Notice of Change/Withdrawal

DEPARTMENT OF CHILDREN AND FAMILIES
Substance Abuse Program

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NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 43 No. 250, December 29, 2017 issue of the Florida Administrative Register.

65D-30.002 Definitions.

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

(2) "Accreditation" means the process by which a provider satisfies specific nationally accepted administrative, clinical, and facility standards applied by an accrediting organization that has been approved by the D~~d~~epartment.

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

(4) "Ancillary Services" as defined in subsection 397.311(1), F.S. ~~means services such as legal, vocational, employment, mental health, prenatal care, diagnostic testing, public assistance, child care, parenting supports, and transportation, that may be either essential or incidental to an individual's recovery.~~

(5) No change.

(6) "Authorized Agent of the Department" as defined in subsection 397.311(2), F.S. ~~means a qualified person~~

~~designated by the department to conduct licensing inspections and other regulatory duties permitted in Chapter 397, F.S., Part II.~~

(7) "Best Practice" means the combination of specific treatments, related services, organizational and administrative principles, core competencies, or social values designed to most effectively benefit the individuals served. Best Practices also include evidence-based practice, which is subject to scientific evaluation for effectiveness and efficacy. Best Practice standards may be established by entities such as the Substance Abuse and Mental Health Services Administration, national trade associations, accrediting organizations recognized by the Department, or comparable authorities in substance use treatment. ~~a method or technique that, shown through research and experience, has proven to reliably lead to an optimal result to prevent or treat substance use disorders. Acceptable best practices are those that meet or exceed the standards disseminated by the Substance Abuse and Mental Health Administration's American Society of Addiction Medicine (ASAM) Criteria, or established by accrediting organizations recognized by the Department.~~

(8) "Case Management" means ~~those direct~~ services provided to or on behalf of an individual in order to assess his or her needs, plan or arrange services, coordinate service providers, link the service system to an individual ~~a client~~, monitor service delivery, and evaluate the effect of the services received ~~patient outcomes to ensure the individual is receiving the appropriate services~~.

(9) "Certification" means a designation earned by an individual or organization demonstrating core competency in a practice area related to substance use prevention, treatment or recovery support, awarded by a Department-recognized credentialing entity ~~agency~~.

(10) "Change in Ownership" means, in addition to s. 397.407(6), F.S.:~~,~~

(a) An event in which the licensee sells or otherwise transfers its ownership to a different individual or entity as evidenced by a change in federal employer identification number or taxpayer identification number; or

(b) An event in which 51 percent or more of the ownership, shares, membership, or controlling interest of a licensee is in any manner transferred or otherwise assigned. This paragraph does not apply to a licensee that is publicly traded on a recognized stock exchange.

(c) A change solely in the management company or board of directors is not a change of ownership.

~~an acquired, gained or bought service provider, or a licensable service component.~~

(11) "Clinical Record" means all parts of the record required to be maintained that are provided to an individual and includes all clinical ~~medical~~ records, assessments, financial and legal agreements and consents, progress notes, charts, admission and discharge data, ~~medical services,~~ clinical services, clinical summaries, individual therapy notes, group therapy notes, family therapy notes, and other information recorded by the facility staff, which pertains to the individual's treatment.

(12) "Clinical Services" for the purposes of this rule, means services such as screening, assessment, level of care determination ~~placement~~, treatment planning, and counseling~~, and case management~~.

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

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

(15) through (16) renumbered (14) through (15) No change.

(16)~~(17)~~ "Component" or "service component" as defined in subsection 397.311(42), F.S. ~~means the operational entity of a provider that is subject to licensing. The primary components are listed and defined below:~~

(a) "Addictions Receiving Facility" as defined in subsection 397.311(26), F.S. ~~is an acute care, locked residential facility operated 24 hours per day, 7 days per week that is designated by the Department to provide, at a minimum, detoxification and stabilization services to individuals found to be substance use impaired as described in Section 397.675, F.S., and who meet the placement criteria for this component.~~

(b) "Detoxification" as defined in subsection 397.311(26), F.S. ~~is a process involving subacute care that is provided on a non-hospital inpatient or an outpatient basis to assist individuals who meet the placement criteria for this component to withdraw from the physiological and psychological effects of substance use.~~

(c) "Intensive Inpatient Treatment~~,~~" as defined in subsection 397.311(26), F.S. ~~includes a planned regimen of evaluation, observation, medical monitoring, and clinical protocols delivered through an interdisciplinary team approach provided 24 hours per day, 7 days per week in a highly structured, live-in environment.~~

(d) “Residential Treatment” as defined in subsection 397.311(26), F.S. ~~is a service provided in a structured live-in environment within a nonhospital setting 24 hours-per-day, 7 days-per-week, and is intended for individuals who meet the placement criteria for this component. For the purpose of these rules, there are four (4) levels of residential treatment that vary according to the type, frequency, and duration of services provided.~~

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

(e)~~(f)~~ “Day or Night Treatment with Community Housing” as defined in subsection 397.311(26), F.S. ~~is provided on a nonresidential basis at least 5 hours each day and at least 25 hours each week and is intended for individuals who can benefit from living independently in peer community housing while undergoing treatment.~~

(f)~~(g)~~ “Day or Night Treatment” as defined in subsection 397.311(26), F.S. ~~is provided on a nonresidential basis at least three (3) hours per day and at least 12 hours each week and is intended for individuals who meet the placement criteria for this component.~~

(g)~~(h)~~ “Intensive Outpatient Treatment” as defined in subsection 397.311(26), F.S. ~~is provided on a nonresidential basis and is intended for individuals who meet the placement criteria for this component. This component provides structured services each day that may include ancillary psychiatric and medical services.~~

(h)~~(i)~~ “Outpatient Treatment” as defined in subsection 397.311(26), F.S. ~~is provided on a nonresidential basis and is intended for individuals who meet the placement criteria for this component.~~

(i)~~(j)~~ No change.

(j)~~(k)~~ “Intervention” as defined in subsection 397.311(26), F.S. ~~includes a single session or multiple sessions of motivational discussion focused on increasing insight and awareness regarding substance use and motivation toward behavioral change. Intervention activities and strategies that are used to prevent or impede the development or progression of substance use problems.~~

(k)~~(l)~~ “Prevention” as defined in subsection 397.311(26), F.S. ~~includes activities and strategies that are used to preclude the development of substance abuse problems.~~

(l)~~(m)~~ “Medication-assisted treatment for opiate addiction” as defined in subsection 397.311(26), F.S. ~~“Methadone medication-assisted treatment,” means an opioid treatment program (OTP) dispensing methadone combined with behavioral therapy to treat substance use disorders, and is intended for individuals who meet the placement criteria for this component.~~

(17)~~(18)~~ “Control of Aggression” means the application of de-escalation and other approved techniques and procedures to manage aggressive behavior, such as physical intervention. It does not include techniques used to restrict or prevent freedom of movement by the individual ~~unless allowable as specified in this Rule Chapter~~.

(18)~~(19)~~ No change.

(19)~~(20)~~ “Counseling” means the process, conducted in a facility licensed under Chapter 397, F.S., of engaging an individual and his/her support system (i.e., family, significant other, etc.), as indicated, in a discussion of issues associated with the individual’s substance use and other co-occurring ~~co-occuring~~ conditions in an effort to work toward a constructive resolution of those problems and ultimately toward recovery. For the purposes of this rule chapter therapy is considered a type of counseling.

(20)~~(21)~~ “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, and treatment planning~~, and case management~~.

(21)~~(22)~~ No change.

(22)~~(23)~~ “Credentialing entity” as defined in subsection 397.311(10), F.S. ~~means a nonprofit organization that develops and administers professional, facility, or organization certification programs according to applicable nationally recognized certification or psychometric standards.~~

(23)~~(24)~~ No change.

~~(25) “Department” means the Department of Children and Family Services, created pursuant to Section 20.19, F.S.~~

(24)~~(26)~~ “Designate” as used in this Chapter means the action taken by the Department to approve an Addictions Receiving Facility ~~Faciltiy~~ to provide screening, assessment, evaluation, and treatment to individuals

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

(25)~~(27)~~ No change.

(26)~~(28)~~ "Diagnostic Criteria" means prevailing standards which are used to determine an individual's mental and physical condition relative to their need for substance use ~~abuse~~ services, such as those which are described in the current Diagnostic and Statistical Manual of Mental Disorders.

(29) through (30) renumbered (27) through (28) No change.

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

(32) through (33) are renumbered (28) through (29) No change.

(30) "Indicated Prevention Services" has the same meaning as provided for the same term in subparagraph 65E-14.021(4)(v)1., F.A.C.

~~(34) "Impairment" means a physical or psychological condition directly attributed to the use of alcohol or other substances of abuse which substantially interferes with an individual's level of functioning.~~

(35) through (41) are renumbered (31) through (37) No change.

(38) "Medical Consultant" means a physician licensed under Chapter 458 or 459, F.S., who has an agreement with a licensed provider to be available to consult on any services required by individuals involved in those licensed components.

(39)~~(42)~~ No change.

(40)~~(43)~~ "Medical History" means information on the individual's past and present general physical health, including the effect of substance use ~~abuse~~ on the individual's health.

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

~~(45) "Medical Monitoring" means evaluation, care, and treatment, by medical personnel who are licensed under Chapter 458, 459, or 464, F.S., of individuals whose substance abuse and related problems are severe enough to require intensive inpatient treatment using an interdisciplinary team approach.~~

(42) "Medication Administration Record" or "MAR" means the chart maintained for each individual which records the medication administered to an individual as required by this rule chapter. Other information or documents pertinent to medication administration may be attached to the MAR.

(43) "Medication Observation Record" or "MOR" means the chart maintained for each individual which records medication that is self-administered by an individual.

(44)~~(47)~~ "Methadone Medication-Assisted Treatment Sponsor" means a representative of a methadone medication-assisted 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.

(45)~~(48)~~ No change.

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

(50) through (52) are renumbered (47) through (49) No change.

(50)~~(53)~~ "Owner" means the owner of record of a licensed facility ~~an entity~~ that has an enforceable claim or title to an asset or property and is recognized as such by law.

(54) through (55) are renumbered (51) through (52) No change.

(53) "Physical Intervention Techniques" means any attempt to control aggressive behavior involving physical contact, including physical re-direction.

~~(56) "Physician" means a person licensed to practice medicine under Chapter 458 or 459, F.S.~~

(54)~~(57)~~ No change.

(55)~~(58)~~ "Prevention Plan" means a plan of goals to be achieved by an individual or family involved in structured indicated prevention activities on a regularly scheduled basis.

(56)~~(59)~~ "Primary Counselor" means a substance use treatment professional who is part of the clinical staff. The primary counselor has primary responsibility for delivering ~~and coordinating~~ clinical services for specific individuals.

(60) through (62) are renumbered (57) through (59) No change.

(60)~~(63)~~ "Progress Notes" mean written entries made ~~by clinical staff~~ in the clinical record that specify the intervention provided, and document progress or lack thereof toward meeting treatment plan objectives, and which generally address the provision of services, the individual's response to those services, and significant events.

(64) through (67) renumbered (61) through (64) No change.

(65)~~(68)~~ "Qualified professional" as defined in subsection 397.311(34), F.S. ~~Individuals certified as a Master's Level Certified Addiction Professional, Certified Addiction Professional, a Certified Prevention Professional or a Certified Criminal Justice Addiction Professional are permitted to serve in the capacity of a qualified professional, but only within the scope of their certification.~~

(68) through (73) renumbered (66) through (71) No change.

~~(74) "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.~~

(72)~~(75)~~ No change.

(73) "Selective Prevention Services" has the same meaning as provided for the same term in subparagraph 65E-14.021(4)(w)1., F.A.C.

(74)~~(76)~~ "Services" means assistance that is provided to individuals and their support system (i.e., family, significant other, etc.), as indicated, in their efforts to reduce or eliminate ~~become and remain~~ substance use, ~~free~~ such as counseling, treatment planning, vocational activities, educational training, and recreational activities.

(75)~~(77)~~ No change.

(76)~~(78)~~ "Stabilization" as defined in subsection 397.311(45) F.S. ~~means the use of short-term procedures for the purpose of alleviating an acute condition related to impairment or to prevent further deterioration of an individual who is impaired.~~

(79) through (80) renumbered (77) through (78) No change.

(79)~~(81)~~ "Summary Note" means a written record of the progress made by individuals involved in intervention services and indicated ~~selective~~ prevention services.

(80)~~(82)~~ No change.

(81)~~(83)~~ "Telehealth" means the mode of providing patient care, treatment, or services by a Florida licensed health care practitioner or physician assistant, within the scope of his or her practice, through the use of clinical and medical information exchanged from one site to another via electronic communication. ~~practice of substance abuse treatment or prevention services provided through the use of electronic communications by which information is exchanged from one (1) site to another.~~ Telehealth ~~Telemedicine~~ does not include the provision of health services only through an audio only telephone, email messages, text messages, facsimile ~~facsimilie~~ transmission, U.S. mail or other parcel service, or any combination thereof.

(84) through (85) renumbered (82) through (83) No change.

(84) "Treatment" or "Clinical Treatment" as defined in subsection 397.311(26)(a).

(85)~~(86)~~ "Treatment Plan" as defined in subsection 397.311(49) F.S. ~~means an individualized, written plan of action that directs all treatment services and is based upon information from the assessment and input from the individual served. The plan establishes individual goals and corresponding measurable objectives, time frames for completing objectives, and the type and frequency of services to be provided.~~

(86) "Universal Direct Prevention Services" has the same meaning as provided for the same term in subparagraph 65E-14.021(4)(x)1., F.A.C.

(87) "Universal Indirect Prevention Services" has the same meaning as provided for the same term in subparagraph 65E-14.021(4)(y)1., F.A.C.

(88)~~(87)~~ No change.

65D-30.003 Department Licensing and Regulatory Standards.

(1) Licensing.

(a) License Required. All substance use ~~abuse~~ components, as defined in subsection 65D-30.002(17), F.A.C.,

must be provided by persons or entities that are licensed by the Department pursuant to Section 397.401, F.S., unless otherwise exempt from licensing under Section 397.4012, F.S., prior to initiating the provision of services. ~~Any action in reliance of an application is taken at the risk of the applicant.~~

(b) Licenses Issued by Component. The Department shall electronically issue one license for each service component offered by a provider. A separate license is not required for the same component. A ~~The~~ license is valid only for the specific service component listed for each specific location identified on the license. Each location listed on the license shall reflect the license type for that component. The provider shall print the most recent version of the license and display a copy in each facility providing the licensed service component. One (1) license is required~~:~~

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

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

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

(2) Mandatory Accreditation.

(a) In accordance with section 397.403(3), F.S., providers shall achieve a~~A~~ccreditation by an accrediting organization recognized by the Department, as discussed in 65D-30.0031, F.A.C.~~,~~ Accreditation is required ~~a requirement~~ for all ~~licensure of~~ clinical ~~clinical~~ treatment services and for each location services are offered. Accreditation cannot be attained without a Department issued license for substance abuse treatment services.

(b) Applicants for licensure and licensed service providers must meet ~~the most~~ current best practice standards related to the licensable service components of the accrediting organization. When a provider who has attained accreditation is in noncompliance with accrediting standards, the provider must notify the Department within 10 days. A copy of the Quality Assurance plan and proof of corrected areas must be submitted to the Department upon request.

65D-30.0031 Certifications and Recognitions Required by Statute

(1) Department Recognition of Accrediting Organizations.

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

(b) No change.

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

2. No change.

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

4. For the purposes of this rule, the accrediting organization shall require a service provider seeking accreditation for substance use treatment services, as defined in rule 65D-30.002(17), F.A.C., to hold a valid license. For accrediting organizations that accredit by service component, the provider must hold a valid license for each component type prior to being issued accreditation. The accrediting organization must identify on the accrediting survey report each component that is accredited.

(2) Department Recognition of Credentialing Entities.

(a) The Department shall recognize one (1) or more professional credentialing entities as a certifying organization for a~~A~~ddiction p~~P~~rofessionals. A list of Department recognized credentialing ~~accrediting~~ organizations can be found at the following link: http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation. An organization that desires recognition by the Department as a certifying organization for addiction professionals shall request such approval in writing from the Department. Organizations seeking approval shall be:

1. through 7. No change.

(b) The Department shall recognize one (1) or more ~~professional~~ credentialing entities as a certifying organization for r~~R~~ecovery r~~R~~esidences who meets all requirements of s. 397.487, F.S. A list of Department

recognized credentialing entities ~~accrediting organizations~~ can be found at the following link: http://www.myflfamilies.com/service-programs/substance-abuse/recovery-residence. An organization that desires recognition by the Department as a certifying organization for recovery residences shall request such approval in writing from the Department.
Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), (15), ~~and~~ 397.403, 397.4871, FS. History–New.

65D-30.0032 Display of Licenses

(1) through (3) No change.

(4) Marketing or advertising materials shall use the legal entity's name registered with the Division of Corporations, and any reference to a service component must use the name of the licensed service component as defined in section 397.311(26), F.S. and 65D-30.002(15), F.A.C. ~~Providers shall include their license number on any website advertising or describing licensed service components.~~

(5) through (7) No change.

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

65D-30.0033 License Types

(1) Probationary License.

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

(b) No change.

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

1. through 2. No change.

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

4. No change.

(d) No change.

(2) No change.

(3) Interim License.

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

1. A facility or component of the provider is in substantial noncompliance with licensing standards. A provider is considered in substantial noncompliance if it is in compliance with less than 80 ~~90~~ percent of the licensing standards.

2. through 3. No change.

(b) Reissuing an Interim License. The Department may reissue an interim license once for an additional 90 days at the end of the initial 90-day period in the case of extreme hardship. Extreme hardship is defined as an inability to reach full compliance that cannot ~~can not~~ be attributed to the provider.
Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), ~~397.403,~~ 397.407, and 397.410, FS. History–New.

65D-30.0034 Change in Status of License

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

(a) through (d) No change.

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

working days of receipt of the notice of the Department's pending action; and

(f) Any change in the name of a facility that remains under the same ownership and management shall be submitted in writing to the regional office within 30 ~~60~~ days prior to the effective date of the change. Upon receipt of the notification, the regional office will issue a letter confirming receipt of the notification along with a replacement license listing the correct facility name. Following failure to provide such notification to the regional office, the Department shall issue the administrative penalty as established in Rule 65D-30.0038(6), F.A.C.

(2) License Non-transferable. In addition to Section 397.407(6), F.S., an acquisition of a majority of ownership shall require the submission of a new application for each component affected. A change in ownership of less than a majority of the ownership interest in a licensed entity only requires submittal of a local and Level 2 background check. All owners shall be screened according to the level 2 screening requirements of chapter 435, F.S. ~~any new acquisition of a licensed provider, whether in whole or in part, shall be considered a change in ownership. A change in ownership may range from 1-100 percent.~~

(a) Licenses are not transferable:

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

2. Where a provider relocates or a component of a provider is relocated or the address where services are rendered changes.

(b) Submitting Applications. A completed electronic application or CF-MH ~~C&F-SA~~ Form 4024, Feb 2018 ~~Nov. 2017~~, titled "Application for Licensure ~~Licensing~~ to Provide Substance Use ~~Abuse Treatment~~ Services," ~~,~~ incorporated herein by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX, shall be submitted to the Department at least 30 days prior to acquisition or relocation. The electronic application and CF-MH ~~C&F-SA~~ Form 4024 may be obtained from the Department of Children and Families, Office of Substance Abuse and Mental Health at the following link: http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation.

1. Acquisition. An entity shall submit an Application for Licensing to Provide Substance Abuse Treatment Services to the Department 30 days prior to a change in controlling ownership as defined in this rule of the licensed provider or of the contractual management entity. Failure to register the provider and submit an application 30 days prior to a change will result in the invalidation of the provider's license or site, provided that the change in ownership occurs, ~~if acquiring only a specific location,~~ effective the date of the action changing the control of ownership or management. In addition to the application, online application or C&F-SA Form 4024, Nov, 2017, the applicant shall be required to submit all items as required in subsection 65D-30.0036(1), F.A.C. When the application is considered complete, the Department shall issue a probationary license.

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

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

a. Information on the emergency circumstances requiring temporary relocation of services and options to transfer individuals to another provider shall be made available to individuals in treatment, prior to any emergency action taken by the provider. Documentation that the individual is aware of all options available, their preferences, and reasons to either transfer or relocate the individual shall be documented in the clinical record. The document must be signed and dated by the individual. The provider shall discharge individuals who can be safely discharged. ~~The provider shall provide evidence that at least three (3) attempts were made to transfer individuals in treatment to other licensed providers with similar levels of care in the same geographic area.~~

b. The provider must notify the Regional Substance Abuse and Mental Health Office by phone or electronic mail within five (5) working days of relocation and provide the documentation required in subparagraph a. above.

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

d. No change.

65D-30.0035 Required Fees

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

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

Schedule of Discounts	
Number of Licensed Facilities	Discount
2-5	10%
6-10	15%
11-15	20%
16-20	25%
20+	30%

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

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

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

65D-30.0036 Licensure Application and Renewal

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

(a) A standard application for licensing, using CF-MH ~~C&F SA~~ Form 4024, Feb 2018 ~~Nov. 2017~~, titled "Application for Licensing to Provide Substance Abuse Treatment Services," ~~,~~ incorporated herein by reference in Rule 65D-30.0034, F.A.C., or by completing the online process through the Department-approved electronic system. Copies of CF-MH ~~C&F SA~~ Form 4024 and access to the electronic application may be obtained from the

Department of Children and Families Office of Substance Abuse and Mental Health at ~~the following link:~~ http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation;

(b) Written proof of compliance for all licensed facilities, including community housing, with local health, fire, and safety inspections;

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

(d) No change.

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

(f) Information that establishes the name and address of the applicant, its chief executive officer, the chief financial officer, clinical supervisor and, if a corporation or legal entity, 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 or persons who hold an equitable interest;

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

(g)~~(h)~~ Information on the competency and ability of the applicant, ~~and its~~ chief executive officer, chief financial officers, and clinical supervisors to carry out the requirements of these rules, including education, previous employment history, and list of references. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services are exempt from this requirement);

(h)~~(i)~~ Proof of the applicant's financial ability and organizational capability to operate in accordance with these rules, such as ~~copies of bank statements demonstrating at least six months of operational funds or~~ a financial audit or review conducted by a certified accountant within the last 90 business days. The fiscal infrastructure should demonstrate an understanding of generally accepted accounting principles to ensure program stability. (Providers that are accredited by a Department recognized accrediting organizations and Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement);

(i)~~(j)~~ Proof of professional liability and general liability ~~property insurance~~ coverage. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement.) Professional liability insurance coverage shall be in an amount not less than $250,000 per claim, with a minimum annual aggregate of not less than $750,000;

(k) through (l) are redesignated (j) through (k) No change.

(l)~~(m)~~ Demonstration of organizational capability through a written, indexed system of policies and procedures that are descriptive of services and the population served. If delivering services through telehealth ~~services~~, detailed procedures outlining the equipment and implementation plan for services shall be included. Providers utilizing telehealth must implement technical written policies and procedures for telehealth systems that comply with the Health Insurance Portability and Accountability Act privacy regulations, as well as applicable state and federal laws that pertain to patient privacy. Policies and procedures must also address the technical safeguards required by Title 45, Code of Federal Regulations, section 164.312, where applicable. All staff shall have a working knowledge of the substance use ~~substance abuse~~ operating procedures;

(m)~~(n)~~ No change.

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

1. No change.

2. A ~~notarized~~ letter from the physician attesting ~~stating~~ that he or she is:

a. E~~e~~mployed or contracted by the provider as a medical director, and specifying ~~specifing~~ in which component he or she is acting (addictions receiving facility ~~facility~~, detoxification, intensive inpatient treatment, residential treatment, or methadone medication-assisted treatment); and

b. ~~The letter must also state the physician is~~ Knowledgeable ~~knowledgable~~ of the limitations ~~limit~~ to acting as medical director ~~for no more than 10 facilities which must be within a 200 mile radius~~.

(o)~~(p)~~ No change.

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

(r) through (s) are redesignated (q) through (r) No change.

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

(t)~~(u)~~ No change.

(u)~~(v)~~ Proof of accreditation or application for accreditation by a Department recognized accreditating organization for each location and clinical ~~clincal~~ service component offered ~~by a Department recognized accrediting accreditating organization~~.

(2) Items listed in paragraphs (1)(a)-(n)~~(o)~~ must accompany the application for a license ~~including the item listed in paragraph (1)(v) for renewal applicants~~ and must be maintained. Renewal applicants must submit item (1)(u) along with the licensure application. However, regarding items in paragraph ~~paragraphs~~ (1)(g) ~~and (1)(h), paragraph (1)(i)~~, only new applicants or where there is a change in chief executive officer, chief financial officers, or clinical supervisors will be required to submit this information with the application. Items listed in paragraphs (1)(o)-(t)~~(p) (u)~~, including items in paragraph (1)(l)~~(m)~~ for renewal applicants, must be made available for review at the provider facility. In addition, ~~organizational changes or~~ documents listed in paragraphs (1)(a)-(u)~~(v)~~ that expire during the period the license is in effect shall be renewed by the provider prior to expiration. ~~and~~ T~~t~~he Department shall be notified by the provider in writing within 24 hours upon renewal or in the event renewal does not occur. ~~The item listed in paragraph (1)(v) is required for all new applicants and must be maintained.~~ Accreditiation is required for all clinical treatment components. Applications for licensure renewal must submit proof of application for accreditiation by a Department approved accrediting entity and proof of obtained accreditiation for any subsequent ~~subsequesnt~~ renewals.

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

(a) No change.

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

(4) No change.

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

(6) No change.

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

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

1. through 3. No change.

4. The Department has concerns regarding the health, safety or welfare of individuals served ~~concerns~~.

(b)~~(c)~~ No change.

Rulemaking Authority 394.46715, 397.321(5) FS. Law Implemented 397.321(6), 397.4014, 397.403, 397.407, 397.410, 397.411, FS. History–New.

65D-30.0037 Department Licensing Procedures

(1) Department Licensing Procedures.

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

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

2. Licensing Inspection. The regional office may conduct announced or unannounced on-site licensing inspections pursuant to section 397.411, F.S. Prior to any scheduled inspection, the regional office shall notify the ~~each~~ applicant of its intent to conduct an on-site licensing inspection or electronic file review and of the proposed date of the inspection. The regional office shall include the name(s) of the authorized agents who will conduct the inspection and the specific components and facilities to be inspected. This notification, however, shall not prohibit the regional office from inspecting other components or facilities maintained by a provider at the time of the review.

3. Licensing Determination. A performance-based rating system shall be used to evaluate a provider's compliance with licensing standards. Providers shall attain at least 80 ~~90~~ percent compliance overall on ~~for~~ each component ~~set of standards~~ reviewed. This means that each set of standards within each facility operated by a provider is subject to the 80 ~~90~~ percent compliance requirement. If any set of standards within a facility falls below 80 ~~90~~ percent compliance, an interim license will be issued for that component. In addition, there may be instances where a component is rated at an 80 ~~90~~ percent level of compliance overall but is in substantial noncompliance with standards related to health, safety, and welfare of individuals or staff. This includes significant or chronic violations regarding standards that do not involve direct services to individuals. In such cases, the regional office shall issue an interim license to the provider or take other regulatory action as permitted in Section 397.415, F.S.

4. through 6. No change.

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

8. No change.

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

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

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

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

11.~~(2)~~ Closing a Licensed Provider. Pursuant to Chapter 120, F.S., providers shall notify the Department in writing at least 30 days prior to ceasing operation. The provider, with the Department's assistance, shall attempt to

place all ~~active~~ individuals being served in need of care with other providers along with their clinical records and files. The provider shall notify the Department where the clinical records and files of previously discharged individuals are and where they will be stored for the legally required period. A service provider may not engage in patient brokering as established in section 397.55(2), F.S.

12.~~(3)~~ No change.

a.~~(a)~~ No change.

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

(I).~~1.~~ No change.

(II)~~2~~. The Department shall notify the provider within 30 business 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.

(III)~~3.~~ No change.

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

c.~~(c)~~ No change.

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

(a) through (d) are redesignated a. through d. No change.

14.~~(6)~~ No change.

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

This rule establishes the grounds under which the Department shall issue an administrative fine, as well as the uniform system of procedures to impose disciplinary sanctions.

(1) The Department shall impose an administrative fine ~~in the manner provided in Chapter 120, F.S.,~~ for the violation of any provision of Rule Chapter 65D-30, F.A.C. or of Chapter 397, F.S., by a licensed service provider, as described in the Substance Use Treatment Facility Licensing Standards Classification of Violations, CF-MH Form 4039, June 2018, which is incorporated by reference. A copy of the Substance Use Treatment Facility Licensing Standards Classification of Violations may be obtained from the Department's website at http://www.myflfamilies.com/general-information/publications-forms or from the following links: http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation, or http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX. Each standard violation has an assigned classification based on the nature or severity of the violation(s) as identified in CF-MH Form 4039. ~~for the actions of any person subject to level 2 background screening under Chapter 435, F.S., for the actions of any facility employee, or for an intentional or negligent act seriously affecting the health, safety, or welfare of an individual receiving services.~~

(2) The Department shall indicate the classification on the written notice of the violation. The aggregate amount for all fines shall not exceed $20,000 per inspection. ~~Each violation of Chapter 397, F.S., and Chapter 65D-30, F.A.C. shall be classified according to the nature of the violation and the gravity of its probable effect on individuals receiving services. The Department shall indicate the classification on the written notice of the violation as follows:~~

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

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

~~(c) Class "III" violations are defined in Section 397.411. The Department shall impose an administrative fine for a cited class III violation in an amount not less than $200 and not exceeding $300 for each violation.~~

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

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

(3) Definitions.

(a) "Day" means a working day in which the program is operating for business.

(b) "Standards" are requirements for the operation of a licensed facility, as provided in statute or in rule.

(c) "Violation" means a finding of noncompliance by the Department of a licensing standard.

(d) Class "I" violations are defined in Section 397.411, F.S., and include all instances where the Department has verified that the licensee is responsible for abuse, neglect, or abandonment of a child or abuse, neglect, or exploitation of a vulnerable adult. "Class I violations" are incidents of noncompliance with a Class I standard as described in CF-MH Form 4039.

(e) Class "II" violations are defined in Section 397.411. "Class II Violations" are incidents of noncompliance with a Class II standard as described in CF-MH Form 4039.

(f) Class "III" violations are defined in Section 397.411. "Class III Violations" are incidents of noncompliance with a Class III standard as described on CF-MH Form 4039.

(g) Class "IV" violations are defined in Section 397.411. "Class IV Violations" are incidents of noncompliance with a Class IV standard as described on CF-MH Form 4039.

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

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

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

~~(c) Any previous violations.~~

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

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

(4) Regardless of the class of violation cited, the Department may impose a sanction on a provider, in addition to the fine, if the operation of any service component or location of the provider has one (1) or more of the violations present as established by Sections 397.415(c) and (d). ~~Each day of continuing violation after the date fixed for termination of the violation, as ordered by the Department, constitutes an additional, separate, and distinct violation.~~

(5) Disciplinary sanctions for licensing violations shall be enforced as follows:

(a) Class I Violations.

1.For the first violation of a Class I standard, the Department shall issue the provider an interim license and impose an administrative fine in an amount not less than $400 and not exceeding $500 per day for each violation, and may impose other disciplinary sanctions in addition to the fine.

2. For the second and subsequent violation of the same Class I standard, the Department shall suspend, deny, or revoke the license. The Department may also levy a fine not less than $400 and not exceeding $500 per day for each violation in addition to any other disciplinary sanction.

(b) Class II Violations.

1. For the first violation of a Class II standard, the Department shall impose a fine not less than $300 and not exceeding $400 per day for each violation.

2. For the second violation of the same Class II standard, the Department shall issue the provider an interim license and impose an administrative fine in an amount not less than $300 and not exceeding $400 per day for each violation, and may impose other disciplinary sanctions in addition to the fine, including suspending, denying, or revoking the license.

3. For the third and subsequent violation of the same Class II standard, the Department shall suspend, deny, or revoke the license. The Department may also levy a fine not less than $300 and not exceeding $400 per day for each violation in addition to any other disciplinary sanction.

(c) Class III Violations. When a Class III violation is not corrected within the time specified in the Department's written notice of the violation, the Department shall impose a fine not less than $200 and not exceeding $300 per day for each violation.

(d) Class IV Violations. When a Class IV violation is not corrected within the time specified in the Department's written notice of the violation, the Department shall impose a fine not less than $100 and not exceeding $200 per day for each violation. ~~Any action taken to correct a violation shall be documented in writing by~~

~~the owner or administrator of the facility and verified through follow-up visits by Department personnel. The Department may impose a fine and revoke or deny a service provider's license when an administrator fraudulently misrepresents action taken to correct a violation.~~

(6) Each day of continuing violation after the date fixed for termination of the violation, as specified by the Department, constitutes an additional, separate, and distinct violation. A grace period is provided, wherein a violation that occurred more than two years prior to a subsequent violation of the same standard will not be counted for purposes of discipline. However, for the purposes of continued licensure, the provider's violation history will be considered. ~~Any service provider who operates a service without a license, including service providers who fail to inform the Department of a change in ownership within the specified timeframe in accordance with Rule 65D-30.0034, F.A.C., and operates the service component is subject to a fine of $5,000.~~

(7) Any action taken to correct a violation shall be documented in writing by the owner or administrator of the facility and verified through follow-up visits by Department personnel. The Department shall impose a fine and revoke or deny a service provider's license when an administrator fraudulently misrepresents action taken to correct a violation. ~~During an inspection, the Department may make an attempt to discuss each violation with the owner or administrator of the facility, prior to written notification. The Department shall impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class IV violation. The amount of the fine shall be $500 for each violation. Unclassified violations include:~~

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

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

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

~~(e) Violating a moratorium imposed pursuant to s. 397.415, F.S.~~

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

(9) The Department shall impose an administrative fine for a violation that is not designated as a Class I, Class II, Class III, or Class IV violation. The amount of the fine shall be $500 for each violation. Unclassified violations include:

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

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

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

(d) Violating a moratorium imposed pursuant to Section 397.415, F.S;

(e) Failure to submit required incident reports; and,

(f) Violations that occurred or were identified during the current or preceding licensure year.

(10) For purposes of this section, in determining if a penalty is to be imposed for an unclassified violation, the Department shall consider the following factors:

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

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

(c) Any previous violations;

(d) The financial benefit to the facility of committing or continuing the violation; and,

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

(11) Scope of Violations.

(a) Each violation of a class standard as described on CF-MH Form 4039 shall be cited as isolated, patterned, or widespread. The scope shall be indicated on the face of the notice of deficiencies in accordance with Section 397.411, F.S. The scope shall determine the fine amount as follows:

1. For violation(s) cited as isolated, the minimum fine amount for that class standard as allowed under this rule shall be imposed.

2. For violation(s) cited as patterned, an increase of $50 from the minimum fine for that class standard amount as allowed under this rule shall be imposed.

3. For violation(s) cited as widespread, the maximum fine amount for that class standard as allowed under this rule shall be imposed.

(12) Disciplinary sanctions in addition to the fine.

(a) If one or more Class I or Class II licensing violations require the provider to halt service delivery while the violation is remedied, then the license shall be suspended or revoked.

(b) The Department shall consider the factors outlined in Section 397.415(1)(d), F.S. when determining whether a provider's license will be suspended, revoked, or denied renewal.

(c) If as a result of the investigation, the Department makes a decision not to revoke, suspend, or deny further licensure, the Department shall require the provider to prepare a written corrective action plan to correct the deficiencies.

1. The plan shall be in writing and signed by the executive director or designee of the provider;

2. The plan must be approved by the Department before implementation;

3. Failure of the provider to timely comply with the corrective action plan may result in suspension, denial of re-licensure, or revocation of the license.

(d) If as a result of the investigation the Department makes a decision to revoke, suspend, or deny further licensure, notice shall be delivered via personal service or certified mail pursuant to Section 120.60(5), F.S., which shall include the statutory and rule violations that were found, shall advise of the action to be taken, and the right to challenge the action through an administrative proceeding as provided in Chapter 120, F.S.

(13) Documentation Requirements Prior to Administrative Action.

(a) Before making a determination that a license shall be denied, suspended, or revoked, the following shall be documented in the licensing file:

1. All qualifying abuse reports and all reports of licensing violations, and the outcome of any investigations;

2. List of all deficiencies or conditions which compromise the safety or well-being of the individuals in treatment;

3. The length of time and frequency of the noncompliance with the licensing requirements or deficiencies;

4. The date of written notification to the licensee as to the deficiencies and time given to the licensee to correct the deficiencies;

5. The Department's efforts to help the licensee come into compliance; and

6. Barriers, if any, which prohibit the licensee from correcting the deficiencies.

(b) All license revocations and denials shall comply with requirements of Chapter 120, F.S.

(c) All documentation shall be reviewed by the Department's legal counsel prior to administrative action. The notice of revocation or denial shall not be sent to the provider without approval of the Department's legal counsel, except in instances when the Department determines that conditions present a threat to the health, safety, or welfare of an individual in treatment or the public.

65D-30.004 Common Licensing Standards.

(1) Operating Procedures. Providers shall demonstrate organizational capability defined in Rule 65D-30.002(46), F.A.C., and required by Rule 65D-30.0036(1)(e), F.A.C., through a written, indexed system of policies and procedures that are descriptive of services, and the population served. Administrative and clinical services must align with current best practices as defined in Rule 65D-30.002(7), F.A.C. All staff shall have a working knowledge of the operating procedures. These operating procedures shall be submitted with new applications and available for review by the Department at any time.

(2) No change.

(3) Provider Governance and Management.

(a) through (b) No change.

(c) Chief Executive Officer. A chief executive officer shall be appointed. If the entity is operated by a governing board, t~~T~~he governing body shall appoint a chief executive officer. The qualifications and experience required for the position of chief executive officer shall be defined in the provider's operating procedures. Documentation shall be available from the governing body providing evidence that a background screening has been completed in accordance with Chapters 397 and 435, F.S., and there is no evidence of a disqualifying offense. Providers shall notify the regional office in writing within 24 hours when a new chief executive officer is appointed. (Inmate

Substance Abuse Programs operated by or under contract with the Department of Corrections~~,~~ or the Department of Management Services are exempt from the requirements in this paragraph. Juvenile Justice Commitment Programs and detention facilities operated by the Department of Juvenile Justice~~,~~ are exempt from the requirements of this paragraph.)

(4) Personnel Policies. Personnel policies shall clearly address recruitment and selection of prospective employees, promotion and termination of staff, code of ethical conduct, sexual harassment, confidentiality of individual records, attendance and leave, employee grievance, non-discrimination, abuse reporting procedures, and the orientation of staff to the agency's universal infection control procedures. The code of ethical conduct shall prohibit employees and volunteers from engaging in sexual activity with individuals receiving services for a minimum of two (2) years after the last professional contact with the individual. Providers shall also have a drug-free workplace policy for employees and prospective employees.

(a) Personnel Records. Records on all personnel shall be maintained. Each personnel record shall contain:

1. through 3. No change.

4. A document signed and dated by the employee indicating that the employee received new staff orientation and understand~~s~~ the personnel policies and the programs operating policies and procedures;

5. through 7. No change.

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

(c) Employment History Checks and Checks of References. The chief executive officer or designee, such as human resources staff, shall assess employment history checks and checks of references for each employee who has direct contact with children receiving services or adults who are intellectually ~~developmentally~~ disabled receiving services.

(5) No change.

(6) Medical Director. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, and methadone medication-assisted treatment for opioid addiction. Providers shall designate a medical director who shall oversee all medical services. The medical director's responsibilities shall be clearly described. The Medical Director must meet at least quarterly with the risk management and quality assurance program of the facility to review incident reports, grievances, and complaints to identify and implement processes to reduce clinical risks and safety hazards. This process shall be documented in the risk management and quality assurance committee quarterly meeting minutes. When the Medical Director is the attending physician of an individual receiving services, they shall participate in the development of the treatment plan. ~~A medical director may not serve in that capacity for more than a maximum of 10 providers at any given time. A medical director may not supervise a facility more than 200 miles from any other facility supervised by the same medical director.~~

(a) The Department shall utilize the following methodology for determining the maximum number of individuals a medical director may serve pursuant to subparagraph 397.410(1)(c)5, F.S.:

Component	Average Length of Stay (LOS) in Days	Total Service Time over LOS	Work Days	Work Days per LOS	Hours worked per LOS (Work Days x Work Days per LOS)	Calculation (Time in LOS/Total Service Time)	Total Case Load
Inpatient Detoxification	4 days	1.0 hour*	8 hours	4 days	32 hours	32 /1 hour	32 individuals
Outpatient Detoxification	5 days	1.2 hours*	8 hours	5 days	40 hours	40/1.2 hours	33 individuals
Residential Level I	19 days	1 hour**	8 hours	15 days	120 hours	120/1 hour	120 individuals
Residential Level II	41 days	1.75 hours**	8 hours	30 days	240 hours	240/1.75	137 individuals
Residential Level III	54 days	2.25 hours**	8 hours	40 days	320 hours	320/2.25	142 individuals
Residential Level IV	42 days	1.75 hours**	8 hours	30 days	240 hours	240/1.75	137 individuals
Medication and Methadone Maintenance	1,030 days	3.25 hours***	8 hours	709 days	5,672 hours	5,672/3.25	1,745 individuals

*Service Times: New Patient Visit (30 minutes), Daily Follow-up (10 minutes)
** Service Times: New Patient Visit (30 minutes), Weekly Follow-up (15 minutes)
*** Service Times: New Patient Visit (30 minutes), Quarterly Follow-up (15 minutes)

(b) A medical director may not serve in that capacity for more than a maximum of the indicated number of individuals for the treatment types listed below:

1. Addiction receiving facilities, inpatient detoxification, and intensive impatient providers - a cumulative total of 32 individuals at any given time.

2. Outpatient detoxification - a cumulative total of 33 individuals at any given time.

3. Residential treatment (level 1) - a cumulative total of 120 individuals at any given time.

4. Residential treatment (level 2) - a cumulative total of 137 individuals at any given time.

5. Residential treatment (level 3) - a cumulative total of 142 individuals at any given time.

6. Residential treatment (level 4) - a cumulative total of 137 individuals at any given time.

7. Medication and methadone maintenance treatment - a cumulative total of 1,745 individuals at any given time.

(c) Providers licensed for multiple service components shall ensure compliance with this medical director standard by applying the percentage of time dedicated to each service component to the Department's methodology for maximum individuals served. This information shall be submitted with the application for licensure and updated at the time of any licensure renewal. The provider shall be responsible for providing documentation to support the case load maximum upon request.

(d) A provider may not operate without a medical director on staff at any time. When a medical director is not available, the medical director shall ensure that a qualified physician who is available is designated. Upon the departure of a medical director, an interim medical director shall be appointed. The provider shall notify the regional office in writing within 24 hours when there is a change in the medical director, provide proof that the new or interim medical director holds a current license in the state of Florida and is free of administrative action(s) against their license.

(e) In ~~those~~ cases where a provider operates treatment components that are not identified in this subsection, the provider shall have access to a physician through a written agreement who will be available to consult on any medical services required by individuals involved in those components. Physicians serving as a medical consultant

shall adhere to all requirements and restrictions as described for medical directors in this Chapter.

(f) A medical director or medical consultant in violation of any of the requirements set forth in Chapters 65D-30, F.A.C., or 397, F.S., is permanently ~~permanately~~ barred from being employed by or contracting with a service provider.

(7) Medical Services.

(a) Written Medical Provisions. For ~~those~~ components identified in subsection 65D-30.004(6), F.A.C., each physician working with a provider shall establish written protocols for the provision of medical services pursuant to Chapters 458 and 459, F.S., and for managing medication according to medical and pharmacy standards, pursuant to Chapter 465, F.S. Such protocols will be implemented only after written approval by the chief executive officer and medical director.

(b) No change.

(c) Supervision of self-administration of medication may be provided, including at the community housing location, under the following conditions:

1. through 2. No change.

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

4. A record of all instances of supervision of self-administration of medication shall be maintained in a medication observation record, to include the date, time, and dosage in accordance to the prescription. The personnel who witnessed the self-administration of the medication shall sign and date the medication observation ~~admnistration~~ record.

(d) 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.

(e)~~(d)~~ No change.

(8) State Approval Regarding Prescription Medication. In ~~those~~ instances where the provider utilizes prescription medication, medications shall be purchased, handled, dispensed, administered, and stored in compliance with the State of Florida Board of Pharmacy requirements for facilities which hold Modified Class II Institutional Permits and in accordance with Chapter 465, F.S. This shall be implemented in consultation with a state-licensed consultant pharmacist, and approved by the medical director. The provider shall ensure that policies implementing this subsection are reviewed and signed and dated annually by a state-licensed consultant pharmacist. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, the Department of Juvenile Justice, or the Department of Management Services are exempt from the requirements of this subsection.) All providers purchasing, dispensing, handling, administering, storing, or observing self-administration of medications shall adhere to best practices ~~practice~~, state and federal regulations.

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

(a) Plan for Exposure Control.

1. A written plan for exposure control regarding infectious diseases shall be developed and shall apply to all staff, volunteers, and individuals receiving services. The plan shall be initially approved and reviewed annually by the medical director or consulting physician. The plan shall be in compliance with Chapters 381 and 384, F.S., and in accordance with the Department of Health's requirements as stated in Chapters 64D-2 and 64D-3, F.A.C. The plan shall be signed and dated by the medical director or consulting physician as required by this paragraph.

2. No change.

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

1. Risk assessment and screening individuals for both high-risk behavior and symptoms of communicable disease as well as actions to be taken on behalf of individuals identified as high-risk and individuals known to have an infectious disease;

2. HIV and TB testing and HIV pre-test and post-test counseling to high-risk individuals, provided directly or through referral to other healthcare providers which can offer the services; and

3. No change.

(10) No change.

(11) Meals. At least three (3) meals per day shall be provided to individuals in addictions receiving facilities, inpatient detoxification, intensive inpatient treatment, and residential treatment. In addition, at least one (1) snack shall be provided each day. For day or night treatment with community housing and day or night treatment, the provider shall make arrangements to serve a meal to ~~those~~ individuals involved in services a minimum of five (5) hours a day. Individuals with special dietary needs shall be reasonably accommodated. Under no circumstances may food be withheld for disciplinary reasons. The provider shall document and ensure that nutrition and dietary plans are reviewed and approved by a Florida registered dietitian at least annually. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, the Department of Juvenile Justice, or the Department of Management Services are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the respective department.)

(12) Control of Aggression. This applies to all components with the exception of universal direct and indirect prevention services. Providers shall have written documentation of the specific control of aggression technique(s) to be used. Direct care staff shall be trained in control of aggression techniques as required in paragraph 65D-30.0046(1)(b), 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 techniques, direct care staff shall receive training in the specific techniques used.

(a) Justification and Documentation of Use. De-escalation techniques shall be employed before physical intervention techniques are ~~is~~ used. The techniques used shall be documented in the clinical record, and for Addictions Receiving Facilities, if restraint is utilized it shall be reported using the Department's web-based reporting system as described in 65E-5, F.A.C.

(b) Prohibitions. Only addictions receiving facilities may utilize seclusion and restraint. Under no circumstances shall individuals being served be involved in the control of aggressive behavior of other individuals. ~~If physical intervention techniques are used, they shall not restrict or prevent freedom of movement by the individual unless allowable under this chapter.~~ Additionally, aggression control techniques, seclusion, or restraint shall not be employed as punishment or for the convenience of staff. (Inmate treatment programs for substance use disorders operated within or contracted through the Department of Corrections, the Department of Management Services, and Department of Juvenile Justice are exempt from this requirement.)

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

(15)~~(25)~~ Special In-Residence Requirements. Service providers housing individuals for treatment shall only furnish beds to individuals admitted for substance use treatment for the specific level of care for which the individuals meet criteria. Providers that house males and females together within the same facility shall provide separate sleeping arrangements for these individuals, and must have at least one ~~(1) male and one (1) female~~ staff member present ~~available~~ at all times. Providers which serve adults in the same facility as persons under 18 years of age shall ensure individual safety with one-on-one supervision, separate bedrooms, and programming according to age. Providers, aside from Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice, shall not collocate children or adolescents with adults ~~under any circumstances~~. Admitted seventeen-year-olds who turn 18 while completing treatment shall be allowed to stay only if it is clinically indicated, there is one-on-one supervision, and they have separate bedrooms.

(16)~~(26)~~ No change.

(17) Critical Incident Reporting Pursuant to paragraph 397.4103(2)(f) ~~397.419(2)(f)~~, F.S.

(a) Every provider shall develop policies and procedures for submitting critical incidents into the Department's statewide designated electronic system specific to critical incident reporting.

(b) Every provider shall report the following critical incidents within one (1) business day of the incident occurring.

1. Adult Death. An individual 18 years old or older whose life terminates:

a. While receiving services; or

b. When it is known that an adult died within thirty (30) days of discharge from a program.

c. The final classification of an adult's death is determined by the medical examiner. In the interim, the manner of death shall be reported as one of the following:

(I). Accident. A death due to the unintended actions of one's self or another.

(II) Homicide. A death due to the deliberate actions of another.

(III) Natural Expected. A death that occurs, because of, or from complications of, a diagnosed illness for which the prognosis is terminal.

(IV) Natural Unexpected. A sudden death that was not anticipated and is attributed to an underlying disease either known or unknown prior to the death.

(V) Suicide. The intentional and voluntary taking of one's own life.

(VI) Undetermined. The manner of death has not yet been determined.

(VII) Unknown. The manner of death was not identified or made known.

2. Adolescent Arrest. The arrest of an adolescent.

3. Adolescent Death. An individual who is less than 18 years of age whose life terminates:

a. While receiving services; or

b. When it is known that an adolescent died within 30 days of discharge from a program;

c. The final classification of an adolescent's death is determined by the medical examiner. In the interim, the manner of death will be reported as one of the following:

(I) Accident. A death due to the unintended actions of one's self or another.

(II) Homicide. A death due to the deliberate actions of another.

(III) Natural Expected. A death that occurs, because of, or from complications of, a diagnosed illness for which the prognosis is terminal.

(IV) Natural Unexpected. A sudden death that was not anticipated and is attributed to an underlying disease either known or unknown prior to the death.

(V) Suicide. The intentional and voluntary taking of one's own life.

(VI) Undetermined. The manner of death has not yet been determined.

(VII) Unknown. The manner of death was not identified or made known.

4. Adolescent-on-Adolescent Sexual Abuse. Any sexual behavior between adolescents less than 18 years of age which occurs without consent, without equality, or because of coercion.

5. Elopement. An unauthorized absence of any individual.

6. Employee Arrest. The arrest of an employee for a civil or criminal offense.

7. Employee Misconduct. Work-related conduct or activity of an employee that results in potential liability for the Department; death or harm to an individual receiving services; abuse, neglect or exploitation of an individual receiving services; or which results in a violation of statute, rule, regulation, or policy. This includes falsification of records; failure to report suspected abuse or neglect; contract mismanagement; or improper commitment or expenditure of state funds.

8. Missing Adolescent. When the whereabouts of an adolescent in the custody of the Department are unknown and attempts to locate the adolescent have been unsuccessful.

9. Security Incident – Unintentional. An unintentional action or event that results in compromised data confidentiality, a danger to the physical safety of personnel, property, or technology resources; misuse of state property or technology resources; or, denial of use of property or technology resources. This excludes instances of compromised information of individuals in treatment.

10. Sexual Abuse / Sexual Battery. Any unsolicited or non-consensual sexual activity by one individual receiving services to another individual receiving services; or, sexual activity by a service provider employee or other person to an individual receiving services, or an individual receiving services to an employee regardless of the consent of the individual receiving services. This may include sexual battery, as defined in Chapter 794, F.S.

11. Significant Injury to Individuals in Treatment. Any severe bodily trauma received by an individual in a program that requires immediate medical or surgical evaluation or treatment in a hospital emergency department to address and prevent permanent damage or loss of life.

12. Significant Injury to Staff. Any serious bodily trauma received by a staff member as result of a work-related activity that requires immediate medical or surgical evaluation or treatment in a hospital emergency department to prevent permanent damage or loss of life.

13. Suicide Attempt. A potentially lethal act which reflects an attempt by an individual to cause his or her own death as determined by a licensed mental health professional or other licensed healthcare professional.

14. Other. Any major event not previously identified as a reportable critical incident but has, or is likely to have, a significant impact on individuals receiving services, on the Department, such as:

a. Human acts that jeopardize the health, safety, or welfare of individuals receiving services, such as kidnapping, riot, or hostage situation;

b. Bomb or biological/chemical threat of harm to personnel or property involving an explosive device or biological/chemical agent received in person, by telephone, in writing, via mail, electronically, or otherwise;

c. Theft, vandalism, damage, fire, sabotage, or destruction of state or private property of significant value or importance;

d. Death of an employee or visitor while on the grounds of the facility;

e. Significant injury of a visitor while on the grounds of the facility that requires immediate medical or surgical evaluation or treatment in a hospital emergency department to prevent permanent damage or loss of life; or

f. Events regarding individuals receiving services or providers that have led to or may lead to media reports.

~~Incident reporting is required of all providers and shall be conducted in accordance with Children and Families Operating Procedure 215-6, incorporated herein by reference. Copies of CFOP 215-6 may be obtained from the Department of Children and Families, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700, and http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX.~~

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

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

(20) Telehealth Services.

~~(a) Telehealth services applies to intensive outpatient, day or night treatment, day or night treatment with community housing, outpatient, intervention, aftercare, and prevention.~~ Prior to initiating services utilizing telehealth ~~services~~, providers shall submit detailed procedures outlining which services they intend to provide as described in s. 65D-30.003(1)(l), F.A.C. Providers delivering any services by telehealth are responsible for the quality of the equipment and technology employed and are responsible for its safe use. Providers utilizing t~~T~~elehealth equipment and technology must be able to ~~provide the same information to staff which will enable them to~~ meet or exceed the prevailing standard of care. ~~Eligible~~ Service providers ~~approved to deliver telehealth services~~ must meet the following additional requirements:

(a)~~1.~~ Must be capable of two (2)-way, real-time electronic communication, and the security of the technology must be in accordance with applicable federal confidentiality regulations 45 CFR § 164.312 ~~42 CFR, Part 164.312~~;

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

(c)~~3.~~ Clinical screenings, assessments, medication management, and counseling are the only services allowable through telehealth; and

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

(21) Group Counseling. The maximum number of individuals allowed in a group session is 15 ~~fifteen~~.

(22) Overdose Prevention

(a) All providers must develop overdose prevention plans. All staff must have a working knowledge of the overdose prevention plan. Overdose prevention plans shall include:

1. Education about the risks of overdose, including having a lower tolerance for opioids if the individual is participating in an abstinence-based treatment program or is being discharged from a medication-assisted treatment program.

2. Information about Naloxone, the medication that reverses opioid overdose, including how to use Naloxone and where and how to access it.

(b) Providers who maintain an emergency overdose prevention kit must develop and implement a plan to train staff in the prescribed use and the availability of the kit for use during all program hours of operation.

(c) Overdose prevention plans must be shared with individuals upon admission and discharge from treatment, regardless of the reason for discharge.

(d) Providers must offer overdose prevention information as described in subparagraphs (22)(a)1-2 of this rule to individuals placed on a waitlist to receive treatment services.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321, 397.4014, 397.4073, 397.4075, 397.410, 397.4103, 397.411, ~~397.416~~, FS. History–New 5-25-00, Amended 4-3-03, 12-12-05, ____.

65D-30.0041 Clinical Records

(1) Clinical Records.

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

The record management system shall meet the following additional requirements:

1. through 2. No change.

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

4. through 5. No change.

(b) Record Retention and Disposition. In the case of individual clinical records, records shall be retained for a minimum of seven (7) years. The disposition of clinical records shall be carried out in accordance with Title 42, Code of Federal Regulations, Part 2, and subsection 397.501(7), F.S. If any litigation claim, negotiation, audit, or other action involving the records has been started before the expiration of the seven-year period, the records shall be retained until completion of the action and resolution of all issues which arise from such actions. ~~In addition, records shall be maintained in accordance with Children and Families Operating Procedures (CFOP) 15-4, Records Management, and Children and Families Pamphlet (CFP) 15-7, Records Retention Schedule used by Children and Families, incorporated herein by reference. Copies of CFOP 15-4 and CFP 15-7 may be obtained from the Department of Children and Families, Office of Substance Abuse and Mental Health, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700, and http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX.~~ (Juvenile Justice commitment programs and detention facilities operated by or under contract with the Department of Juvenile Justice, Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from these ~~the~~ requirements.) ~~found in the Children and Families Operating Procedures (CFOP) 15-4, Records Management, and Children and Families Pamphlet (CFP) 15-7, Records Retention Schedule. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements found in the Children and Family Services Operating Procedures (CFOP) 15-4, Records Management, and the Children and Families Pamphlet (CFP) 15-7, Records Retention Schedule.)~~

(c) Information Required in Clinical Records.

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

a. Name and address of the individual receiving services and referral source;

b. through f. No change.

g. Physical health assessment, when conducted;

h. through i. No change.

j. Individual placement information, including the signature of the person who recommended placement at the level of care;

k. through t. No change.

In the case of clinical ~~medical~~ records developed and maintained by the Department of Corrections or the Department of Management Services on inmates participating in inmate substance abuse programs, or Juvenile

Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice, such records shall not be made part of information required in subparagraph (1)(c) above.

2~~1~~. Records regarding substance use ~~abuse~~ treatment shall be made available to authorized agents of the Department only on a need-to-know basis.

2. through 3. are renumbered 3. through 4. No change.

5~~4~~. The following applies to indicated prevention ~~activities for selective populations~~. Information shall include:

a. through j. No change.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(3)(c), 397.4014, ~~397.4075,~~ 397.410, 397.4103, FS. History–New.

65D-30.0042 Clinical and Medical Guidelines.

(1) Screening. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication-assisted treatment for opioid addiction, and intervention. If the screening is not completed by a qualified professional, then it shall be countersigned and dated by a qualified professional.

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

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

(b) through (d) No change.

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

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

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

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

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

b. No change.

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

For the components identified in sub-subparagraphs 2.a. and 2.b., the medical history shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the

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

3. Physical Examination. A physical examination shall be completed on each individual in the level of service indicated below.

a. No change.

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

c. For residential treatment, the physical examination shall be completed within 30 calendar days prior to placement or three (3) calendar days after placement. In cases where an individual is placed directly into residential treatment from detoxification or intensive inpatient treatment, the physical examination completed on the individual while in detoxification or intensive inpatient treatment may be accepted.

d. For methadone medication-assisted treatment for opioid addiction, the physical examination shall be completed prior to administration of the initial dose of methadone. In emergency situations the initial dose may be administered prior to the examination. Within five calendar days of the initial dose, the physician shall document in the clinical record the circumstances that prompted the emergency administration of methadone and sign and date these entries.

For components identified in sub-subparagraphs 3.a.-d., the physical examination shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the examination shall be reviewed, signed and dated by the physician in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. In cases where an individual is placed directly into residential treatment from detoxification or intensive inpatient treatment, the physical examination completed on the individual while in detoxification or intensive inpatient treatment may be accepted.

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

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

b. No change.

5. Pregnancy Test. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, and methadone medication-assisted treatment for opioid addiction. Female individuals ~~individual~~ shall be evaluated by a physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., to determine the necessity of a pregnancy test. In ~~those~~ cases where it is determined necessary, individuals shall be provided testing services directly or be referred within 24 hours following placement.

6. Tests for Sexually Transmitted Diseases and Tuberculosis. A serological test for sexually transmitted diseases ~~HIV and hepatitis C~~ and a screening test for tuberculosis to determine the need for a Mantoux test shall be conducted on each individual by the provider, or through appropriate referral in instances where a provider cannot or does not provide the testing or screening. Department of Health testing requirements can be found in rule 64D-2.004 and Chapter 64D-3, F.A.C.

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

b. No change.

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

the individual record.

8. No change. 8. Additional Requirements for Intensive Inpatient Treatment, and Residential Treatment. If an individual is readmitted within 90 calendar days of discharge to the same provider, a physical examination shall be conducted as prescribed by the physician. If an individual is readmitted to the same provider after 90 calendar days of the discharge date, the individual shall receive a complete physical examination.

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

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

b. A physical examination shall be conducted on individuals who are placed directly into treatment from another provider unless a copy of the examination accompanies the individual and the examination was completed within the year prior to placement. In ~~those~~ instances where a copy of the examination is not provided because of circumstances beyond the control of the referral source, the physician shall conduct a physical examination within five calendar days of placement.

(b) Psychosocial Assessment.

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

a. through m. No change.

n. Documentation of determination of placement utilizing a validated tool used for service determination.

o. Documentation of appropriateness of level of care countersigned by the qualified professional or clinical supervisor.

2. through 3. No change.

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

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

a. No change.

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

(I) No change.

(II) If an ~~a~~ individual is placed with the receiving provider later than seven (7) calendar days following discharge from the provider that initiated the referral or transfer, but within 180 calendar days, the qualified professional of the receiving provider will determine the extent of the update needed; and

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

(c) Co-occurring Mental Illness and Other ~~Special~~ Needs. The assessment process shall include the identification of individuals with mental illness and other needs. Such individual shall be accommodated directly or through referral. A record of all services provided directly or through referral shall be maintained in the individual's clinical record.

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

65D-30.0043 Placement

(1) Criteria and Operating Procedures. This requirement applies to addictions receiving facilities, inpatient and

outpatient detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, outpatient treatment, intervention, intensive outpatient, and methadone medication-assisted treatment for opioid addiction. Providers shall have operating procedures that clearly state the criteria for admitting, retaining, transferring, and discharging individuals. This includes procedures for implementing these placement requirements.

(2) No change.

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

(a) No change.

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

1. through 2. No change.

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

4. through 10. No change.

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

(4) Transfer and Discharge. Providers must ensure safe and orderly transfers and discharges in accordance with the facility's policies and procedures and in compliance with 42 CFR Part 2.

(a) No change.

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

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

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

3. The individual leaves against medical advice.

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

65D-30.0044 Plans, Progress Notes, and Summaries

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

(a) No change.

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

1. No change.

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

3. through 4. No change.

5. For outpatient treatment, treatment plan reviews shall be completed every 90 calendar days for the first year and every six (6) months thereafter.

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

c) Progress Notes. Progress notes shall be entered into the clinical record documenting an individual's progress or lack of progress toward meeting treatment plan goals and objectives. When a single service event is documented,

the progress note must be signed and dated by the person providing the service and shall include the credentials of the person who signed the notes. When more than one (1) service event is documented, progress notes may be signed by any clinical staff member assigned to the individual. The following are requirements for recording progress notes:

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

2. through 3. No change.

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

(2) Ancillary Services. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, aftercare, and medication-assisted treatment for opioid addiction. Ancillary services shall be provided directly or through referral in ~~those~~ instances where a provider cannot ~~can not~~ or does not provide certain services needed by an ~~a~~ individual. The provision of ancillary services shall be based on individual needs as determined by the treatment plan and treatment plan reviews. In ~~those~~ cases where individuals need to be referred for services, the provider shall use a case management approach by linking individuals to needed services and following-up on referrals. All such referrals shall be initiated and coordinated by the individual's primary counselor or other designated clinical staff who shall serve as the individual's case manager. A record of all such referrals for ancillary services shall be maintained in the clinical record, including whether or not a linkage occurred or documentation of efforts to confirm a linkage when confirmation was not received.

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

(a) Prevention Plan. For individuals receiving indicated ~~involved in selective~~ prevention services as described in paragraph 65E-14.021(4)(v) ~~65D-30.013(3)(a)3.~~, F.A.C., a prevention plan shall be completed within 45 calendar days ~~of placement~~. Prevention plans shall include goals and objectives designed to reduce risk factors and enhance protective factors. The prevention plan shall be reviewed and updated every 60 calendar days from the date of completion of the plan. The prevention plan shall be signed and dated by staff who developed the plan and signed and dated by the individual.

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

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

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

(4)~~(5)~~ Discharge and Transfer Summaries. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication-assisted treatment for opioid addiction, aftercare, and intervention.

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

completed within 15 business days and signed and dated by a primary counselor.

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

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

65D-30.0045 Rights of Individuals

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

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

(c) Implementation of Individual Rights Requirements by Department of Corrections and Department of Management Services. In lieu of the requirements of this subsection, the rights of individuals in ~~and in the case of~~ Substance Abuse Programs:

1. O~~o~~perated by ~~or under contract with~~ the Department of Corrections shall be protected by the policies and procedures established by the Department of Corrections.

2. Under contract with the ~~or~~ Department of Management Services shall be protected by the terms of the contract. ~~adhere to the requirements found in Chapter 33-103, F.A.C., titled Inmate Grievance Procedure~~.

(2) Individual Employment. Providers shall ensure that all work performed on behalf of the provider by an individual receiving services is voluntary, justified by the treatment plan, and that all wages, if any, are in accordance with applicable wage and disability laws and regulations.

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

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

(a) No change.

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

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

1. No change.

2. Overdose prevention training which must be renewed biennially. The training shall include, at a minimum, information about:

a. Risk factors for overdose;

b. Overdose recognition and response; and

c. Naloxone, the medication that reverses opioid overdose, including how to use Naloxone and the importance of individuals at risk of opioid overdose and their friends and family having access to Naloxone.

3. No change.

4. For direct care ~~those~~ staff working in component services identified in subsection 65D-30.004(12), F.A.C., two (2) hours of training in control of aggression techniques and two (2) hours annually thereafter.

5. Staff performing nursing support functions must be trained in those services prior to performing that function.

6~~5~~. For all direct care staff, training and certification in cardiopulmonary resuscitation (CPR) and ~~/f~~First aid ~~AID~~. Staff must maintain CPR and ~~/f~~First aid ~~AID~~ certification and a copy of the valid certificate must be filed in

the personnel record.

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

1. Prevention and control of infection i~~I~~n inpatient and residential setting~~s, prevention and control of infection~~;

2. through 3. No change.

4. Rights of individuals ~~indivudals~~ served;

5. Federal law, 42 CFR, Part 2, and sections 397.334(10), 397.501(7), 397.752, F.S. ~~applicable state laws regarding confidentiality~~.

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

(f) through (g) No change.

(h) Medication Administration Training Requirements. Training is required before personnel may supervise the self-administration of medication. At least two and a half (2.5) ~~four (4)~~ hours of training is required which may be conducted only by licensed practical nurses, licensed registered nurses or advanced practice ~~Advance~~ r~~R~~egistered nurses ~~Nurse Practitioners~~. Personnel responsible for training must certify by signed document or certificate the competency of unlicensed staff to supervise the self-administration of medication. Proof of training shall be documented in the personnel file and shall be completed prior to implementing the supervision of self-administration of medication.

(i) In addition ~~addtion~~ to the requirements of paragraph (h), self-administration of medication ~~adminsitration~~ training must include step-by-step procedures, covering, at a minimum, the following subjects:

1. No change.

2. Comprehensive understanding of and compliance with medication instructions on a prescription ~~perscription~~ label, a healthcare practitioner's order, and proper completion of medication observation ~~adminsitration~~ record (MOR) ~~(MAR)~~ form;

3. No change.

4. The proper administration of oral, transdermal, ophthalmic ~~opthalmic~~, otic, rectal, inhaled or topical medications;

5. through 10. No change.

(2) Clinical Supervision. A qualified professional~~, as defined in subsection 65D-30.002(68), F.A.C.,~~ shall supervise clinical services, as permitted within the scope of their qualifications. In addition, all licensed and unlicensed staff shall be supervised by a qualified professional. In the case of medical services, medical staff may provide supervision within the scope of their license. Supervisors shall conduct regular reviews of work performed by subordinate employees. Clinical supervision may include supervisory participation in treatment planning meetings, staff meetings, observation of group sessions and private feedback sessions with personnel. The date, duration, and content of supervisory sessions shall be clearly documented for staff in each licensed component and made available for Department review.

(3) Scope of Practice. Unless licensed under Chapter 458, 459, 464, 490 or 491, F.S., non-medical clinical staff providing clinical services specific to substance use are limited to the following tasks unless otherwise specified in this rule:

(a) through (d) No change.

~~(e) Service coordination and case management;~~

(f) through (k) are redesignated (e) through (j) No change.

(4) Staff Qualifications. Staff must provide services within the scope of their professional licensure; ~~or~~ certification; or training, ~~protocols,~~ and competence in applicable clinical protocols. Minimum staff qualifications apply to the type of task and licensable components listed below. A master's level or bachelor's level practitioner must hold a degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education, or a related human services field. Certification must be

obtained through a Department approved credentialing entity.

(a) Clinical services, including expressive therapy and crisis intervention, and recovery support services intending to engage or reengage an individual into treatment must be provided by one (1) of the following practitioners:

1. Qualified professional.~~,~~

2. The following staff, working directly under the supervision of a qualified professional:

a. Bachelor's or master's level practitioner.

b. Registered marriage and family therapy, clinical social work, and mental health counseling interns.

c. Certified addiction counselors. These staff may provide services listed in subsections (3)(a)-(g) and (i)-(k) of this rule.

d. Certified recovery peer specialist or certified recovery support specialist. These staff may provide services listed in subsections (3)(a)-(g) and (j)-(k) of this rule.

~~2. A bachelor's or master's level practitioner, including registered marriage and family therapy, clinical social work, and mental helath counseling interns, working directly under the supervision of a qualified professional licensed under chapters 458, 459, 490, or 491, F.S.~~

~~(b) Training/education, intervention, and aftercare services must be provided by one (1) of the following practitioners:~~

~~1. Any practitioners described in paragraph (4)(a) of this section.~~

~~2. A certified recovery peer specialist or certified recovery support specialist working under the supervision of a bachelor's level practitioner or a certified recovery peer specialist with a minimum of two (2) years of experience working with individuals with substance use disorders."~~

65D-30.0047 Facility Standards.

Facility standards in paragraphs (1)-(11) below apply to addictions receiving facilities, inpatient detoxification facilities, intensive inpatient treatment, and residential treatment facilities. Facility standards in paragraphs (6)-(11) apply to outpatient detoxification, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and methadone medication-assisted treatment for opioid addiction.

(1) Grounds. Each facility and its grounds shall be designed to meet the needs of the individuals served, the service objectives, and the needs of staff and visitors. Providers shall afford each individual access to the outdoors. Access may be restricted in ~~those~~ cases where the individual presents a clear and present danger to self or others or is at risk for elopement.

(2) through (5) No change.

(6) Safety. Providers shall ensure the safety of individuals receiving services ~~individual~~, staff, visitors, and the community to the extent allowable by law.

(7) Managing Disasters. Providers shall have written disaster preparedness plans as outlined in 65E-12.106(12)(a) ~~65E-12.106(12)(e)1.b.~~, F.A.C. In addition, the plan shall include procedures for the transfer of any individuals to other providers. In the cases of emergency temporary relocation, a provider must deliver or arrange for appropriate care and services to all individuals. All such plans shall be provided to the regional office upon request. The chief executive officer shall review, sign, and date the plan at least annually.

(8) No change.

(9) Hazardous Conditions. Buildings, grounds, equipment, and supplies shall be maintained, repaired, and cleaned so that they are not hazardous to the health and safety of individuals receiving services, staff, or visitors.

(10) No change.

(11) Compliance with Local Codes. All licensed facilities used by a provider, including community housing, shall comply with local fire safety standards enforced by the State Fire Marshal, pursuant to Section 633.104, F.S., rules established pursuant to Rule Chapter 69A-44, F.A.C., and with health and zoning codes enforced at the local level. Providers shall update and have proof of compliance with local fire and safety and health inspections annually for applicable components. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services, and Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from this requirement.)

65D-30.0049 Voluntary and Involuntary Placement

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

(a) Eligibility Determination.

1. Voluntary Placement. To be considered eligible for treatment on a voluntary basis, an applicant for services must meet diagnostic criteria for substance use disorders utilizing a validated tool used for service determination. ~~The ASAM criteria shall be used to determine service determination.~~

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

(b) Provider Responsibilities Regarding Involuntary Placement.

1. Persons who are involuntarily placed shall be served only by licensed service providers as defined in subsection 397.311(25) ~~397.311(19)~~, F.S., and only in those components permitted to admit individuals on an involuntary basis.

2. through 3. No change.

4. In ~~those~~ cases in which the court ordering involuntary treatment includes a requirement in the court order for notification of proposed release, the provider must notify the original referral source in writing. Such notification shall comply with legally defined conditions and timeframes and conform to confidentiality regulations found in Title 42, Code of Federal Regulations, Part 2, and subsection 397.501(7), F.S.

(c) through (d) No change.

(2) For persons with a co-occurring ~~co-occuring~~ substance use and mental health disorder, providers shall develop and implement operating procedures for serving or arranging for services.

Rulemaking Authority 397.321(5) FS. Law Implemented ~~Chapter 397, Part V,~~ 397.321, 397.501, 397.601, 397.675, 397.6751, FS. History–New.

65D-30.005 Standards for Addictions Receiving Facilities.

An addictions receiving facility is a secure, acute-care or sub-acute, residential facility operated 24 hours-per-day, 7 days-per-week, designated by the Department to serve individuals found to be substance use impaired as described in Section 397.675, F.S., and who meet the placement criteria for this component. In addition to Rule 65D-30.004, F.A.C., the following standards apply to addictions receiving facilities.

(1) Designation of Addictions Receiving Facilities. The Department shall designate addictions receiving facilities. The provider shall indicate on the licensure application for this service component that designation is requested. Once the designation request is received by the Regional Substance Abuse and Mental Health Program Office, the Regional Substance Abuse and Mental Health Program Director shall submit a written recommendation to the Office of Substance Abuse and Mental Health headquarters in Tallahassee, Florida. The headquarters Director of Substance Abuse and Mental Health may approve or deny the request and shall respond in writing to the Chief Executive Officer of the requesting provider.

(a) Criteria for Department approval of addictions receiving facility designation:

1. The Department ensures provider's policies and procedures achieve at least 80 percent compliance with applicable licensing standards; and

2. The Department assesses that the provider is capable of providing a secure, acute care facility to include compliance with seclusion and restraint; and

3. A Regional Substance Abuse and Mental Health Director recommends in writing that the Department designate the provider's facility as a designated addictions receiving facility.

(b) If the request is denied, the response shall specify the reasons for the denial. If the request is approved, the response shall include a certificate designating the facility. The designation shall be valid for as long as the provider's license for the addiction receiving facility is valid ~~three (3) years~~.

(2) Services.

(a) Stabilization and Detoxification. Following the nursing physical screen, and in ~~those~~ cases where medical emergency services are unnecessary, the individual shall be stabilized in accordance with their presenting condition. Detoxification shall be initiated if this course of action is determined to be necessary.

(b) through (c) No change.

(3) through (5) No change.

(6) Exclusionary Criteria for Addictions Receiving Facilities. Persons ineligible for admission include:

(a) Persons found not to be using substances or whose substance use is at a level which permits them to be served in another component, with the exception of ~~those~~ persons admitted for purposes of securing an assessment for the court; and

(b) No change.

(7) through (13) No change.

(14) Seclusion and Restraint.

(a) Addictions receiving facilities may utilize seclusion and restraint. If seclusion or restraint is utilized, addictions receiving facilities shall adhere to all standards and requirements for seclusion and restraint as described in rule ~~Chapter~~ 65E-5.180(7), F.A.C.

65D-30.006 Standards for Detoxification.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to detoxification.

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

(1)~~(2)~~ No change.

(3)~~(2)~~ Inpatient Detoxification.

(a) through (c) No change.

(d) Staffing Requirement and Bed Capacity. The staffing requirement for nurses and nursing support personnel for each shift shall be as follows:

Licensed Bed Capacity	Nurses	Nursing Support
1-15	1	1
16-20	1	2
21-30	2	2

The number of nurses and nursing support staff shall increase in the same proportion as the requirement described above. In ~~those~~ instances where an inpatient detoxification component and a licensed crisis stabilization unit are co-located, the staffing requirement for the combined components shall conform to the staffing requirement of the component with the more restrictive requirements.

(4)~~(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. No change.

2. The individual's family or support system, for the purpose of observing the individual ~~client~~ during the detoxification process, and for monitoring compliance with the medical protocol;

3. through 5. No change.

(b) Drug ~~and Alcohol Toxicology~~ Screening. A drug and alcohol screen shall be conducted at admission. Thereafter, the program shall require random drug and alcohol screening for each individual in accordance with the provider's medical protocol.

(c) through (e) No change.

(5)~~(4)~~ Additional Requirements for the Use of Methadone in Detoxification. In ~~those~~ cases where a provider uses methadone in the detoxification protocol, the provider shall comply with the minimum standards found under subsection 65D-30.006(2), F.A.C., if methadone is provided as part of inpatient detoxification, and subsection 65D-30.006(3), F.A.C., if methadone is provided as part of outpatient detoxification. In either case, methadone may be used short-term, no more than 30 days or long-term, no more than 180 days. Short-term detoxification is permitted on an inpatient and an outpatient basis while long-term detoxification is permitted on an outpatient basis only. A provider shall not admit an individual in more than two (2) detoxification episodes in one (1) year. The physician or other medically qualified professional designee identified in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., shall assess the individual upon admission to determine the need for other forms

of treatment. Providers shall also comply with the standards found under subsection 65D-30.014(4), F.A.C., with the exception of the following conditions:

(a) through (c) No change.

(5) No change.

65D-30.0061 Standards for Intensive Inpatient Treatment.

(1) Intensive Inpatient Treatment includes a planned regimen of evaluation, observation, medical monitoring, and clinical protocols delivered through an interdisciplinary team approach provided 24 hours-per-day, 7 days per week in a hospital setting.

(2)~~(1)~~ Admission Criteria. Intensive inpatient treatment is appropriate for individuals whose acute biomedical, behavioral, cognitive, and emotional problems are severe enough to require primary medical and nursing care. These individuals may exhibit violent or suicidal behaviors, or other severe disturbances due to substance use ~~abuse~~. Program services may be offered in an appropriately licensed facility located in a community setting, a specialty unit in a general or psychiatric hospital, or other licensed health care facility. In addition to Rule 65D-30.004, F.A.C., the following standards apply to intensive inpatient treatment.

(3)~~(2)~~ Specialized Services. Providers shall make provisions to meet the needs of individuals with a co-occurring substance use ~~abuse~~ and mental health disorder, and related biomedical disorders. This includes protocols for:

(a) through (e) No change.

(f) Providing co-occurring enhanced services utilizing best practices ~~as defined in the American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Disorders, Third Edition 2013~~; and

(g) No change.

(4)~~(3)~~ Standard Services. Standard services shall include a specified number of hours of counseling as provided for in subsection 65D-30.0061(5)~~(4)~~, F.A.C. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed below be provided. Services shall be provided in accordance with the needs of the individual as identified in the assessment and treatment plan as follows:

(a) through (b) No change.

(c) Counseling with family members or members of the individual's ~~families or~~ support system;

(d) Substance-related and recovery-focused education, such as strategies for avoiding substance use ~~abuse~~ or relapse, information regarding health problems related to substance use, motivational enhancement, and strategies for achieving a substance-free lifestyle;

(e) No change.

(f) Expressive therapies, such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual with alternative means of self-expression and problem resolution;

(g) through (h) No change.

(i) Mental health services for the purpose of:

1. through 3. No change.

4. If the provider is not staffed to address primary mental health problems which may arise during treatment, the provider should initiate ~~intitiate~~ a timely referral to an appropriate provider for mental health crises or for the emergence of a primary mental health disorder in accordance with the provider's policies and procedures.

(4) through (8) are renumbered (5) through (9) No change.

Rulemaking Authority 397.321(5) FS. Law Implemented ~~397.311(18)(c)~~, 397.321(1), 397.4103, ~~397.419~~ FS. History–New 12-12-05, Amended ____.

65D-30.007 Standards for Residential Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to residential treatment.

(1) Residential treatment is a service provided in a structured and supervised live-in environment within a nonhospital or free standing setting 24 hours-per-day, 7 days-per-week, and is intended for individuals who meet the placement criteria for this component. For the purpose of these rules, there are four (4) levels of residential treatment

that vary according to the type, frequency, and duration of services provided.

(2)~~(1)~~ Facilities Not Required to be Licensed as Residential Treatment. Licensure as residential treatment, as defined in paragraph 65D-30.002(16)(d), F.A.C., shall not apply to facilities that only provide ~~that provides only~~ housing, meals, or housing and meals to individuals who are substance use impaired or in recovery. These facilities do not provide clinical services, but may arrange for or provide support groups such as Alcoholics Anonymous and Narcotics Anonymous. All other facilities providing services to individuals, ~~residents as defined in subsection 397.311(22), 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.

(3)~~(2)~~ Levels of Residential Treatment. For the purpose of this rule, there are four levels of residential treatment. In each level, treatment shall be structured to serve individuals ~~residents~~ 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 individual's ~~resident's~~ recovery. Individuals ~~Residents and clients~~ will be placed in a level of residential treatment that is based on their treatment needs and circumstances. Because treatment plans should be specific to the individual ~~resident~~, length of stay and duration of treatment shall be dependent upon the individual's ~~resident's~~: a) severity of illness or disorder, b) level of functioning, and c) clinical progress in treatment and outcomes based on individualized treatment goals for all levels of residential treatment.

(a) Level 1 programs offer organized treatment services that feature a planned and structured regimen of care in a 24-hour residential setting. These programs are more than a 24-hour supported living environment (like those in level 4), and are a 24-hour treatment setting. There are two (2) categories of treatment under this level of care.

1. Adult Level 1 programs are appropriate for adults age 18 years and older with a substance use disorder or a co-occurring ~~co-occuring~~ mental health and substance use disorder who have sub-acute biomedical, behavioral, emotional, or cognitive conditions severe enough that they require treatment in a Level 1 program, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. This level includes programs that provide services on a short-term basis. The emphasis is on an intensive regimen of clinical services using a multidisciplinary team approach. Services may include some medical services based on the needs of the individual ~~resident~~.

2. Adolescent Level 1 programs are appropriate for adolescents under the age of 18 years with a substance use disorder or who have a co-occurring substance use ~~disorders~~ and mental health disorder or symptoms. This level is often necessary to help change negative patterns of behavior, thinking, and feeling that predispose one to substance use and to develop skills to maintain a substance-free life. Services should take into account the different developmental needs based on the age of the adolescent and address any deficits in behavioral, cognitive, and social-emotional development often associated with substance use during the adolescent period. Seventeen-year-olds who turn 18 while completing treatment shall be allowed to stay only if it is clinically indicated, there is one-on-one supervision, and they have separate bedrooms.

(b) Level 2 programs are structured rehabilitation-oriented group facilities that serve persons with a substance use disorder or a co-occurring ~~co-occuring~~ mental health and substance use ~~abuse~~ disorder who have significant deficits in independent living skills and need extensive support and supervision. Programs include those referred to as therapeutic communities or some variation of therapeutic communities and are longer term than Level 1. There are two (2) categories of treatment under this level of care.

1. Adult Level 2 programs are appropriate for adults age 18 years and older with a substance use disorder or a co-occurring mental health and substance use disorder who have multi-dimensional needs of such severity that they cannot safely be treated in less intensive levels of care. This level is appropriate for adults who may experience significant social and psychological deficits, such as chaotic, and often abusive, interpersonal relationships; criminal justice involvement; prior treatment in less restrictive levels of care; inconsistent work histories and educational experiences; homelessness or inadequate housing; or anti-social behavior. In addition to clinical services, considerable emphasis is placed on services that address the individual's ~~resident's~~ educational and vocational needs, socially dysfunctional behavior, and need for stable housing upon discharge. It also includes services that promote continued abstinence from substance use upon the individual's ~~resident's~~ return to the community.

2. No change.

(c) Level 3 programs are appropriate for adults age 18 years and older with a substance use disorder or a co-occurring mental health and substance ~~abuse~~ use disorder whose cognitive functioning has been severely impaired from the chronic use of substances, either temporarily or permanently. This would include individuals who have varying degrees of organic brain disorder or brain injury or other problems that require extended care. The emphasis is on providing services that work on cognitive problems and activities of daily living, socialization, and specific skills to restore and maintain independent living. Typically, services are slower paced, more concrete, and repetitive. This level excludes adolescent programs.

(d) Level 4 programs are appropriate for ~~service~~ adults or adolescents with a substance use disorder or a co-occurring ~~co-occuring~~ mental health and substance ~~abuse~~ use disorder and provide services on a short-term basis. This level is appropriate for individuals who have completed other levels of residential treatment, particularly levels 2 and 3. This includes individuals who have functional limitations in application of recovery skills, self-efficacy, or a lack of connection to the community systems of work, education, or family life. Although clinical services are provided, the emphasis is on services that are low-intensity and emphasize a supportive environment. This includes services that focus on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual into work, education, and family life.

(4)~~(3)~~ Services. Each individual ~~resident~~ shall receive services each week, including counseling, as provided for in subsection 65D-30.007(5), F.A.C. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, as defined in section 65D-30.002, F.A.C., it is not intended that all services listed below be provided. For individuals participating under subsections 65D-30.0037(6) and 65D-30.0048, F.A.C., services shall be provided in accordance with the terms and conditions of the Department of Corrections' contract with the provider. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection, but shall provide such services as required in the policies, standards, and contractual terms and conditions established by the Department of Juvenile Justice. Otherwise, services shall be provided in accordance with the needs of the individual ~~resident~~, as identified in the treatment plan as follows:

(a) through (b) No change.

(c) Counseling with family members or members of the individual's support system ~~families~~;

(d) through (e) No change.

(f) Expressive therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual ~~resident~~ with alternative means of self-expression and problem resolution, and other therapies such as evidence-based practices and interventions for substance use or co-occurring conditions;

(g) No change.

(h) Employment or educational support services to assist individuals ~~residents~~ in becoming financially independent; and

(i) Mental health services for the purpose of:

1. Managing individuals ~~residents~~ with disorders who are stabilized;

2. Evaluating individuals' ~~residents'~~ needs for in-depth mental health assessment;

3. Training individuals ~~residents~~ to manage symptoms; and~~,~~

4. No change.

(5)~~(4)~~ No change.

(6)~~(5)~~ Required Hours of Services.

(a) For Level 1, each individual ~~resident~~ shall receive services each week in accordance with subsection 65D-30.007(5), F.A.C., including at least 14 hours of counseling.

(b) For Level 2, each individual ~~resident~~ shall receive services each week in accordance with subsection 65D-30.007(5), F.A.C., including at least 10 hours of counseling.

(c) For Level 3, each individual ~~resident~~ shall receive services each week in accordance with subsection 65D-30.007(5), F.A.C., including at least 4 hours of counseling.

(d) For Level 4, each individual ~~resident~~ shall receive services each week in accordance with subsection 65D-30.007(5), F.A.C., including at least 2 hours of counseling.

In ~~those~~ instances in which it is determined that an individual ~~a resident~~ requires fewer hours of counseling in any of the levels of residential treatment, this shall be documented and justified in the individual's ~~resident's~~ treatment plan

and approved by the qualified professional.

(7)~~(6)~~ Transportation. Each provider shall arrange for or provide transportation services to individuals ~~residents~~ who are involved in activities or in need of services, such as mental health, dental, public health, and social services, that are provided at other facilities.

(8)~~(7)~~ No change.

(9)~~(8)~~ Caseload. No primary counselor may have a caseload that exceeds 15 currently participating individuals ~~residents~~.

65D-30.0081 Standards for Day or Night Treatment with Community Housing.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to day or night treatment with community housing.

(1) Day or Night Treatment with Community Housing is provided on a nonresidential basis at least five (5) hours each day and at least 25 hours each week and is intended for individuals who can benefit from living independently in peer community housing while undergoing treatment. ~~Description.~~ Day or night treatment with community housing is appropriate for individuals ~~adults~~ who do not require structured, 24 hours a day, 7 days a week residential treatment. The housing must be provided and managed by the licensed service provider, including room and board and any ancillary services needed, such as supervision, transportation, and meals. Activities for day or night treatment with community housing programs emphasize rehabilitation and treatment services using multidisciplinary teams to provide integration of therapeutic and family services. This component allows individuals to live in a supportive, community housing location while participating in treatment. Treatment shall not take place in the housing where the individuals live, and the housing is utilized solely for the purpose of assisting individuals in making a transition to independent living. Individuals who are considered appropriate for this level of care:

(a) through (f) No change.

(2) Services. Services shall include counseling as provided for in subsection 65D-30.0081(2), F.A.C. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling and life skills training, it is not intended that all services listed be provided. For individuals participating under subsection 65D-30.0048, F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the individual as identified in the assessment and treatment plan, as follows:

(a) through (e) No change.

(f) Expressive therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual with alternative means of self-expression and problem resolution;

(g) through (j) No change.

(3) No change.

(4) Required Hours of Services. Each individual shall receive a minimum of 25 hours of services per week in accordance with subsection 65D-30.0081(2), F.A.C. This shall include individual counseling, group counseling, or counseling with families or support systems. In ~~those~~ instances where a provider requires fewer hours of participation in the latter stages of the individual's treatment process, this shall be clearly described and justified as essential to the provider's objectives relative to service delivery.

(5) through (7) No change.

65D-30.009 Standards for Day or Night Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to day or night treatment.

(1) Services. Each individual ~~client~~ shall receive services each week. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed be provided. For individuals participating under subsections 65D-30.0037(6) and 65D-30.0048, F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the individual as identified in the assessment and treatment plan, as follows:

(a) through (c) No change.

(d) Substance-related and recovery-focused education, such as strategies for avoiding substance use ~~abuse~~ or

relapse, information regarding health problems related to substance use ~~abuse~~, motivational enhancement, and strategies for achieving a substance-free lifestyle;

(e) No change.

(f) Expressive therapies, such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual with alternative means of self-expression and problem resolution;

(g) through (i) No change.

(2) Required Hours of Services. For day or night treatment, each individual shall receive a minimum of at least ~~four or more consecutive hours of services per day for~~ three (3) hours per day, 12 hours of services per week ~~days~~ in accordance with subsection 65D-30.009(1), F.A.C. This shall include individual counseling, group counseling, or counseling with families or support system, which shall be provided by clinical staff. In ~~those~~ instances where a provider requires fewer hours of individual 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) through (5) No change.

65D-30.0091 Standards for Intensive Outpatient Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to intensive outpatient treatment.

(1) ~~Services.~~ Intensive outpatient services are non-residential, structured treatment providing counseling and education focusing mainly on addiction-related and mental health issues. This community-based treatment allows the individual to apply skills in real world environments. Each individual shall receive structured services each day that include ancillary psychiatric and medical services ~~week~~. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed be provided. For individuals participating under subsections 65D-30.0037(6) and 65D-30.0048, F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the individual as identified in the assessment and treatment plan, as follows:

(a) through (c) No change.

(d) Substance-related and recovery-focused education, such as strategies for avoiding substance use ~~abuse~~ or relapse, information regarding health problems related to substance use ~~abuse~~, motivational enhancement, and strategies for achieving a substance-free lifestyle;

(e) through (h) No change.

(2) Required Hours of Services. For intensive outpatient treatment, each individual shall receive at least three (3) hours per day, nine (9) hours of services per week, in accordance with subsection 65D-30.0091(1), F.A.C., including counseling.

(3) through (5) No change.

65D-30.010 Standards for Outpatient Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to outpatient treatment.

(1) Outpatient treatment is provided on a nonresidential basis and is intended for individuals who meet the placement criteria for this component.

(2)~~(1)~~ Services. Outpatient services provide a therapeutic environment, which is designed to improve the functioning or prevent further deterioration of persons with substance use problems. These services are typically provided on a regularly scheduled basis by appointment, with special arrangements for emergency or crisis situations. Outpatient services may be provided individually or in a group setting. Each individual shall receive services each week. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed be provided. For individuals participating under the Department of Corrections, the Department of Juvenile Justice, or the Department of Management Services programs, services shall be provided according to the conditions of the contract with the provider and the respective department. Otherwise, services shall be provided in accordance with the needs of the individual as identified in the assessment and treatment plan, as follows:

(a) through (c) No change.

(d) Substance-related and recovery-focused education, such as strategies for avoiding substance use ~~abuse~~ or

relapse, health problems related to substance use ~~abuse~~, motivational enhancement, and strategies for achieving a substance-free lifestyle; and

(e) No change.

(3)~~(2)~~ Required Hours of Services. For outpatient treatment, each individual shall receive services each week in accordance with subsection 65D-30.010(1), F.A.C., including a minimum of one (1) counseling session. If fewer sessions are indicated, justification must be documented in the clinical record. ~~If short-term outpatient treatment is provided, the documentation of service provision shall clearly specify admission into this level of care.~~

(3) through (4) are renumbered (4) through (5) No change.

65D-30.011 Standards for Aftercare.

Aftercare involves 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. Aftercare services help families and prosocial support systems reinforce a healthy living environment for individuals with substance use disorders. Relapse prevention education and strategies are important in assisting the individual to recognize triggers and warning signs of regression. Activities include individual participation in daily functions that were adversely affected by substance use impairments before treatment. The provider shall offer flexible hours in order to meet the needs of individuals. In addition to Rule 65D-30.004, F.A.C., the following standards apply to aftercare.

(1) through (2) No change.

65D-30.012 Standards for Intervention.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to intervention.

(1) General Intervention. General Intervention includes a single session or multiple sessions of motivational discussion focused on increasing insight and awareness regarding substance use and motivation toward behavioral change. Intervention activities and strategies are used to prevent or impede the development or progression of substance use disorders. Intervention can be tailored for variance in population or setting and can be used as a stand-alone service for those at risk or individuals who meet Intervention Level of care, utilizing a validated tool used for service determination, ~~as well~~ as a vehicle for engaging those in need of more extensive level of care. Interventions include Treatment Alternatives for Safer Communities and Employee Assistance Programs. The following information shall apply to services as described in subsections 65D-30.012(1) and 65D-30.012(2):

(a) No change.

(b) Services.

1. Supportive Counseling. In ~~those~~ instances where supportive counseling is provided, the number of sessions or contacts shall be determined through the intervention plan. In ~~those~~ instances where an intervention plan is not completed, all contacts with the individual shall be recorded in the clinical record.

2. Intervention Plan. For individuals involved in intervention services on a continuing basis, the plan shall be completed in accordance with subsection 65D-30.0044, F.A.C. In ~~those~~ instances where an intervention plan is not completed, all contacts with the individual shall be recorded in the clinical record. For Treatment Alternatives for Safer Communities programs, the plan shall include requirements the individual is expected to fulfill and consequences should the individual fail to adhere to the prescribed plan, including provisions for reporting information regarding the individual to the criminal or juvenile justice system or other referral source. Employee Assistance Programs are exempt from the requirement to develop intervention plans.

3. No change.

(2) Requirements for Treatment Alternatives for Safer Communities (TASC). In addition to the requirements in subsection 65D-30.012(1), F.A.C., the following requirements apply to Treatment Alternatives for Safer Communities.

(a) Eligibility. TASC providers shall establish eligibility standards requiring that individuals considered for intake shall be at-risk for criminal involvement, substance use ~~abuse~~, or have been arrested or convicted of a crime, or referred by the criminal or juvenile justice system.

(b) No change.

(3) No change.

(4) Requirements for Case Management. In addition to the requirements in subsection 65D-30.012(2), F.A.C.,

the following requirements apply to case management in ~~those~~ instances where case management is provided as a licensable sub-component of intervention services.

(a) through (d) No change.

65D-30.013 Standards for Prevention.

Prevention includes activities and strategies that are used to preclude the development of substance use problems. In addition to Rule 65D-30.004, F.A.C., the following standards apply to prevention.

(1) Categories of Prevention. For the purpose of these rules, prevention services are categorized as indicated, selective, universal direct, or universal indirect, as defined in 65E-14.021(4)(v)-(y), F.A.C., incorporated by reference, and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX. ~~is provided under the categories entitled Universal, Selective, and Indicated.~~

~~Prevention services are typically directed at the general population or specific sub-populations and do not track individual participation. Strategies address community norms and conditions that underlie illegal or illicit alcohol or other drug use, prescription drug misuse, and management of over the counter and prescription medication through public awareness and environmental management strategies. Prevention services offer one (1) or more of the services listed in 65E-14, F.A.C., incorporated by reference, at an intensity and duration appropriate to the strategy and target population. Any community based organization, including Community Substance Abuse Prevention Coalitions, may obtain a prevention license for prevention services.~~

(2) Specific Prevention Strategies. The following is a description of the specific prevention strategies that are provided through ~~as specified in subsection 65D-30.013(1), F.A.C., regarding levels 1 and 2~~ prevention services.

(a) Information Dissemination. This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two. ~~The intent of this strategy is to increase awareness and knowledge of the risks of substance abuse and available prevention services.~~

(b) Education. This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy. ~~The intent of this strategy is to improve skills and to reduce negative behavior and improve responsible behavior.~~

(c) Alternatives. This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities, and to discourage the use of alcohol and drugs through these activities. ~~The intent of this strategy is to provide constructive activities that exclude substance abuse and reduce anti-social behavior.~~

(d) Problem Identification and Referral Services. This strategy aims to identify those who have engaged in illegal/age-inappropriate use of tobacco or alcohol and individuals who have engaged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted however, that this strategy does not include any activity designed to determine if a person is in need of treatment. ~~The intent of this strategy is to identify children and youth who have indulged in the use of tobacco or alcohol and those who have indulged in the first use of illicit drugs, in order to assess whether prevention services are indicated or referral to treatment is necessary.~~

(e) Community-Based Process. This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning. ~~The intent of this strategy is to enhance the ability of the community to more effectively provide prevention and treatment services.~~

(f) Environmental. This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population. ~~The intent of this strategy is to establish or change local laws, regulations, or rules to strengthen the general community regarding the initiation and support of prevention services.~~

~~(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:~~

~~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.~~

(a)~~(b)~~ Staffing Patterns. Providers shall delineate reporting relationships and staff supervision. This shall include a description of staff qualifications, including educational background and experience regarding the substance use ~~abuse~~ prevention field. Providers shall have at least one (1) qualified professional ~~as defined in section 65D-30.002(67)~~ on staff.

(b)~~(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 use ~~abuse~~ services and other human services for referral of prevention program participants~~,~~ or prospective participants.

(c)~~(d)~~ No change.

(4) Requirements for Providers of Universal Direct and Universal Indirect Prevention Services.

(a) Program Description. Providers of universal direct and universal indirect prevention services shall describe the prevention services that will be available. This description shall include:

1. The target population, including relevant demographic factors (if known),

2. The risk and protective factors to be addressed (if known),

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 risk and protective factors (if these are known); and,

5. How the effectiveness of the services will be evaluated.

(b) Activity Logs for Providers of Universal Direct and Universal Indirect Prevention Services. Providers shall collect and maintain records of all universal direct and universal indirect prevention services, including the following:

1. A description of the characteristics of the target population;

2. The risk and protective factors to be addressed (if known);

3. A description of the activities, including the specific prevention strategies used;

4. The duration of the activities;

5. The number of participants;

6. The location of service delivery; and,

7. The date of the activity.

~~(4) Activity Logs. Providers shall collect and maintain records of all prevention activities, including the following:~~

~~(a) The title and description of the activity, event, or media action;~~

~~(b) The strategy the activity, event, or media action is associated with d;~~

~~(c) The date of the activity, event, or media action. For media, include the start and end date of action A description of the activities;~~

~~(d) The description of the activity or event, or the type of media.;~~

~~(e) The target population of the activity, event, or media action;~~

~~(f) The number of participants in the activity or event;~~

~~(g) A description of the location of the activity or event; and~~

~~(h) The date of name of the person(s) leading the activity or event, or the name of the person(s) coordinating the media action.~~

(5) Requirements for Providers of Selective Prevention Services.

(a) Program Description. Providers of selective prevention services shall describe the prevention services that will be available. This description shall include:

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 identified risk and protective factors; and

5. How the effectiveness of the services will be evaluated.

(b) Activity Logs for Providers of Selective Prevention Services. Providers shall collect and maintain records of all universal direct and universal indirect prevention services, including the following:

1. A description of the characteristics of the target population;

2. The risk and protective factors to be addressed;

3. A description of the activities, including the specific prevention strategies used;

4. The duration of the activities;

5. The number of participants;

6. The location of service delivery; and

7. The date of the activity.

(6) Requirements for Providers of Indicated Prevention Services.

(a) Program Description. Providers of indicated prevention services shall describe the prevention services that will be available.

(b) This description of indicated prevention services shall include:

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 identified risk and protective factors; and

5. How the effectiveness of the services will be evaluated.