

## 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) No change.

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

(3) through (7) No change.

(8) "Business Day" means a day in which the Department's Office of Substance Abuse and Mental Health is operating for business between 8 a.m. and 5 p.m. Eastern Standard Time.

(8) through (9) are renumbered (9) through (10) No change.

~~(11)(40)~~ "Change in Ownership" means, in addition to s. 397.407(6), F.S.,

(a) No change.

(b) An event in which greater than 50 ~~54~~ 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) No change.

(11) through (14) are renumbered (12) through (15) No change.

(16) "Clinical Supervisor" means a person that manages personnel who provide direct clinical services, or a person who maintains lead responsibility for the overall coordination and provision of clinical services. A "Clinical Supervisor" shall meet the qualifications of a "Qualified Professional" as defined in s. 397.311(34), F.S. For the purposes of this Rule Chapter a Clinical Director is considered a Clinical Supervisor.

(15) through (16) are renumbered (17) through (18) No change.

~~(17) “Control of Aggression” means the application of de-escalation and other approved techniques and procedures to manage aggressive client 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) through (28) are renumbered (19) through (29) No change.

~~(30)(29) “Direct Services” means services that are provided by employees or volunteers who have contact or who interact with individuals receiving services on a regular basis.~~

~~(31)(28) “Discharge Summary” means a written narrative of the individual’s treatment record describing the individual’s accomplishments and challenges during treatment, reasons for discharge, and recommendations for further services.~~

(29) through (40) are renumbered (32) through (43) No change.

~~(44)(41) “Medical Maintenance” means special clinical protocols that permit extending the amount of consecutive take-home methadone 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-home doses ~~take homes~~ or full, i.e., 27 consecutive take-home doses ~~take homes~~.~~

(42) through (52) are renumbered (45) through (56) No change.

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

(54) through (55) are renumbered (57) through (58) No change.

~~(59)(56) “Primary Counselor” means the provider’s staff who a substance use treatment professional an employee who is part of the clinical staff. ~~The primary counselor and who~~ has primary responsibility for delivering and coordinating clinical services for specific individuals in treatment.~~

(57) through (74) are renumbered (60) through (76) No change.

~~(75) “Shared Registry” means a system used by two (2) or more providers to share information about individuals who are applying for or presently involved in detoxification or maintenance treatment using methadone, for the purpose of preventing the concurrent enrollment of individuals with more than one (1) methadone provider.~~

(76) through (80) are renumbered (77) through (81) No change.

~~(82)(81) “Telehealth” means the mode of providing patient care, treatment, or services by a Florida qualified professional, as defined under 397.311(34), F.S., 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. Telehealth does not include the provision of health services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. mail or other parcel service, or any combination thereof.~~

~~(83)(82) No change.~~

(84) through (87) No change.

~~(88) “Verbal De-escalation” means approved non-physical techniques and procedures used to manage a potentially aggressive situation and prevent it from escalating into physical aggression.~~

~~(89)(88) No change.~~

65D-30.0031 Certifications and Recognitions Required by Statute.

(1) Department Recognition of Accrediting Organizations.

(a) No change.

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

1. through 3. No change.

4. For the purposes of this rule, ~~the accrediting organization shall require~~ a service provider must hold a valid license for each service component type prior to 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.~~

5. The provider must submit the accrediting survey report to the Department.

(2) Department Recognition of Credentialing Entities.

(a) The Department shall recognize one (1) or more professional credentialing entities as a certifying organization for addiction professionals. A list of Department recognized credentialing 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 3. No change.

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

5. through 7. No change.

(b) No change.

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(17) ~~65D-30.002(15)~~, F.A.C.

(5) through (7) No change.

65D-30.0033 License Types.

(1) Probationary License.

(a) Conditions Permitting Issuance. A probationary license is issued to a new applicant ~~applicants and to licensed providers adding new components, or new locations,~~ upon completion of all applicable requirements. For providers licensed for the same component at multiple locations, the license will display which service component locations are probationary and which provider locations have a current regular license for that service component.

(b) through (d) No change.

(2) through (3) No change.

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 (c) No change.

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

(e) When there is a change in a provider's status regarding accreditation, the provider shall notify the Department in writing within five (5) business working days of such change. In 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 business working days of receipt of the notice of the Department's pending action; and

(f) No change.

(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.

(a) No change.

(b) Submitting Applications. A completed ~~electronic application or CF MH C&F SA Form 4024, Feb 2018 Nov. 2017, titled~~ "Application for Licensure to Provide Substance Use Services," CF-MH Form 4024 (insert date), 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. In lieu of the “Application for Licensure to Provide Substance Use Services,” the applicant may complete an on-line process through the Department’s statewide electronic system specific to licensure, which can be accessed at [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.](http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation) The “Treatment Resource Attestation,” CF-MH 4055, (insert date), which is referenced in form CF-MH 4024, is incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX>.

1. through 2. No change.

3. Temporary Relocation. A provider may ~~temporarily~~ temporarily 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, and acknowledgement of the information. 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.

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

c. If the temporary relocation exceeds 30 ~~business working~~ business 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.

Changes have also been made to CF-MH 4024, incorporated by reference

65D-30.0035 Required Fees.

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

<b>Publicly-Funded Providers</b>	
<b>Service Component</b>	<b>Fee (\$)</b>
Addictions Receiving Facility	325
Detoxification	325
Intensive Inpatient Treatment	325
Residential Treatment	300
Day or Night Treatment with Community Housing	250
Day or Night Treatment	250
Intensive Outpatient Treatment	250
Outpatient Treatment	250
Methadone Medication-Assisted Treatment for Opioid Addiction	350
Aftercare	200
Intervention	200
Prevention	200

Applications to provide overlay services should be accompanied by the fee equal to the amount of the licensure fee for the relative service component(s).

Relocation Fee - The relocation fee is based on the fee charged for the component(s) being relocated. The relocation fee will be waived if due to a natural disaster.

Schedule of Discounts

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

<b>Privately-Funded Providers</b>	
<b>Service Component</b>	<b>Fee (\$)</b>
Addictions Receiving Facility	375
Detoxification	375
Intensive Inpatient Treatment	350
Residential Treatment	350
Day or Night Treatment with Community Housing	300
Day or Night Treatment	300
Intensive Outpatient Treatment	300
Outpatient Treatment	300
Methadone Medication-Assisted Treatment for Opioid Addiction	400
Aftercare	250
Intervention	250
Prevention	250
Applications to provide overlay services should be accompanied by the fee equal to the amount of the licensure fee for the relative service component(s).	
Relocation Fee - The relocation fee is based on the fee charged for the component(s) being relocated. <u>The relocation fee will be waived if due to a natural disaster.</u>	

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 ~~business 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 Form 4024, Feb 2018, titled "Application for Licensing to Provide Substance Abuse Treatment Services," incorporated herein by reference in Rule 65D-30.0034, F.A.C. In lieu of a standard application, the applicant may complete an on-line process through the Department's statewide electronic system specific to licensure, which can be accessed at ~~-, 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:~~ <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>;

(b) through (g) No change.

(h) Proof of the applicant's financial ability and organizational capability to operate in accordance with these rules, such as a financial audit or review conducted by a certified accountant within the last 12 months of the calendar year ~~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) through (u) No change.

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

(3) through (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: <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 cases where any of the following conditions exist:

1. No change.

2. The provider or component of the provider has not received or has not maintained accreditation as provided

for in paragraph (7)(b) ~~(7)(e)~~ of this rule;

3. through 4. No change.

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

Rulemaking Authority 394.46715, ~~394.879~~, 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. through 10. No change.

~~(2)11.~~ No change.

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

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

(I) through (IV) are renumbered 1. through 4.

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

~~(4)13.~~ No change.

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

~~(5)12.~~ No change.

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

(1) through (2) No change.

(3) Definitions.

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

(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(1)(c) and (d).

(5) through (7) No change.

~~(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.~~

~~(8)(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) through (d) No change.

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

(f) Violations that occurred or were identified during the current or preceding licensure year; ~~-~~

(g) Operating a service without a license; and

(h) Failing to inform the Department of a change in ownership within the specified timeframe in accordance with rule 65D-30.0034, F.A.C.

(10) through (13) are renumbered (9) through (12) No change.

Changes have also been made to CF-MH 4039, incorporated by reference.

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) through (3) No change.

(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) 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 with intellectual disabilities ~~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. Re-screening shall include a level 2 screening in accordance with Chapter 435, F.S. Service provider personnel who request an exemption from disqualification must submit the request within 30 days after being notified of the disqualification. If five (5) years or more have elapsed since the most recent disqualifying offense, service provider personnel may work with adults who have substance use disorders under the supervision of a qualified professional ~~licensed under Chapter 490 or Chapter 491 F.S., or a master's level certified addiction professional~~ until the Department makes a final determination regarding the request for an exemption from disqualification. (Personnel operating directly with local correctional agency or authority, Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services ~~staff~~ are exempt from the requirements in this paragraph, unless they have direct contact with unmarried inmates under the age of 18 or with inmates who are intellectually disabled.)

(c) No change.

(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.

(a) The Medical Director shall have overall responsibility for the following:

1. Medical services provided by the program;

2. Oversight of the development and revision of medical policies, including:

a. The means for the detection and referral of health problems through medical surveillance and regular examination;

b. Implementation of medical orders regarding treatment of medical conditions;

c. Reporting of communicable diseases and infections in accordance with federal and state laws;

d. Procedures and ongoing training for routine medical care, specialized services, specialized medications, and medical and psychiatric emergency care;

3. Collaborative supervision with the clinical supervisor of non-medical staff in the provision of substance use disorder services; and

4. Supervision of medical staff in the performance of medical services.

(b) The Medical Director must meet at least twice a year ~~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) through (f) are redesignated (c) through (h) No change.

(7) through (10) No change.

(11) Meals. At least three (3) meals per calendar 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 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 dietitian/nutritionist licensed under section 468.509, F.S., 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) Verbal De-escalation Control of Aggression. This applies to all components with the exception of universal direct and indirect prevention services. Providers shall have written policies and procedures documentation of the specific verbal de-escalation control of aggression technique(s) to be used. Direct care staff shall be trained in verbal de-escalation 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.~~

~~In the event that physical intervention is used to restrict a client's movement, justification shall be documented in the client record.~~

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

(13) through (16) No change.

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

(a) No change.

(b) Every provider shall report the following critical incidents within 24 hours ~~one (1) business day~~ of the incident occurring.

1. through 6. No change.

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 a vulnerable adult ~~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, or abandonment of a child; contract mismanagement; or improper commitment or expenditure of state funds.

8. through 14. No change.

(18) through (21) No change.

(22) Overdose Prevention.

(a) through (b) No change.

(c) Overdose prevention information, as described in subparagraphs (22)(a)1. and 2. of this rule, 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. and 2. of this rule, to individuals placed on a waitlist to receive treatment services.

#### 65D-30.0042 Clinical and Medical Guidelines.

(1) 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., R.N., A.P.R.N. A.R.N.P., or physician's assistant, or physician. When completed by a L.P.N., it shall be countersigned by a R.N., A.P.R.N. A.R.N.P., or physician's assistant, or physician. The results of the screen shall be documented by the physician, 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. through 5. No change.

6. Tests for Sexually Transmitted Diseases and Tuberculosis. A screening for sexually transmitted diseases, HIV, hepatitis, and tuberculosis shall be conducted. For a screening result indicating the individual is at-risk for any of these conditions, the provider shall conduct testing or make testing available through appropriate referral, in instances where a provider cannot or does not provide the testing. The individual may refuse the screening or the testing, and the provider shall document the refusal. 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. through b. No change.

7. through 9. No change.

(b) through (c) No change.

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

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

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

1. through 7. No change.

8. For providers that are licensed for multiple program components and deliver a continuum of care, any change in level of care requires a treatment plan review or treatment plan update.

(b) Treatment Plan Reviews. Treatment plan reviews shall be completed with each individual and shall be signed and dated by the individual within 30 calendar days of the completion of the treatment plan. 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. through 5. No change.

(c) No change.

(2) through (4) No change.

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) through (b) No change.

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

1. through 3. No change.

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

5. through 6. No change.

(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 10 ~~16~~ hours of documented training per year related to their duties and responsibilities. This includes training conducted annually in the following areas:

1. through 5. No change.

(e) through (i) No change.

(2) No change.

(3) Scope of Practice. Staff not ~~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;

(e) through (f) are redesignated (f) through (g) No change.

~~(g) Counseling, including;~~

~~1. Individual counseling;~~

~~2. Group counseling; and~~

~~3. Counseling with families, couples, and significant others;~~

(h) Recovery support services;

(i) Crisis intervention;

(h) through (i) are redesignated (j) through (k) No change.

~~(l)(j)~~ Any other tasks permitted in these rules and appropriate to that licensable component; and-

(m) Counseling, including;

1. Individual counseling;

2. Group counseling; and

3. Counseling with families, couples, and significant others.

(4) Staff Qualifications. Staff must provide services within the scope of their professional licensure certification; or training, and competence in applicable clinical protocols.

(a) The scope of practice limitations listed in subsection (3) apply to the following unlicensed staff who must work directly under the supervision of a qualified professional: 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:~~

~~1a. Bachelor's or master's degree level practitioners ~~practitioner~~. Practitioners 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;~~

~~2b. Registered marriage and family therapy, clinical social work, and mental health counseling interns;:-~~

~~3. Certified master's degree level addiction professionals who are certified by the Florida Certification Board;~~

~~4. Certified addictions professionals who are certified by the Florida Certification Board;~~

~~5e. Certified addiction counselors who are certified by the Florida Certification Board. These staff may provide services listed in subsections (3)(a) (g) and (i) (k) of this rule.~~

~~(b)d. Certified recovery peer specialists and specialist or certified recovery support specialists who are certified by the Florida Certification Board. ~~specialist~~. These staff may provide all services listed in subsection (3) subsections (3)(a) (g) and (j) (k) of this rule, except counseling listed in subsection (3)(l), under the supervision of a qualified professional or a certified recovery peer specialist with a minimum of three (3) years of experience providing recovery support services to individuals with substance use disorders. Recovery support specialists and recovery peer specialists are allowed one year from the date of their employment to obtain certification through the Florida Certification Board.~~

65D-30.005 Standards for Addictions Receiving Facilities.

(1) 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 65E-5.180(7), F.A.C.

(b) If an addictions receiving facility chooses not to conduct any seclusions and restraints, the provider shall not maintain a seclusion and restraint room, and the provider's policies and procedures shall prohibit staff from conducting seclusions and restraints.

~~(b) Seclusion Room Facility Requirements. If the provider utilizes seclusion and restraint, the provider shall have at least one (1) seclusion room located in the facility. Seclusion rooms shall incorporate the following minimum facility standards.~~

~~1. Seclusion rooms shall be free from sharp edges or corners and constructed to withstand repeated physical assaults. Walls shall be either concrete block or double layered to provide resistance. The ceilings shall be a minimum of eight feet in clear height, hard coated, and fixtures shall be recessed and tamper proof. Lighting fixtures shall be non-breakable and shall be installed with tamper proof screws, as shall any other items in the seclusion room. Seclusion room doors shall be heavy wood or metal at least 36 inches in width and shall open outward. The doorframe shall be resistant to damage and thoroughly secured.~~

~~2. A bed in the addictions receiving facility seclusion room is optional. If a bed is included, it shall be sturdily constructed, without sharp edges and bolted to the floor. Its placement in the room shall provide adequate space for staff to apply restraints and shall not permit individuals to tamper with the lights, smoke detectors, cameras, or other items that may be in the ceiling of the room. There shall be a rheostat control mechanism outside the room to adjust the illumination of the light in the seclusion room.~~

~~3. There shall be a vision panel in the door of the seclusion room, which provides a view of the entire room. This vision panel shall be Lexan or other suitable strong material and it shall be securely mounted in the door. Provisions shall be made to ensure privacy from the public and other clients while providing easy access for staff observation.~~

~~4. Seclusion rooms shall be a minimum of 70 square feet with no wall less than 8 feet.~~

~~5. Fire sprinkler heads shall be ceiling mounted and either recessed or flush mounted without a looped spray dispersal head.~~

~~6. Each seclusion room will allow for two way communication and emergency calling.~~

~~7. In those instances where the full interior of the seclusion room can not be seen from the nurse's station, the seclusion room shall have an electronic visual monitoring system capable of viewing the entire room from the nurse's station.~~

(c) De-escalation techniques shall be employed before seclusion or restraint and in accordance with the provider's policies and procedures. If seclusion or restraint is utilized, it shall be documented in the clinical record and reported using the Department's web-based reporting system as described in 65E-5, F.A.C.

(d) Under no circumstances shall individuals being served be involved in the seclusion or restraint of other individuals. Additionally, seclusion, or restraint shall not be utilized as punishment or for the convenience of staff.

65D-30.006 Standards for Detoxification.

(1) through (5) No change.

~~(6)(5)~~ Hours of Operation. Providers shall post their hours of operation and this information shall be visible to the public.

65D-30.0061 Standards for Intensive Inpatient Treatment.

(1) through (2) No change.

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

(a) No change.

(b) Planning clinical program activities designed to stabilize acute substance use ~~addictive~~ and other psychiatric symptoms, adapted to the individual's developmental stage and level of comprehension;

(c) through (g) No change.

(4) through (9) No change.

65D-30.007 Standards for Residential Treatment.

(1) No change.

(2) 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 housing, meals, or housing and meals to individuals who are substance use impaired or in recovery. These facilities do not provide clinical services; however, they may arrange for or provide support groups such as Alcoholics Anonymous and Narcotics Anonymous. All other facilities providing services to individuals 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) No change.

(4) Services. Each individual shall receive services each week, including counseling, as provided for in subsection 65D-30.007~~(6)(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(15)~~ ~~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 as identified in the treatment plan as follows:

(5) No change.

(6) Required Hours of Services.

(a) For Level 1, each individual shall receive services each week in accordance with subsection 65D-30.007~~(4)(5)~~, F.A.C., including at least 14 hours of counseling.

(b) For Level 2, each individual shall receive services each week in accordance with subsection 65D-30.007~~(4)(5)~~, F.A.C., including at least 10 hours of counseling.

(c) For Level 3, each individual shall receive services each week in accordance with subsection 65D-

30.007(4)(5), F.A.C., including at least 4 hours of counseling.

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

In instances in which it is determined that an individual requires fewer hours of counseling in any of the levels of residential treatment, this shall be documented and justified in the individual's treatment plan and approved by the qualified professional.

(7) through (9) No change.

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

(1) through (7) No change.

(8) For individuals in treatment who are granted privilege to self-administer their own medications, provider staff are not required to be present for the self-administration.

65D-30.0091 Standards for Intensive Outpatient Treatment.

(1) 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. 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 (h) No change.

(2) Required Hours of Services. For intensive outpatient treatment, each ~~individuals~~ 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-30.011 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 services outside normal business hours to accommodate individuals in treatment. ~~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 a vehicle for engaging those in need of more extensive level of care. Interventions include Treatment Alternatives for Safer Communities (TASC) 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. through 3. No change.

4. Referral. TASC providers shall refer individuals to health care providers or self-help organizations within the court's or criminal justice authority's area of jurisdiction.

(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) No change.

(b) Services.

1. through 4. No change.

5. Discharge/Transfer or Termination Notification. Providers shall report any pending discharge/transfer or termination of an individual to the criminal justice or juvenile justice authority, child welfare authority, or other referral source.

(3) through (4) No change.