. within 24 hours of receipt. ~~The physician shall sign and date the review of the results.~~

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

8. Additional Requirements for Residential Treatment and Day or Night Treatment with Host Homes. If a client is readmitted within 90 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 the physician, an A.R.N.P., or a P.A., shall record in the client record the criteria used to determine the client's current addiction and history of addiction 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 person providing the service. ~~If the client's current addiction and history of addiction was not initially recorded by the physician, the physician shall review the results and countersign and date the record acknowledging the review. The final decision which determines addiction and history of addiction shall be made by the physician. This review shall be completed before administering the initial dose.~~

b. A physical examination shall be conducted on clients who are placed directly into ~~admitted to~~ treatment from another provider unless a copy of the examination accompanies the client and the examination has been completed within the past year prior to placement admission. In those instances where a copy of the examination is not provided because of circumstances beyond the control of the referral source, the physician shall conduct a physical examination within 5 calendar days of placement ~~72 hours of admission~~.

(b) Psychosocial Assessment.

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

- a. Emotional or mental health disturbances;
- b. No change.
- c. Family history, including substance abuse by other family members;
- d. through k. No change.
- l. 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.-l.

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.-e. may be accepted by the provider placing the client. Otherwise, the ~~The~~ psychosocial assessment shall be completed according to the following schedule, as follows:

a. For addictions receiving facilities, the psychosocial assessment shall be completed ~~prior to or~~ within 3 calendar days of placement, unless clinically contraindicated ~~72 hours of admission~~.

b. For residential treatment level 1 and for day or night treatment with host homes, the psychosocial assessment shall be completed ~~prior to or~~ within 5 calendar days of placement ~~5 working days of admission~~.

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

~~For day or night treatment, the psychosocial assessment shall be completed prior to or within 7 working days of admission.~~

d. For intensive outpatient treatment and outpatient treatment, the psychosocial assessment shall be completed ~~prior to or~~ within 30 calendar days of placement ~~4 sessions or 30 days of admission, whichever comes first.~~ For inmate substance abuse programs, the psychosocial assessment shall be completed within 30 days of admission.

e. For medication and methadone maintenance treatment, the psychosocial assessment shall be completed ~~prior to or~~ within 15 calendar days of placement ~~15 working days of admission~~.

3. Psychosocial Assessment Sign-off ~~and Readmission~~ 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 ~~counter-signed~~, and dated by a qualified professional within 10 calendar days of completion, ~~except for inmate substance abuse programs, in which case this review and sign-off shall occur within 30 days.~~ Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, shall conduct the review and sign-off shall occur within 30 calendar days. ~~In those instances where a client is readmitted or services within 180 days of discharge, a psychosocial assessment update shall be conducted, if clinically indicated, and as prescribed by the qualified professional. A new assessment shall be completed on Clients who are readmitted for services more than 180 days after discharge. In addition, the psychosocial assessment shall be updated annually for clients who are in continuous treatment for longer than one year.~~

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. A qualified professional shall review and approve the need for such services.

~~(15)(46) Client Placement Criteria and Operating Procedures Regarding Admission, Continued Stay, and Discharge/Transfer.~~ This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, outpatient treatment, intervention, and medication and methadone maintenance treatment. Providers shall have operating procedures that clearly state the criteria for admitting, transferring, and discharging clients. This would include procedures for implementing these placement requirements. When determining client placement, providers under contract with the department shall use the Florida Supplement to the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders (ASAM PPC-2), Second Edition, revised July 1, 1998, incorporated herein by reference. Copies of the ASAM PPC-2 may be obtained from the Department of Children and Families, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700. Providers not under contract with the department shall clearly describe the criteria and process used regarding admission, continued stay, and discharge/transfer of clients. In both cases, decisions regarding admission shall be based primarily on information from the assessment. Decisions regarding continued stay and discharge/transfer shall be based primarily on information from the treatment plan, intervention plan, progress notes, and summary notes.

~~(16)(17) Primary Counselor, Orientation, and Initial Treatment Plan Admission for Services.~~ This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, 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 admitted for services. Providers shall require that each client admitted for services sign a formal consent for services. Following the client's formal consent, providers shall conduct an orientation and shall complete an initial treatment plan. This standard does not apply to detoxification and addictions receiving facilities.

(b) Consent for Services. Clients admitted for services shall be required to sign a formal consent for services, consent for urine drug screens, if conducted, and consent to release of information. In the latter case, the consent for release shall be signed by the client only if the form is completed and includes information required in 42 Code of Federal Regulation, Part 2.

~~(b)(e)~~ Orientation. Prior to or upon placement in a component, clients ~~Clients who have been admitted to a component shall~~ receive ~~participate in~~ orientation. ~~There may be occasions where the orientation occurs following screening out of necessity or because of the provider's policy.~~ The orientation shall include:

1. through 5. No change.
- ~~6. Client responsibilities;~~
7. through 9. renumbered 6. through 8. No change.

~~(c)(d)~~ 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 ~~admission~~.

The plan shall specify timeframes for implementing services in accordance with the requirements established for applicable components ~~each component~~. 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)(18)~~ Treatment Plan, Treatment Plan Reviews, and Progress Notes.

(a) Treatment Plan. ~~The treatment plan shall be based on the assessment, results of diagnostic services, and special needs of the client.~~ Each client shall be afforded the opportunity to participate in the development and subsequent review of the treatment plan. The treatment plan shall include goals and related measurable behavioral objectives to be achieved by the client, the tasks involved in achieving those objectives, the type and frequency of services to be provided, ~~including ancillary services,~~ and the expected dates of completion. The treatment plan shall be signed and dated by the person providing the service, and signed and dated by the client. If the treatment plan is ~~not~~ completed by 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, as follows:

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

2. For residential treatment level 1, the treatment plan shall be completed prior to, or within 7 calendar days of placement. For residential treatment levels 2, 3, 4, and 5, and for day or night treatment with host homes, the treatment plan shall be completed prior to or within 15 calendar days of placement ~~7 working days of admission~~.

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

4. For intensive outpatient treatment and outpatient treatment, the treatment plan shall be completed prior to or within 30 calendar days of placement ~~4 sessions or 30 days of admission, whichever comes first,~~ except for inmate substance abuse programs, in which case the plan shall be completed within 30 days of admission.

5. 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.

~~The treatment plan shall be based on the assessment, results of diagnostic services, and special needs of the client. Each client shall be afforded the opportunity to participate in the development and subsequent review of the treatment plan. The treatment plan shall include goals and related measurable behavioral objectives to be achieved by the client, the means of achieving those objectives, the type and frequency of services to be provided, including ancillary services, and the expected dates of completion.~~

~~The treatment plan shall be signed and dated by the person providing the service, and signed and dated by the client. If the treatment plan is not completed by a qualified professional, the treatment plan and subsequent treatment plan reviews shall be reviewed, countersigned, and dated by a qualified professional within 5 working days of completion, except for inmate substance abuse programs, in which case this action shall occur within 30 days of completion.~~

(b) Treatment Plan Reviews. Treatment plan reviews shall be completed on each client, as follows:

1. For ~~long-term outpatient methadone detoxification, for residential treatment levels 1, 2, and 3, for day or night treatment with host homes, for day or night treatment,~~ intensive outpatient treatment, and for outpatient treatment, treatment plan reviews shall be completed every 30 calendar days.

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

3. 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. Each progress note shall be signed and dated by the person providing the service. Only clinical staff will be permitted to make these entries, except that in the case of detoxification, nursing staff are permitted to enter progress notes. The progress notes shall be recorded as follows:

1. through 2. No change.

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, except that in the case of inmate substance abuse programs, notes shall be recorded weekly.

4. No change.

~~(18)~~(19) Ancillary Services. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, 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 results.

~~(19)~~(20) Prevention Plan, Intervention Plan, and Summary Notes.

(a) Prevention Plan. For clients involved in Level 2 indicated prevention as described in paragraph section 65D-30.013(1)(b)(e), F.A.C., a prevention plan shall be completed within 45 calendar days of placement 45 days of admission. Prevention plans shall include goals and objectives designed to reduce risk factors and enhance protective factors. The prevention plan shall be reviewed and updated every 60 calendar days from the date of completion of the plan 30 days. The prevention plan shall be signed and dated by staff who developed developing the plan and signed and dated by the client.

(b) Intervention Plan. For clients involved in intervention on a continuing basis, an intervention plan shall be completed within 45 calendar days of placement 45 days of admission.

Intervention plans shall include goals and objectives designed to reduce the severity and intensity of factors associated with the ~~onset~~ ~~on-set~~ or progression of substance abuse. The intervention plan shall be reviewed and updated at least every 60 30 days. The intervention plan shall be signed and dated by staff who developed developing 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 and intervention plans described in paragraphs (a) and (b). Summary notes shall be entered into the client record at least weekly for those weeks in which where services are scheduled. Each summary note shall be signed and dated by staff delivering the service.

~~(20)~~(21) Record of Disciplinary Problems. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, intensive outpatient treatment, outpatient treatment, medication and methadone maintenance treatment, aftercare, and intervention, ~~and indicated prevention.~~ A record of disciplinary problems encountered with clients and specific actions taken to resolve problems shall be maintained.

~~(21)~~(22) Control of Aggression. This applies to all components with the exception of prevention level 1. 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-30.004(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. Providers that use verbal de-escalation techniques or physical intervention techniques in managing client behavior, shall use techniques such as Aggression Control Techniques (ACT). Staff who use aggression control shall be trained and certified in the use of said techniques and shall receive at least two hours of training in aggression control each year.

(a) Justification and Documentation of Use. De-escalation Verbal 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 and a complete, detailed report of the event shall be maintained as part of the provider's administrative records.

(b) Prohibitions. Under no circumstances shall clients be involved in the ~~use of verbal de-escalation or physical intervention to control~~ of aggressive behavior of other clients. Additionally, aggression control ~~such~~ techniques shall not be employed as punishment or for the convenience of staff.

Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection. Juvenile Justice Commitment Programs and detention facilities ~~Department of Juvenile Justice commitment programs~~ shall implement this subsection in accordance with Florida Department of Juvenile Justice Policies and Procedures, policy Number 1508-03, titled Protective Action Response (PAR) Policy ~~8.03, titled Use of Force Policy, July 1995, incorporated herein by reference~~, that includes policies and procedures on the use of physical force and restraining devices. This policy may be obtained from the Department of Children and Families, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.

~~(22)(23)~~ Discharge ~~Plan~~ and Transfer Summaries ~~Summary~~. This requirement applies to addictions receiving facilities, detoxification, residential treatment, day or night treatment with host homes, day or night treatment, intensive outpatient treatment, outpatient treatment, medication and methadone maintenance treatment, aftercare, and intervention.

(a) Discharge Summary. A written discharge summary ~~plan~~ shall be completed for clients who complete services or who leave the provider prior to completion of services. The discharge summary ~~plan~~ shall include a summary of the client's involvement in services and the reasons for discharge and ~~a plan for~~ the provision of other services needed by the client following discharge, including aftercare. 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. ~~The transfer summary must be completed immediately upon transfer from one component to another within the same provider and within 5 days following transfer to another provider. In all cases, an~~ An entry shall be made in the client record regarding the circumstances surrounding the transfer. ~~The discharge plan and that entry and~~ transfer summary shall be signed and dated by a primary counselor.

~~(23)(24)~~ No change.

~~(24)(25)~~ Data. Providers shall report ~~participate in the reporting of client, service, and fiscal data to the department pursuant to paragraph~~ section 397.321(3)(c), F.S.

~~(25)(26)~~ Special In-Residence Requirements. Providers that house ~~which serve~~ males and females together within the same facility shall provide separate sleeping arrangements for these clients. Providers which serve adults ~~between the ages of 18 and 20~~ in the same facility as persons under 18 years of age

shall ensure client safety and programming according to age. ~~Under no circumstances shall providers permit adults 21 years of age or older to reside with persons under 18 years of age.~~

~~(26)(27)~~ Reporting of Abuse, Neglect, and Deaths. Providers shall adhere to the statutory requirements for reporting abuse, neglect, and deaths of children under Chapter section 39, F.S., and of adults under Section sections 415.1034, F.S., and paragraph 397.501(7)(c), F.S.

~~(27)(28)~~ 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. Incident reporting shall include ~~consist of~~ the following:

(a) No change.

(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 ~~24 hours~~ of the incident when an action or inaction has a negative affect on the health or safety of the client, or violates the rights of a client ~~or employee~~;

~~(c) Logging and tracking of investigative actions and responses until resolved;~~

~~(c)(d)~~ Employee training in reporting procedures and requirements that includes the affirmative duty requirements and protections of Chapter 415, F.S., and Title V of the Americans with Disabilities Act; and

~~(e) Analysis of trends to identify opportunities for service improvement; and~~

~~(d)(f)~~ No change.

~~(28)(29)~~ Confidentiality. Providers shall comply with Title 42, Code of Federal Regulations, Part 2, titled "Confidentiality of Alcohol and Drug Abuse Patient Records," and with subsections ~~sections~~ 397.419(7), 397.451(10), 397.501(7), F.S., paragraphs 397.6751(2)(a) and (c), and Section 397.752, F.S., regarding confidential client information.

~~(29)(30)~~ Client Rights. Individuals applying for or receiving substance abuse services are guaranteed the protection of fundamental human, civil, constitutional, and statutory rights, including those specified in subsections ~~section~~ 397.501(1)-(10), F.S.

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

1. through 6. No change.

7. Timely ~~Provision for the immediate~~ receipt of a filed grievance;

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

9. through 10. No change.

(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 registry~~, the ~~local district Florida Advocacy Council Human Rights Advocacy Committee~~, and the district Alcohol, Drug Abuse, and Mental Health Program Office in a conspicuous place within each facility and provide a copy to each client ~~placed in~~ ~~admitted for~~ services.

(c) Implementation of Client Rights Requirements by Department of Corrections. In lieu of the requirements of this subsection, and in the case of Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, ~~inmate substance abuse programs~~ the Department of Corrections shall establish rules regarding inmate grievances as provided for in ~~Section section~~ 944.331, F.S., titled Inmate Grievance Procedure.

~~(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)(31) No change.~~

~~(31)(32) Training. Providers shall develop and implement a staff development plan. At least one 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.

~~All clinical and medical staff and any other staff with direct contact with clients shall receive four hours of HIV/AIDS/TB training and four hours CPR training within the first six months of employment and two hours every two years thereafter. In addition, each employee and volunteer who provides direct services and whose regular work schedule is 32 hours a week or more, and all primary counselors, shall receive a minimum of 20 hours of documented annual training related to their duties and responsibilities, including training in the following subject areas:~~

Subject	Initial Training	Updates
Ethics	2 hours within 6 months of employment	1 hour every 2 years
Domestic Violence	2 hours within 6 months of employment	1 hour every 2 years
Sexual Abuse and Trauma	2 hours within 6 months of employment	1 hour every 2 years
Dual Diagnosis/ Substance Abuse and Mental Health	4 hours within 6 months of employment	2 hours every 2 years
First Aid	2 hours within 6 months of employment	2 hours every 2 years

~~(32)(33) Clinical Supervision. A qualified professional shall supervise all 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)(34) Scope of Practice. Unless licensed under Chapters 458, 459, 464, 490 or 491, F.S., non-medical employees persons providing clinical services specific to in substance abuse are limited to the following tasks:~~

- ~~(a) through (e) No change.~~
- ~~(f) Consultation Consulting;~~
- ~~(g) No change.~~
- ~~(h) Counseling, including;~~

1. through 2. No change.

3. Counseling ~~with~~ for families, couples, and significant others;

(i) through (j) No change.

(k) Any other tasks permitted in these rules and appropriate to that licensable component.

~~(35) Certifying Organizations for Addiction Professionals.~~

~~(a) An organization which desires recognition by the department as a certifying organization for addiction professionals shall request such approval in writing from the department. Organizations seeking approval shall be non-profit and governed by a Board of Directors that is representative of the population it intends to certify and shall include specific requirements which applicants must meet to be certified as addiction professionals. An organization seeking recognition must include in its curriculum:~~

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

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

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

~~4. Completion of the International Certification Reciprocity Consortium written examinations based on a national role delineation study of alcohol and drug abuse counselors;~~

~~5. Case presentations which include the development of a case in writing and an oral presentation before a panel of certified counselors; and~~

~~6. Continuing education requiring a minimum of 20 continuing education units (CEUs) annually by providers approved by the certifying organization.~~

~~In addition to the requirements in subparagraphs 1., 3., all applicants for certification must receive 30 hours of ethics, 4 hours of HIV/AIDS, and 2 hours of domestic violence.~~

~~(b) Certifying organizations which meet the requirements in paragraph (a) may request review by the department toward recognition and endorsement. The request shall be made in~~

~~writing to the Director for Substance Abuse who shall respond in writing to the organization's chief executive officer denying or granting recognition.~~

~~(34)(36) Facility Standards. Facility standards in paragraphs (a)-(l)(k) apply to addictions receiving facilities, residential detoxification facilities, and residential treatment facilities. Facility standards in paragraphs (f)(i)-(l)(k) apply to medication and methadone maintenance treatment. Facility standards under paragraph (l) apply to all components.~~

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

~~(c) Housekeeping and Maintenance. Provisions shall be made to ensure that housekeeping and maintenance services are capable of keeping the building and equipment clean and in good repair.~~

~~(d) Hazardous Conditions. Buildings, grounds, equipment, and supplies shall be maintained, repaired, and cleaned so that they are not hazardous to the health and safety of clients, staff, or visitors.~~

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

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

~~(e)(h) No change.~~

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

~~(i) Hazardous Materials. Providers shall ensure that hazardous materials are identified, handled, stored, used, and dispensed in accordance with Chapter 10D-104, F.A.C.~~

~~(g)(j) Managing Disasters. Providers shall have written plans for managing and preventing damage and injury arising from internal and external disasters. Providers shall review these plans at least annually. Providers shall be prepared to handle internal and external disasters such as natural and man-made disasters. The written plan shall incorporate evacuation procedures and shall be developed with the assistance of qualified experts. All such plans shall be provided to the ~~departmental~~ district office upon request. Providers shall conduct at least one disaster drill every year.~~

~~(h)(k) Facility Accessibility. Providers shall comply with requirements of the American Disabilities Act.~~

~~(i) 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.~~

~~(j) 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.~~

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

(l) Compliance with Local Codes. All licensed facilities used by a provider shall comply with fire and safety standards enforced by the State Fire Marshall, pursuant to Section 633.022, F.S., and rules established pursuant to Rule Chapter 4A-44.012, F.A.C., Florida Administrative Code, 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 by or under contract with the Department of Corrections are exempt from the requirements of this paragraph.

~~(37) Overlay Services. With the exception of private practices, a provider which is licensed under Chapter 397, F.S., is permitted to deliver services at locations which are leased or owned by an organization other than the provider. In such instances, the provider shall submit a request to provide overlay services to the department along with a written description of how services will be delivered and supervised. The department reserves the right to approve or deny the request based on the description. Overlay services shall be delivered under the provider's current license as follows:~~

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

~~(b) Information on each client involved in an overlay service must be maintained separately from other information pertaining to the client which may be unrelated to the overlay services.~~

~~(c) Staff are permitted to deliver only clinical services at the alternate site.~~

~~The following is an example of an overlay service. A comprehensive substance abuse services agency is licensed, among other things, to provide outpatient services located at 6th street. From that facility, the full range of outpatient services are provided as permitted in rule. A number of inmates at a local county jail located on 20th street have been assessed as having substance abuse problems and would benefit from counseling. The substance abuse agency enters into an agreement with the jail authorities to provide on-site counseling two days per week for four hours each day at the jail facility. When counseling is completed following the prescribed time, the counselor returns to the permanent outpatient offices at 6th street. Any information generated about an inmate during counseling also returns with the counselor to the permanent work site. In this example, the overlay consists of counseling which is provided under the agency's outpatient license.~~

~~(38) Licensure of Private Practices. For those private practices that are required to be licensed under chapter 397, F.S., the following provisions shall apply:~~

~~(a) Private practices shall comply with the requirements found in this section and are permitted, when licensed, to operate only under sections 65D-30.010, 65D-30.011, 65D-30.012, and 65D-30.013.~~

~~(b) Private practices which are operated out of shared office space where there is no employee/employer relationship are exempt from the following common licensure standards:~~

~~1. Section 65D-30.004(4)(a); and~~

~~2. Section 65D-30.004(32), except that such private practices shall be required to maintain a record of all continuing education units (CEU's).~~

~~(c) Private practices which are licensed under Chapter 397, F.S., shall provide services only as permitted by the authority granted by statute and Chapter 65D-30, F.A.C. Individuals providing services outside the scope of the statute and these rules, shall obtain licensure under the specific statute permitting such practice.~~

~~(39) Licensure of Department of Juvenile Justice Commitment Facilities. Substance abuse services shall be provided within Juvenile Justice commitment facilities under the following conditions:~~

~~(a) The commitment facility is licensed under Chapter 397, F.S.; or~~

~~(b) The services are provided by employees of the commitment facility who are qualified professionals licensed under Chapters 458, 459, 490, or 491, F.S., or are provided by employees who are Certified Addictions Professionals working under the supervision of a licensed qualified professional; or~~

~~(c) The services are provided by a licensed service provider licensed under Chapter 397; or~~

~~(d) The services are provided by an independent contractor licensed under Chapters 458, 459, 490, or 491, F.S., or by a Certified Addictions Professional who is an employee of the independent contractor.~~

~~(40) Licensure of Department of Corrections Inmate Substance Abuse Programs. Inmate substance abuse services shall be provided within inmate facilities operated by the Department of Corrections under the following circumstances:~~

~~(a) The inmate facility is licensed under Chapter 397, F.S., in accordance with the requirements in section 65D-30.004 and the appropriate component under sections 65D-30.007, 65D-30.009, 65D-30.010, or 65D-30.012.~~

~~(b) Arrangements are made for inmates to be screened for substance abuse needs upon arrival at a designated reception center, and the screening shall be made either by the Department of Corrections or publicly funded provider of substance abuse services.~~

~~(c) Research, evaluation, and monitoring is conducted relative to inmate participation to ensure the delivery of quality services and that services are based on client needs.~~

~~(d) Relationships and cooperative agreements are developed by the Department of Corrections with publicly funded providers and other agencies that would enhance resources for the provision of services to the inmate.~~

~~(e) Training of all correctional personnel involved in the provision of substance abuse services is conducted on a timely basis.~~

~~(f) The Department of Corrections ensure that all inmates receiving substance abuse services shall be afforded the highest quality services possible.~~

~~(g) The Department of Corrections ensures that each participating inmate shall be afforded the right of individual dignity, non-discriminatory services, right to communication, and that client information shall be maintained as required by Title 42, Code of Federal Regulations, Part 2, and Chapter 397, F.S.~~

~~(35)(41) Offender Referrals Under Chapter 397, F.S.~~

~~(a) No change.~~

~~(b) Information to Courts. Providers shall give information regarding available services to the court with jurisdiction in their geographical area.~~

~~(b)(e) Referral Information. Referrals shall be in writing and signed by the referral source, and shall contain:~~

- ~~1. Name of the offender;~~
- ~~2. Name and address of the provider;~~
- ~~3. Date of referral;~~
- ~~4. Offense of conviction;~~
- ~~5. Sentencing data; and~~
- ~~6. Conditions stipulated by the referral source and the court.~~

~~(c)(d) Provider Responsibilities.~~

~~1. If the offender is found not appropriate for placement admission by the provider, this decision must be verbally communicated to the referral source immediately and in writing within 24 hours, stating reasons for refusal.~~

~~2. through 3. No change.~~

~~(d)(e) Assessment of Juvenile Offenders.~~

~~1. No change.~~

~~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. through c. No change.~~

~~3. The judicial circuit and the district office shall establish priorities for service delivery as follows:~~

~~a. Juveniles who are substance abuse offenders;~~

~~b. Juvenile offenders impaired at the time of the offense;~~

~~e. Juvenile offenders who have second or subsequent offenses; and~~

~~d. Minors taken into custody.~~

~~3.4. No change.~~

~~(36)(42) Voluntary and Involuntary Placement Admissions Under Chapter 397, F.S., Parts IV and V.~~

~~(a) Eligibility Determination.~~

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

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

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

~~1. Persons who are involuntarily placed Involuntary admissions shall be served only by licensed service providers as defined in subsection section 397.311(19), F.S., and only in those components permitted to admit clients on an involuntary basis.~~

~~2. Providers which accept involuntary referrals must provide a description of the eligibility and diagnostic criteria and the placement admissions process to be followed for each of the involuntary placement admissions procedures described under Sections sections 397.677, 397.679, 397.6798, 397.6811, and 397.693, F.S.~~

~~3. Clients shall be referred to more appropriate services if when it is determined by the provider determines that the person should not be placed admitted or should be discharged. Such referral shall follow the requirements found in paragraphs sections 397.6751(2)(a),(b),(c), F.S., and paragraphs 397.6751(3)(a),(b), F.S., respectively. The decision to refuse to admit or to discharge shall be made by a qualified professional. Any attempts to contact the referral source must be made in accordance with Title 42, Code of Federal Regulations, Part 2.~~

~~4. In those cases in which the court ordering involuntary treatment includes a requirement in the court order for notification of proposed release, the provider must notify the original referral source in writing. Such notification shall comply with legally defined conditions and timeframes and conform to confidentiality regulations found in Title 42, Code of Federal Regulations, Part 2, and subsection section 397.501(7), F.S.~~

~~(c) Assessment Standards for Involuntary Treatment Proceedings. Providers that make assessments available to the court regarding hearings for involuntary treatment must define the process used to complete the assessment. This includes specifying the protocol to be utilized, the format and content of the report to the court, and the internal procedures used to ensure that assessments are completed and submitted within legally specified timeframes. For persons assessed under an~~

involuntary order, the provider shall address the means by which the physician's review and signature for involuntary assessment and stabilization and the signature of a qualified professional for involuntary assessments only, will be secured, and This includes the process that will be used to notify affected parties stipulated in the petition.

(d) No change.

~~(37)(43)~~ Persons with a Dual Diagnosis of Co-occurring Substance Abuse and Psychiatric Problems. Providers shall develop and implement operating procedures for serving or arranging services for persons with dual diagnosis disorders. which serve persons with co-occurring problems shall provide the following services directly or under an agreement with a mental health provider:

~~(a) Assessment services that include the capability of identifying the presence of a serious psychiatric disorder;~~

~~(b) Psychiatric consultation and treatment for dually diagnosed persons; and~~

~~(c) Medication of persons with psychiatric disorders.~~

Specific Authority 397.321(5) FS. Law Implemented 20.19(10), 232, 384, 397.311(23), 397.311(28), 397.321(1), 397.405, 397.419, 397.451, 397.471, 397.501, 397.601, 397.675, 397.705, 397.706 397.707, 633.022, 944.026, 948 FS. History--New 5-25-00, Amended.

65D-30.005 Standards for Addictions Receiving Facilities. In addition to Rule section 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 process of designating such facilities shall begin with a written request from a provider and a written recommendation from the department's District Administrator ~~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. The Secretary shall respond in writing by certified letter to the chief executive officer of the requesting provider. If the request is denied, the response shall specify the reasons for the denial. If the request is approved, the response shall include a statement designating the facility.

(2) Services.

(a) No change.

(b) Supportive Counseling. Each client shall participate in supportive counseling on a daily basis, unless a client is not sufficiently stabilized as defined in subsection 65D-30.002(69), F.A.C. Supportive counseling ~~Counseling~~ sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the client's need for other services ~~and to determine progress.~~ Services shall be directed toward assuring that the client's most immediate needs are addressed and that the client is encouraged to remain engaged in treatment and to follow up on referrals after discharge.

~~(c) Daily Schedule Activities.~~ The provider shall develop a ~~schedule of daily schedule activities that will be provided based on the initial treatment plan.~~ This shall include recreational and educational activities. Participation by the client and participation shall be documented in the client's record.

(3) No change.

(4) Observation of Clients. 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. Each facility shall be structured so as to permit close observation of bed areas. Clients who do not require no longer need close medical observation shall be in a bed area that allows for general nursing observation.

(5) Eligibility Criteria. To be considered eligible for placement admission, a person must be unable to be placed served in another component and must also fall into one of the following categories:

(a) A voluntary client who has a substance abuse problem to the extent that the person displays behaviors that indicate potential harm to self or others or who meets diagnostic or medical criteria justifying placement in admission to an addictions receiving facility; or

(b) An involuntary client admission who meets the criteria specified in Section section 397.675, F.S.; or

(c) An adult or juvenile offender who is ordered for assessment or treatment under Sections sections 397.705 and 397.706, F.S., and who meets diagnostic or medical criteria justifying placement in admission to an addictions receiving facility; or

(d) Juveniles found in contempt as authorized under Section section 985.216, F.S.

(6) Exclusionary Criteria for Addictions Receiving Facilities. Persons ineligible for placement admission include:

(a) No change.

(b) Persons found to be beyond the safe management capability of the provider as defined under subsection section 397.311(5), F.S., and as described under paragraph section 397.6751(1)(f), F.S.

(7) Placement Admission Procedures. Following the nursing physical screen, the client shall be screened ~~again by clinical staff~~ to determine the person's eligibility or ineligibility for placement admission. The decision to place admit or not to place admit shall be made by a physician, a qualified professional, or an R.N., and shall be based upon the results of ~~all~~ screening information and face-to-face consultation with the person to be admitted.

(8) Referral. In the event that the addictions receiving facility has reached full capacity or it has been determined that the prospective client can not be safely managed, the provider shall attempt to notify the referral source. In addition, the

provider shall ~~and~~ provide assistance in referring the person to another component, in accordance with Section section 397.6751, F.S.

(9) Involuntary Assessment and Disposition.

(a) Involuntary Assessment. An assessment shall be completed on each client ~~placed in~~ admitted to an addictions receiving facility under protective custody, ~~pursuant to section 397.6772, F.S., under emergency admission, pursuant to section 397.6797, F.S., under alternative involuntary assessment for minors, pursuant to section 397.6798, F.S., and under involuntary assessment and stabilization, pursuant to section 397.6811, F.S. In the case of protective custody and emergency admission, the assessment shall be conducted by a physician. In the case of alternative involuntary assessment for minors and involuntary assessment and stabilization, The~~ the assessment shall be completed ~~conducted~~ by a qualified professional and based on the requirements in paragraph 65D-30.004(14)(b), F.A.C. The assessment shall be directed toward determining the client's need for additional treatment and the most appropriate services.

(b) Disposition Regarding Involuntary Admissions. Within the assessment period, one of the following actions shall be taken, based upon the needs of the client and, in the case of a minor, after consultation with the parent(s) or guardian(s):

1. The client shall be released and notice of the release shall be given to the applicant or petitioner and to the court, pursuant to Section section 397.6758, F.S. In the case of a minor that has been assessed or treated through an involuntary admission, that minor must be released to the custody of his parent(s), legal guardian(s), or legal custodian(s).

2. The client shall be asked if they will consent to voluntary treatment at the provider, or consent to be referred to another provider for voluntary treatment in residential treatment, day or night treatment, intensive outpatient treatment, or outpatient treatment, ~~or~~

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 placement in admission to the facility. Such notification shall be in compliance with the requirements of Title 42, Code of Federal Regulations, Part 2.

(11) Staffing. Providers shall conduct clinical and medical staffing of persons admitted for services. All staffing shall include participation by a physician, nurse, and primary counselor. Participation in staffing shall be dictated by client needs.

(12) Staff Coverage. A physician, P.A., or A.R.N.P. shall make daily visits to the facility for the purpose of conducting physical examinations and addressing the medical needs of clients. A full-time R.N. shall be the supervisor of all nursing services. An R.N. shall be on-site 24 hours per day, 7 days per week, ~~in addictions receiving facilities that serve only adults.~~

~~An R.N. shall be on-site from 7:00 a.m. to 11:00 p.m. in addictions receiving facilities that serve only minors. In this latter instance, an R.N. shall be on-call and capable of being on-site within 30 minutes between 11:00 p.m. and 7:00 a.m. At least one qualified professional shall be on staff and shall be a member of the treatment team provide consultation to staff on a regular basis regarding treatment services. At least one member of the clinical staff counselor shall be available on-site between the hours of 7:00 a.m. and 11:00 p.m. and on-call between 11:00 p.m. and 7:00 a.m.~~

(13) Staffing Requirement Pattern ~~Pattern~~ and Bed Capacity. The staffing requirement pattern ~~pattern~~ for nurses and nursing support personnel for each shift shall consist of the following:

Licensed Bed Capacity	Nurses	Nursing Support
<u>1-10</u> 20	1	<u>1</u> 2
<u>11-20</u>	<u>1</u>	<u>2</u>
<u>21-30</u>	<u>2</u>	<u>2</u>

The number of nurses and nursing support staff shall increase in the same proportion as the pattern described above. In those instances where a provider operates a crisis stabilization unit and addictions receiving facility within the same facility, the combined components shall conform to the staffing requirement of the component with the most restrictive requirements.

(14) Restraint and Seclusion. ~~The use of restraint and seclusion shall require justification in writing. Restraint and seclusion can only be used in emergency situations to ensure the client's physical safety of the client, other clients, staff, or visitors and only when less restrictive interventions have been determined to be ineffective, specifically de-escalation techniques. 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. section 65D-30.004(30).~~

(a) No change.

(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 ~~never~~ 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 ~~with~~ 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 in those instances where restraint or seclusion was not ordered by the client's treating physician.

3. through 5. No change.

6. The condition of the client who is in restraint or seclusion must ~~continually~~ be assessed, monitored, and reevaluated at least every 15 minutes.

(c) through (d) No change.

(e) Basic Rights. While in restraint or seclusion, clients shall be permitted to have regular meals, maintain personal hygiene ~~bathe~~, use the toilet and, as long as there is no present danger to the client or others, permitted freedom of movement for at least 10 minutes each hour.

(f) Post Restraint or Seclusion. Upon completion of the use of restraint or seclusion, the client shall receive a nursing physical screen by an R.N. that will include an assessment of the client's vital signs, current physical condition, and general body functions. The screening shall be documented in the client record. In addition, supportive counseling shall be provided in accordance with the needs of the client in an effort to transition the client from restraint or seclusion.

(g) Seclusion Room Facility Requirements. Providers shall have at least one seclusion room located in the facility. Seclusion rooms shall incorporate the following minimum facility standards:;

1. Seclusion rooms shall be free from sharp edges or corners and constructed to withstand repeated physical assaults. Walls shall be either concrete block or double layered to provide resistance. The ceilings shall be a minimum of eight feet in clear height, hard-coated, and fixtures shall be recessed and tamper proof. Lighting fixtures shall be non-breakable and shall be installed with tamper-proof screws, as shall any other items in the seclusion room. Seclusion room doors shall be heavy wood or metal at least 36 inches in width and shall open outward. The doorframe shall be structurally sound, resistant to damage, and thoroughly secured.

2. through 3. No change.

4. Seclusion rooms shall be a minimum of 70 square feet with no wall less than a minimum room dimension of 8 feet.

5. No change.

6. Each seclusion room will allow for two-way communication and emergency calling. A voice activated and switch-able emergency calling system for monitoring clients shall be provided in each seclusion room.

7. No change.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(a), 397.321(1), 397.419, 397.901 FS. History—New 5-25-00, Amended.

65D-30.006 Standards for Detoxification.

In addition to ~~Rule section~~ 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(7), F.A.C., and implemented upon placement admission according to the physiological and psychological needs of the client.

(2) Residential Detoxification.

(a) Services.

1. No change.

2. Supportive Counseling. Each client shall participate in supportive counseling on a daily basis unless the client is not sufficiently stable. Supportive counseling ~~Counseling~~ sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the client's need for other services ~~and to determine progress.~~ Services shall be directed toward assuring that the client's most immediate needs are addressed and encouraging the client to remain engaged in treatment and to follow up on referrals after discharge.

3. No change.

4. Involuntary Assessment and Disposition. Clients who are involuntarily placed into a detoxification unit under protective custody, emergency admission or involuntary assessment and stabilization pursuant to Sections 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 Clients. Clients requiring close medical observation, as determined and documented by medical staff, shall be visible and readily accessible to nursing staff. Clients who do not require close medical observation shall be in a bed area that allows for general nursing observation. Observation of clients by nursing staff shall be conducted during the first 12 hours following admission and every 4 hours during the subsequent 72 hours. Beds shall be visible and readily accessible from the nurse's station for close observation.

(c) No change.

(d) Staffing ~~Requirement Pattern~~ and Bed Capacity. The staffing ~~requirement pattern~~ 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 pattern~~ described above. In those instances where a residential detoxification component and a licensed crisis stabilization unit are co-located, the staffing ~~requirement pattern~~ for the combined components shall conform to the staffing ~~requirement pattern~~ of the component with the more restrictive requirements.

(3) Outpatient Detoxification. The following standards apply to outpatient detoxification.

(a) Eligibility for Services. Eligibility for outpatient detoxification shall be determined from the following:

1. through 4. No change.

5. An assessment of the client's ability to abstain from the use of substances, except for the proper use of prescribed medication during this process.

(b) Drug Screening Urinalysis. A urine drug screen shall be conducted at admission. Thereafter, the program shall require random urine drug screening testing for each client at least weekly.

(c) Services.

1. Supportive Counseling. Each 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 client's need for other services and to determine progress.

2. Referral to Residential Detoxification. Providers shall refer clients to residential detoxification when there is evidence that the client is unable to comply with the outpatient protocol. ~~This includes referring clients who are experiencing withdrawal symptoms.~~

(d) Staffing Requirement Pattern. ~~Staffing~~ Staff available for outpatient detoxification shall minimally consist of the following:

1. A physician, or an A.R.N.P. or a P.A. working under the supervision of a physician, available and on-call during operating hours;

2. An R.N., or an L.P.N. working under the supervision of an R.N., on-site during operating hours; and

3. A counselor, on-site during operating hours.

(e) No change.

(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., subsection (2) if methadone is provided as part of in residential detoxification, and subsection 65D-30.006(3), F.A.C., subsection (3) if methadone is provided as part of in outpatient detoxification. In either case, methadone may be used short-term (no more than 30 days) or long-term (no more than 180 days). Short-term detoxification is permitted on a residential and an outpatient basis while long-term detoxification is permitted on an outpatient basis only. A provider shall not place a client in more than two detoxification episodes in one year. The physician shall assess the client upon admission to determine the need for other forms of treatment. Providers shall also comply with the standards found under subsection section 65D-30.014(4), F.A.C., with the exception of the following conditions, and the following provisions:

(a) A 1-year history of opioid addiction is not required of clients seeking admission.

(b) Clients who have been determined by the physician to be currently addicted to opioid drugs may be placed in short-term detoxification, regardless of age.

(c) A waiting period of at least 7 days is required between detoxification attempts. Before a detoxification attempt is repeated, the physician shall document in the client record that the client continues to be or is again addicted to opioid drugs.

~~(d) Pregnant clients shall be advised that short-term detoxification is not recommended. Clients shall sign and date the receipt of such notification.~~

~~(a)(e) Take-home methadone is not allowed during short-term detoxification.~~

~~(f) A prescription order for drugs with a potential for abuse, other than methadone, shall be limited to separate 24-hour periods during the short-term detoxification.~~

~~(g) Each client shall be under observation while ingesting the drug daily, or at least 6 days a week, during long-term detoxification.~~

~~(b)(h) Clients involved in long-term detoxification shall have a urine drug screen initially and test at least monthly thereafter.~~

(c) Clients involved in short-term detoxification shall have at least one initial drug screen.

~~(i) Prior to beginning long-term detoxification, the physician shall document in the client's record that short-term detoxification is not appropriate for the client and that the client needs additional services beyond those provided by short-term detoxification. The physician shall sign and date these entries.~~

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(b), 397.321(1), 397.419 FS. History—New 5-25-00, Amended.

65D-30.007 Standards for Residential Treatment.

In addition to Rule section 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)(c), F.A.C., shall not apply to facilities operated by a provider that provides only housing, meals, or housing and meals to individuals who are substance abuse impaired or in recovery 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 that provide housing to residents that are substance abuse impaired and provide services as defined in paragraph 397.311(19)(c), 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)(4) Categories of Residential Treatment. For the purpose of this rule these rules, there are five four levels of residential treatment. In each level, treatment shall be structured to serve 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 client's recovery, and clients will be placed in a level of residential treatment that is based upon their treatment needs and circumstances.

(a) Level 1 programs 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. Level 1 residential treatment will generally be less than 30 days duration. This level is typically classified as intensive or short term residential and is intended for clients whose physical and emotional problems are sufficiently severe to require this level of residential care. Clients are routinely under close observation and monitored on a regular basis during their stay. Counseling and other therapeutic services are central to recovery. Clients in this level of care generally have a support system in the community that will help them to sustain recovery once they are discharged.

(b) Level 2 programs 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. Level 2 residential treatment will generally be of a duration of 31 days up to 1 year. This level is typically classified as a therapeutic community and is intended for clients who are characterized as having chaotic, non-supportive and often abusive interpersonal relationships, extensive treatment or substance abuse histories, sporadic work and educational experience, and an anti-social value system. Counseling is provided regularly, as are employment and education services. The goal is to prevent relapse and to promote personal responsibility and positive character change.

(c) Level 3 programs 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 persons 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. The services are typically slower paced, more concrete and repetitive. 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. Level 3 residential treatment will generally be of a duration of longer than 1 year and often can extend to 2 or more years. This level is typically characterized as extended or long term care and is intended for clients whose level of addiction-related impairment is so chronic and severe that other component services would not be feasible or effective. They are further characterized as having severe deficits in interpersonal skills and emotional coping skills. Counseling is provided but the emphasis is placed on overcoming denial of the effects of addiction, enhancing motivation, preventing relapse, and promoting reintegration into the community.

(d) Level 4 programs include those that are referred to as transitional care and are generally short-term. This level is appropriate for persons who have completed other levels of residential treatment, particularly levels 2 and 3. This includes clients who have demonstrated problems in applying recovery skills, a lack of personal responsibility, or a lack of connection to the world of work, education, or family life. Although clinical services are provided, the main emphasis is on services that are low-intensity and typically emphasize a supportive environment. This 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. Level 4 residential treatment will generally be of a duration of 3 to 6 months. This level is typically characterized by transitional living and is directed toward clients who need help reintegrating into the world of work, education, family life, and independent living. Clients are involved in self-help groups and emphasis is on recovery skills, preventing relapse, and promoting personal responsibility.

(e) Level 5 programs are those that provide only housing and meals to clients who receive services on a mandatory basis at a separate location. In this case, facilities used for room and board and those used for services are owned and operated by the same provider. This level is appropriate for persons who do not need levels 1-4 residential services but who need room and board while undergoing treatment in a day or night, intensive outpatient, or outpatient component. 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. Services may include medical and psychiatric consultation and structured programs built around the psychosocial assessment and treatment planning.

(2) General Requirements.

(3)(a) Services. Each client shall receive services each week. The services shall include a specified number of hours of counseling as provided for in subsection 65D-30.007(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, it is not intended that all services listed below be provided. Services shall be provided in accordance with the needs of the client as identified in the treatment plan as follows:

(a) Individual counseling;

(b) Group counseling;

(c) Counseling with families;

(d) Substance 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;

(e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management;

(f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the client with alternative means of self expression and problem resolution;

(g) Training or advising in health and medical issues;

(h) Employment or educational support services to assist clients in becoming financially independent; and

(i) Mental health services for the purpose of:

1. Managing clients with disorders who are stabilized;

2. Evaluating clients' needs for in-depth mental health assessment;

3. Training clients to manage symptoms; and

4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems.

For clients participating under subsection 65D-30.003(16), F.A.C., and subsection 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.

1. Counseling. Each client shall participate in counseling. Counseling sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the client's need for other services and to determine progress in treatment. Counseling shall be provided as follows:

a. For clients in levels 1 and 2, 20 hours of counseling shall be provided per client per week. For clients participating under subsection 65D-30.004(40), counseling shall be provided according to the policies established in Chapter 944, F.S., titled State Correctional System. For clients participating under subsection 65D-30.004(41), counseling shall be provided according to the conditions of the Department of Corrections' contract with the provider.

b. For clients in level 3, 10 hours of counseling shall be provided per client per week.

c. For clients in level 4, 4 hours of counseling shall be provided per client per week.

(4)2- Required Hours of Services, Services and Activities. Each client shall participate in the following daily services and activities:

(a)a- For level 1, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 14 hours of counseling. For clients in level 1, services and activities shall include a range of cognitive, behavioral, and other therapies and health education, and be provided at least 10 hours per week.

(b)b- For level 2, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 10 hours of counseling. For clients in level 2, services shall include recreational activities, educational groups, and occupational services, and be provided at least 20 hours per week. For clients participating under subsection 65D-30.004(40), counseling shall be provided according to the policies established by the Department of Corrections in Chapter 944, F.S., titled State Correctional System, that require inmates to be available for facility security protocols. For clients participating under subsection 65D-30.004(41), counseling shall be provided according to the conditions of the Department of Corrections' contract with the provider.

(c)c- For level 3, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 4 hours of counseling. For clients in level 3, services shall include educational groups and occupational and recreational activities and life skill training, and be provided at least 30 hours per week.

(d)d- For level 4, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 2 hours of counseling. For clients in level 4, services shall include educational groups and occupational and recreational activities and be provided at least 6 hours per week.

(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 client requires fewer hours of counseling in any of the levels of residential treatment, this shall be described and justified in the client's treatment plan and approved by the qualified professional.

~~(5)3-~~ Transportation. Each provider shall arrange for or provide make transportation services available to clients who are involved in activities or in need of services that are provided at other facilities. ~~Transportation services shall be provided or arranged as needed.~~

~~(6)(b)~~ No change.

~~(7)(e)~~ Caseload. No primary counselor may have a caseload that which exceeds 15 currently participating clients.

~~(3) Admission Requirements Regarding Referral or Transfer.~~ In those cases where clients are referred directly to residential treatment from detoxification or from another residential treatment program, a psychosocial assessment does not have to be completed on the condition that the referring provider forwards a copy of the psychosocial assessment information prior to the arrival of the client. Otherwise, a full psychosocial assessment must be completed. A referral is considered direct if it was arranged by the referring program utilizing a continued stay, discharge/transfer, and case management process and the client is subsequently admitted to the provider within 7 days of discharge. This does not preclude the provider from conducting its own assessment.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(c), 397.321(1), 397.419 FS. History—New 5-25-00, Amended.

65D-30.008 Standards for Day or Night Treatment with Host Homes.

In addition to Rule section 65D-30.004, F.A.C., the following standards apply to day or night treatment with host homes.

(1) Requirements for Host Family. Providers sponsoring the utilization of host families for the care of their clients shall establish requirements for the homes of such families. The department shall review and approve the requirements during licensure inspections. These requirements shall include:

(a) through (g) No change.

(h) That all host family members shall adhere to the requirements for client rights as provided in subsection section 65D-30.003(30), F.A.C.

(2) Responsibility Agreement. A written agreement between the day or night sponsoring provider and the host family, signed and dated by all parties involved, shall be executed. As used in this subsection, host family includes parents, stepparents, siblings, grandparents, stepsiblings, or any other family member participating in the program or living in the host home. The agreement shall state the responsibilities

and liabilities of each party. The name, address, and telephone number of all host family members shall be included on the agreement. Host parents shall acknowledge, in writing, their agreement to protect the rights of clients in accordance with subsection section 397.501(1)-(10), F.S.

(3) No change.

~~(4) Staff Coverage.~~ Providers of day or night host home services are required to have awake, paid staff on-site at the sponsoring provider's facility during the hours when one or more clients are present. Individual host homes must have adult supervision when clients are present.

~~(4)(5)~~ Records. The sponsoring provider shall maintain records on each host family. These records shall contain:

(a) through (f) No change.

(g) Documentation of training in accordance with subsection section 65D-30.004(31), F.A.C., within 15 days of becoming a host family.

(5) Services. Each client shall receive services each week. The services shall include a specified number of hours of counseling as provided for in subsection 65D-30.008(6), 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. Services shall be provided in accordance with the needs of the client as identified in the treatment plan, as follows:

(a) Individual counseling;

(b) Group counseling;

(c) Counseling with families;

(d) Substance 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;

(e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management;

(f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the client with alternative means of self expression and problem resolution;

(g) Training or advising in health and medical issues;

(h) Employment or educational support services to assist clients in becoming financially independent; and

(i) Mental health services for the purpose of:

1. Managing clients with disorders who are stabilized;

2. Evaluating clients' needs for in-depth mental health assessment;

3. Training clients to manage symptoms; and

4. Referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems.

(6) Required Hours of Services. For day or night treatment with host homes, each client shall receive services each week in accordance with subsection 65D-30.008(5), F.A.C., including at least 10 hours of counseling. In those instances in which it is determined that a client requires fewer hours of counseling, this shall be described and justified in the client's record.

(7) Staff Coverage. Providers of day or night host home services are required to have awake, paid staff on-site at the sponsoring provider's facility during the hours when one or more clients are present. Individual host homes must have adult supervision when clients are present.

(8) Caseload. No primary counselor may have a caseload that exceeds 15 clients.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(c),(d), 397.321(1), 397.419, FS. History--New 5-25-00, Amended _____.

65D-30.009 Standards for Day or Night Treatment.

In addition to Rule section 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. Services shall be provided in accordance with the needs of the client as identified in the treatment plan, as follows: Counseling. Each client shall receive a minimum of 6 hours of counseling per week. This shall include a combination of individual, group, and family counseling. In those instances where a provider requires less hours of client participation in the latter stages of the treatment process, this shall be clearly described and justified as essential to the provider's objectives relative to service delivery.

(a) Individual counseling;

(b) Group counseling;

(c) Counseling with families;

(d) Substance 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;

(e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management;

(f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the client with alternative means of self expression and problem resolution;

(g) Training or advising in health and medical issues;

(h) Employment or educational support services to assist clients in becoming financially independent; and

(i) Mental health services for the purpose of:

1. Managing clients with disorders who are stabilized;

2. Evaluating clients' needs for in-depth mental health assessment;

3. Training clients to manage symptoms; and

4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems.

(2) Required Hours of Services. For day or night treatment, each client shall receive a minimum of 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. In those instances where a provider requires fewer hours of client participation in the latter stages of the treatment process, this shall be clearly described and justified as essential to the provider's objectives relative to service delivery.

(3)(2) No change.

(4)(3) Caseload. No primary counselor may have a caseload that exceeds 15 currently participating clients.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(d), 397.321(1), 397.419 FS. History--New 5-25-00, 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. Each 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. Services shall be provided in accordance with the needs of the client as identified in the treatment plan, as follows:

(a) Individual counseling;

(b) Group counseling;

(c) Counseling with families;

(d) Substance 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;

(e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management;

(f) Training or advising in health and medical issues;

(g) Employment or educational support services to assist clients in becoming financially independent; and

(h) Mental health services for the purpose of:

1. Managing clients with disorders who are stabilized;

2. Evaluating clients' needs for in-depth mental health assessment;

3. Training clients to manage symptoms; and

4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems.

(2) Required Hours of Services. For intensive outpatient treatment, each client shall receive at least nine hours of services per week, in accordance with subsection 65D-30.0091(1), F.A.C., including counseling.

(3) Psychiatric and Medical Services. The need for psychiatric and medical services shall be addressed through consultation or referral arrangements. Providers shall develop formal agreements with health and mental health professionals for provision of such services, 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 are exempt from the requirements of this subsection.

(4) Caseload. No full-time counselor shall have a caseload that exceeds 50 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 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.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(c), 397.321(1), 397.419 FS. History—New

65D-30.010 Standards for Outpatient Treatment.

In addition to Rule section 65D-30.004, F.A.C., the following standards apply to outpatient treatment.

(1) Services. Each 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. Services shall be provided in accordance with the needs of the client as identified in the treatment plan, as follows: Counseling. A minimum of one counseling session every week shall be provided to each client. If fewer or more sessions are indicated, justification must be reflected in the treatment plan. Counseling sessions shall include a combination of individual, group, and family counseling.

(a) Individual counseling;

(b) Group counseling;

(c) Counseling with families; and

(d) Substance 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.

(2) Required Hours of Services. For outpatient treatment, each client shall receive services each week in accordance with subsection 65D-30.010(1), F.A.C., including a minimum of one counseling session. If fewer sessions are indicated, clinical justification must be documented in the client record.

(3)(2) Caseload. No full-time counselor shall have a caseload that exceeds 50 clients individuals participating in individual counseling at any given time services. In the case of inmate substance abuse programs, the caseload shall be no more than 30 participants.

(4)(3) 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 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.

(4) Requirements for Intensive Outpatient Treatment. In addition to the requirements in subsections (2) and (3), the following requirements apply to intensive outpatient treatment.

(a) Services. Intensive outpatient treatment services shall be provided on-site at least nine hours per week per client and shall consist of more structured programming. Services shall consist primarily of counseling and education and at least two hours on individual counseling shall be provided to each client each week. Other programming shall include occupational and recreational services if required by the client's treatment plan. Inmate substance abuse programs are exempt from the requirement but must provide at least three hours of group counseling per week in accordance with Chapter 944, F.S., titled State Correctional System.

(b) Psychiatric and Medical Services. The need for psychiatric and medical services shall be addressed through consultation or referral arrangements. Providers shall develop formal agreements with health and mental health professionals for provision of such services, 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 are exempt from the requirements of this subsection.~~

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(e), 397.321(1), 397.419 FS. History—New 5-25-00, Amended.

65D-30.011 Standards for Aftercare.

In addition to ~~Rule section~~ 65D-30.004, F.A.C., the following standards apply to aftercare.

(1) Client Eligibility. Clients who have successfully completed residential treatment, day or night treatment with host homes, day or night treatment, intensive outpatient treatment, outpatient treatment, or medication and methadone maintenance treatment are eligible for aftercare services.

(2) Services.

(a) Relapse Prevention. Providers shall ~~establish a relapse prevention curriculum that shall~~ specify the type, frequency, and duration of counseling services to be provided to 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 clients.

(b) No change.

(c) Monitoring Progress. Providers shall monitor and document the progress of clients involved in aftercare and shall review and update the aftercare plan to determine the need for additional services. Clients shall be monitored with respect to attending appointments, potential for relapse, and results of counseling sessions and other contacts.

(d) Referral. Providers shall refer clients for other services ~~that which~~ are needed by the client as specified in the aftercare plan. This shall include follow-up on all referrals.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(e), 397.321(1), 397.419 FS. History—New 5-25-00, Amended.

65D-30.012 Standards for Intervention.

In addition to ~~Rule section~~ 65D-30.004, F.A.C., the following standards apply to intervention.

(1) General Intervention Requirements.

(a) No change.

1. through 3. No change.

~~(b) Service Agreements. Providers shall have written service agreements with other agencies and providers that will ensure accessibility to a full continuum of services for persons in need.~~

(b)(e) Supportive Counseling. In those instances where supportive counseling is provided, the number of sessions or contacts shall be determined through ~~by~~ the intervention plan. In those instances where an intervention plan is not completed, all contacts with the client shall be recorded in the client record.

~~(c)(d)~~ Referral. Providers must have the capability of referring clients to other needed services within 48 hours, or immediately in the case of an emergency.

(2) Requirements for Treatment Alternatives for Safer Communities (TASC). In addition to the requirements in subsection 65D-30.012(1), F.A.C., ~~subsection (1)~~, the following requirements apply to Treatment Alternatives ~~for~~ to Safer Communities.

(a) Client Eligibility. TASC providers shall establish eligibility standards requiring that individuals considered for intake shall be at-risk for criminal involvement, substance abuse, or have been arrested or convicted of a crime, or referred by the criminal or juvenile justice system, ~~and that such individuals have a substance abuse problem.~~

(b) Services.

1. Court Liaison. Providers shall establish liaison activities with the court ~~that which~~ shall specify procedures for the release of prospective clients from custody by the criminal or juvenile justice system for referral to a provider. Special care shall be taken to ensure that the provider has flexible operating hours in order to meet the needs of the criminal and juvenile justice systems. This may require operating nights and weekends and in a mobile or an in-home environment.

2. Monitoring. Providers shall monitor and report the progress of each client according to the consent agreement with the client. Reports of client progress shall be provided to the criminal or juvenile justice system or other referral source as required, and in accordance with Section section 397.501(1)-(10), F.S.

3. through 5. No change.

(3) Requirements for Employee Assistance Programs. In addition to the requirements in subsection 65D-30.012(1), F.A.C., ~~subsection (1)~~, the following requirements apply to Employee Assistance Programs.

(a) Consultation and Technical Assistance. Consultation and technical assistance shall be provided by Employee Assistance Programs which includes the following:

1. through 3. No change.

(b) Employee Services. Employee Assistance Programs shall provide services which include linking the client to a provider, motivating the client to accept assistance, and assessing the service needs of the client. The principal ~~principle~~ services include:

1. Supportive counseling to motivate clients toward recovery Motivational Counseling; and

2. No change.

(c) No change.

(4) Requirements for Case Management. In addition to the requirements in subsection 65D-30.012(1), F.A.C., ~~subsection (1)~~, the following requirements apply to case management in those instances where case management is provided as a licensable sub-component of intervention.

(a) through (c) No change.

(d) Contacts. Each case manager shall meet face-to-face with each client at least monthly unless otherwise justified in the client record with the client.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(h), 397.321(1), 397.419 FS. History—New 5-25-00, Amended _____.

65D-30.013 Standards for Prevention.

In addition to ~~Rule section~~ 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 level 1 and level 2 universal, selective, and indicated.

(a) Level 1. Level 1 prevention services are typically directed at the general population or specific sub-populations. Level 1 services offer one or more of the services listed in paragraphs 65D-30.013(2)(a)-(f), F.A.C., at an intensity and duration appropriate to the strategy and target population. ~~Universal. Universal prevention is directed at the general population or specific sub-populations that are not considered at high levels of risk for substance abuse.~~

(b) 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. ~~Selective. Selective prevention is directed toward groups or specific sub-populations of the general population which are considered at-risk for substance abuse such as children of substance abusers or low academic achievers.~~

(c) Indicated. Indicated prevention is directed toward groups of individual children or youth who are manifesting behavioral effects of specific risk factors for substance abuse, such as poor school achievement, school dropouts, association with antisocial and gang-involved peers, aggressiveness, and conduct disorders, including drug-use initiation.

(2) Specific Prevention Strategies. The following is a description of the specific prevention strategies that are provided as specified in subsection 65D-30.013(1), F.A.C., regarding levels 1 and 2 prevention services. The specific prevention strategies fall under the following categories.

(a) through (d) No change.

(e) Community-Based Process. The intent of this strategy is to enhance the ability of the community to more effectively provide prevention and treatment services.

(f) No change.

(g) Prevention Counseling. The intent of this strategy is to provide problem-focused counseling approaches toward the resolution of risk factors for substance abuse. Such factors include conduct problems, association with antisocial peers, and problematic family relations. The goal is to enhance the protection of the client from identified risks. This strategy does not involve treatment for substance abuse.

(3) General Requirements.

(a) Program Description. Providers shall describe generally accepted prevention practices that will be available to groups or individuals. For all prevention programs offered, this description shall include: ~~Population Served.~~ Providers shall describe the population to be served, indicating whether the population is universal, indicated, or selected, and include age, gender, race/ethnicity, and relevant risk and protective factor indicators.

1. The target population, including relevant demographic factors;

2. The risk and protective factors to be addressed;

3. The specific prevention strategies identified in subsection 65D-30.013(2), F.A.C., to be utilized;

4. The appropriateness of these services to address the identified risk and protective factors for the group or individuals to be served; and

5. How the effectiveness of the services will be evaluated.

(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 prevention field. ~~Services. Providers shall describe the programs and materials which are used to provide services, whether services are universal, selective, or indicated, specific strategies to be used, and the appropriateness of the services relative to the needs of the target population. Providers shall also describe generally accepted prevention practices that will be available to groups or individuals.~~

(c) 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. ~~Staffing Patterns. Providers shall delineate reporting relationships and staff supervision. This shall include a description of staff qualifications, including educational background and experience regarding the prevention field.~~

(d) Evaluation. Providers shall evaluate the effectiveness of all prevention services described in subsection 65D-30.013(2), F.A.C., at least annually. The department shall review the results of providers' program evaluation efforts annually and all technical materials used by providers to ensure consistency with current research in the prevention field. ~~Staff Training. Providers shall have a staff training plan that ensures~~

that all staff receive basic training in science-based prevention and that supports staff in attaining addictions prevention certification. Staff shall receive training specific to their assigned duties and responsibilities. All staff shall be trained in basic pharmacology, identification of risk and protective factors, the provider's process and outcome evaluation strategy, and methods of accessing and utilizing local provider resources. The successful completion of this training shall be documented in their personnel record.

(e) Referral. Providers shall have a plan for assessing the appropriateness of prevention services and conditions for referral to other services. The plan shall include a current directory of locally available substance abuse and other human services for referral of prevention program participants, or prospective participants.

(f) Evaluation. Providers shall evaluate the effectiveness of the services described in subsection (2) at least annually. The department shall review the results of providers' program evaluation efforts annually and all technical materials used by providers to ensure consistency with current research in the prevention field.

(4) Activity Logs for Level 1 Prevention. Providers shall maintain records of all Level 1 prevention activities, including the following:

(a) A description of the characteristics of the target population;

(b) The risk and protective factors to be addressed;

(c) A description of the activities;

(d) The duration of the activities;

(e) The number of participants;

(f) The location of service delivery; and

(g) Tracking of individual participant attendance when a course or series of sessions are required by the prevention curriculum or strategy.

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(g), 397.321(1), 397.419 FS. History—New 5-25-00, Amended.

65D-30.014 Standards for Medication and Methadone Maintenance Treatment.

In addition to Rule section 65D-30.004, the following standards apply to Medication and Methadone Maintenance Treatment.

(1) through (2) No change.

(3) Determination of Need.

(a) No change.

(b) Procedure. The 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 department's district office where need has been demonstrated and shall provide a closing date for submission of applications. The district office shall conduct a formal rating of applicants on a form titled MEDICATION AND METHADONE MAINTENANCE

TREATMENT NEEDS ASSESSMENT September 6, 2001, APPLICATION RATING FORM, March 1, 2000, incorporated herein by reference. The form may be obtained from the Department of Children and Families, 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. through 2. No change.

3. History ~~Any past history~~ of substantial noncompliance by the respondent with departmental rules.

(4) General Requirements.

(a) through (b) No change.

(c) Special Permit and Consultant Pharmacist.

1. Special Permit.

a. All facilities that ~~which~~ distribute methadone or other medication shall obtain a special pharmacy permit from the State of Florida Board of Pharmacy. New applicants shall be required to obtain a special pharmacy permit prior to licensure by the department.

b. No change.

2. Consultant Pharmacist. The responsibilities of the consultant pharmacist include the following:

a. Develop operating procedures relative to the supervision of the compounding and dispensing of all drugs dispensed in the clinic;

b. Provide pharmaceutical consultation;

c. Develop operating procedures for maintaining all drug records and security in the area within the facility in which the compounding, storing, and dispensing of medicinal drugs will occur;

d. Meet face-to-face, at least quarterly with the medical director to review the provider's pharmacy practices. Meetings shall be documented in writing and signed and dated by both the consultant pharmacist and the medical director;

e. Prepare written reports regarding the provider's level of compliance with established pharmaceutical procedures. Reports shall be prepared at least semi-annually and submitted, signed and dated to the medical director; and

f. Visit the facility at least every 2 weeks to ensure that established procedures are being followed, unless otherwise stipulated ~~a deviation is granted~~ by the state Board of Pharmacy ~~and the state authority~~. A log of such visits shall be maintained and signed and dated by the consultant pharmacist at each visit.

3. No change.

(d) No change.

(e) Minimum Responsibilities of the Physician. The responsibilities of the physician include the following:

1. through 4. No change.

5. To ensure that a face-to-face assessment is conducted with each client at least annually, including evaluation of the 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 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) Client Registry.

1. No change.

2. Providers may volunteer to coordinate the registry activities or, in the event that no provider volunteers, ~~a provider will be designated by the state authority shall designate a provider.~~

3. Providers shall submit, with the application for licensure, written plans for participating in registry activities. ~~Participation in registry activities shall be documented in writing to the state authority and shall be subject to its approval.~~

4. through 5. No change.

6. Individuals applying for maintenance treatment shall be informed of the registry procedures and shall be required to sign a consent form before receiving services. Individuals who apply for services and do not consent to the procedures will not be placed in maintenance treatment ~~admitted~~.

7. No change.

(g) Operating Hours and Holidays. Providers shall post operating hours in a conspicuous place within the facility. This information shall include hours for counseling and medicating clients. All providers shall be open Monday through ~~Saturday Friday for 8 hours each day with a minimum of 2 hours of medicating time accessible daily outside the hours of 9:00 a.m. to 5:00 p.m. and shall be open on Saturday for a minimum of 2 hours. Providers shall have medicating hours and counseling hours that accommodate clients, including 2 hours of medicating time accessible daily outside the hours of 9:00 a.m. to 5:00 p.m.~~ Providers are required to medicate on Sundays according to client needs. This would include clients on Phase 1, clients on a 30 to 180-day detoxification regimen, and clients who need daily observation. The provider shall develop operating procedures for Sunday coverage. When holidays are observed, all clients shall be given a minimum of a ~~7-day 3-day~~ notice. When applying for a license, providers shall inform the respective ~~departmental~~ district offices of their intended holidays. In no case shall two or more holidays occur in immediate succession unless the provider is granted an exemption by the federal authority. Take-out privileges shall be available to all methadone clients during holidays, but only if clinically advisable. On those days during which the

provider is closed, services shall be accessible to clients for whom take out methadone is not clinically advisable. Clients who fall into this category shall receive adequate notification regarding the exact hours of operation.

(5) Maintenance Treatment Standards.

(a) Standards for Placement Admission

1. A person aged 18 or over shall be placed in treatment ~~admitted~~ as a client only if the physician determines that the person is currently physiologically addicted to opioid drugs and became physiologically addicted at least 1 year before placement in admission to maintenance treatment. A 1-year history of addiction means that an applicant for placement in admission to maintenance treatment was physiologically addicted to opioid drugs at least 1 year before placement admission and was addicted continuously or episodically for most of the year immediately prior to placement in admission to a provider. In the event the exact date of physiological addiction cannot be determined, the physician may admit the person to maintenance treatment if, by the evidence presented and observed, it is reasonable to conclude that the person was physiologically addicted during the year prior to placement admission. Such observations shall be recorded in the client record by the physician. Participation in treatment must be is voluntary.

2. A person under 18 is required to have had two documented unsuccessful attempts at short-term detoxification or drug-free treatment within the last year to be eligible for maintenance treatment. ~~A 1-week waiting period is required after such a detoxification attempt, however, before another attempt is repeated.~~ The physician shall document in the client's record that the client continues to be or is again physiologically dependent on opioid drugs. No person under 18 years of age shall be placed in ~~admitted to~~ maintenance treatment unless a parent, legal guardian, or responsible adult provides written consent.

3. No change.

(b) Exemption from Minimum Standards for Placement Admission.

1. A person who has resided in a penal or chronic-care institution for 1 month or longer may be placed in ~~admitted to~~ maintenance treatment within 14 days before release or within 6 months after release from such institution. This can occur without documented evidence to support findings of physiological addiction, providing the person would have been eligible for placement admission before incarceration or institutionalization, and in the reasonable clinical judgment of the physician, treatment is medically justified. Documented evidence of prior residence in a penal or chronic-care institution, evidence of all other findings, and the criteria used to determine the findings shall be recorded by the physician in the client record. The physician shall sign and date these recordings before the initial dose is administered.

2. Pregnant clients, regardless of age, who have had a documented addiction to opioid drugs in the past and who may be in direct jeopardy of returning to opioid drugs with all its attendant dangers during pregnancy, may be placed in maintenance treatment. For such clients, evidence of current physiological addiction to opioid drugs is not needed if a physician certifies the pregnancy and, in utilizing reasonable clinical judgment, finds treatment to be medically justified. ~~Within 3 months after termination of pregnancy, the physician shall evaluate the client's condition and document whether she should continue to receive services or be detoxified.~~ Pregnant clients may be placed on a maintenance regimen using a medication other than methadone only upon the written order of a physician who determines this to be the best choice of therapy for that client patient. Documented evidence of current or prior addiction and criteria used to determine such findings shall be recorded in the client record by the admitting physician. The physician shall sign and date these recordings prior to administering the initial dose.

3. Up to 2 years after discharge or detoxification, a client who has been previously involved in maintenance treatment may be readmitted without evidence to support findings of current physiological addiction. This can occur if the provider is able to document prior maintenance treatment of 6 months or more and the physician, utilizing reasonable clinical judgment, finds readmission to maintenance treatment to be medically justified. ~~Evidence Documented evidence~~ of prior treatment and the criteria used to determine such findings shall be recorded in the client record by the physician. ~~The physician who~~ shall sign and date the information recorded in the client record these entries. The provider shall not place a client on a maintenance schedule unless the physician has determined that the client is unable to be admitted for services other than maintenance treatment.

(c) Denying a Client Treatment Denial of Admission. If a client will not benefit from a treatment regimen ~~that which~~ includes the use of methadone or other medication, or if treating the client would pose a danger to other clients, staff, or other individuals, the client may be refused treatment. This is permitted even if the client meets the standards for placement admission. The physician shall make this determination and shall document the basis for the decision to refuse treatment.

(d) Take-home Privileges.

1. No change.

2. Take-home doses of methadone may be granted if the client meets the following conditions:

a. Absence of recent abuse of drugs ~~including opioid drugs or other types of drugs, and alcohol~~, as evidenced by drug screening;

b. through i. No change.

3. through 4. No change.

(e) Take-home Phases. To be considered for take-home privileges, clients shall be in compliance with subparagraph (d)2. No take-homes shall be permitted during the first 30 days following placement admission unless approved by the state authority.

1. Phase I. Following 30 consecutive days in treatment, the client ~~may will~~ be eligible for 1 take-home per week from day 31 through day 90, provided that the client has had negative drug screens for the preceding 30 days.

2. Phase II. Following 90 consecutive days in treatment, the client ~~may will~~ be eligible for 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.

3. Phase III. Following 180 consecutive days in treatment, the client ~~may will~~ be eligible for 3 take-homes per week with no more than a 2-day supply at any one time from day 181 through 1 year, provided that the client has had negative clean urine drug screens for the preceding 90 days.

4. Phase IV. Following 1 year in treatment, the client ~~may will~~ be eligible for 4 take-homes per week with no more than a 2-day supply at any one time through the second year of treatment, provided that the client has had negative clean urine drug screens for the preceding 90 days.

5. Phase V. Following 2 years in treatment, the client ~~may will~~ be eligible for 5 take-homes per week with no more than a 3-day supply at any one time, provided that the client has had negative clean urine drug screens for the preceding 180 days.

6. Phase VI. Following 3 years in treatment, the client ~~may will~~ be eligible for 6 take-homes per week, provided that the client has passed had all negative urine drug screens for the past year.

(f) Medical Maintenance. Providers must receive prior approval in writing from the State Authority to use the medical maintenance protocol. The provider may place a client on medical maintenance in those cases where it can be demonstrated that the potential benefits of medical maintenance to the client far exceed the potential risks. Only a physician may authorize placement of a client on medical maintenance. The physician shall provide justification in the client record regarding the decision to place a client on medical maintenance. The following conditions shall apply to medical maintenance.

1. To qualify for partial medical maintenance a client may receive no more than 13 take homes and must have been in treatment with the same clinic for four years with at least two years of negative drug screens.

2. To qualify for full medical maintenance a client may receive no more than 27 take homes and must have been in treatment with the same clinic for five years with at least three years of negative drug screens.

3. All clients in medical maintenance will receive their medication in tablet form only.

4. All clients will participate in a "call back" program by reporting back to the provider upon notice.

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.

~~(g)(f)~~ Transfer Clients and ~~Take Home~~ ~~Takeout~~ Privileges. Any client who transfers from one provider to another within the state of Florida shall be eligible for placement on the same phase provided that verification of enrollment is received from the previous provider within two weeks of placement admission. The physician at the previous provider shall also document that the client met all criteria for their current phase and are at least on Phase I.

Any client who transfers from out-of-state is required to meet the requirements of subparagraph (d)2., and with verification of previous client records, the physician shall determine the phase level based on the client's history ~~and established phase guidelines~~.

~~(h)(g)~~ Transfer Information. When a client transfers from one provider to another, the referring provider shall release the following information:

1. through 2. No change.
3. Results of ~~urine~~ drug screens for the past 12 months;
4. through 7. No change.

This information shall be released prior to the client's arrival at the provider to which he or she is transferred. Providers shall not withhold a client's records when requested by the client ~~for a transfer~~ for any reason, including client debt. The referring provider shall forward the records directly to the provider of the client's choice.

~~(i)(h)~~ Exemptions from ~~Take Home~~ ~~Take-home~~ Privileges and Phasing Requirements for Methadone Maintained Clients.

1. If a client is found to have a physical disability which interferes with the client's ability to conform to the applicable mandatory schedule, the client may be permitted a temporarily or permanently reduced schedule by the physician, provided the client is also found to be responsible in handling methadone. Providers shall obtain medical records and other relevant information as needed to verify the physical disability. Justification for the reduced schedule This shall be documented in the client record by the physician who shall sign and date these entries.

2. A client may be permitted a temporarily reduced schedule of attendance because of exceptional circumstances such as illness, personal or family crises, and travel or other hardship which causes the client to become unable to conform to the applicable mandatory schedule. This is permitted only if the client is also found to be responsible in handling methadone. The necessity for an exemption from a mandatory schedule is to be based on the reasonable clinical judgment of the physician and such determination of necessity shall be recorded in the client record by the physician who shall sign and date these entries. A client shall not be given more than a

14-day supply of methadone at any one time unless an exemption is granted by the ~~federal and state~~ methadone authority and by the federal government, where appropriate.

3. No change.

4. Any exemption ~~that~~ ~~which~~ is granted to a client regarding travel shall be documented in the client's record. Such documentation shall include tickets prior to a trip, copies of boarding passes, copies of gas or lodging receipts, or other verification of the client's arrival at the approved destination. Clients who receive exemptions for travel shall be required to submit to a drug urine test on the day of return to the facility.

~~(j)(i)~~ Random Urine Drug Screening.

1. ~~An initial urine drug screen is to be completed for each prospective client.~~ At least one ~~random, monitored~~ urine drug screen, random and monitored, shall be performed on each client each month. The ~~urine~~ drug screen shall be conducted so as to reduce the risk of falsification of results. This shall be accomplished by direct observation or by another ~~an~~ accurate method of monitoring ~~the temperature of the urine specimen~~.

2. Clients who are on Phase VI shall be required to submit to one random ~~urine~~ drug screen at least every 90 days.

3. Each ~~urine~~ specimen shall be analyzed for methadone, benzodiazepines, ~~barbiturates, amphetamines,~~ opiates, and cocaine, and marijuana.

4. The physician shall review all positive drug screens in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

~~(k)(j)~~ Employment of Persons on a Maintenance Protocol. No staff member, either full-time, part-time or volunteer, shall be on a maintenance protocol unless a request to maintain or hire staff undergoing treatment is submitted with justification to and approved by the federal and state ~~methadone~~ authorities. Any approved personnel on a maintenance regimen shall not be allowed access to or responsibility for handling methadone or other medication.

~~(l)(k)~~ 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. A client seen once per week would count as 1.0 client equivalent. A client seen bi-weekly would count as a .5 client equivalent. A client seen monthly or less would count as a .25 client equivalent. As an example, a counselor has 15 clients that are seen weekly (counts as 15 equivalent clients), 30 clients seen biweekly (counts as 15 equivalent clients), and 8 clients seen monthly (counts as 2 equivalent clients). The counselor would have a total caseload of 53 individual clients equaling 32 equivalent clients. ~~Caseload. No full-time counselor shall have a caseload that exceeds the equivalent of 40 currently participating clients. A participating client is defined as a client who participates in counseling at least once per week. For example, a counselor has 15 clients who are seen weekly. This will count for 15 clients on that counselor's caseload, because they are seen~~

~~weekly. The same counselor has 38 clients who need to be seen every other week. This counts for 19 clients on the caseload, because they are seen every two weeks. The counselor also has 16 clients who are seen once per month. This counts for 4 clients on the caseload, because they are seen every four weeks. Therefore, the counselor has a caseload the equivalent of 38 participating clients with a total of 69 actual clients.~~

~~(m)(4)~~ Termination From Treatment.

1. There will be occasions when clients will need to be terminated from maintenance treatment. Clients who fall into this category ~~are those who: attempt to sell or deliver their prescribed drugs, become or continue to be actively involved in criminal behavior, or consistently fail to adhere to the requirements of the provider.~~

a. Attempt to sell or deliver their prescribed 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 drugs other than methadone; or

e. Do not effectively participate in treatment programs to which they are referred.

Such clients shall be ~~withdrawn detoxified~~ in accordance with a dosage reduction schedule prescribed by the physician and referred to other treatment, as clinically indicated. ~~This~~ Such action shall be documented in the client record by the physician.

2. Providers shall establish criteria for involuntary termination from treatment that describe the rights of clients as well as the responsibilities and rights of the provider. All clients shall be given a copy of these criteria upon placement at admission and shall sign and date a statement that they have received the criteria acknowledging receipt of same.

~~(n)(m)~~ Withdrawal from Maintenance.

1. The physician shall ensure that all clients in maintenance treatment receive an annual assessment ~~conducted face-to-face by the physician.~~ This assessment may coincide with the annual assessment of the treatment plan and shall include an evaluation of the client's progress in treatment and the justification for continued maintenance, ~~or medical clearance for voluntary withdrawal or a dose reduction protocol.~~ The assessment and recommendations shall be recorded in the client record ~~by the physician who shall sign and date these entries.~~

2. A client being withdrawn from maintenance treatment shall be closely supervised during withdrawal. A ~~schedule of~~ dosage reduction schedule shall be established by the physician.

~~(o)(n)~~ Services.

- 1. No change.
- 2. Counseling.
 - a. No change.

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.

c. No change.

(6) Satellite Maintenance.

(a) A satellite maintenance dosing station must be operated by a primary, licensed comprehensive maintenance provider and must meet all applicable regulations in Rule section 65D-30.004, F.A.C., and subsection 65D-30.014(4), F.A.C.

(b) No change.

Specific Authority 397.21(5) FS. Law Implemented 397.311(19)(f), 397.321(1), 397.419, 397.427, 465 FS. History--New 5-25-00, Amended

NAME OF PERSON ORIGINATING PROPOSED RULE:
Phil Emenheiser

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 30, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 1, 2002

Purchase Order No.: HA0058

Section III Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF STATE

Division of Historical Resources

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
1A-36	Florida Main Street Program
RULE NOS.:	RULE TITLES:
1A-36.001	Purpose
1A-36.002	Definitions
1A-36.003	Program Information
1A-36.004	Program Description
1A-36.005	Eligibility Requirements
1A-36.006	Application Procedures
1A-36.007	Ad Hoc Florida Main Street Advisory Committee
1A-36.008	Application Review
1A-36.009	Program Administration
1A-36.010	Active Local Programs
1A-36.011	Secretary of State's Florida Main Street Awards Program