

Amendment No. 01a (for drafter's use only)

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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ORIGINAL STAMP BELOW

11 The Committee on Health & Human Services Appropriations
12 offered the following:

14 **Amendment (with title amendment)**

15 On page 2, line 8
16 remove from the bill: everything after the enacting clause
17
18 and insert in lieu thereof:

19 Section 1. Section 39.407, Florida Statutes, is
20 amended to read:

21 39.407 Medical, psychiatric, and psychological
22 examination and treatment of child; physical or mental
23 examination of parent or person requesting custody of child.--

24 (1) When any child is removed from the home and
25 maintained in an out-of-home placement, the department is
26 authorized to have a medical screening performed on the child
27 without authorization from the court and without consent from
28 a parent or legal custodian. Such medical screening shall be
29 performed by a licensed health care professional and shall be
30 to examine the child for injury, illness, and communicable
31 diseases and to determine the need for immunization. The

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1 department shall by rule establish the invasiveness of the
2 medical procedures authorized to be performed under this
3 subsection. In no case does this subsection authorize the
4 department to consent to medical treatment for such children.

5 (2) When the department has performed the medical
6 screening authorized by subsection (1), or when it is
7 otherwise determined by a licensed health care professional
8 that a child who is in an out-of-home placement, but who has
9 not been committed to the department, is in need of medical
10 treatment, including the need for immunization, consent for
11 medical treatment shall be obtained in the following manner:

12 (a)1. Consent to medical treatment shall be obtained
13 from a parent or legal custodian of the child; or

14 2. A court order for such treatment shall be obtained.

15 (b) If a parent or legal custodian of the child is
16 unavailable and his or her whereabouts cannot be reasonably
17 ascertained, and it is after normal working hours so that a
18 court order cannot reasonably be obtained, an authorized agent
19 of the department shall have the authority to consent to
20 necessary medical treatment, including immunization, for the
21 child. The authority of the department to consent to medical
22 treatment in this circumstance shall be limited to the time
23 reasonably necessary to obtain court authorization.

24 (c) If a parent or legal custodian of the child is
25 available but refuses to consent to the necessary treatment,
26 including immunization, a court order shall be required unless
27 the situation meets the definition of an emergency in s.
28 743.064 or the treatment needed is related to suspected abuse,
29 abandonment, or neglect of the child by a parent, caregiver,
30 or legal custodian. In such case, the department shall have
31 the authority to consent to necessary medical treatment. This

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1 authority is limited to the time reasonably necessary to
2 obtain court authorization.

3
4 In no case shall the department consent to sterilization,
5 abortion, or termination of life support.

6 (3)(a) A judge may order a child in an out-of-home
7 placement to be examined by a licensed health care
8 professional.

9 (b) The judge may also order such child to be
10 evaluated by a psychiatrist or a psychologist, ~~by a district~~
11 ~~school board educational needs assessment team~~, or, if a
12 developmental disability is suspected or alleged, by the
13 developmental disability diagnostic and evaluation team of the
14 department. If it is necessary to place a child in a
15 residential facility for such evaluation, ~~then~~ the criteria
16 and procedure established in s. 394.463(2) or chapter 393
17 shall be used, whichever is applicable.

18 (c) The judge may also order such child to be
19 evaluated by a district school board educational needs
20 assessment team.The educational needs assessment provided by
21 the district school board educational needs assessment team
22 shall include, but not be limited to, reports of intelligence
23 and achievement tests, screening for learning disabilities and
24 other handicaps, and screening for the need for alternative
25 education as defined in s. 230.23.

26 (4) A judge may order a child in an out-of-home
27 placement to be treated by a licensed health care professional
28 based on evidence that the child should receive treatment.
29 The judge may also order such child to receive mental health
30 or developmental disabilities ~~retardation~~ services from a
31 psychiatrist, psychologist, or other appropriate service

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1 provider. Except as provided in subsection (5), if it is
2 necessary to place the child in a residential facility for
3 such services, ~~then~~ the procedures and criteria established in
4 s. 394.467 or chapter 393 shall be used, whichever is
5 applicable. A child may be provided developmental disabilities
6 or mental health or ~~retardation~~ services in emergency
7 situations, pursuant to the procedures and criteria contained
8 in s. 394.463(1) or chapter 393, whichever is applicable.

9 (5) Children who are in the legal custody of the
10 department may be placed by the department in a residential
11 treatment center licensed under s. 394.875 or a hospital
12 licensed under chapter 395 for residential mental health
13 treatment only pursuant to this section or may be placed by
14 the court in accordance with an order of involuntary
15 examination or involuntary placement entered pursuant to s.
16 394.463 or s. 394.467. All children placed in a residential
17 treatment program under this subsection must have a guardian
18 ad litem appointed.

19 (a) As used in this subsection, the term:

20 1. "Residential treatment" means placement for
21 observation, diagnosis, or treatment of an emotional
22 disturbance in a residential treatment center licensed under
23 s. 394.875 or a hospital licensed under chapter 395.

24 2. "Least-restrictive alternative" means the treatment
25 and conditions of treatment that, separately and in
26 combination, are no more intrusive or restrictive of freedom
27 than reasonably necessary to achieve a substantial therapeutic
28 benefit or to protect the child or adolescent or others from
29 physical injury.

30 3. "Suitable for residential treatment" or
31 "suitability" means a determination concerning a child or

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1 adolescent with an emotional disturbance as defined in s.
2 394.492(5) or a serious emotional disturbance as defined in s.
3 394.492(6) that each of the following criteria is met:
4 a. The child requires residential treatment.
5 b. The child is in need of a residential treatment
6 program and is expected to benefit from mental health
7 treatment.
8 c. An appropriate, less restrictive alternative to
9 residential treatment is unavailable.
10 (b) Whenever the department believes that a child in
11 its legal custody is emotionally disturbed and may need
12 residential treatment, an examination and suitability
13 assessment must be conducted by a qualified evaluator who is
14 appointed by the Agency for Health Care Administration. This
15 suitability assessment must be completed before the placement
16 of the child in a residential treatment center for emotionally
17 disturbed children and adolescents or a hospital. The
18 qualified evaluator must be a psychiatrist or a psychologist
19 licensed in Florida who has at least 3 years of experience in
20 the diagnosis and treatment of serious emotional disturbances
21 in children and adolescents and who has no actual or perceived
22 conflict of interest with any inpatient facility or
23 residential treatment center or program.
24 (c) Before a child is admitted under this subsection,
25 the child shall be assessed for suitability for residential
26 treatment by a qualified evaluator who has conducted a
27 personal examination and assessment of the child and has made
28 written findings that:
29 1. The child appears to have an emotional disturbance
30 serious enough to require residential treatment and is
31 reasonably likely to benefit from the treatment.

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1 2. The child has been provided with a clinically
2 appropriate explanation of the nature and purpose of the
3 treatment.

4 3. All available modalities of treatment less
5 restrictive than residential treatment have been considered,
6 and a less restrictive alternative that would offer comparable
7 benefits to the child is unavailable.

8
9 A copy of the written findings of the evaluation and
10 suitability assessment must be provided to the department and
11 to the guardian ad litem, who shall have the opportunity to
12 discuss the findings with the evaluator.

13 (d) Immediately upon placing a child in a residential
14 treatment program under this section, the department must
15 notify the guardian ad litem and the court having jurisdiction
16 over the child and must provide the guardian ad litem and the
17 court with a copy of the assessment by the qualified
18 evaluator.

19 (e)1. Within 10 days after the admission of a child to
20 a residential treatment program, the director of the
21 residential treatment program or the director's designee must
22 ensure that an individualized plan of treatment has been
23 prepared by the program and has been explained to the child,
24 to the department and to the guardian ad litem, and submitted
25 to the department. The child must be involved in the
26 preparation of the plan to the maximum feasible extent
27 consistent with his or her ability to understand and
28 participate, and the guardian ad litem and the child's foster
29 parents must be involved to the maximum extent consistent with
30 the child's treatment needs. The plan must include a
31 preliminary plan for residential treatment and aftercare upon

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1 completion of residential treatment. The plan must include
2 specific behavioral and emotional goals against which the
3 success of the residential treatment may be measured. A copy
4 of the plan must be provided to the child, to the guardian ad
5 litem, and to the department.

6 (f) Within 30 days after admission, the residential
7 treatment program must review the appropriateness and
8 suitability of the child's placement in the program. The
9 residential treatment program must determine whether the child
10 is receiving benefit towards the treatment goals and whether
11 the child could be treated in a less restrictive treatment
12 program. The residential treatment program shall prepare a
13 written report of its findings and submit the report to the
14 guardian ad litem and to the department. The department must
15 submit the report to the court. The report must include a
16 discharge plan for the child. The residential treatment
17 program must continue to evaluate the child's treatment
18 progress every 30 days thereafter and must include its
19 findings in a written report submitted to the department. The
20 department may not reimburse a facility until the facility has
21 submitted every written report that is due.

22 (g)1. The department must submit, at the beginning of
23 each month, to the court having jurisdiction over the child a
24 written report regarding the child's progress towards
25 achieving the goals specified in the individualized plan of
26 treatment.

27 2. The court must conduct a hearing to review the
28 status of the child's residential treatment plan no later than
29 3 months after the child's admission to the residential
30 treatment program. An independent review of the child's
31 progress towards achieving the goals and objectives of the

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1 treatment plan must be completed by a qualified evaluator and
2 submitted to the court before its 3-month review.

3 3. For any child in residential treatment at the time
4 a judicial review is held pursuant to s. 39.701, the child's
5 continued placement in residential treatment must be a subject
6 of the judicial review.

7 4. If at any time the court determines that the child
8 is not suitable for continued residential treatment, the court
9 shall order the department to place the child in the least
10 restrictive setting that is best suited to meet his or her
11 needs.

12 (h) After the initial 3-month review, the court must
13 conduct a review of the child's residential treatment plan
14 every 90 days.

15 (i) The department must adopt rules for implementing
16 timeframes for the completion of suitability assessments by
17 qualified evaluators and a procedure that includes timeframes
18 for completing the 3-month independent review by the qualified
19 evaluators of the child's progress towards achieving the goals
20 and objectives of the treatment plan which review must be
21 submitted to the court. The Agency for Health Care
22 Administration must adopt rules for the registration of
23 qualified evaluators, the procedure for selecting the
24 evaluators to conduct the reviews required under this section,
25 and a reasonable, cost-efficient fee schedule for qualified
26 evaluators.

27 (6)(5) When a child is in an out-of-home placement, a
28 licensed health care professional shall be immediately called
29 if there are indications of physical injury or illness, or the
30 child shall be taken to the nearest available hospital for
31 emergency care.

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1 ~~(7)(6)~~ Except as otherwise provided herein, nothing in
2 this section shall be deemed to eliminate the right of a
3 parent, legal custodian, or the child to consent to
4 examination or treatment for the child.

5 ~~(8)(7)~~ Except as otherwise provided herein, nothing in
6 this section shall be deemed to alter the provisions of s.
7 743.064.

8 ~~(9)(8)~~ A court shall not be precluded from ordering
9 services or treatment to be provided to the child by a duly
10 accredited practitioner who relies solely on spiritual means
11 for healing in accordance with the tenets and practices of a
12 church or religious organization, when required by the child's
13 health and when requested by the child.

14 ~~(10)(9)~~ Nothing in this section shall be construed to
15 authorize the permanent sterilization of the child unless such
16 sterilization is the result of or incidental to medically
17 necessary treatment to protect or preserve the life of the
18 child.

19 ~~(11)(10)~~ For the purpose of obtaining an evaluation or
20 examination, or receiving treatment as authorized pursuant to
21 this section, no child alleged to be or found to be dependent
22 shall be placed in a detention home or other program used
23 primarily for the care and custody of children alleged or
24 found to have committed delinquent acts.

25 ~~(12)(11)~~ The parents or legal custodian of a child in
26 an out-of-home placement remain financially responsible for
27 the cost of medical treatment provided to the child even if
28 either one or both of the parents or if the legal custodian
29 did not consent to the medical treatment. After a hearing, the
30 court may order the parents or legal custodian, if found able
31 to do so, to reimburse the department or other provider of

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1 medical services for treatment provided.

2 (13)~~(12)~~ Nothing in this section alters the authority
3 of the department to consent to medical treatment for a
4 dependent child when the child has been committed to the
5 department and the department has become the legal custodian
6 of the child.

7 (14)~~(13)~~ At any time after the filing of a shelter
8 petition or petition for dependency, when the mental or
9 physical condition, including the blood group, of a parent,
10 caregiver, legal custodian, or other person requesting custody
11 of a child is in controversy, the court may order the person
12 to submit to a physical or mental examination by a qualified
13 professional. The order may be made only upon good cause
14 shown and pursuant to notice and procedures as set forth by
15 the Florida Rules of Juvenile Procedure.

16 Section 2. Section 394.4785, Florida Statutes, is
17 amended to read:

18 394.4785 Children and adolescents ~~Minors~~; admission
19 and placement in mental facilities.--

20 (1) A child or adolescent as defined in s. 394.492 may
21 not be admitted to a state-owned or state-operated mental
22 health treatment facility. A child may be admitted pursuant to
23 s. 394.4625 or s. 394.467 to a crisis stabilization unit or a
24 residential treatment center licensed under chapter 394 or a
25 hospital licensed under chapter 395. The treatment center,
26 unit, or hospital must provide the least-restrictive available
27 treatment that is appropriate to the individual needs of the
28 child or adolescent and must adhere to the guiding principles,
29 system of care, and service planning provisions contained in
30 part III of chapter 394.~~(a) A minor who is admitted to a~~
31 ~~state mental hospital and placed in the general population or~~

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1 ~~in a specialized unit for children or adolescents shall reside~~
2 ~~in living quarters separate from adult patients, and a minor~~
3 ~~who has not attained the age of 14 shall reside in living~~
4 ~~quarters separate from minors who are 14 years of age or~~
5 ~~older.~~

6 (2)(b) A person ~~minor~~ under the age of 14 who is
7 admitted to any hospital licensed pursuant to chapter 395 may
8 ~~shall~~ not be admitted to a bed in a room or ward with an adult
9 patient in a mental health unit or share common areas with an
10 adult patient in a mental health unit. However, a person
11 ~~minor~~ 14 years of age or older may be admitted to a bed in a
12 room or ward in the mental health unit with an adult if the
13 admitting physician documents in the case record that such
14 placement is medically indicated or for reasons of safety.
15 Such placement shall be reviewed by the attending physician or
16 a designee or on-call physician each day and documented in the
17 case record.

18 (2) ~~In all cases involving the admission of minors to~~
19 ~~a state mental hospital, the case record shall document that a~~
20 ~~good faith effort was made to place the minor in a less~~
21 ~~restrictive form of treatment. Admission to a state mental~~
22 ~~hospital shall be regarded as the last and only treatment~~
23 ~~option available. Notwithstanding the provision of paragraph~~
24 ~~(1)(a), an individual under the age of 18 may be housed in the~~
25 ~~general population if the hospital multidisciplinary treatment~~
26 ~~and rehabilitation team has reviewed the patient and has~~
27 ~~documented in the case record that such placement is necessary~~
28 ~~for reasons of safety. Such patients placed in the general~~
29 ~~population must be reviewed by this team every 30 days and~~
30 ~~recertified as appropriate for placement in the general~~
31 ~~population.~~

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1 Section 3. Present subsections (18), (19), and (20) of
2 section 394.67, Florida Statutes, are redesignated as
3 subsections (19), (20), and (21), respectively, and a new
4 subsection (18) is added to that section to read:

5 394.67 Definitions.--As used in this part, the term:

6 (18) "Residential treatment center for children and
7 adolescents" means a 24-hour residential program, including a
8 therapeutic group home, which provides mental health services
9 to emotionally disturbed children or adolescents as defined in
10 s. 394.492(5) or (6) and which is a private for-profit or
11 not-for-profit corporation under contract with the department
12 which offers a variety of treatment modalities in a more
13 restrictive setting.

14 Section 4. Section 394.875, Florida Statutes, is
15 amended to read:

16 394.875 Crisis stabilization units, ~~and~~ residential
17 treatment facilities, and residential treatment centers for
18 children and adolescents; authorized services; license
19 required; penalties.--

20 (1)(a) The purpose of a crisis stabilization unit is
21 to stabilize and redirect a client to the most appropriate and
22 least restrictive community setting available, consistent with
23 the client's needs. Crisis stabilization units may screen,
24 assess, and admit for stabilization persons who present
25 themselves to the unit and persons who are brought to the unit
26 under s. 394.463. Clients may be provided 24-hour
27 observation, medication prescribed by a physician or
28 psychiatrist, and other appropriate services. Crisis
29 stabilization units shall provide services regardless of the
30 client's ability to pay and shall be limited in size to a
31 maximum of 30 beds.

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1 (b) The purpose of a residential treatment facility is
2 to be a part of a comprehensive treatment program for mentally
3 ill individuals in a community-based residential setting.

4 (c) The purpose of a residential treatment center for
5 children and adolescents is to provide mental health
6 assessment and treatment services pursuant to ss. 394.491,
7 394.495, and 394.496 to children and adolescents who meet the
8 target population criteria specified in s. 394.493(1)(a), (b),
9 or (c).

10 (2) It is unlawful for any entity to hold itself out
11 as a crisis stabilization unit, or a residential treatment
12 facility, or a residential treatment center for children and
13 adolescents, or to act as a crisis stabilization unit, or a
14 residential treatment facility, or a residential treatment
15 center for children and adolescents, unless it is licensed by
16 the agency pursuant to this chapter.

17 (3) Any person who violates subsection (2) is guilty
18 of a misdemeanor of the first degree, punishable as provided
19 in s. 775.082 or s. 775.083.

20 (4) The agency may maintain an action in circuit court
21 to enjoin the unlawful operation of a crisis stabilization
22 unit, or a residential treatment facility, or a residential
23 treatment center for children and adolescents if the agency
24 first gives the violator 14 days' notice of its intention to
25 maintain such action and if the violator fails to apply for
26 licensure within such 14-day period.

27 (5) Subsection (2) does not apply to:

28 (a) Homes for special services licensed under chapter
29 400; or

30 (b) Nursing homes licensed under chapter 400, ~~or~~

31 (c) Comprehensive transitional education programs

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1 ~~Residential child caring facilities~~ licensed under s. 393.067
2 ~~s. 409.175.~~

3 (6) The department, in consultation with the agency,
4 may establish multiple license classifications for residential
5 treatment facilities.

6 (7) The agency may not issue a license to a crisis
7 stabilization unit unless the unit receives state mental
8 health funds and is affiliated with a designated public
9 receiving facility.

10 (8) The agency may issue a license for a crisis
11 stabilization unit or short-term residential treatment
12 facility, certifying the number of authorized beds for such
13 facility as indicated by existing need and available
14 appropriations. The agency may disapprove an application for
15 such a license if it determines that a facility should not be
16 licensed pursuant to the provisions of this chapter. Any
17 facility operating beds in excess of those authorized by the
18 agency shall, upon demand of the agency, reduce the number of
19 beds to the authorized number, forfeit its license, or provide
20 evidence of a license issued pursuant to chapter 395 for the
21 excess beds.

22 (9) A children's crisis stabilization unit which does
23 not exceed 20 licensed beds and which provides separate
24 facilities or a distinct part of a facility, separate
25 staffing, and treatment exclusively for minors may be located
26 on the same premises as a crisis stabilization unit serving
27 adults. The department, in consultation with the agency, shall
28 adopt rules governing facility construction, staffing and
29 licensure requirements, and the operation of such units for
30 minors.

31 (10) The department, in consultation with the agency,

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1 must adopt rules governing a residential treatment center for
2 children and adolescents which specify licensure standards
3 for: admission; length of stay; program and staffing;
4 discharge and discharge planning; treatment planning;
5 seclusion, restraints, and time-out; rights of patients under
6 s. 394.459; use of psychotropic medications; and standards for
7 the operation of such centers.

8 (11)~~(10)~~ Notwithstanding the provisions of subsection
9 (8), crisis stabilization units may not exceed their licensed
10 capacity by more than 10 percent, nor may they exceed their
11 licensed capacity for more than 3 consecutive working days or
12 for more than 7 days in 1 month.

13 (12)~~(11)~~ Notwithstanding the other provisions of this
14 section, any facility licensed under chapters 396 and 397 for
15 detoxification, residential level I care, and outpatient
16 treatment may elect to license concurrently all of the beds at
17 such facility both for that purpose and as a long-term
18 residential treatment facility pursuant to this section, if
19 all of the following conditions are met:

20 (a) The licensure application is received by the
21 department prior to January 1, 1993.

22 (b) On January 1, 1993, the facility was licensed
23 under chapters 396 and 397 as a facility for detoxification,
24 residential level I care, and outpatient treatment of
25 substance abuse.

26 (c) The facility restricted its practice to the
27 treatment of law enforcement personnel for a period of at
28 least 12 months beginning after January 1, 1992.

29 (d) The number of beds to be licensed under chapter
30 394 is equal to or less than the number of beds licensed under
31 chapters 396 and 397 as of January 1, 1993.

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1 (e) The licensee agrees in writing to a condition
2 placed upon the license that the facility will limit its
3 treatment exclusively to law enforcement personnel and their
4 immediate families who are seeking admission on a voluntary
5 basis and who are exhibiting symptoms of posttraumatic stress
6 disorder or other mental health problems, including drug or
7 alcohol abuse, which are directly related to law enforcement
8 work and which are amenable to verbal treatment therapies; the
9 licensee agrees to coordinate the provision of appropriate
10 postresidential care for discharged individuals; and the
11 licensee further agrees in writing that a failure to meet any
12 condition specified in this paragraph shall constitute grounds
13 for a revocation of the facility's license as a residential
14 treatment facility.

15 (f) The licensee agrees that the facility will meet
16 all licensure requirements for a residential treatment
17 facility, including minimum standards for compliance with
18 lifesafety requirements, except those licensure requirements
19 which are in express conflict with the conditions and other
20 provisions specified in this subsection.

21 (g) The licensee agrees that the conditions stated in
22 this subsection must be agreed to in writing by any person
23 acquiring the facility by any means.

24
25 Any facility licensed under this subsection is not required to
26 provide any services to any persons except those included in
27 the specified conditions of licensure, and is exempt from any
28 requirements related to the 60-day or greater average length
29 of stay imposed on community-based residential treatment
30 facilities otherwise licensed under this chapter.

31 (13)~~(12)~~ Each applicant for licensure must comply with

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1 the following requirements:

2 (a) Upon receipt of a completed, signed, and dated
3 application, the agency shall require background screening, in
4 accordance with the level 2 standards for screening set forth
5 in chapter 435, of the managing employee and financial
6 officer, or other similarly titled individual who is
7 responsible for the financial operation of the facility,
8 including billings for client care and services. The applicant
9 must comply with the procedures for level 2 background
10 screening as set forth in chapter 435, as well as the
11 requirements of s. 435.03(3).

12 (b) The agency may require background screening of any
13 other individual who is an applicant if the agency has
14 probable cause to believe that he or she has been convicted of
15 a crime or has committed any other offense prohibited under
16 the level 2 standards for screening set forth in chapter 435.

17 (c) Proof of compliance with the level 2 background
18 screening requirements of chapter 435 which has been submitted
19 within the previous 5 years in compliance with any other
20 health care licensure requirements of this state is acceptable
21 in fulfillment of the requirements of paragraph (a).

22 (d) A provisional license may be granted to an
23 applicant when each individual required by this section to
24 undergo background screening has met the standards for the
25 abuse registry background check and the Department of Law
26 Enforcement background check, but the agency has not yet
27 received background screening results from the Federal Bureau
28 of Investigation, or a request for a disqualification
29 exemption has been submitted to the agency as set forth in
30 chapter 435, but a response has not yet been issued. A
31 standard license may be granted to the applicant upon the

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1 agency's receipt of a report of the results of the Federal
2 Bureau of Investigation background screening for each
3 individual required by this section to undergo background
4 screening which confirms that all standards have been met, or
5 upon the granting of a disqualification exemption by the
6 agency as set forth in chapter 435. Any other person who is
7 required to undergo level 2 background screening may serve in
8 his or her capacity pending the agency's receipt of the report
9 from the Federal Bureau of Investigation. However, the person
10 may not continue to serve if the report indicates any
11 violation of background screening standards and a
12 disqualification exemption has not been requested of and
13 granted by the agency as set forth in chapter 435.

14 (e) Each applicant must submit to the agency, with its
15 application, a description and explanation of any exclusions,
16 permanent suspensions, or terminations of the applicant from
17 the Medicare or Medicaid programs. Proof of compliance with
18 the requirements for disclosure of ownership and control
19 interests under the Medicaid or Medicare programs shall be
20 accepted in lieu of this submission.

21 (f) Each applicant must submit to the agency a
22 description and explanation of any conviction of an offense
23 prohibited under the level 2 standards of chapter 435 by a
24 member of the board of directors of the applicant, its
25 officers, or any individual owning 5 percent or more of the
26 applicant. This requirement does not apply to a director of a
27 not-for-profit corporation or organization if the director
28 serves solely in a voluntary capacity for the corporation or
29 organization, does not regularly take part in the day-to-day
30 operational decisions of the corporation or organization,
31 receives no remuneration for his or her services on the

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1 corporation or organization's board of directors, and has no
2 financial interest and has no family members with a financial
3 interest in the corporation or organization, provided that the
4 director and the not-for-profit corporation or organization
5 include in the application a statement affirming that the
6 director's relationship to the corporation satisfies the
7 requirements of this paragraph.

8 (g) A license may not be granted to an applicant if
9 the applicant or managing employee has been found guilty of,
10 regardless of adjudication, or has entered a plea of nolo
11 contendere or guilty to, any offense prohibited under the
12 level 2 standards for screening set forth in chapter 435,
13 unless an exemption from disqualification has been granted by
14 the agency as set forth in chapter 435.

15 (h) The agency may deny or revoke licensure if the
16 applicant:

17 1. Has falsely represented a material fact in the
18 application required by paragraph (e) or paragraph (f), or has
19 omitted any material fact from the application required by
20 paragraph (e) or paragraph (f); or

21 2. Has had prior action taken against the applicant
22 under the Medicaid or Medicare program as set forth in
23 paragraph (e).

24 (i) An application for license renewal must contain
25 the information required under paragraphs (e) and (f).

26 Section 5. Paragraph (j) of subsection (2) of section
27 409.175, Florida Statutes, is amended to read:

28 409.175 Licensure of family foster homes, residential
29 child-caring agencies, and child-placing agencies.--

30 (2) As used in this section, the term:

31 (j) "Residential child-caring agency" means any

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1 person, corporation, or agency, public or private, other than
2 the child's parent or legal guardian, that provides staffed
3 24-hour care for children in facilities maintained for that
4 purpose, regardless of whether operated for profit or whether
5 a fee is charged. Such residential child-caring agencies
6 include, but are not limited to, maternity homes, runaway
7 shelters, group homes that are administered by an agency,
8 emergency shelters that are not in private residences, and
9 wilderness camps. Residential child-caring agencies do not
10 include hospitals, boarding schools, summer or recreation
11 camps, nursing homes, or facilities operated by a governmental
12 agency for the training, treatment, or secure care of
13 delinquent youth, or facilities licensed under s. 393.067 or
14 s. 394.875 or chapter 397.

15 Section 6. Nothing in this act excuses or relieves the
16 department of any other obligations to abused, neglected or
17 abandoned children in its custody.

18 Section 7. This act shall take effect October 1, 2000.
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21 ===== T I T L E A M E N D M E N T =====

22 And the title is amended as follows:

23 On page 1, line 1, through page 2, line 5
24 remove from the title of the bill: all said lines
25

26 and insert in lieu thereof:

27 An act relating to mental health services for
28 children and adolescents; amending s. 39.407,
29 F.S.; revising provisions governing the
30 medical, psychiatric, and psychological
31 examination and treatment of children;

Amendment No. 01a (for drafter's use only)

1 prescribing procedures for the admission of
2 children or adolescents to residential
3 treatment centers for residential mental health
4 treatment; amending s. 394.4785, F.S.;
5 prohibiting children and adolescents from
6 admission to state mental health treatment
7 facilities; requiring residential treatment
8 centers for children and adolescents to adhere
9 to certain standards; amending s. 394.67, F.S.;
10 defining the term "residential treatment center
11 for children and adolescents"; amending s.
12 394.875, F.S.; requiring the licensure of
13 residential treatment centers for children and
14 adolescents; requiring the Department of
15 Children and Family Services to adopt rules;
16 amending s. 409.175, F.S.; specifying that
17 residential child-caring agencies do not
18 include residential treatment centers for
19 children and adolescents; providing an
20 effective date.

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