A bill to be entitled 1 2 An act relating to the Agency for Persons with 3 Disabilities; amending s. 20.197, F.S.; providing for the director of the Agency for Persons with Disabilities to be 4 subject to confirmation by the Senate; amending s. 39.202, 5 F.S.; providing for certain employees, agents, and 6 7 contract providers of the agency to have access to records 8 concerning cases of child abuse or neglect for specified 9 purposes; amending s. 39.502, F.S.; requiring the court to inform certain persons regarding advocacy services 10 provided by the agency; amending s. 287.155, F.S.; 11 authorizing the agency to purchase vehicles under certain 12 circumstances; amending s. 383.14, F.S.; providing for 13 appointment of a representative from the agency, rather 14 than from the Developmental Disabilities Program Office of 15 16 the Department of Children and Family Services, to be appointed to the Genetics and Newborn Screening Advisory 17 Council; repealing s. 393.061, F.S., relating to a short 18 19 title; amending s. 393.062, F.S.; revising legislative findings and intent regarding services for individuals 20 with developmental disabilities; conforming terminology; 21 amending s. 393.063, F.S.; providing, revising, and 22 deleting definitions applicable to ch. 393, F.S., relating 23 to developmental disabilities; amending s. 393.064, F.S.; 24 25 revising the duties of the Agency for Persons with 26 Disabilities with respect to prevention services, evaluations and assessments, intervention services, and 27 support services; amending s. 393.0641, F.S., relating to 28

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the program for the prevention and treatment of severe self-injurious behavior; providing a definition; amending s. 393.065, F.S.; deleting an obsolete reference; amending s. 393.0651, F.S.; revising provisions relating to individual and family support plans; deleting a prohibition against assessing certain fees; creating s. 393.0654, F.S.; providing criteria for an exemption from the prohibition on conflicting employment or contractual relationships for direct care providers employed by the agency; amending s. 393.0655, F.S.; providing applicability of provisions relating to dismissal of employees for noncompliance with certain standards established for persons who provide care and services to persons with developmental disabilities; amending s. 393.0657, F.S.; revising an exemption from certain requirements for refingerprinting and rescreening; revising requirements for background screening; deleting obsolete language; amending s. 393.066, F.S.; revising certain requirements for the services provided by the agency; requiring agency approval for purchased services; revising the agency's rulemaking authority; amending s. 393.067, F.S.; revising requirements governing the agency's licensure procedures; specifying that a license from the agency is not a property right; revising the requirements for background screening of applicants for licensure and managers, supervisors, and staff members of service providers; requiring that the agency adopt rules governing the reporting of incidents; deleting certain

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responsibilities of the Agency for Health Care Administration with respect to the development and review of emergency management plans; deleting certain zoning requirements for alternative living centers and independent living education centers; amending s. 393.0673, F.S.; deleting a requirement that certain fines be deposited into the Resident Protection Trust Fund; requiring that the agency adopt rules for evaluating violations and determining the amount of fines; amending s. 393.0674, F.S.; providing a penalty for failure by a provider to comply with background screening requirements; amending s. 393.0675, F.S.; deleting certain obsolete provisions requiring that a provider be of good moral character; amending s. 393.0678, F.S., relating to receivership proceedings, to delete obsolete language; amending s. 393.068, F.S.; requiring that the family care program emphasize self-determination; revising certain requirements for reimbursing a family care program provider; amending s. 393.0695, F.S.; requiring the agency to reassess in-home subsidies quarterly rather than annually; amending s. 393.075, F.S., relating to liability coverage for facilities licensed by the agency; conforming terminology; amending s. 393.11, F.S.; providing jurisdiction for hearings in cases of involuntary admission of a person with autism to residential services; providing that s. 916.302, F.S., shall control in cases of involuntary commitment of a person with mental retardation or autism who is charged with a felony; deleting provision

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relating to entities authorized to file a petition for involuntary admission to residential services; providing for agency participation and deleting an obsolete reference; providing for persons with autism to be examined prior to a determination of involuntary admission to residential services; requiring the hearing for involuntary admission to be conducted in the county in which the petition is filed; providing that the competency of a person with mental retardation or autism to stand trial is determined under ch. 916, F.S.; amending s. 393.122, F.S., clarifying requirements governing applications for continued residential services; amending s. 393.125, F.S.; prohibiting a service provider of an applicant or client from acting as that applicant's or client's authorized representatives for purposes of requesting an administrative hearing; amending s. 393.13, F.S., relating to treatment of persons with developmental disabilities; revising the short title; revising legislative intent and terminology; removing requirement that clients be afforded minimum wage protection and fair compensation for labor under certain circumstances; providing the right of clients to be free from the imposition of unnecessary seclusion; requiring the agency to adopt rules for the use of restraints and seclusion; requiring the central record of a client to remain the property of the agency; prescribing duties of agency local area offices with regard to submission of certain reports; revising composition of the resident government of a

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facility; amending s. 393.135, F.S., relating to sexual misconduct; revising definitions, terminology, applicability, and reporting requirements; clarifying provisions making sexual misconduct a second-degree felony; amending s. 393.15, F.S.; establishing the Community Resources Development Loan Program to provide loans to foster homes, group homes, and supported employment programs; providing legislative intent; providing eligibility requirements; providing authorized uses of loan funds; requiring that the agency adopt rules governing the loan program; providing requirements for repaying loans; requiring certain programs to submit an annual statement containing specified information to the agency; amending s. 393.17, F.S.; authorizing the agency to establish by rule certification programs for providers of client services; requiring that the agency establish a certification program for behavior analysts; requiring that the program be reviewed and validated; creating s. 393.18, F.S.; providing for a comprehensive transitional education program for persons who have severe or moderate maladaptive behaviors; specifying the types of treatment and education centers providing services under the program; providing requirements for licensure; requiring individual education plans for persons receiving services; limiting the number of persons who may receive services in such a program; amending s. 393.501, F.S.; revising the agency's rulemaking authority; providing requirements for rules governing alternative living centers and independent

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living education centers; providing an exemption from zoning requirements under certain circumstances; amending s. 393.506, F.S.; revising provisions permitting the administration of medication by certain unlicensed staff to persons with developmental disabilities; authorizing certain direct care providers to supervise the selfadministration of or administer specified medications under certain circumstances; requiring unlicensed direct care providers to complete a training course; requiring an annual assessment of competency; providing rulemaking authority to the Agency for Health Care Administration; requiring the informed consent of the client; providing a definition; creating s. 393.507, F.S.; authorizing the agency to establish a citizen support organization and provide criteria therefor; providing legislative findings; requiring governance by a board of directors; providing for membership, terms, grounds for removal, and per diem and travel expenses; authorizing the use of certain agency property, facilities, and services by the organization; requiring an operational contract with the agency; specifying contents of the contract; requiring moneys of the organization to be held in a separate account; requiring an annual audit; providing for purpose of the organization; authorizing the appropriation of funds to be used by the organization; amending s. 397.405, F.S.; clarifying an exemption from licensure provided to certain facilities licensed under ch. 393, F.S.; amending s. 400.419, F.S.; requiring that a list of facilities subject

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to sanctions or fines be disseminated to the agency; amending s. 400.960, F.S.; revising definitions for purpose of part XI of ch. 400, F.S., relating to intermediate care facilities for persons with developmental disabilities; amending ss. 400.963 and 400.964, F.S.; conforming terminology; amending s. 400.967, F.S. relating to rules and classification deficiencies; conforming provisions to the transfer of duties from the Department of Children and Family Services to the agency; amending ss. 402.115, 402.17, 402.181, 402.20, 402.22, and 402.33, F.S.; including the Agency for Persons with Disabilities within provisions governing the sharing of information, claims for the care and maintenance of facility residents, county contracts authorized for certain services and facilities, education programs for students who reside in state facilities, and fees for services; amending s. 409.908, F.S.; revising a reference; deleting obsolete language; amending s. 409.9127, F.S.; conforming reference to changes made by the act; amending ss. 411.224 and 411.232, F.S.; conforming provisions to the transfer of duties from the Developmental Disabilities Program Office within the Department of Children and Family Services to the Agency for Persons with Disabilities; correcting a reference; amending ss. 415.102, 415.1035, 415.1055, and 415.107, F.S.; conforming terminology; including the Agency for Persons with Disabilities within provisions providing requirements that a facility inform residents of certain

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rights, notification requirements for administrative entities, and requirements for maintaining the confidentiality of reports and records; amending s. 419.001, F.S., relating to site selection of community residential homes; revising definitions; conforming terminology; amending s. 435.03, F.S., relating to screening standards; conforming terminology and a crossreference; amending ss. 490.014 and 491.014, F.S.; deleting references to the developmental services program to conform to changes made by the act; amending s. 916.105, F.S.; revising legislative intent; amending s. 916.106, F.S.; revising definitions; amending s. 916.107, F.S.; revising provisions relating to rights of forensic clients; amending s. 916.1075, F.S.; revising definitions; revising provisions relating to sexual misconduct between an employee and a forensic client; amending s. 916.1081, F.S.; providing a penalty for a forensic client who escapes or attempts to escape from a civil or forensic facility; amending s. 916.1085, F.S.; revising language relating to the unlawful introduction or removal of certain items; conforming a reference; amending ss. 916.1091 and 916.1093 F.S.; conforming language to changes made by the act; amending ss. 916.111 and 916.115, F.S.; revising language relating to the training and appointment of mental health experts; amending ss. 916.12 and 916.3012, F.S.; revising provisions relating to the determination of the mental competence of a defendant in certain proceedings; amending ss. 916.13, 916.15, 916.16,

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and 916.17, F.S.; revising provisions relating to involuntary commitment of a defendant adjudicated incompetent or not guilty by reason of insanity, jurisdiction of the committing court, and conditional release; amending s. 916.301, F.S.; revising provisions relating to court-ordered evaluations of persons with mental retardation or autism; amending s. 916.302, F.S.; revising provisions relating to involuntary commitment of a defendant determined incompetent to proceed; amending s. 916.3025, F.S.; revising provisions relating to jurisdiction of the committing court; amending s. 916.303, F.S.; revising provisions relating to determination of incompetency due to mental retardation or autism; amending s. 916.304, F.S.; revising provisions relating to conditional release; amending s. 921.137, F.S.; revising provisions relating to the imposition of the death sentence upon a defendant with mental retardation; amending s. 944.602, F.S.; requiring the agency to be notified before the release of an inmate with mental retardation; amending s. 945.025, F.S.; providing for cooperation between the Department of Children and Family Services and the agency for the delivery of services to certain persons under the custody or supervision of the department; deleting obsolete language; amending s. 947.185, F.S.; providing for application for certain services from the agency as a condition of parole for inmates with mental retardation; amending ss. 985.223 and 985.224, F.S.; conforming references to changes made by

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the act; amending s. 1003.58, F.S.; including facilities operated by the Agency for Persons with Disabilities within provisions governing the residential care of students; amending ss. 17.61, 39.001, 287.057, 381.0072, 400.464, 408.036, 943.0585, 943.059, and 984.22, F.S.; conforming references to changes made by the act; creating s. 394.4592, F.S., relating to seclusion and restraint in behavioral health care; providing legislative findings; providing for applicability; requiring collection of certain data; providing definitions; requiring facilities to conduct assessments of individuals to be admitted to the facility and providing criteria therefor; specifying requirements for the use of restraint and seclusion; providing for development of debriefing procedures after imposition of restraint and seclusion; providing requirements for facility licensing and certification; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Subsection (1) of section 20.197, Florida Statutes, is amended to read:

created the Agency for Persons with Disabilities, housed within
the Department of Children and Family Services for
administrative purposes only. The agency shall be a separate
budget entity not subject to control, supervision, or direction

by the Department of Children and Family Services in any manner,

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20.197 Agency for Persons with Disabilities. -- There is

including, but not limited to, personnel, purchasing, transactions involving real or personal property, and budgetary matters.

- (1) The director of the agency shall be the agency head for all purposes and shall be appointed by the Governor, subject to confirmation by the Senate, and shall serve at the pleasure of the Governor. The director shall administer the affairs of the agency and establish administrative units as needed and may, within available resources, employ assistants, professional staff, and other employees as necessary to discharge the powers and duties of the agency.
- Section 2. Paragraphs (a) and (h) of subsection (2) of section 39.202, Florida Statutes, are amended to read:
- 39.202 Confidentiality of reports and records in cases of child abuse or neglect.--
- (2) Except as provided in subsection (4), access to such records, excluding the name of the reporter which shall be released only as provided in subsection (5), shall be granted only to the following persons, officials, and agencies:
- (a) Employees, authorized agents, or contract providers of the department, the Department of Health, the Agency for Persons with Disabilities, or county agencies responsible for carrying out:
  - 1. Child or adult protective investigations;
  - 2. Ongoing child or adult protective services;
  - 3. Healthy Start services; or
- 4. Licensure or approval of adoptive homes, foster homes, or child care facilities, facilities licensed under chapter 393,

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or family day care homes or informal child care providers who receive subsidized child care funding, or other homes used to provide for the care and welfare of children; or.

- 5. Services for victims of domestic violence when provided by certified domestic violence centers working at the department's request as case consultants or with shared clients.
- Also, employees or agents of the Department of Juvenile Justice responsible for the provision of services to children, pursuant to chapters 984 and 985.
  - (h) Any appropriate official of the department <u>or the</u> Agency for Persons with Disabilities responsible for:
  - 1. Administration or supervision of the department's program for the prevention, investigation, or treatment of child abuse, abandonment, or neglect, or abuse, neglect, or exploitation of a vulnerable adult, when carrying out his or her official function;
  - 2. Taking appropriate administrative action concerning  $\underline{a}$  department or agency an employee of the department alleged to have perpetrated child abuse, abandonment, or neglect, or abuse, neglect, or exploitation of a vulnerable adult; or
  - 3. Employing and continuing employment of personnel of the department or agency.
  - Section 3. Subsection (15) of section 39.502, Florida Statutes, is amended to read:
    - 39.502 Notice, process, and service.--
- 335 (15) A party who is identified as a person with mental 336 illness or with a developmental disability must be informed by

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the court of the availability of advocacy services through the department, the Agency for Persons with Disabilities, the Association for Retarded Citizens, or other appropriate mental health or developmental disability advocacy groups and encouraged to seek such services.

Section 4. Subsection (1) of section 287.155, Florida Statutes, is amended to read:

287.155 Motor vehicles; purchase by Division of
Universities, Department of Children and Family Services, Agency
for Persons with Disabilities, Department of Health, Department
of Juvenile Justice, and Department of Corrections.--

(1) The Division of Universities of the Department of Education, the Department of Children and Family Services, the Agency for Persons with Disabilities, the Department of Health, the Department of Juvenile Justice, and the Department of Corrections are hereby authorized, subject to the approval of the Department of Management Services, to purchase automobiles, trucks, tractors, and other automotive equipment for the use of institutions under the management of the Division of Universities, the Department of Children and Family Services, the Agency for Persons with Disabilities, the Department of Health, and the Department of Corrections, and for the use of residential facilities managed or contracted by the Department of Juvenile Justice.

Section 5. Subsection (5) of section 383.14, Florida Statutes, is amended to read:

383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.--

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(5) ADVISORY COUNCILThere is established a Genetics and
Newborn Screening Advisory Council made up of 15 members
appointed by the Secretary of Health. The council shall be
composed of two consumer members, three practicing
pediatricians, at least one of whom must be a pediatric
hematologist, one representative from each of the four medical
schools in the state, the Secretary of Health or his or her
designee, one representative from the Department of Health
representing Children's Medical Services, one representative
from the Florida Hospital Association, one individual with
experience in newborn screening programs, one individual
representing audiologists, and one representative from the
Agency for Persons with Disabilities Developmental Disabilities
Program Office of the Department of Children and Family
Services. All appointments shall be for a term of 4 years. The
chairperson of the council shall be elected from the membership
of the council and shall serve for a period of 2 years. The
council shall meet at least semiannually or upon the call of the
chairperson. The council may establish ad hoc or temporary
technical advisory groups to assist the council with specific
topics which come before the council. Council members shall
serve without pay. Pursuant to the provisions of s. 112.061, the
council members are entitled to be reimbursed for per diem and
travel expenses. It is the purpose of the council to advise the
department about:

- (a) Conditions for which testing should be included under the screening program and the genetics program.
  - (b) Procedures for collection and transmission of

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specimens and recording of results.

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- (c) Methods whereby screening programs and genetics services for children now provided or proposed to be offered in the state may be more effectively evaluated, coordinated, and consolidated.
- Section 6. Section 393.061, Florida Statutes, is repealed.

  Section 7. Section 393.062, Florida Statutes, is amended to read:

393.062 Legislative findings and declaration of intent .-- The Legislature finds and declares that existing state programs for the treatment of individuals with developmental disabilities who are developmentally disabled, which often unnecessarily place clients in institutions, are unreasonably costly, are ineffective in bringing the individual client to his or her maximum potential, and are in fact debilitating to many a great majority of clients. A redirection in state treatment programs for individuals with developmental disabilities who are developmentally disabled is necessary if any significant amelioration of the problems faced by such individuals is ever to take place. Such redirection should place primary emphasis on programs that have the potential to prevent or reduce the severity of developmental disabilities. Further, the Legislature declares that greatest priority shall be given to the development and implementation of community-based residential placements, services, and treatment programs for individuals who are developmentally disabled which will enable such individuals with a developmental disability to achieve their greatest potential for independent and productive living, which will

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enable them to live in their own homes or in residences located in their own communities, and which will permit them to be diverted or removed from unnecessary institutional placements. This goal The Legislature finds that the eligibility criteria for intermediate-care facilities for the developmentally disabled which are specified in the Medicaid state plan in effect on the effective date of this act are essential to the system of residential services. The Legislature declares that the goal of this act, to improve the quality of life of all developmentally disabled persons with developmental disabilities by the development and implementation of community-based residential placements, services, and treatment, cannot be met without ensuring the availability of community residential opportunities for developmentally disabled persons with developmental disabilities in the residential areas of this state. The Legislature, therefore, declares that all persons with developmental disabilities who live in licensed community homes shall have a family living environment comparable to other Floridians. The Legislature intends that such residences shall be considered and treated as a functional equivalent of a family unit and not as an institution, business, or boarding home. The Legislature declares that, in developing community-based programs and services for individuals with developmental disabilities who are developmentally disabled, private businesses, not-for-profit corporations, units of local government, and other organizations capable of providing needed services to clients in a cost-efficient manner shall be given preference in lieu of operation of programs directly by state

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agencies. Finally, it is the intent of the Legislature that all caretakers unrelated to individuals with developmental disabilities receiving care shall be of good moral character.

- Section 8. Section 393.063, Florida Statutes, is amended to read:
- 393.063 Definitions.--For the purposes of this chapter, the term:
  - (1) "Agency" means the Agency for Persons with Disabilities <u>established in s. 20.197</u>.

- edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, that causes pervasive impairment in social interaction, communication, and range of interests and activities. While these characteristics occur on a spectrum, the term "autism" refers only to the most severe disorder on this spectrum as defined in the Diagnostic and Statistical Manual of the American Psychiatric Association. a pervasive, neurologically based developmental disability of extended duration which causes severe learning, communication, and behavior disorders with age of onset during infancy or childhood. Individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and nonverbal communication and imaginative ability, and a markedly restricted repertoire of activities and interests.
- (3) "Cerebral palsy" means a group of disabling symptoms of extended duration which results from damage to the developing brain that may occur before, during, or after birth and that results in the loss or impairment of control over voluntary

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muscles. For the purposes of this definition, cerebral palsy does not include those symptoms or impairments resulting solely from a stroke.

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- (4) "Client" means any person determined eligible by the agency for services under this chapter.
- (5) "Client advocate" means a friend or relative of the client, or of the client's immediate family, who advocates for the best interests of the client in any proceedings under this chapter in which the client or his or her family has the right or duty to participate.
- (6) "Comprehensive assessment" means the process used to determine eligibility for services under this chapter.
- "Comprehensive transitional education program" means (7) the program established in s. 393.18. a group of jointly operating centers or units, the collective purpose of which is to provide a sequential series of educational care, training, treatment, habilitation, and rehabilitation services to persons who have developmental disabilities and who have severe or moderate maladaptive behaviors. However, nothing in this subsection shall require such programs to provide services only to persons with developmental disabilities. All such services shall be temporary in nature and delivered in a structured residential setting with the primary goal of incorporating the normalization principle to establish permanent residence for persons with maladaptive behaviors in facilities not associated with the comprehensive transitional education program. The staff shall include psychologists and teachers who shall be available to provide services in each component center or unit of the

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program. The psychologists shall be individuals who are licensed in this state and certified as behavior analysts in this state, or individuals who are certified as behavior analysts pursuant to s. 393.17.

- (a) Comprehensive transitional education programs shall include a minimum of two component centers or units, one of which shall be either an intensive treatment and educational center or a transitional training and educational center, which provide services to persons with maladaptive behaviors in the following sequential order:
- 1. Intensive treatment and educational center. This component is a self contained residential unit providing intensive psychological and educational programming for persons with severe maladaptive behaviors, whose behaviors preclude placement in a less restrictive environment due to the threat of danger or injury to themselves or others.
- 2. Transitional training and educational center. This component is a residential unit for persons with moderate maladaptive behaviors, providing concentrated psychological and educational programming emphasizing a transition toward a less restrictive environment.
- 3. Community transition residence. This component is a residential center providing educational programs and such support services, training, and care as are needed to assist persons with maladaptive behaviors to avoid regression to more restrictive environments while preparing them for more independent living. Continuous-shift staff shall be required for this component.

4. Alternative living center. This component is a residential unit providing an educational and family living environment for persons with maladaptive behaviors, in a moderately unrestricted setting. Residential staff shall be required for this component.

- 5. Independent living education center. This component is a facility providing a family living environment for persons with maladaptive behaviors, in a largely unrestricted setting which includes education and monitoring appropriate to support the development of independent living skills.
- (b) Centers or units that are components of a comprehensive transitional education program are subject to the license issued to the comprehensive transitional education program and may be located on either single or multiple sites.
- (c) Comprehensive transitional education programs shall develop individual education plans for each person with maladaptive behaviors who receives services therein. Such individual education plans shall be developed in accordance with the criteria specified in 20 U.S.C. ss. 401 et seq., and 34 C.F.R. part 300.
- (d) In no instance shall the total number of persons with maladaptive behaviors being provided services in a comprehensive transitional education program exceed 120.
- (e) This subsection shall authorize licensure for comprehensive transitional education programs which by July 1, 1989:
  - 1. Are in actual operation; or
  - 2. Own a fee simple interest in real property for which a

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county or city government has approved zoning allowing for the placement of the facilities described in this subsection, and have registered an intent with the department to operate a comprehensive transitional education program. However, nothing shall prohibit the assignment by such a registrant to another entity at a different site within the state, so long as there is compliance with all criteria of the comprehensive transitional education program and local zoning requirements and provided that each residential facility within the component centers or units of the program authorized under this subparagraph shall not exceed a capacity of 15 persons.

- (8) "Day habilitation facility" means any nonresidential facility which provides day habilitation services.
- (9) "Day habilitation service" means assistance with the acquisition, retention, or improvement in self help, socialization, and adaptive skills which takes place in a nonresidential setting, separate from the home or facility in which the individual resides. Day habilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care.
- (8) (10) "Developmental disability" means a disorder or syndrome that is attributable to <u>mental</u> retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.
  - (9) (11) "Developmental disabilities institution" means a

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state-owned and state-operated facility, formerly known as a "Sunland Center," providing for the care, habilitation, and rehabilitation of clients with developmental disabilities.

- (10) (12) "Direct care service provider," also known as "caregiver" in chapters 39 and 415 or "caretaker" in provisions relating to employment security checks, means a person 18 years of age or older who has direct contact with individuals with developmental disabilities, or has access to a client's living areas or to a client's funds or personal property, and is not a relative of such individuals.
- (13) "Domicile" means the place where a client legally resides, which place is his or her permanent home. Domicile may be established as provided in s. 222.17. Domicile may not be established in Florida by a minor who has no parent domiciled in Florida, or by a minor who has no legal guardian domiciled in Florida, or by any alien not classified as a resident alien.
- (14) "Enclave" means a work station in public or private business or industry where a small group of persons with developmental disabilities is employed and receives training and support services or follow along services among nonhandicapped workers.
- (15) "Epilepsy" means a chronic brain disorder of various causes which is characterized by recurrent seizures due to excessive discharge of cerebral neurons. When found concurrently with retardation, autism, or cerebral palsy, epilepsy is considered a secondary disability for which the client is eligible to receive services to ameliorate this condition pursuant to this chapter.

(11) (16) "Express and informed consent" means consent voluntarily given in writing with sufficient knowledge and comprehension of the subject matter involved to enable the person giving consent to make an understanding and enlightened decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion.

(12) (17) "Family care program" means the program established in s. 393.068.

- (18) "Follow along services" means those support services provided to persons with developmental disabilities in all supported employment programs and may include, but are not limited to, family support, assistance in meeting transportation and medical needs, employer intervention, performance evaluation, advocacy, replacement, retraining or promotional assistance, or other similar support services.
- (13) (19) "Foster care facility" means a residential facility licensed under this chapter which provides a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents. The capacity of such a facility shall not be more than three residents.
- (14)(20) "Group home facility" means a residential facility which provides a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents. The capacity of such a facility shall be at least 4 but not more than 15 residents. For the purposes of this chapter, group home facilities shall not be considered commercial enterprises.

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(15) "Guardian advocate" means a person appointed by a written order of the court to represent a person with developmental disabilities under s. 393.12.

- (16)(22) "Habilitation" means the process by which a client is assisted to acquire and maintain those life skills which enable the client to cope more effectively with the demands of his or her condition and environment and to raise the level of his or her physical, mental, and social efficiency. It includes, but is not limited to, programs of formal structured education and treatment.
- $\underline{(17)}$  "High-risk child" means, for the purposes of this chapter, a child from  $\underline{3}$  birth to 5 years of age with one or more of the following characteristics:
- (a) A developmental delay in cognition, language, or physical development.
- (b) A child surviving a catastrophic infectious or traumatic illness known to be associated with developmental delay, when funds are specifically appropriated.
- (c) A child with a parent or guardian with developmental disabilities who requires assistance in meeting the child's developmental needs.
- (d) A child who has a physical or genetic anomaly associated with developmental disability.
- (18) (24) "Intermediate care facility for persons with developmental disabilities the developmentally disabled" or "ICF/DD" means the same as the term is defined under a residential facility licensed and certified pursuant to part XI of chapter 400.

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(25) "Job coach" means a person who provides employment related training at a worksite to individuals with developmental disabilities.

- (19) (26) "Medical/dental services" means medically necessary those services which are provided or ordered for a client by a person licensed under pursuant to the provisions of chapter 458, chapter 459, or chapter 466. Such services may include, but are not limited to, prescription drugs, specialized therapies, nursing supervision, hospitalization, dietary services, prosthetic devices, surgery, specialized equipment and supplies, adaptive equipment, and other services as required to prevent or alleviate a medical or dental condition.
- general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to 18 years of age. "Significantly subaverage general intellectual functioning," for the purpose of this subsection, means performance which is two or more standard deviations from the mean score on a standardized intelligence test specified in the rules of the agency. "Adaptive behavior," for the purpose of this subsection, means the effectiveness or degree to which an individual meets the standards of personal independence and social responsibility expected of his or her age, cultural group, and community.
- (27) "Mobile work crew" means a group of workers employed by an agency that provides services outside the agency, usually under service contracts.
  - (28) "Normalization principle" means the principle of

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letting the client obtain an existence as close to the normal as possible, making available to the client patterns and conditions of everyday life which are as close as possible to the norm and patterns of the mainstream of society.

- (21)(29) "Personal services" include, but are not limited to, such services as: individual assistance with or supervision of essential activities of daily living for self-care, including ambulation, bathing, dressing, eating, grooming, and toileting, and other similar services that the agency may define by rule. "Personal services" shall not be construed to mean the provision of medical, nursing, dental, or mental health services by the staff of a facility, except as provided in this chapter. In addition, an emergency response device installed in the apartment or living area of a resident shall not be classified as a personal service.
- (22) (30) "Prader-Willi syndrome" means an inherited condition typified by neonatal hypotonia with failure to thrive, hyperphagia or an excessive drive to eat which leads to obesity usually at 18 to 36 months of age, mild to moderate retardation, hypogonadism, short stature, mild facial dysmorphism, and a characteristic neurobehavior.
- exercise the same rights as all other citizens and to have the authority to exercise control over the funds needed for his or her own support, including the opportunity to reprioritize these funds when necessary, the responsibility for the wise use of public funds, and the right to speak and advocate for himself or herself in order to gain independence and ensure that an

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individual with a developmental disability is treated equally.

(24) (31) "Reassessment" means a process which periodically develops, through annual review and revision of a client's family or individual support plan, a knowledgeable statement of current needs and past development for each client.

- (25) "Relative" means an individual who is connected by affinity or consanguinity to the client and who is 18 years of age or more.
- (26) (33) "Resident" means any person with developmental disabilities who is developmentally disabled residing at a residential facility in the state, whether or not such person is a client of the agency.
- (27)(34) "Residential facility" means a facility providing room and board and personal care for persons with developmental disabilities.
- (28) (35) "Residential habilitation" means supervision and training that assists assistance provided with the acquisition, retention, or improvement in skills related to the activities of daily living, such as personal hygiene skills, homemaking skills grooming and cleanliness, bedmaking and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in the community a noninstitutional setting.
- (29)(36) "Residential habilitation center" means a community residential facility that provides residential habilitation. The capacity of such a facility shall not be fewer than nine residents. After October 1, 1989, no new residential habilitation centers shall be licensed and the licensed capacity

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shall not be increased for any existing residential habilitation center.

- (30) (37) "Respite service" means appropriate, short-term, temporary care that is provided to a person with developmental disabilities to meet the planned or emergency needs of the person or the family or other direct care service provider.
- intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. "Significantly subaverage general intellectual functioning," for the purpose of this definition, means performance which is two or more standard deviations from the mean score on a standardized intelligence test specified in the rules of the agency. "Adaptive behavior," for the purpose of this definition, means the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected of his or her age, cultural group, and community.
- (39) "Severe self-injurious behavior" means any chronic behavior that results in injury to the person's own body, which includes, but is not limited to, self-hitting, head banging, self biting, scratching, and the ingestion of harmful or potentially harmful nutritive or nonnutritive substances.
- (31) (40) "Specialized therapies" means those treatments or activities prescribed by and provided by an appropriately trained, licensed, or certified professional or staff person and may include, but are not limited to, physical therapy, speech therapy, respiratory therapy, occupational therapy, behavior

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therapy, physical management services, and related specialized equipment and supplies.

(32) (41) "Spina bifida" means, for purposes of this chapter, a person with a medical diagnosis of spina bifida cystica or myelomeningocele.

- (33) (42) "Support coordinator" means a person who is designated by the agency to assist individuals and families in identifying their capacities, needs, and resources, as well as finding and gaining access to necessary supports and services; coordinating the delivery of supports and services; advocating on behalf of the individual and family; maintaining relevant records; and monitoring and evaluating the delivery of supports and services to determine the extent to which they meet the needs and expectations identified by the individual, family, and others who participated in the development of the support plan.
- (34) (43) "Supported employee" means a person who requires and receives supported employment services in order to maintain community-based employment.
- (35)(44) "Supported employment" means employment located or provided in a normal employment setting which provides at least 20 hours employment per week in an integrated work setting, with earnings paid on a commensurate wage basis, and for which continued support is needed for job maintenance.
- (36) (45) "Supported living" means a category of individually determined services designed and coordinated in such a manner as to provide assistance to adult clients who require ongoing supports to live as independently as possible in their own homes, to be integrated into the community, and to

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participate in community life to the fullest extent possible.

- (37) (46) "Training" means a planned approach to assisting a client to attain or maintain his or her maximum potential and includes services ranging from sensory stimulation to instruction in skills for independent living and employment.
- (38) (47) "Treatment" means the prevention, amelioration, or cure of a client's physical and mental disabilities or illnesses.
- Section 9. Subsections (1), (2), and (4) of section 393.064, Florida Statutes, are amended to read:

## 393.064 Prevention.--

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- The agency shall give priority to the development, planning, and implementation of programs which have the potential to prevent, correct, cure, or reduce the severity of developmental disabilities. The agency shall direct an interagency and interprogram effort for the continued development of a prevention plan and program. The agency shall identify, through demonstration projects, through program evaluation, and through monitoring of programs and projects conducted outside of the agency, any medical, social, economic, or educational methods, techniques, or procedures that have the potential to effectively ameliorate, correct, or cure developmental disabilities. The agency program shall determine the costs and benefits that would be associated with such prevention efforts and shall implement, or recommend the implementation of, those methods, techniques, or procedures which are found likely to be cost-beneficial.
  - (2) Prevention services provided by the <u>agency shall</u>

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developmental services program include services to high-risk and developmentally disabled children from 3 birth to 5 years of age with developmental disabilities, and their families, to meet the intent of chapter 411. Except for services for children from birth to 3 years of age which Such services shall include individual evaluations or assessments necessary to diagnose a developmental disability or high risk condition and to determine appropriate individual family and support services, unless evaluations or assessments are the responsibility of the Division of Children's Medical Services within the Department of Health Prevention and Intervention for children ages birth to 3 years eligible for services under this chapter or part H of the Individuals with Disabilities Education Act, such services and may include:

- (a) Individual evaluations or assessments necessary to diagnose a developmental disability or high-risk condition and to determine appropriate individual family and support services.
- (b) (a) Early intervention services, including developmental training and specialized therapies. Early intervention services, which are the responsibility of the Division of Children's Medical Services Prevention and Intervention for children ages birth to 3 years who are eligible for services under this chapter or under part H of the Individuals with Disabilities Education Act, shall not be provided through the developmental services program unless funding is specifically appropriated to the developmental services program for this purpose.
  - (c) (b) Support services, such as respite care, parent

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education and training, parent-to-parent counseling, homemaker services, and other services which allow families to maintain and provide quality care to children in their homes. The Division of Children's Medical Services Prevention and Intervention is responsible for the provision of services to children from birth to 3 years who are eligible for services under this chapter.

- (4) There is created at the developmental <u>disabilities</u> services institution in Gainesville a research and education unit. Such unit shall be named the Raymond C. Philips Research and Education Unit. The functions of such unit shall include:
- (a) Research into the etiology of developmental disabilities.
- (b) Ensuring that new knowledge is rapidly disseminated throughout the developmental services program of the agency.
- (c) Diagnosis of unusual conditions and syndromes associated with developmental disabilities in clients identified throughout the developmental disabilities services programs.
- (d) Evaluation of families of clients with developmental disabilities of genetic origin in order to provide them with genetic counseling aimed at preventing the recurrence of the disorder in other family members.
- (e) Ensuring that health professionals in the developmental <u>disabilities</u> services institution at Gainesville have access to information systems that will allow them to remain updated on newer knowledge and maintain their postgraduate education standards.
  - (f) Enhancing staff training for professionals throughout

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the agency in the areas of genetics and developmental disabilities.

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Section 10. Section 393.0641, Florida Statutes, is amended to read:

393.0641 Program for the prevention and treatment of severe self-injurious behavior.--

- (1) Contingent upon specific appropriations, there is created a diagnostic, treatment, training, and research program for clients exhibiting severe self-injurious behavior. For the purposes of this section "severe self-injurious behavior" means any chronic behavior that results in injury to the person's own body, which includes, but is not limited to, self-hitting, head banging, self-biting, scratching, and the ingestion of harmful or potentially harmful nutritive or nonnutritive substances.
  - (2) The This program shall:
- (a) Serve as a resource center for information, training, and program development.
- (b) Research the diagnosis and treatment of severe selfinjurious behavior, and related disorders, and develop methods of prevention and treatment of self-injurious behavior.
  - (c) Identify individuals in critical need.
- (d) Develop treatment programs which are meaningful to individuals with developmental disabilities, in critical need, while safeguarding and respecting the legal and human rights of the individuals.
- (e) Disseminate research findings on the prevention and treatment of severe self-injurious behavior.
  - (f) Collect data on the type, severity, incidence, and

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demographics of individuals with severe self-injurious behavior, and disseminate the data.

- $\underline{\text{(3)}}$   $\underline{\text{(2)}}$   $\underline{\text{The}}$   $\underline{\text{This}}$  program shall adhere to the provisions of s. 393.13.
- $\underline{(4)}$  The agency may contract for the provision of any portion or all of the services required by the program.
- (5) (4) The agency has the authority to license this program and shall adopt rules to implement the program.
- Section 11. Subsection (1) of section 393.065, Florida Statutes, is amended to read:
  - 393.065 Application and eligibility determination .--
- (1) Application for services shall be made in writing to the agency, in the service area district in which the applicant resides. Employees of the agency agency's developmental services program shall review each applicant for eligibility within 45 days after the date the application is signed for children under 6 years of age and within 60 days after the date the application is signed for all other applicants. When necessary to definitively identify individual conditions or needs, the agency shall provide a comprehensive assessment. Only individuals whose domicile is in Florida are eligible for services. Information accumulated by other agencies, including professional reports and collateral data, shall be considered in this process when available.
- Section 12. Section 393.0651, Florida Statutes, is amended to read:
- 393.0651 Family or individual support plan.--The agency shall provide <u>directly</u> or <u>contract</u> for <u>the development of a</u> <del>an</del>

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appropriate family support plan for children ages birth to 18 years of age and an individual support plan for each client. The parent or guardian of the client or, if competent, or the parent or quardian of the client, or, when appropriate, the client advocate, shall be consulted in the development of the plan and shall receive a copy of the plan. Each plan shall include the most appropriate, least restrictive, and most cost-beneficial environment for accomplishment of the objectives for client progress and a specification of all services authorized. The plan shall include provisions for the most appropriate level of care for the client. Within the specification of needs and services for each client, if when residential care is necessary, the agency shall move toward placement of clients in residential facilities based within the client's community. The ultimate goal of each plan, whenever possible, shall be to enable the client to live a dignified life in the least restrictive setting, be that in the home or in the community. For children under 6 years of age, the family support plan shall be developed within the 45-day application period as specified in s. 393.065(1); for all applicants 6 years of age or older, the family or individual support plan shall be developed within the 60-day period as specified in that subsection.

- (1) The agency shall develop and specify by rule the core components of support plans to be used by each district.
- (2) (a) The family or individual support plan shall be integrated with the individual education plan (IEP) for all clients who are public school students entitled to a free appropriate public education under the Individuals with

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Disabilities Education Act, I.D.E.A., as amended. The family or individual support plan and IEP shall be implemented to maximize the attainment of educational and habilitation goals.

- (a) If the IEP for a student enrolled in a public school program indicates placement in a public or private residential program is necessary to provide special education and related services to a client, the local education agency shall provide for the costs of that service in accordance with the requirements of the Individuals with Disabilities Education Act, I.D.E.A., as amended. This shall not preclude local education agencies and the agency from sharing the residential service costs of students who are clients and require residential placement. Under no circumstances shall clients entitled to a public education or their parents be assessed a fee by the agency under s. 402.33 for placement in a residential program.
- (b) For clients who are entering or exiting the school system, an interdepartmental staffing team composed of representatives of the agency and the local school system shall develop a written transitional living and training plan with the participation of the client or with the parent or guardian of the client, or the client advocate, as appropriate.
- (3) Each family or individual support plan shall be facilitated through case management designed solely to advance the individual needs of the client.
- (4) In the development of the family or individual support plan, a client advocate may be appointed by the support planning team for a client who is a minor or for a client who is not capable of express and informed consent when:

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(a) The parent or guardian cannot be identified;

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- (b) The whereabouts of the parent or guardian cannot be discovered; or
- 1012 (c) The state is the only legal representative of the 1013 client.

Such appointment shall not be construed to extend the powers of the client advocate to include any of those powers delegated by law to a legal guardian.

- appropriate and least restrictive, and cost-beneficial, residential facility according to his or her individual habilitation plan. The parent or guardian of The client or, if competent, or the parent or guardian of the client, or, when appropriate, the client advocate, and the administrator of the residential facility to which placement is proposed shall be consulted in determining the appropriate placement for the client. Considerations for placement shall be made in the following order:
- (a) Client's own home or the home of a family member or direct <u>care</u> service provider.
  - (b) Foster care facility.
  - (c) Group home facility.
- (d) Intermediate care facility for the developmentally disabled.
- (e) Other facilities licensed by the agency which offer special programs for people with developmental disabilities.
  - (f) Developmental disabilities services institution.

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(6) In developing a client's annual family or individual support plan, the individual or family with the assistance of the support planning team shall identify measurable objectives for client progress and shall specify a time period expected for achievement of each objective.

- (7) The individual, family, and support coordinator shall review progress in achieving the objectives specified in Each client's family or individual support plan shall be reviewed and revised, and shall revise the plan annually, following consultation with the client, if competent, or with the parent or guardian of the client, or, when appropriate, the client advocate. The agency shall annually report in writing to the client, if competent, or to the parent or guardian of the client, or to the client advocate, when appropriate, with respect to the client's habilitative and medical progress.
- (8) Any client, or any parent of a minor client, or guardian, authorized guardian advocate, or client advocate for a client, who is substantially affected by the client's initial family or individual support plan, or the annual review thereof, shall have the right to file a notice to challenge the decision pursuant to ss. 120.569 and 120.57. Notice of such right to appeal shall be included in all support plans provided by the agency.

Section 13. Section 393.0654, Florida Statutes, is created to read:

393.0654 Direct care providers; private sector
services.--It is not a violation of s. 112.313(7) for a direct
care provider who is employed by the agency to own, operate, or

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work in a private facility that is a service provider under contract with the agency if:

- (1) The direct care provider does not have any role in the placement recommendations of the agency or the decisionmaking process of the client regarding placement.
- (2) The employment of the direct care provider with the agency does not compromise the ability of the client to make a voluntary choice among private providers for services.
- (3) The outside employment of a direct care provider does not create a conflict with the public duties of the direct care provider and does not impede the full and faithful discharge of his or her duties as assigned by the agency.
- (4) The private provider discloses the dual employment or ownership status to the agency and all clients within the care of the private provider. The disclosure shall be given to the agency, the client, and the guardian or guardian advocate of the client, if appropriate.
- Section 14. Subsections (1) and (4) of section 393.0655, Florida Statutes, are amended to read:
  - 393.0655 Screening of direct care service providers.--
- (1) MINIMUM STANDARDS.--The agency shall require level 2 employment screening pursuant to chapter 435 for direct <u>care</u> service providers who are unrelated to their clients, including support coordinators, and managers and supervisors of residential facilities or comprehensive transitional education programs licensed under <u>this chapter</u> s. 393.067 and any other person, including volunteers, who provide care or services, who have access to a client's living areas, or who have access to a

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client's funds or personal property. Background screening shall include employment history checks as provided in s. 435.03(1) and local criminal records checks through local law enforcement agencies.

- (a) A volunteer who assists on an intermittent basis for less than 40 hours per month does not have to be screened if the volunteer is under the direct and constant supervision of persons who meet the screening requirements of this section.
- (b) Licensed physicians, nurses, or other professionals licensed and regulated by the Department of Health are not subject to background screening pursuant to this section if they are providing a service that is within their scope of licensed practice.
- (c) A person selected by the family or the individual with developmental disabilities and paid by the family or the individual to provide supports or services is not required to have a background screening under this section.
- (d) Persons residing with the direct <u>care</u> services provider, including family members, are subject to background screening; however, such persons who are 12 to 18 years of age shall be screened for delinquency records only.
- (4) NONCOMPLIANCE WITH STANDARDS; REMEDIES; DENIAL OR

  TERMINATION OF EMPLOYMENT EXCLUSION FROM OWNING, OPERATING, OR

  BEING EMPLOYED BY A DIRECT SERVICE PROVIDER RESIDENTIAL

  FACILITY; HEARINGS PROVIDED.--
- (a) The agency shall deny, suspend, terminate, or revoke a license <u>or</u>, certification, <del>rate agreement, purchase order, or contract,</del> or pursue other remedies provided in s. 393.0673, s.

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393.0675, or s. 393.0678 in addition to or in lieu of denial, suspension, termination, or revocation for failure to comply with this section.

- (b) When the agency has reasonable cause to believe that grounds for denial or termination of employment exist, it shall notify, in writing, the employer and the <u>person</u> direct service provider affected, stating the specific record which indicates noncompliance with the standards in this section.
- (c) The procedures established for hearing under chapter 120 shall be available to the employer and the <u>person affected</u> direct service provider in order to present evidence relating either to the accuracy of the basis of exclusion or to the denial of an exemption from disqualification.
- (d) Refusal on the part of an employer to dismiss a manager, supervisor, or direct care service provider who has been found to be in noncompliance with standards of this section shall result in automatic denial, termination, or revocation of the license or, certification, rate agreement, purchase order, or contract, in addition to any other remedies pursued by the agency.
- Section 15. Section 393.0657, Florida Statutes, is amended to read:
- 393.0657 Persons not required to be refingerprinted or rescreened.--Persons who have undergone any portion of the background screening required under s. 393.0655 within the last 12 months shall not be required to repeat such screening in order to comply with that portion of the screening requirements. The persons shall be responsible for providing documentation of

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the screening. The person shall be required to undergo screening for any remaining background screening requirements that have never been conducted or have not been completed within the last 12 months. Any provision of law to the contrary notwithstanding, human resource personnel who have been fingerprinted or screened pursuant to chapters 393, 394, 397, 402, and 409, and teachers who have been fingerprinted pursuant to chapter 1012, who have not been unemployed for more than 90 days thereafter, and who under the penalty of perjury attest to the completion of such fingerprinting or screening and to compliance with the provisions of this section and the standards for good moral character as contained in such provisions as ss. 110.1127(3), 393.0655(1), 394.457(6), 397.451, 402.305(2), and 409.175(6), shall not be required to be refingerprinted or rescreened in order to comply with any direct service provider screening or fingerprinting requirements.

Section 16. Subsections (1), (2), (3), (5), and (8) of section 393.066, Florida Statutes, are amended to read:

393.066 Community services and treatment <del>for persons who</del> are developmentally disabled.--

(1) The agency shall plan, develop, organize, and implement its programs of services and treatment for persons with developmental disabilities who are developmentally disabled to allow clients to live as independently as possible in their own homes or communities and to achieve productive lives as close to normal as possible. All elements of community-based services shall be made available, and eligibility for these services shall be consistent across the state. In addition, all

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purchased services shall be approved by the agency.

(2) All services needed shall be purchased instead of provided directly by the agency, when such arrangement is more cost-efficient than having those services provided directly. <u>All</u> purchased services must be approved by the agency.

- (3) Community-based services that are medically necessary to prevent institutionalization shall, to the extent of available resources, include:
- (a) Day habilitation services, including developmental training services.
  - (b) Family care services.
  - (c) Guardian advocate referral services.
- (d) Medical/dental services, except that medical services shall not be provided to clients with spina bifida except as specifically appropriated by the Legislature.
  - (e) Parent training.
- 1193 (f) Recreation.

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- (g) Residential facility services.
- (h) Respite services.
- 1196 (i) Social services.
- 1197 (j) Specialized therapies.
- 1198 (k) Supported employment, including enclave, job coach,
  1199 mobile work crew, and follow along services.
  - (1) Supported living.
- 1201 (m) Training, including behavioral <u>analysis services</u>
  1202 <del>programming</del>.
- 1203 (n) Transportation.
- 1204 (o) Other habilitative and rehabilitative services as

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- In order to improve the potential for utilization of more cost-effective, community-based residential facilities, the agency shall promote the statewide development of day habilitation services for clients who live with a direct care service provider in a community-based residential facility and who do not require 24-hour-a-day care in a hospital or other health care institution, but who may, in the absence of day habilitation services, require admission to a developmental disabilities institution. Each day service facility shall provide a protective physical environment for clients, ensure that direct care service providers meet minimum screening standards as required in s. 393.0655, make available to all day habilitation service participants at least one meal on each day of operation, provide facilities to enable participants to obtain needed rest while attending the program, as appropriate, and provide social and educational activities designed to stimulate interest and provide socialization skills.
- (8) The agency is authorized to may adopt rules pursuant to ss. 120.536(1) and 120.54 governing the availability and purchase of services that are to ensure compliance with federal laws or regulations that apply to services provided pursuant to this section.
- Section 17. Section 393.067, Florida Statutes, is amended to read:
- 393.067 <u>Facility</u> licensure <del>of residential facilities and</del> <del>comprehensive transitional education programs</del>.--
  - (1) The agency shall provide through its licensing

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authority and by rule license application procedures, a system of provider qualifications, facility and client care standards, staff training requirements criteria for meeting standards, and requirements for monitoring foster care facilities, group home for residential facilities, residential habilitation centers, and comprehensive transitional education programs serving agency clients. Receipt of a license under this chapter shall not create a property right in the recipient. A license issued under this chapter is a public trust and a privilege, and is not an entitlement. This privilege must guide the finder of fact or trier of law at any administrative proceeding or court action initiated by the agency.

- (2) The agency shall conduct <u>annual</u> inspections and reviews of <del>residential</del> facilities and <del>comprehensive transitional</del> education programs licensed under this section <del>annually</del>.
- (3) An application for a license <u>under this section</u> for a residential facility or a comprehensive transitional education program shall be made to the agency on a form furnished by it and shall be accompanied by the appropriate license fee.
- (4) The application shall be under oath and shall contain the following:
- (a) The name and address of the applicant, if an applicant is an individual; if the applicant is a firm, partnership, or association, the name and address of each member thereof; if the applicant is a corporation, its name and address and the name and address of each director and each officer thereof; and the name by which the facility or program is to be known.
  - (b) The location of the facility or program for which a

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1261 license is sought.

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(c) The name of the person or persons under whose management or supervision the facility or program will be conducted.

- (d) The number and type of residents or clients for which maintenance, care, education, or treatment is to be provided by the facility or program.
- (e) The number and location of the component centers or units which will compose the comprehensive transitional education program.
- (f) A description of the types of services and treatment to be provided by the facility or program.
- (g) Information relating to the number, experience, and training of the employees of the facility or program.
- (h) Certification that the staff of the facility or program will receive training to detect and prevent sexual abuse of residents and clients.
- (i) Such other information as the agency determines is necessary to carry out the provisions of this chapter.
- (5) The applicant shall submit evidence which establishes the good moral character of the manager or supervisor of the facility or program and the direct service providers in the facility or program and its component centers or units. A license may be issued if all the screening materials have been timely submitted; however, a license may not be issued or renewed if any of the direct service providers have failed the screening required by s. 393.0655.
  - (a) 1. A licensed residential facility or comprehensive

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transitional education program which applies for renewal of its license shall submit to the agency a list of direct service providers who have worked on a continuous basis at the applicant facility or program since submitting fingerprints to the agency or the Department of Children and Family Services, identifying those direct service providers for whom a written assurance of compliance was provided by the agency or department and identifying those direct service providers who have recently begun working at the facility or program and are awaiting the results of the required fingerprint check along with the date of the submission of those fingerprints for processing. The agency shall by rule determine the frequency of requests to the Department of Law Enforcement to run state criminal records checks for such direct service providers except for those direct service providers awaiting the results of initial fingerprint checks for employment at the applicant facility or program. The agency shall review the records of the direct service providers at the applicant facility or program with respect to the crimes specified in s. 393.0655 and shall notify the facility or program of its findings. When disposition information is missing on a criminal record, it is the responsibility of the person being screened, upon request of the agency, to obtain and supply within 30 days the missing disposition information to the agency. Failure to supply the missing information within 30 days or to show reasonable efforts to obtain such information shall result in automatic disqualification. 2. The applicant shall sign an affidavit under penalty of

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perjury stating that all new direct service providers have been

fingerprinted and that the facility's or program's remaining direct service providers have worked at the applicant facility or program on a continuous basis since being initially screened at that facility or program or have a written assurance of compliance from the agency or department.

- (5)(b) As a prerequisite for issuance of an the initial license or for renewal of an existing license, the applicant, manager, supervisor, and all direct care staff must submit to background screening as required under s. 393.0655. A license may not be issued or renewed if the applicant and any of the managers, supervisors, or direct care providers of the facility or program have failed the background screening required under s. 393.0655. The agency shall determine by rule the frequency of background screening. The applicant shall submit with each application for an initial license or for renewal of an existing license a signed affidavit under penalty of perjury stating that the applicant is in compliance with all background screening requirements. to a residential facility or comprehensive transitional education program:
- 1. The applicant shall submit to the agency a complete set of fingerprints, taken by an authorized law enforcement agency or an employee of the agency who is trained to take fingerprints, for the manager, supervisor, or direct service providers of the facility or program;
- 2. The agency shall submit the fingerprints to the

  Department of Law Enforcement for state processing and for

  federal processing by the Federal Bureau of Investigation; and
  - 3. The agency shall review the record of the manager or

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supervisor with respect to the crimes specified in s.

393.0655(1) and shall notify the applicant of its findings. When disposition information is missing on a criminal record, it is the responsibility of the manager or supervisor, upon request of the agency, to obtain and supply within 30 days the missing disposition information to the agency. Failure to supply the missing information within 30 days or to show reasonable efforts to obtain such information shall result in automatic disqualification.

- (c) The agency or a residential facility or comprehensive transitional education program may not use the criminal records or juvenile records of a person obtained under this subsection for any purpose other than determining if that person meets the minimum standards for good moral character for a manager or supervisor of, or direct service provider in, such a facility or program. The criminal records or juvenile records obtained by the agency or a residential facility or comprehensive transitional education program for determining the moral character of a manager, supervisor, or direct service provider are exempt from s. 119.07(1).
- (6) Each applicant for licensure as an intermediate care facility for the developmentally disabled must comply with the following requirements:
- (a) Upon receipt of a completed, signed, and dated application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth in chapter 435, of the managing employee, or other similarly titled individual who is responsible for the daily operation of the

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facility, and of the financial officer, or other similarly titled individual who is responsible for the financial operation of the center, including billings for resident care and services. The applicant must comply with the procedures for level 2 background screening as set forth in chapter 435, as well as the requirements of s. 435.03(3).

- (b) The agency may require background screening of any other individual who is an applicant if the agency has probable cause to believe that he or she has been convicted of a crime or has committed any other offense prohibited under the level 2 standards for screening set forth in chapter 435.
- (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other health care licensure requirements of this state is acceptable in fulfillment of the requirements of paragraph (a).
- (d) A provisional license may be granted to an applicant when each individual required by this section to undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency has not yet received background screening results from the Federal Bureau of Investigation, or a request for a disqualification exemption has been submitted to the agency as set forth in chapter 435, but a response has not yet been issued. A standard license may be granted to the applicant upon the agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each individual required by this section to undergo background screening which confirms that all standards

have been met, or upon the granting of a disqualification exemption by the agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the Federal Bureau of Investigation. However, the person may not continue to serve if the report indicates any violation of background screening standards and a disqualification exemption has not been requested of and granted by the agency as set forth in chapter 435.

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

(f) Each applicant must submit to the agency a description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a not for profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day to day operational decisions of the corporation or organization, receives no remuneration for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family

members with a financial interest in the corporation or organization, provided that the director and the not-for-profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph.

- (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435.
- (h) The agency may deny or revoke licensure if the applicant:
- 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has omitted any material fact from the application required by paragraph (e) or paragraph (f); or
- 2. Has had prior action taken against the applicant under the Medicaid or Medicare program as set forth in paragraph (e).
- $\underline{(6)}$  (7) The applicant shall furnish satisfactory proof of financial ability to operate and conduct the facility or program in accordance with the requirements of this chapter and all rules promulgated hereunder.
- (7) (8) The agency shall adopt rules establishing minimum standards for <del>licensure of residential</del> facilities and

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comprehensive transitional education programs <u>licensed under</u> this section, including rules requiring facilities and programs to train staff to detect and prevent sexual abuse of residents and clients, minimum standards of quality and adequacy of care, and uniform firesafety standards established by the State Fire Marshal which are appropriate to the size of the facility or of the component centers or units of the program.

(8) (9) The agency and the Agency for Health Care Administration, after consultation with the Department of Community Affairs, shall adopt rules pursuant to ss. 120.536(1) and 120.54 for foster care residential facilities, group home facilities, and residential habilitation centers which establish under the respective regulatory jurisdiction of each establishing minimum standards for the preparation and annual update of a comprehensive emergency management plan. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering arrangements; postdisaster activities, including emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual identification of residents and transfer of records; and responding to family inquiries. The comprehensive emergency management plan for all comprehensive transitional education programs and for homes serving individuals who have complex medical conditions is subject to review and approval by the local emergency management agency. During its review, the local emergency management agency shall ensure that the agency and the Department of Community Affairs following agencies, at a minimum, are given the

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opportunity to review the plan: the Agency for Health Care

Administration, the Agency for Persons with Disabilities, and
the Department of Community Affairs. Also, appropriate volunteer
organizations must be given the opportunity to review the plan.
The local emergency management agency shall complete its review
within 60 days and either approve the plan or advise the
facility of necessary revisions.

- (9)(10) The agency may conduct unannounced inspections to determine compliance by <u>foster care residential</u> facilities, group home facilities, residential habilitation centers, and comprehensive transitional education programs with the applicable provisions of this chapter and the rules adopted pursuant hereto, including the rules adopted for training staff of a facility or a program to detect and prevent sexual abuse of residents and clients. The facility or program shall make copies of inspection reports available to the public upon request.
- (11) An alternative living center and an independent living education center, as defined in s. 393.063, shall be subject to the provisions of s. 419.001, except that such centers shall be exempt from the 1,000 foot radius requirement of s. 419.001(2) if:
- (a) Such centers are located on a site zoned in a manner so that all the component centers of a comprehensive transition education center may be located thereon; or
- (b) There are no more than three such centers within said radius of 1,000 feet.
- (10) (12) Each residential facility or comprehensive transitional education program licensed under this section by

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the agency shall forward annually to the agency a true and accurate sworn statement of its costs of providing care to clients funded by the agency.

- (11)(13) The agency may audit the records of any residential facility or comprehensive transitional education program that it has reason to believe may not be in full compliance with the provisions of this section; provided that, any financial audit of such facility or program shall be limited to the records of clients funded by the agency.
- (12)(14) The agency shall establish, for the purpose of control of licensure costs, a uniform management information system and a uniform reporting system with uniform definitions and reporting categories.
- (13) (15) Facilities and programs licensed under pursuant to this section shall adhere to all rights specified in s. 393.13, including those enumerated in s. 393.13(4).
- (14)(16) An No unlicensed residential facility or comprehensive transitional education program may not shall receive state funds. A license for the operation of a facility or program shall not be renewed if the licensee has any outstanding fines assessed pursuant to this chapter wherein final adjudication of such fines has been entered.
- (15)(17) The agency shall not be required to contract with new facilities licensed after October 1, 1989, pursuant to this chapter. Pursuant to chapter 287, the agency shall continue to contract within available resources for residential services with facilities licensed prior to October 1, 1989, if such facilities comply with the provisions of this chapter and all

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other applicable laws and regulations.

Section 18. Subsections (1) and (2) of section 393.0673, Florida Statutes, are amended, and subsection (5) is added to that section, to read:

393.0673 Denial, suspension, revocation of license; moratorium on admissions; administrative fines; procedures.--

- (1) The agency may deny, revoke, or suspend a license or impose an administrative fine, not to exceed \$1,000 per violation per day, for a violation of any provision of s. 393.0655 or s. 393.067 or adopted rules adopted pursuant thereto. All hearings shall be held within the county in which the licensee or applicant operates or applies for a license to operate a facility as defined herein.
- (2) The agency, as a part of any final order issued by it pursuant to under the provisions of this chapter, may impose such fine as it deems proper, except that such fine may not exceed \$1,000 for each violation. Each day a violation of this chapter occurs constitutes a separate violation and is subject to a separate fine, but in no event may the aggregate amount of any fine exceed \$10,000. Fines paid by any facility licensee under the provisions of this subsection shall be deposited in the Resident Protection Trust Fund and expended as provided in s. 400.063.
- (5) The agency shall establish by rule criteria for evaluating the severity of violations and for determining the amount of fines imposed.
- Section 19. Subsection (1) of section 393.0674, Florida Statutes, is amended to read:

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393.0674 Penalties.--

(1) It is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, for any person willfully, knowingly, or intentionally to:

- (a) Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment a material fact used in making a determination as to such person's qualifications to be a direct care service provider;
- (b) Provide or attempt to provide supports or services with direct <u>care</u> <u>service</u> providers who are <u>not</u> in <u>compliance</u> noncompliance with the <u>background screening requirements set</u> <u>forth minimum standards for good moral character as contained</u> in this chapter; or
- (c) Use information from the criminal records or central abuse hotline obtained under s. 393.0655, s. 393.066, or s. 393.067 for any purpose other than screening that person for employment as specified in those sections or release such information to any other person for any purpose other than screening for employment as specified in those sections.
- Section 20. Subsection (3) of section 393.0675, Florida Statutes, is amended to read:
  - 393.0675 Injunctive proceedings authorized. --
- (3) The agency may institute proceedings for an injunction in a court of competent jurisdiction to terminate the operation of a provider of supports or services if such provider has willfully and knowingly refused to comply with the screening requirement for direct <u>care</u> service providers or has refused to

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terminate direct  $\underline{\text{care}}$   $\underline{\text{service}}$  providers found not to be in compliance with  $\underline{\text{such}}$   $\underline{\text{the}}$  requirements  $\underline{\text{for good moral character}}$ .

Section 21. Subsection (1) of section 393.0678, Florida Statutes, is amended to read:

393.0678 Receivership proceedings.--

- (1) The agency may petition a court of competent jurisdiction for the appointment of a receiver for an intermediate care facility for the developmentally disabled, a residential habilitation center, or a group home facility owned and operated by a corporation or partnership when any of the following conditions exist:
- (a) Any person is operating a facility without a license and refuses to make application for a license as required by s. 393.067 or, in the case of an intermediate care facility for the developmentally disabled, as required by ss. 393.067 and 400.062.
- (b) The licensee is closing the facility or has informed the department that it intends to close the facility; and adequate arrangements have not been made for relocation of the residents within 7 days, exclusive of weekends and holidays, of the closing of the facility.
- (c) The agency determines that conditions exist in the facility which present an imminent danger to the health, safety, or welfare of the residents of the facility or which present a substantial probability that death or serious physical harm would result therefrom. Whenever possible, the agency shall facilitate the continued operation of the program.
  - (d) The licensee cannot meet its financial obligations to

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provide food, shelter, care, and utilities. Evidence such as the issuance of bad checks or the accumulation of delinquent bills for such items as personnel salaries, food, drugs, or utilities constitutes prima facie evidence that the ownership of the facility lacks the financial ability to operate the home in accordance with the requirements of this chapter and all rules promulgated thereunder.

Section 22. Subsection (1), paragraphs (o) and (p) of subsection (2), and subsection (3) of section 393.068, Florida Statutes, are amended to read:

393.068 Family care program. --

- (1) The family care program is established for the purpose of providing services and support to families and individuals with developmental disabilities in order to maintain the individual in the home environment and avoid costly out-of-home residential placement. Services and support available to families and individuals with developmental disabilities shall emphasize community living and self-determination and enable individuals with developmental disabilities to enjoy typical lifestyles. One way to accomplish this is to recognize that families are the greatest resource available to individuals who have developmental disabilities and must be supported in their role as primary caregivers care givers.
- (2) Services and support authorized under this program shall, to the extent of available resources, include the services listed under s. 393.066 and, in addition, shall include, but not be limited to:
  - (o) Supported employment.

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 $\underline{\text{(o)}}$  Other support services as identified by the family or individual.

- effective and in the best interest of the client to maintain such client in the home of a direct <u>care</u> <u>service</u> provider, the parent or guardian of the client or, if competent, the client may enroll the client in the family care program. The direct <u>care</u> <u>service</u> provider of a client enrolled in the family care program shall be reimbursed according to a rate schedule set by the agency. <u>In-home subsidies cited in paragraph (2) (d) shall be provided according to s. 393.0695 and are not subject to any other payment method or rate schedule provided for in this <u>section</u>.</u>
- Section 23. Subsection (3) of section 393.0695, Florida Statutes, is amended to read:
  - 393.0695 Provision of in-home subsidies.--
- (3) In-home subsidies must be based on an individual determination of need and must not exceed maximum amounts set by the agency and reassessed by the agency quarterly annually.
- Section 24. Subsection (2) of section 393.075, Florida Statutes, is amended to read:
  - 393.075 General liability coverage. --
- (2) The Division of Risk Management of the Department of Financial Services shall provide coverage through the agency to any person who owns or operates a foster care facility or group home facility solely for the agency, who cares for children placed by developmental services staff of the agency, and who is licensed pursuant to s. 393.067 to provide such supervision and

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care in his or her place of residence. The coverage shall be provided from the general liability account of the State Risk Management Trust Fund. The coverage is limited to general liability claims arising from the provision of supervision and care of children in a foster care facility or group home facility pursuant to an agreement with the agency and pursuant to guidelines established through policy, rule, or statute. Coverage shall be subject to the limits provided in ss. 284.38 and 284.385, and the exclusions set forth therein, together with other exclusions as may be set forth in the certificate of coverage issued by the trust fund. A person covered under the general liability account pursuant to this subsection shall immediately notify the Division of Risk Management of the Department of Financial Services of any potential or actual claim.

Section 25. Subsection (1), paragraph (a) of subsection (2), paragraph (b) of subsection (3), subsections (4), (5), and (6), paragraphs (a), (c), and (d) of subsection (7), paragraphs (d) and (e) of subsection (8), paragraph (b) of subsection (10), paragraph (b) of subsection (12), and subsection (13) of section 393.11, Florida Statutes, are amended to read:

393.11 Involuntary admission to residential services.--

(1) JURISDICTION.--When a person who has been determined eligible for services by the agency is mentally retarded or autistic and requires involuntary admission to residential services provided by the agency, the circuit court of the county in which the person resides shall have jurisdiction to conduct a hearing and enter an order involuntarily admitting the person in

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order that the person may receive the care, treatment, habilitation, and rehabilitation which the person needs. For the purpose of identifying mental retardation or autism, diagnostic capability shall be established by the agency. The involuntary commitment of a person with mental retardation or autism who is charged with a felony offense shall be determined in accordance with s. 916.302. Except as otherwise specified, the proceedings under this section shall be governed by the Florida Rules of Civil Procedure.

(2) PETITION. --

- (a) A petition for involuntary admission to residential services may be executed by a petitioning commission. For proposed involuntary admission to residential services arising out of chapter 916, the petition may be filed by a petitioning commission, the agency, the state attorney of the circuit from which the defendant was committed, or the defendant's attorney.
  - (3) NOTICE.--
- (b) Whenever a motion or petition has been filed pursuant to s. 916.303(2) to dismiss criminal charges against a defendant with mental retardation or autism, and a petition is filed to involuntarily admit the defendant to residential services under this section, the notice of the filing of the petition shall also be given to the defendant's attorney and to the state attorney of the circuit from which the defendant was committed.
  - (4) AGENCY DEVELOPMENTAL SERVICES PARTICIPATION. --
- (a) Upon receiving the petition, the court shall immediately order the developmental services program of the agency to examine the person being considered for involuntary

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1737 admission to residential services.

- (b) Following examination, the agency shall file After the developmental services program examines the person, a written report shall be filed with the court not less than 10 working days before the date of the hearing. The report shall be served on the petitioner, the person with mental retardation or autism, and the person's attorney at the time the report is filed with the court.
- (c) The report shall contain the findings of the <u>agency's</u> developmental services program evaluation and any recommendations deemed appropriate.
  - (5) EXAMINING COMMITTEE.--
- (a) Upon receiving the petition, the court shall immediately appoint an examining committee to examine the person being considered for involuntary admission to residential services of the developmental services program of the agency.
- (b) The court shall appoint no fewer than three disinterested experts who have demonstrated to the court an expertise in the diagnosis, evaluation, and treatment of persons with mental retardation or autism. The committee shall include at least one licensed and qualified physician, one licensed and qualified psychologist, and one qualified professional with a minimum of a masters degree in social work, special education, or vocational rehabilitation counseling, to examine the person and to testify at the hearing on the involuntary admission to residential services.
- (c) Counsel for the person who is being considered for involuntary admission to residential services and counsel for

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the petition commission shall have the right to challenge the qualifications of those appointed to the examining committee.

- (d) Members of the committee shall not be employees of the agency or be associated with each other in practice or in employer-employee relationships. Members of the committee shall not have served as members of the petitioning commission.

  Members of the committee shall not be employees of the members of the petitioning commission or be associated in practice with members of the commission.
- (e) The committee shall prepare a written report for the court. The report shall explicitly document the extent that the person meets the criteria for involuntary admission. The report, and expert testimony, shall include, but not be limited to:
- 1. The degree of the person's mental retardation  $\underline{\text{or}}$  autism;
- 2. Whether, because of the person's degree of mental retardation or autism, the person:
- a. Lacks sufficient capacity to give express and informed consent to a voluntary application for services pursuant to s.
   393.065;
- b. Lacks basic survival and self-care skills to such a degree that close supervision and habilitation in a residential setting is necessary and if not provided would result in a real and present threat of substantial harm to the person's well-being; or
- c. Is likely to physically injure others if allowed to remain at liberty.
  - 3. The purpose to be served by residential care;

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4. A recommendation on the type of residential placement which would be the most appropriate and least restrictive for the person; and

- 5. The appropriate care, habilitation, and treatment.
- (f) The committee shall file the report with the court not less than 10 working days before the date of the hearing. The report shall be served on the petitioner, the person with mental retardation or autism, and the person's attorney at the time the report is filed with the court.
- (g) Members of the examining committee shall receive a reasonable fee to be determined by the court. The fees are to be paid from the general revenue fund of the county in which the person with mental retardation or autism resided when the petition was filed.
- (h) The agency shall develop and prescribe by rule one or more standard forms to be used as a guide for members of the examining committee.
  - (6) COUNSEL; GUARDIAN AD LITEM. --
- (a) The person with mental retardation <u>or autism</u> shall be represented by counsel at all stages of the judicial proceeding. In the event the person is indigent and cannot afford counsel, the court shall appoint a public defender not less than 20 working days before the scheduled hearing. The person's counsel shall have full access to the records of the service provider and the agency. In all cases, the attorney shall represent the rights and legal interests of the person with mental retardation <u>or autism</u>, regardless of who may initiate the proceedings or pay the attorney's fee.

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(b) If the attorney, during the course of his or her representation, reasonably believes that the person with mental retardation or autism cannot adequately act in his or her own interest, the attorney may seek the appointment of a guardian ad litem. A prior finding of incompetency is not required before a guardian ad litem is appointed pursuant to this section.

(7) HEARING. --

- (a) The hearing for involuntary admission shall be conducted, and the order shall be entered, in the county in which the <u>petition is filed</u> <u>person is residing or be as convenient to the person as may be consistent with orderly procedure</u>. The hearing shall be conducted in a physical setting not likely to be injurious to the person's condition.
- (c) The court may appoint a general or special magistrate to preside. Except as otherwise specified, the magistrate's proceeding shall be governed by  $\frac{1.490}{1.490}$ , Florida Rules of Civil Procedure.
- (d) The person with mental retardation <u>or autism</u> shall be physically present throughout the entire proceeding. If the person's attorney believes that the person's presence at the hearing is not in the person's best interest, the person's presence may be waived once the court has seen the person and the hearing has commenced.
  - (8) ORDER.--
- (d) If an order of involuntary admission to residential services provided by the developmental services program of the agency is entered by the court, a copy of the written order shall be served upon the person, the person's counsel, the

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agency, and the state attorney and the person's defense counsel, if applicable. The order of involuntary admission sent to the agency shall also be accompanied by a copy of the examining committee's report and other reports contained in the court file.

- (e) Upon receiving the order, the agency shall, within 45 days, provide the court with a copy of the person's family or individual support plan and copies of all examinations and evaluations, outlining the treatment and rehabilitative programs. The agency shall document that the person has been placed in the most appropriate, least restrictive and costbeneficial residential setting facility. A copy of the family or individual support plan and other examinations and evaluations shall be served upon the person and the person's counsel at the same time the documents are filed with the court.
  - (10) COMPETENCY. --

- (b) The issue of the competency of a person with mental retardation or autism for the purposes of assigning guardianship shall be determined in a separate proceeding according to the procedures and requirements of chapter 744 and the Florida

  Probate Rules. The issue of the competency of a person with mental retardation or autism for purposes of determining whether the person is competent to proceed in a criminal trial shall be determined in accordance with chapter 916.
  - (12) APPEAL.--
- (b) The filing of an appeal by the person with mental retardation or autism shall stay admission of the person into residential care. The stay shall remain in effect during the

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pendency of all review proceedings in Florida courts until a mandate issues.

- (13) HABEAS CORPUS.--At any time and without notice, any person involuntarily admitted into residential care to the developmental services program of the agency, or the person's parent or legal guardian in his or her behalf, is entitled to file a petition for a writ of habeas corpus to question the cause, legality, and appropriateness of the person's involuntary admission. Each person, or the person's parent or legal guardian, shall receive specific written notice of the right to petition for a writ of habeas corpus at the time of his or her involuntary placement.
- Section 26. Section 393.122, Florida Statutes, is amended to read:
  - 393.122 Applications for continued residential services.--
- (1) If a client is discharged from residential services under the provisions of  $\underline{s. 393.115}$  this section, application for needed services shall be encouraged.
- (2) No client receiving services from the <u>state</u> department as of July 1, 1977, shall be denied continued services due to any change in eligibility requirements by chapter 77-335, Laws of Florida.
- Section 27. Paragraph (a) of subsection (1) of section 393.125, Florida Statutes, is amended to read:
  - 393.125 Hearing rights.--
  - (1) REVIEW OF AGENCY DECISIONS. --
- 1903 (a) Any developmental <u>disabilities</u> services applicant or 1904 client, or his or her parent, guardian, guardian advocate, or

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authorized representative, whose substantial interests have been who has any substantial interest determined by the agency, has the right to request an administrative hearing pursuant to ss. 120.569 and 120.57. An entity or person who is a paid service provider for the applicant or client may not act as an authorized representative for the applicant or client.

Section 28. Subsection (1), paragraphs (b) and (d) of subsection (2), paragraphs (c), (g), (h), (i), (j), and (k) of subsection (4), and subsection (7) of section 393.13, Florida Statutes, are amended to read:

- 393.13 <u>Personal</u> Treatment of persons <u>with developmental</u> <u>disabilities</u> <u>who are developmentally disabled</u>.--
- (1) SHORT TITLE.--This act shall be known as "The Bill of Rights of Persons with Developmental Disabilities Who are Developmentally Disabled."
  - (2) LEGISLATIVE INTENT. --

- (b) The Legislature further finds and declares that the design and delivery of treatment and services to persons with developmental disabilities who are developmentally disabled should be directed by the principles of self-determination normalization and therefore should:
  - 1. Abate the use of large institutions.
- 2. Continue the development of community-based services that which provide reasonable alternatives to institutionalization in settings that are least restrictive to the client and that provide opportunities for inclusion in the community.
  - 3. Provide training and education that to individuals who

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are developmentally disabled which will maximize their potential to lead independent and productive lives and which will afford opportunities for outward mobility from institutions.

- 4. Reduce the use of sheltered workshops and other noncompetitive employment day activities and promote opportunities for gainful employment for persons with developmental disabilities who choose to seek such employment.
  - (d) It is the intent of the Legislature:

- 1. To articulate the existing legal and human rights of persons with developmental disabilities who are developmentally disabled so that they may be exercised and protected. Persons with developmental disabilities shall have all the rights enjoyed by citizens of the state and the United States.
- 2. To provide a mechanism for the identification, evaluation, and treatment of persons with developmental disabilities.
- 3. To divert those individuals from institutional commitment who, by virtue of comprehensive assessment, can be placed in less costly, more effective community environments and programs.
- 4. To fund improvements in the program in accordance with the availability of state resources and yearly priorities determined by the Legislature.
- 5. To ensure that persons with developmental disabilities receive treatment and habilitation which fosters the developmental potential of the individual.
- 6. To provide programs for the proper habilitation and treatment of persons with developmental disabilities which shall

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include, but not be limited to, comprehensive medical/dental care, education, recreation, specialized therapies, training, social services, transportation, guardianship, family care programs, day habilitation services, and habilitative and rehabilitative services suited to the needs of the individual regardless of age, degree of disability, or handicapping condition. No person with developmental disabilities shall be deprived of these enumerated services by reason of inability to pay.

- 7. To fully effectuate the <u>principles of self-determination</u> normalization principle through the establishment of community services for persons with developmental disabilities as a viable and practical alternative to institutional care at each stage of individual life development and to promote opportunities for community inclusion. If care in a residential facility becomes necessary, it shall be in the least restrictive setting.
- (4) CLIENT RIGHTS.--For purposes of this subsection, the term "client," as defined in s. 393.063, shall also include any person served in a facility licensed pursuant to s. 393.067.
- (c) Each client shall receive prompt and appropriate medical treatment and care for physical and mental ailments and for the prevention of any illness or disability. Medical treatment shall be consistent with the accepted standards of medical practice in the community.
- 1. Medication shall be administered only at the written order of a physician. Medication shall not be used as punishment, for the convenience of staff, as a substitute for

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implementation of an individual or family support plan or behavior <u>analysis services</u> <u>modification programming</u>, or in unnecessary or excessive quantities.

- 2. Daily notation of medication received by each client in a residential facility shall be kept in the client's record.
- 3. Periodically, but no less frequently than every 6 months, the drug regimen of each client in a residential facility shall be reviewed by the attending physician or other appropriate monitoring body, consistent with appropriate standards of medical practice. All prescriptions shall have a termination date.
- 4. When pharmacy services are provided at any residential facility, such services shall be directed or supervised by a professionally competent pharmacist licensed according to the provisions of chapter 465.
- 5. Pharmacy services shall be delivered in accordance with the provisions of chapter 465.
- 6. Prior to instituting a plan of experimental medical treatment or carrying out any necessary surgical procedure, express and informed consent shall be obtained from the client, if competent, or the client's parent or legal guardian. Information upon which the client shall make necessary treatment and surgery decisions shall include, but not be limited to:
  - a. The nature and consequences of such procedures.
  - b. The risks, benefits, and purposes of such procedures.
  - c. Alternate procedures available.
- 7. When the parent or legal guardian of the client is unknown or unlocatable and the physician is unwilling to perform

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surgery based solely on the client's consent, a court of competent jurisdiction shall hold a hearing to determine the appropriateness of the surgical procedure. The client shall be physically present, unless the client's medical condition precludes such presence, represented by counsel, and provided the right and opportunity to be confronted with, and to cross-examine, all witnesses alleging the appropriateness of such procedure. In such proceedings, the burden of proof by clear and convincing evidence shall be on the party alleging the appropriateness of such procedures. The express and informed consent of a person described in subparagraph 6. may be withdrawn at any time, with or without cause, prior to treatment or surgery.

- 8. The absence of express and informed consent notwithstanding, a licensed and qualified physician may render emergency medical care or treatment to any client who has been injured or who is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation of emergency medical care or treatment would endanger the health of the client.
- (g) No client shall be subjected to a treatment program to eliminate <u>problematic</u> bizarre or unusual behaviors without first being examined by a physician who in his or her best judgment determines that such behaviors are not organically caused.
- 1. Treatment programs involving the use of noxious or painful stimuli shall be prohibited.
- 2. All alleged violations of this paragraph shall be reported immediately to the chief administrative officer of the

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facility and or the district administrator, the agency head, and the Florida local advocacy council. A thorough investigation of each incident shall be conducted and a written report of the finding and results of such investigation shall be submitted to the chief administrative officer of the facility or the district administrator and to the agency head within 24 hours of the occurrence or discovery of the incident.

- 2.3. The agency shall adopt by rule a system for the oversight of behavioral programs. Such system shall establish guidelines and procedures governing the design, approval, implementation, and monitoring of all behavioral programs involving clients. The system shall ensure statewide and local review by committees of professionals certified as behavior analysts pursuant to s. 393.17. No behavioral program shall be implemented unless reviewed according to the rules established by the agency under this section. Nothing stated in this section shall prohibit the review of programs by the Florida statewide or local advocacy councils.
- (h) Each client engaged in work programs which require compliance with federal wage and hour laws shall be provided with minimum wage protection and fair compensation for labor in accordance with the federal wage per hour regulations.
- (h)(i) Clients shall have the right to be free from unnecessary physical, chemical, or mechanical restraint, or seclusion. Restraints shall be employed only in emergencies or to protect the client from imminent injury to himself or herself or others. Restraints shall not be employed as punishment, for the convenience of staff, or as a substitute for a habilitative

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plan. Restraints shall impose the least possible restrictions consistent with their purpose and shall be removed when the emergency ends. Restraints shall not cause physical injury to the client and shall be designed to allow the greatest possible comfort.

- 1. Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered restraints, but shall be prescriptively designed and applied under the supervision of a qualified professional with concern for principles of good body alignment, circulation, and allowance for change of position.
- 2. Totally enclosed cribs and barred enclosures shall be considered restraints.
- 3. Daily reports on the employment of physical, chemical, or mechanical restraints by those specialists authorized in the use of such restraints shall be made to the appropriate chief administrator of the facility, and a monthly compilation summary of such reports shall be relayed to the agency's local area office district administrator and the Florida local advocacy council. The monthly reports shall summarize all such cases of restraints, the type used, the duration of usage, and the reasons therefor. The area offices shall submit monthly summaries of these reports to the agency's central office.

  Districts shall submit districtwide quarterly reports of these summaries to the state Developmental Disabilities Program Office.
- 4. The agency shall adopt by rule standards and procedures relating to the use of restraints and seclusion post a copy of

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the rules adopted under this section in each living unit of residential facilities. A copy of the rules adopted under this paragraph section shall be given to all staff members of licensed facilities and programs licensed under this chapter and made a part of all staff preservice and inservice training programs.

- (i) (j)1. Each client shall have a central record which shall be established by the agency at the time an individual is determined eligible for services and maintained by the client's support coordinator and which contains information pertaining to admission, diagnosis and treatment history, present condition, and such other information as may be required. The central record shall remain the property of the agency. The record shall include data pertaining to admission and such other information as may be required under rules of the agency.
- 1.2. Unless waived by the client, if competent, or the client's parent or legal guardian if the client is incompetent, the client's central record shall be confidential and exempt from the provisions of s. 119.07(1), and no part of it shall be released except:
- a. The record may be released to physicians, attorneys, and government agencies having need of the record to aid the client, as designated by the client, if competent, or the client's parent or legal guardian, if the client is incompetent.
- b. The record shall be produced in response to a subpoena or released to persons authorized by order of court, excluding matters privileged by other provisions of law.
  - c. The record or any part thereof may be disclosed to a

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qualified researcher, a staff member of the facility where the client resides, or an employee of the agency when the administrator of the facility or the director of the agency deems it necessary for the treatment of the client, maintenance of adequate records, compilation of treatment data, or evaluation of programs.

- d. Information from the records may be used for statistical and research purposes if the information is abstracted in such a way to protect the identity of individuals.
- 3. All central records for each client in residential facilities shall be kept on uniform forms distributed by the agency. The central record shall accurately summarize each client's history and present condition.
- 2.4. The client, if competent, or the client's parent or legal guardian if the client is incompetent, shall be supplied with a copy of the client's central record upon request.
- (j)(k) Each client residing in a residential facility or who is eligible to vote in public elections according to the laws of the state shall have the right to vote. Facilities operators shall arrange the means to exercise the client's right to vote.
- (7) RESIDENT GOVERNMENT.--Each residential facility providing services to clients who are desirous and capable of participating shall initiate and develop a program of resident government to hear the views and represent the interests of all clients served by the facility. The resident government shall be composed of residents elected by other residents and, staff advisers skilled in the administration of community

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organizations, and, at the option of the residential government,
representatives of advocacy groups for persons with
developmental disabilities from the community a representative
of the Florida local advocacy council. The resident government
shall work closely with the Florida local advocacy council and
the district administrator to promote the interests and welfare
of all residents in the facility.

- Section 29. Section 393.135, Florida Statutes, is amended to read:
- 2166 393.135 Sexual misconduct prohibited; reporting required; 2167 penalties.--
  - (1) As used in this section, the term:
  - (a) "Covered person" means "Employee" includes any paid staff member, volunteer, or intern of the agency, or the department; any person under contract with the agency, or the department; and any person providing care or support to a client on behalf of the agency department or its providers.
    - (b) "Sexual activity" means:

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- 1. Fondling the genital area, groin, inner thighs, buttocks, or breasts of a person.
- 2. The oral, anal, or vaginal penetration by or union with the sexual organ of another or the anal or vaginal penetration of another by any other object.
- 3. Intentionally touching in a lewd or lascivious manner the breasts, genitals, the genital area, or buttocks, or the clothing covering them, of a person, or forcing or enticing a person to touch the perpetrator.
  - 4. Intentionally masturbating in the presence of another

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2185 person.

5. Intentionally exposing the genitals in a lewd or lascivious manner in the presence of another person.

- 6. Intentionally committing any other sexual act that does not involve actual physical or sexual contact with the victim, including, but not limited to, sadomasochistic abuse, sexual bestiality, or the simulation of any act involving sexual activity in the presence of a victim.
- (c) "Sexual misconduct" means any sexual activity between a covered person an employee and a client to whom the covered person renders services, care, or support on behalf of the agency or its providers, or between the covered person and another client who lives in the same home as the client to whom the covered person is rendering the services, care, or support, regardless of the consent of the client. The term does not include an act done for a bona fide medical purpose or an internal search conducted in the lawful performance of duty by an employee.
- (2) A covered person An employee who engages in sexual misconduct with an individual with a developmental disability who:
  - (a) Is in the custody of the department;
- (a) (b) Resides in a residential facility, including any comprehensive transitional education program, developmental disabilities services institution, foster care facility, group home facility, intermediate care facility for persons with developmental disabilities the developmentally disabled, or residential habilitation center; or

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(b) (c) Is eligible to receive Receives services from the agency under this chapter a family care program,

- commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. A covered person An employee may be found guilty of violating this subsection without having committed the crime of sexual battery.
- (3) The consent of the client to sexual activity is not a defense to prosecution under this section.
- (4) This section does not apply to <u>a covered person</u>  $\frac{\partial}{\partial x}$  employee who:
  - (a) is legally married to the client; or
- (b) Has no reason to believe that the person with whom the employee engaged in sexual misconduct is a client receiving services as described in subsection (2).
- misconduct, or who otherwise knows or has reasonable cause to suspect that a covered person has engaged in sexual misconduct, shall immediately report the incident to the department's central abuse hotline of the Department of Children and Family Services and to the appropriate local law enforcement agency. Such employee shall also prepare, date, and sign an independent report that specifically describes the nature of the sexual misconduct, the location and time of the incident, and the persons involved. The employee shall deliver the report to the supervisor or program director, who is responsible for providing copies to the agency's local office and the agency's department's inspector general. The inspector general shall

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immediately conduct an appropriate administrative investigation, and, if there is probable cause to believe that sexual misconduct has occurred, the inspector general shall notify the state attorney in the circuit in which the incident occurred.

- (6)(a) Any person who is required to make a report under this section and who knowingly or willfully fails to do so, or who knowingly or willfully prevents another person from doing so, commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- (b) Any person who knowingly or willfully submits inaccurate, incomplete, or untruthful information with respect to a report required under this section commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- (c) Any person who knowingly or willfully coerces or threatens any other person with the intent to alter testimony or a written report regarding an incident of sexual misconduct commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (7) The provisions and penalties set forth in this section are in addition to any other civil, administrative, or criminal action provided by law which may be applied against <u>a covered</u> person an employee.
- Section 30. Section 393.15, Florida Statutes, is amended to read:
- 2266 393.15 Legislative intent; Community Resources Development 2267 Loan Program <del>Trust Fund</del>.--
  - (1) The Legislature finds and declares that the

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development of community-based treatment facilities for persons with developmental disabilities who are developmentally disabled is desirable and recommended and should be encouraged and fostered by the state. The Legislature further recognizes that the development of such facilities is financially difficult for private individuals, due to initial expenditures required to adapt existing structures to the special needs of persons with developmental disabilities who are developmentally disabled who may be served in community-based foster care, group home, developmental training, and supported employment programs. Therefore, it is the intent of the Legislature intends that the agency by this act to develop and implement a loan program trust fund to provide support and encouragement in the establishment of community-based foster care, group home, developmental training, and supported employment programs for persons with developmental disabilities who are developmentally disabled.

- (2) As used in this section, a foster care, group home, developmental training, or supported employment program may not be a for-profit corporation, but may be a nonprofit corporation, partnership, or sole proprietorship.
- (2)(3) There is created a Community Resources Development Loan Program in Trust Fund in the State Treasury to be used by the agency for the purpose of granting loans to eligible programs for the initial costs of development of the programs. In order to be eligible, a foster home, group home, developmental training program, or supported employment program must:
  - (a) Serve persons with developmental disabilities.

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(b) Be a nonprofit corporation, a partnership, or a sole proprietorship.

- (c) Be Loans shall be made only to those facilities which are in compliance with the zoning regulations of the local community.
- (3) Loans may be made to pay for the costs of development, may include structural modification, the purchase of equipment and fire and safety devices, preoperational staff training, and the purchase of insurance. Such costs shall not include the actual construction of a facility nor be in lieu of payment for maintenance, client services, or care provided.
- (4) The agency may grant to an eligible program a lump-sum loan in one payment not to exceed the cost to the program of providing 2 months' services, care, or maintenance to each person with developmental disabilities who is developmentally disabled to be placed in the program by the agency, or the actual cost of firesafety renovations to a facility required by the state, whichever is greater. Loans granted to programs shall not be in lieu of payment for maintenance, services, or care provided, but shall stand separate and distinct.
- (5) The agency shall adopt rules, as provided in chapter 120, to determine the criteria standards under which a program shall be eligible to receive a loan as provided in this section and the methodology criteria for the equitable allocation of loan trust funds when eligible applications exceed the funds available.
- (6) (5) Any loan granted by the agency under this section shall be repaid by the program within 5 years and the amount

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paid shall be deposited in the agency's Administrative Trust Fund. Money repaid shall be used to fund new loans. A program that operates as a nonprofit corporation meeting the requirements of s. 501(c)(3) of the Internal Revenue Code, and that seeks forgiveness of its loan shall submit to the agency an annual a statement setting forth the service it has provided during the year together with such other information as the agency by rule shall require, and, upon approval of each such annual statement, the agency may shall forgive up to 20 percent of the principal of any such loan granted after June 30, 1975.

(7) (6) If any program that has received a loan under this section ceases to accept, or provide care, services, or maintenance to persons placed in the program by the department, or if such program files papers of bankruptcy, at that point in time the loan shall become an interest-bearing loan at the rate of 5 percent per annum on the entire amount of the initial loan which shall be repaid within a 1-year period from the date on which the program ceases to provide care, services, or maintenance, or files papers in bankruptcy, and the amount of the loan due plus interest shall constitute a lien in favor of the state against all real and personal property of the program. The lien shall be perfected by the appropriate officer of the agency by executing and acknowledging a statement of the name of the program and the amount due on the loan and a copy of the promissory note, which shall be recorded by the agency with the clerk of the circuit court in the county wherein the program is located. If the program has filed a petition for bankruptcy, the agency shall file and enforce the lien in the bankruptcy

proceedings. Otherwise, the lien shall be enforced in the manner provided in s. 85.011. All funds received by the agency from the enforcement of the lien shall be deposited in the <a href="agency's">agency's</a>
<a href="Administrative">Administrative</a> Community Resources Development Trust Fund <a href="and-used to fund new loans.">and</a>
used to fund new loans.

- Section 31. Section 393.17, Florida Statutes, is amended to read:
- 393.17 <u>Certification</u> <u>Behavioral</u> programs; certification of behavior analysts.--
- (1) The agency may establish by rule pursuant to ss.

  120.536(1) and 120.54 certification programs in order to ensure that only qualified employees and service providers provide client services. Such rules shall include criteria for scope of practice, qualifications for certification, including training and testing requirements, continuing education requirements for ongoing certification, standards of performance, and decertification procedures to be used to determine when an individual no longer meets the qualifications for certification or performance standards and to implement the decertification of an employee or service provider.
- (2) As provided in subsection (1), the agency shall establish a certification program for behavior analysts and may recognize the certification of behavior analysts awarded by a nonprofit corporation that adheres to the national standards for professional credentialing boards and whose mission is to meet the professional credentialing needs identified by behavior analysts, state governments, and consumers of behavior analysis services and whose work has the support of the Association for

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Behavior Analysis International. The certification program recognized by the agency must undergo regular psychometric review and validation, pursuant to a job analysis survey of the profession and standards established by content experts in the field.

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Section 32. Section 393.18, Florida Statutes, is created to read:

393.18 Comprehensive transitional education program. -- A comprehensive transitional education program is a group of jointly operating centers or units, the collective purpose of which is to provide a sequential series of educational care, training, treatment, habilitation, and rehabilitation services to persons with developmental disabilities and severe or moderate maladaptive behaviors. However, nothing in this section shall require such programs to provide services only to persons with developmental disabilities. All such services shall be temporary in nature and delivered in a structured residential setting with the primary goal of incorporating the principle of self-determination in establishing permanent residence for persons with maladaptive behaviors in facilities not associated with the comprehensive transitional education program. The staff shall include psychologists and teachers who shall be available to provide services in each component center or unit of the program. The psychologists shall be individuals who are licensed in this state and certified as behavior analysts in this state or who are certified as behavior analysts pursuant to s. 393.17.

(1) Comprehensive transitional education programs shall include a minimum of two component centers or units, one of

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which shall be either an intensive treatment and educational center or a transitional training and educational center, which provide services to persons with maladaptive behaviors in the following sequential order:

- (a) Intensive treatment and education center.--This component is a self-contained residential unit that provides intensive psychological and educational programming for persons with severe maladaptive behaviors whose behaviors preclude placement in a less restrictive environment due to the threat of danger or injury to themselves or others.
- (b) Transitional training and education center.--This component is a residential unit for persons with moderate maladaptive behaviors that provides concentrated psychological and educational programming emphasizing a transition toward a less restrictive environment.
- (c) Community transition residence.--This component is a residential center that provides educational programs and the support services, training, and care needed to assist persons with maladaptive behaviors to avoid regression to more restrictive environments while preparing them for more independent living. Continuous-shift staff shall be required for this component.
- (d) Alternative living center.--This component is a residential unit that provides an educational and family living environment for persons with maladaptive behaviors in a moderately unrestricted setting. Residential staff shall be required for this component.
  - (e) Independent living education center.--This component

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is a facility that provides a family living environment for persons with maladaptive behaviors in a largely unrestricted setting which includes education and monitoring appropriate to support the development of independent living skills.

- (2) Components of a comprehensive transitional education program are subject to the license issued under s. 393.067 to a comprehensive transitional education program and may be located on either single or multiple sites.
- (3) A comprehensive transitional education program shall develop individual education plans for each person with maladaptive behaviors who receives services therein. Such individual education plans shall be developed in accordance with the criteria specified in 20 U.S.C. ss. 401 et seq., and 34 C.F.R. part 300.
- (4) The total number of persons with maladaptive behaviors who are provided services in a comprehensive transitional education program shall not exceed 120 residents.
- Section 33. Section 393.501, Florida Statutes, is amended to read:
  - 393.501 Rulemaking.--

- (1) The agency <u>may shall</u> adopt rules <u>pursuant to ss.</u>

  120.536(1) and 120.54 to carry out <u>its statutory duties</u> the provisions of this chapter.
- (2) Such rules shall address the number of facilities on a single <u>lot</u> <u>parcel</u> or <u>on</u> adjacent <u>lots</u> <u>parcels</u> of land, <u>and in</u> addition, for ICF/MR, the rate and location of facility development and level of care. <u>In adopting such rules</u>, an alternative living center and an independent living education

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center, as described in s. 393.18, shall be subject to the provisions of s. 419.001, except that such centers shall be exempt from the 1,000-foot-radius requirement of s. 419.001(2) if:

- (a) The centers are located on a site zoned in a manner that permits all the components of a comprehensive transition education center to be located on the site; or
- (b) There are no more than three such centers within a radius of 1,000 feet.

Section 34. Section 393.506, Florida Statutes, is amended to read:

393.506 Administration of medication.--

- (1) Notwithstanding the provisions of part I of chapter 464, the Nurse Practice Act, unlicensed direct care providers who are not otherwise licensed to administer prescription medications may supervise the self-administration of or services staff providing services to persons with developmental disabilities may administer oral, transdermal, ophthalmic, otic, rectal, inhaled, or topical prescription medications to agency clients as provided in this section and agency rule.
- (a) For day programs, as defined in s. 393.063, the director of the facility or program shall designate in writing unlicensed direct care services staff who are eligible to be trained to assist in the administration of or to administer medication.
- (b) For intermediate care facilities for the developmentally disabled licensed pursuant to part XI of chapter 400, unlicensed staff designated by the director may provide

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medication assistance under the general supervision of a registered nurse licensed pursuant to chapter 464.

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- In order to supervise the self-administration of or administer medications as provided in subsection (1), unlicensed direct care providers must satisfactorily complete a medicationadministration training course that meets curriculum requirements specified in agency rule and have been determined by a registered nurse licensed under chapter 464 to be competent to supervise the self-administration of or administer medications to agency clients in a safe and sanitary manner. Competency must be assessed and validated at least annually in an onsite client setting, and a registered nurse licensed under chapter 464 must observe the direct care provider correctly administer medication to a client. Standards and procedures for the safe supervision of self-administration and administration of medication shall be established by agency rule. Each facility, institution, or program must include in its policies and procedures a plan for training designated staff to ensure the safe handling, storage, and administration of prescription medication. These policies and procedures must be approved by the agency before unlicensed direct care services staff assist with medication.
- (3) Unlicensed direct care providers may only supervise or administer medications to agency clients who have been informed of and have consented to the supervision of self-administration or the administration of medication by an unlicensed person.

  Such informed consent shall be based on a description of the medication routes and procedures that the direct care provider

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is authorized to supervise or administer and verification that only those providers that have received appropriate training and have been validated as competent may provide this assistance.

For the purpose of this section, the term "medication routes" means the method by which a medication is administered. The policies and procedures must include, at a minimum, the following provisions:

- (a) An expressed and informed consent for each client.
- (b) The director of the facility, program, or provider must maintain a copy of the written prescription, and that prescription must include the name of the medication, the dosage and administration schedule, the reason for the prescription, and the termination date.
- (c) Each prescribed medication shall be kept in its original container and in a secure location.
- (4) The training required in this section shall be conducted by a registered nurse or a physician licensed pursuant to chapter 458 or chapter 459.
- Section 35. Section 393.507, Florida Statutes, is created to read:
- 393.507 Citizen support organization.--The Legislature recognizes that many persons with disabilities and their families are often isolated and have few opportunities to meet and interact with similarly situated persons and families in an informal, supportive, and congenial atmosphere. The Legislature also finds that the opportunity for exposure to a wide range of organizations, experts, state agency partners, exhibits, and providers with information about disability resources is often

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limited as well. Such exposure provides informational and educational opportunities that help educate and empower persons with disabilities and their families and encourages self-help and independence, self-advocacy, and participation and promotion of events and activities which directly affect the interests and needs of persons with disabilities. The Legislature finds, therefore, that it is in the public interest to facilitate such networking through the establishment of a citizen support organization dedicated to promoting and providing such opportunities.

(1) The agency may establish a citizen support organization that is:

- (a) A not for profit corporation, as defined in s.

  501(c)(6) of the Internal Revenue Code of 1986, as amended, that is incorporated under the provisions of chapter 617 and on file with the Department of State. The not for profit corporation shall provide the agency with copies of the organization's federal Internal Revenue Service Application for Recognition of Exemption Form 1023, federal Internal Revenue Service Return of Organization Exempt from Income Tax Form 990, and a current certificate of status obtained from the Department of State under s. 617.0128 certifying that the organization is duly incorporated under the law of this state.
- (b) Organized and operated to conduct programs and activities; raise funds; request and receive grants, gifts, and bequests of money; acquire, receive, hold, invest, and administer, in its own name, securities, funds, or other property, real or personal; exercise all other corporate powers

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specified in chapter 617; and make expenditures to or for the direct or indirect benefit of the agency and the populations the agency serves.

- (c) Operating under articles of incorporation and bylaws, and any amendments thereto, approved by the agency, consistent with the goals of this section, and in the best interest of the state, as determined by the agency.
- (d) Not considered an agency for the purposes of chapters 120, 216, and 287; ss. 255.21, 255.25, and 255.254, relating to leasing of buildings; ss. 283.33 and 283.35, relating to bids for printing; s. 215.31, relating to the deposit of state funds; and parts I, II, and IV-VIII of chapter 112, relating to public employment. However, before the citizen support organization may enter into a contract or agreement without competitive bidding, the organization shall file a statement of the conditions and circumstances with the inspector general of the agency justifying such contract or agreement.
- (2) The citizen support organization shall be governed by a board of directors, managed by an executive director, and staffed by employees and volunteers as are deemed necessary and appropriate to administer the purposes of the organization. The executive director shall serve at the pleasure of the board.
- (a) The director of the agency, or his or her designee, shall be the president of the board.
- (b) In addition to the board president, the board of directors shall consist of a minimum of six members appointed by the president. The board members may be selected from a list of nominees submitted by the executive director of the

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organization. Priority for consideration shall be given to individuals who have an interest in service to persons with disabilities and who:

- 1. Have skills in foundation work or other fundraising activities, financial consulting, investment banking, or other related experience; or
- 2. Have experience in policymaking or management-level positions related to persons with disabilities or have otherwise distinguished themselves in the field of business, industry, or disability services.
- 3. Are persons with disabilities or their family members who have a strong interest and experience in promoting active participation in disability issues.
- (c) An employee or a board member may not receive a commission, fee, or financial benefit in connection with any activity carried out by the citizen support organization or be a business associate or close relative of any individual, firm, or organization in a position to receive a commission, fee, or financial benefit in connection with any activity carried out by the organization.
- (d) The executive director or the board may remove any member for cause and vacancies shall be filled as they occur.

  The term "for cause" includes, but is not limited to, malfeasance, misfeasance, neglect of duty, incompetence, or permanent inability to perform official duties or for pleading nolo contendere to, or being found guilty of, a crime.
- (e) A board member's term shall be 4 years. No board member may serve more than two full consecutive terms.

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(f) Board members shall not receive compensation, but are entitled to reimbursement for per diem and travel expenses in accordance with s. 112.061.

- organization to use the fixed property, facilities, and administrative and operational support services of the agency, subject to the provisions of this section. Such use must be directly in keeping with the approved purposes of the citizen support organization and may not be made at times or places that would unreasonably interfere with the operation of the agency or the general public's use of agency facilities for established purposes. For the purposes of this subsection, the term "administrative and operational support services" includes personnel, purchasing, information technology support, legal support, and office space and utilities.
- (4) The citizen support organization shall operate under written contract with the agency. The contract must provide for:
  - (a) Oversight by the agency.

- (b) Submission of an annual budget for approval by the agency in a format specified by the agency.
- (c) The release and conditions of the expenditure of any state revenues.
- (d) The conditions which the citizen-support organization must comply with in order to use the property, facilities, or administrative and operational services of the agency, which must include arrangement for the appropriate reimbursement for colocation costs, office space, and other operating expenses.

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The agency may in its discretion provide such services at no cost to the organization.

- (e) Assurance that the citizen support organization will provide equal employment opportunities to all persons regardless of race, religion, sex, age, disability, or national origin and will not expend any funds, regardless of the source, to purchase membership in, or goods and services from, any organization that discriminates on the basis of race, religion, sex, age, disability, or national origin.
- (f) The reversion to the agency of moneys and property held in trust by the citizen support organization if the organization is no longer approved to operate for the agency.
- (g) Requiring the fiscal year of the citizen support organization to begin July 1 of each year and end June 30 of the following year.
- (h) Requiring the provision of quarterly reports to the agency on current activities, unaudited financial statements of the sources and uses of public and private funds, and an annual report, all of which shall be published on the organization's website. The annual report shall provide:
- 1. A summary of its assets and liabilities annually at the end of its most recent fiscal year. The audited report required by s. 215.981(2) shall meet this requirement.
- 2. A report on the organization's activities, accomplishments, and progress towards meeting the organization's goals and objectives as set forth in this section.
- 2686 <u>3. Provide other measures of accountability as requested</u>
  2687 by the agency, including:

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a. The disclosure of material provisions of the contract and the distinction between the agency and the citizen support organization to donors of gifts, contributions, or bequests, as well as on all promotional and fundraising publications.

- b. The terms of any other activity that the agency may contract with the organization to perform. Notwithstanding chapter 287, the agency may use a sole source contract with the organization to perform activities that are consistent with the purposes for which the citizen support organization was created as specified in this section.
- (5) Moneys of the citizen support organization shall be held in a separate depository account, outside of the State

  Treasury, in the name of the citizen support organization and subject to the provisions of the contract with the agency. Such moneys may include private donations, income derived from fundraising activities, educational and training fees, and grants applied for and received by the organization. The organization shall separately account for public funds and private funds deposited into the corporation's depository account. The organization is prohibited from giving, either directly or indirectly, any gift to a political committee or committee of continuous existence as defined in s. 106.011.
- (6) The citizen support organization shall provide for an annual financial audit in accordance with s. 215.981. The annual audit shall be presented to the agency and the Auditor General.

  The Auditor General shall have the authority to require and receive from the corporation or from its independent auditor any

detail or supplemental data relating to the operation of the organization.

2.72.4

- organization shall be to encourage, support, and assist persons with developmental disabilities and their families to directly communicate and collaborate with each other, advocacy and service organizations, experts, state agency partners, caregivers, and service providers in order to gain knowledge and skills, exchange information on resources and activities, provide mutual support, and encourage active participation in and contribution to events and efforts related to developmental disability issues. Such activities shall include, but are not limited to:
- (a) Holding an annual convention for persons with developmental disabilities and their families and caregivers.

  The conventions shall be centrally located and, subject to the availability of resources, may provide stipends based on financial need to cover the travel and lodging costs of participants.
- (b) Providing seminars and training to individuals, family members, organizations, providers, and other interested persons on issues relevant to caregiving, coalition building, disability policy, and other disability issues and concerns. Such training, if approved by the agency, may be used to meet continuing education requirements for direct care providers and other service providers, and revenues raised from such training may be used to fund the programs and expenses of the citizen support organization.

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(c) Providing promotional support and general information to advance better public understanding and appreciation of persons with developmental disabilities.

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- (d) Identifying, initiating, coordinating, or implementing events and programs designed to foster and facilitate increased interaction and participation by persons with developmental disabilities and their families and caretakers.
- (e) Facilitating mentoring and peer support activities that encourage and support collaboration and participation.
- (f) Encouraging and assisting existing organizations, associations, and programs to support networking and participation activities.
- (g) Maintaining a website that provides networking information and links to organizational and community resources.
- (h) Recognizing outstanding achievements in and contributions to participation in developmental disability activities. The agency is authorized to properly recognize and honor a private donor by placing a plaque or other appropriate designation noting the contribution to project or program facilities or by naming project or program facilities after the person or organization that provided matching funds.
- (8) The Legislature may annually appropriate funds to be used in conjunction with private donations and fundraising revenues to support the programs or projects of the citizen support organization initiated pursuant to this section. In addition, the organization may receive funds from state agencies at such times and in such amounts as may be appropriated by the Legislature or through contracts with state agencies that

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achieve the purposes of this section. The organization shall make recommendations for state funding to the agency and the agency may include requests for funding in the agency's legislative budget request, as the director deems appropriate.

Section 36. Subsection (9) of section 397.405, Florida Statutes, is amended to read:

397.405 Exemptions from licensure.--The following are exempt from the licensing provisions of this chapter:

(9) Facilities licensed under chapter 393 which s. 393.063 that, in addition to providing services to persons with developmental disabilities who are developmentally disabled as defined therein, also provide services to persons developmentally at risk as a consequence of exposure to alcohol or other legal or illegal drugs while in utero.

The exemptions from licensure in this section do not apply to any service provider that receives an appropriation, grant, or contract from the state to operate as a service provider as defined in this chapter or to any substance abuse program regulated pursuant to s. 397.406. Furthermore, this chapter may not be construed to limit the practice of a physician licensed under chapter 458 or chapter 459, a psychologist licensed under chapter 490, or a psychotherapist licensed under chapter 491 who provides substance abuse treatment, so long as the physician, psychologist, or psychotherapist does not represent to the public that he or she is a licensed service provider and does not provide services to clients pursuant to part V of this chapter. Failure to comply with any requirement necessary to

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2799 maintain an exempt status under this section is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

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Section 37. Subsection (13) of section 400.419, Florida Statutes, is amended to read:

400.419 Violations; imposition of administrative fines; grounds. --

The agency shall develop and disseminate an annual list of all facilities sanctioned or fined \$5,000 or more for violations of state standards, the number and class of violations involved, the penalties imposed, and the current status of cases. The list shall be disseminated, at no charge, to the Department of Elderly Affairs, the Department of Health, the Department of Children and Family Services, the Agency for Persons with Disabilities, the area agencies on aging, the Florida Statewide Advocacy Council, and the state and local ombudsman councils. The Department of Children and Family Services shall disseminate the list to service providers under contract to the department who are responsible for referring persons to a facility for residency. The agency may charge a fee commensurate with the cost of printing and postage to other interested parties requesting a copy of this list.

Section 38. Section 400.960, Florida Statutes, is amended to read:

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

(1) "Active treatment" means the provision of services by an interdisciplinary team which are necessary to maximize a

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client's individual independence or prevent regression or loss of functional status.

 $\underline{\text{(1)}}$  "Agency" means the Agency for Health Care Administration.

- (2)(3) "Autism" means a pervasive, neurologically based developmental disability of extended duration which causes severe learning, communication, and behavior disorders with age of onset during infancy or childhood. Individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and nonverbal communication and imaginative ability, and a markedly restricted repertoire of activities and interests.
- (3)(4) "Cerebral palsy" means a group of disabling symptoms of extended duration which results from damage to the developing brain occurring before, during, or after birth and resulting in the loss or impairment of control over voluntary muscles. The term does not include those symptoms or impairments resulting solely from a stroke.
- $\underline{(4)}$  "Client" means any person determined by the <u>agency</u> department to be eligible for developmental services.
- (6) "Client advocate" means a friend or relative of the client, or of the client's immediate family, who advocates for the best interests of the client in any proceedings under this part in which the client or his or her family has the right or duty to participate.
- (7) "Department" means the Department of Children and Family Services.

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(5) "Developmental disability" means a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

- (6)(9) "Direct care service provider" means a person 18 years of age or older who has direct contact with individuals with developmental disabilities and who is unrelated to the individuals with developmental disabilities.
- (10) "Epilepsy" means a chronic brain disorder of various causes which is characterized by recurrent seizures due to excessive discharge of cerebral neurons. When found concurrently with retardation, autism, or cerebral palsy, epilepsy is considered a secondary disability for which the client is eligible to receive services to ameliorate this condition according to the provisions of this part.
- (11) "Guardian advocate" means a person appointed by the circuit court to represent a person with developmental disabilities in any proceedings brought pursuant to s. 393.12, and is distinct from a guardian advocate for mentally ill persons under chapter 394.
- (7)(12) "Intermediate care facility for persons with developmental disabilities the developmentally disabled" means a residential facility licensed and certified in accordance with state law, and certified by the Federal Government, pursuant to the Social Security Act, as a provider of Medicaid services to persons with developmental disabilities who are developmentally disabled.

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(8) (13) "Prader-Willi syndrome" means an inherited condition typified by neonatal hypotonia with failure to thrive, hyperphagia, or an excessive drive to eat which leads to obesity, usually at 18 to 36 months of age, mild to moderate retardation, hypogonadism, short stature, mild facial dysmorphism, and a characteristic neurobehavior.

- (9)(14) "Retardation" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. "Significantly subaverage general intellectual functioning," for the purpose of this definition, means performance that is two or more standard deviations from the mean score on a standardized intelligence test specified in rules of the department. "Deficits in adaptive behavior," for the purpose of this definition, means deficits in the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected of his or her age, cultural group, and community.
- $\underline{\text{(10)}}$  "Spina bifida" means a medical diagnosis of spina bifida cystica or myelomeningocele.
- Section 39. Subsection (3) of section 400.963, Florida Statutes, is amended to read:
- 400.963 Injunctive proceedings.--The Agency for Health Care Administration may seek a temporary or permanent injunction to:
- (3) Terminate the operation of a provider of supports or services who has willfully and knowingly refused to comply with the screening requirement for direct <u>care</u> service providers or

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has refused to terminate direct <u>care</u> service providers found not to be in compliance with the requirements for good moral character.

Section 40. Subsection (1) of section 400.964, Florida Statutes, is amended to read:

400.964 Personnel screening requirement. --

(1) The agency shall require level 2 background screening as provided in chapter 435 for all employees or prospective employees of facilities licensed under this part who are expected to be, or whose responsibilities are such that they would be considered to be, a direct care service provider.

Section 41. Subsection (2) of section 400.967, Florida Statutes, is amended to read:

400.967 Rules and classification of deficiencies.--

- (2) Pursuant to the intention of the Legislature, the agency, in consultation with the Agency for Persons with Disabilities Department of Children and Family Services and the Department of Elderly Affairs, shall adopt and enforce rules to administer this part, which shall include reasonable and fair criteria governing:
- (a) The location and construction of the facility; including fire and life safety, plumbing, heating, cooling, lighting, ventilation, and other housing conditions that will ensure the health, safety, and comfort of residents. The agency shall establish standards for facilities and equipment to increase the extent to which new facilities and a new wing or floor added to an existing facility after July 1, 2000, are structurally capable of serving as shelters only for residents,

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staff, and families of residents and staff, and equipped to be self-supporting during and immediately following disasters. The Agency for Health Care Administration shall work with facilities licensed under this part and report to the Governor and the Legislature by April 1, 2000, its recommendations for costeffective renovation standards to be applied to existing facilities. In making such rules, the agency shall be guided by criteria recommended by nationally recognized, reputable professional groups and associations having knowledge concerning such subject matters. The agency shall update or revise such criteria as the need arises. All facilities must comply with those lifesafety code requirements and building code standards applicable at the time of approval of their construction plans. The agency may require alterations to a building if it determines that an existing condition constitutes a distinct hazard to life, health, or safety. The agency shall adopt fair and reasonable rules setting forth conditions under which existing facilities undergoing additions, alterations, conversions, renovations, or repairs are required to comply with the most recent updated or revised standards.

- (b) The number and qualifications of all personnel, including management, medical nursing, and other personnel, having responsibility for any part of the care given to residents.
- (c) All sanitary conditions within the facility and its surroundings, including water supply, sewage disposal, food handling, and general hygiene, which will ensure the health and comfort of residents.

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(d) The equipment essential to the health and welfare of the residents.

(e) A uniform accounting system.

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- (f) The care, treatment, and maintenance of residents and measurement of the quality and adequacy thereof.
- The preparation and annual update of a comprehensive emergency management plan. The agency shall adopt rules establishing minimum criteria for the plan after consultation with the Department of Community Affairs. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering arrangements; postdisaster activities, including emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual identification of residents and transfer of records; and responding to family inquiries. The comprehensive emergency management plan is subject to review and approval by the local emergency management agency. During its review, the local emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Agency for Persons with Disabilities Department of Children and Family Services, the Agency for Health Care Administration, and the Department of Community Affairs. Also, appropriate volunteer organizations must be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions.

(h) Each licensee shall post its license in a prominent place that is in clear and unobstructed public view at or near the place where residents are being admitted to the facility.

Section 42. Section 402.115, Florida Statutes, is amended to read:

402.115 Sharing confidential or exempt information.--Notwithstanding any other provision of law to the contrary, the Department of Health, and the Department of Children and Family Services, and the Agency for Persons with Disabilities may share confidential information or information exempt from disclosure under chapter 119 on any individual who is or has been the subject of a program within the jurisdiction of each agency. Information so exchanged remains confidential or exempt as provided by law.

Section 43. Section 402.17, Florida Statutes, is amended to read:

402.17 Claims for care and maintenance; trust property.—The Department of Children and Family Services and the Agency for Persons with Disabilities shall protect the financial interest of the state with respect to claims which the state may have for the care and maintenance of clients of the department or agency. The department or the agency shall, as trustee, hold in trust and administer money of clients and property designated for the personal benefit of clients. The department or the agency shall act as trustee of clients' money and property entrusted to it in accordance with the usual fiduciary standards applicable generally to trustees, and shall act to protect both the short-term and long-term interests of

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the clients for whose benefit it is holding such money and property.

(1) CLAIMS FOR CARE AND MAINTENANCE. --

- (a) The department or the agency shall perform the following acts:
- 1. Receive and supervise the collection of sums due the state.
- 2. Bring any court action necessary to collect any claim the state may have against any client, former client, guardian of any client or former client, executor or administrator of the client's estate, or any person against whom any client or former client may have a claim.
- 3. Obtain a copy of any inventory or appraisal of the client's property filed with any court.
- 4. Obtain from the <u>department's</u> Economic Self-Sufficiency Services Program Office a financial status report on any client or former client, including the ability of third parties responsible for such client to pay all or part of the cost of the client's care and maintenance.
- 5. Petition the court for appointment of a guardian or administrator for an otherwise unrepresented client or former client should the financial status report or other information indicate the need for such action. The cost of any such action shall be charged against the assets or estate of the client.
- 6. Represent the interest of the state in any litigation in which a client or former client is a party.

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7. File claims with any person, firm, or corporation or with any federal, state, county, district, or municipal agency on behalf of an unrepresented client.

- 8. Represent the state in the settlement of the estates of deceased clients or in the settlement of estates in which a client or a former client against whom the state may have a claim has a financial interest.
- 9. Establish procedures by rule for the use of amounts held in trust for the client to pay for the cost of care and maintenance, if such amounts would otherwise cause the client to become ineligible for services which are in the client's best interests.
- (b) The department or the agency of Children and Family Services may charge off accounts if it certifies that the accounts are uncollectible after diligent efforts have been made to collect them. If the department certifies an account to the Department of Financial Services, setting forth the circumstances upon which it predicates the uncollectibility, and if, pursuant to s. 17.04, the Department of Financial Services concurs, the account shall be charged off.
- (2) MONEY OR OTHER PROPERTY RECEIVED FOR PERSONAL USE OR BENEFIT OF ANY CLIENT.--The department or the agency shall perform the following acts:
- (a) Accept and administer in trust, as a trustee having a fiduciary responsibility to a client of the department, any money or other property received for personal use or benefit of that client. In the case of children in the legal custody of the department, following the termination of the parental rights as

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to that client, until the child such client leaves the legal custody of the department due to the client's adoption or attaining because the client attains the age of 18 or, in the case of children who are otherwise in the custody of the department, the court having jurisdiction over such child client shall have jurisdiction, upon application of the department or other interested party, to review or approve any extraordinary action of the department acting as trustee as to the child's client's money or other property. When directed by a court of competent jurisdiction, the department may further hold money or property of a child person under the age of 18 who has been in the care, custody, or control of the department and who is the subject of a court proceeding during the pendency of that proceeding.

- (b) Deposit the money in banks qualified as state depositories, or in any bank, credit union, or savings and loan association authorized to do business in this state, provided moneys so deposited or held by such institutions are fully insured by a federal depository or share insurance program, or an approved state depository or share insurance program, and are available on demand.
- (c) Withdraw the money and use it to meet current needs of clients. For purposes of this paragraph, "current needs" includes payment of fees assessed under s. 402.33. The amount of money withdrawn by the department to meet current needs of a client shall take into account the need of the department or the agency, as the trustee of a client's money and property, to provide for the long-term needs of a client, including, but not

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limited to, ensuring that to provide for the need of a client under the age of 18 will to have sufficient financial resources available to be able to function as an adult upon attaining reaching the age of 18, meeting or to meet the special needs of a client who has a disability and whose special needs cannot otherwise be met by any form of public assistance or family resources, or maintaining to maintain the client's eligibility for public assistance, including medical assistance, under state or federal law.

- (d) As trustee, invest in the manner authorized by law for fiduciaries money not used for current needs of clients. Such investments may include, but shall not be limited to, investments in savings share accounts of any credit union chartered under the laws of the United States and doing business in this state, and savings share accounts of any credit union chartered under the laws of this state, provided the credit union is insured under the federal share insurance program or an approved state share insurance program.
- (3) DEPOSIT OF FUNDS RECEIVED.--Funds received by the Department of Children and Family Services in accordance with s. 402.33 shall be deposited into a trust fund for the operation of the department.
- (4) DISPOSITION OF UNCLAIMED TRUST FUNDS.--Upon the death of any client affected by the provisions of this section, any unclaimed money held in trust by the department, the agency, or by the Chief Financial Officer for the client him or her shall be applied first to the payment of any unpaid claim of the state against the client, and any balance remaining unclaimed for a

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period of 1 year shall escheat to the state as unclaimed funds held by fiduciaries.

- will permit, the Department of Legal Affairs shall furnish the legal services to carry out the provisions of this section. Upon the request of the department or the agency of Children and Family Services, the various state and county attorneys shall assist in litigation within their jurisdiction. The Such department or the agency may retain legal counsel for necessary legal services which cannot be furnished by the Department of Legal Affairs and the various state and county attorneys.
  - (6) DEPOSIT OR INVESTMENT OF FUNDS OF CLIENTS. --
- (a) The department or the agency of Children and Family Services may deposit any funds of clients in its possession in any bank in the state or may invest or reinvest such funds in bonds or obligations of the United States for the payment of which the full faith and credit of the United States is pledged. For purposes of deposit only, the funds of any client may be mingled with the funds of any other clients.
- (b) The interest or increment accruing on such funds shall be the property of the clients and shall be used or conserved for the personal use or benefit of the individual client, in accordance with the department's or the agency's fiduciary responsibility as a trustee for the money and property of the client held by the department. Such interest shall not accrue to the general welfare of all clients. Whenever any proposed action of the department or the agency, acting in its own interest, may conflict with the department's or the agency's obligation as a

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trustee with a fiduciary responsibility to the client, the department or the agency shall promptly present the matter to a court of competent jurisdiction for the court's determination as to what action the department or the agency may take. The department and the agency shall establish rules governing reasonable fees by rule for the cost of administering such accounts and for establishing the minimum balance eligible to earn interest.

- (7) DISPOSITION OF MONEY AND PROPERTY OF CLIENTS UPON ATTAINING AGE 18 OR DISCHARGE FROM CARE, CUSTODY, CONTROL, OR SERVICES OF THE DEPARTMENT.--
- (a) Whenever a client of the department for whom the department is holding money or property as a trustee attains the age of 18, and thereby will no longer be in the legal custody of the department, the department shall promptly disburse such money and property of the client the department has held as a trustee to that client, or as that client directs, as soon as practicable once the client attains the age of 18.
- (b) Whenever a client of the department over the age of 18 for whom the department is holding money or property as a trustee no longer requires the care, custody, control, or services of the department, the department shall promptly disburse such money and property of the client the department has held as a trustee to that client, or as that client or a court directs, as soon as practicable.
- (c) When a client under the age of 18 who has been in the legal custody, care, or control of the department and for whom the department is holding money or property as a trustee attains

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the age of 18 and has a physical or mental disability, or is otherwise incapacitated or incompetent to handle that client's own financial affairs, the department shall apply for a court order from a court of competent jurisdiction to establish a trust on behalf of that client. Where there is no willing relative of the client acceptable to the court available to serve as trustee of such proposed trust, the court may enter an order authorizing the department to serve as trustee of a separate trust under such terms and conditions as the court determines appropriate to the circumstances.

When a client under the age of 18 who has been in the legal custody, care, or control of the department and for whom the department is holding money or property as a trustee leaves the care, custody, and control of the department due to adoption or placement of the client with a relative, or as otherwise directed by a court of competent jurisdiction, the department shall notify that court of the existence of such the money and property in the possession of the department either prior to, or promptly after, receiving knowledge of the change of custody, care, or control. The department shall apply for an order from the court exercising jurisdiction over the client to direct the disposition of the money and property belonging to that client. The court order may establish a trust in which the money and property of the client will be deposited, appoint a guardian of a property as to the money or property of the client, or direct the creation of a Uniform Transfers Gifts to Minors Act account on behalf of that client, as the court finds appropriate and

under the terms and conditions the court determines appropriate to the circumstances.

Section 44. Section 402.181, Florida Statutes, is amended to read:

402.181 State Institutions Claims Program. --

- (1) There is created a State Institutions Claims Program, for the purpose of making restitution for property damages and direct medical expenses for injuries caused by shelter children or foster children, or escapees, inmates, or patients of state institutions under the Department of Children and Family Services, the Department of Health, the Department of Juvenile Justice, or the Department of Corrections, or the Agency for Persons with Disabilities.
- (2) Claims for restitution may be filed with the Department of Legal Affairs at its office in accordance with regulations prescribed by the Department of Legal Affairs. The Department of Legal Affairs shall have full power and authority to hear, investigate, and determine all questions in respect to such claims and is authorized, within the limits of current appropriations, to pay individual claims up to \$1,000 or, with respect to children in foster care and their families, individual claims up to \$1,500. Claims in excess of these amounts shall continue to require legislative approval.
- (3)(a) The Department of Legal Affairs shall make or cause to be made such investigations as it considers necessary in respect to such claims. Hearings shall be held in accordance with chapter 120.

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(b) The Department of Legal Affairs shall work with the Department of Children and Family Services, the Department of Health, the Department of Juvenile Justice, and the Department of Corrections, and the Agency for Persons with Disabilities to streamline the process of investigations, hearings, and determinations with respect to claims under this section, to ensure that eligible claimants receive restitution within a reasonable time.

Section 45. Section 402.20, Florida Statutes, is amended to read:

County contracts authorized for services and facilities for in mental health and developmental disabilities retardation areas. -- The boards of county commissioners are authorized to provide monetary grants and facilities, and to enter into renewable contracts, for services and facilities, for a period not to exceed 2 years, with public and private hospitals, clinics, and laboratories; other state agencies, departments, or divisions; the state colleges and universities; the community colleges; private colleges and universities; counties; municipalities; towns; townships; and any other governmental unit or nonprofit organization which provides needed facilities for persons with mental illness or developmental disabilities the mentally ill or retarded. These services are hereby declared to be for a public and county purpose. The county commissioners may make periodic inspections to assure that the services or facilities provided under this chapter meet the standards of the Department of Children and Family Services and the Agency for Persons with Disabilities.

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Section 46. Subsections (1) through (6) of section 402.22, Florida Statutes, are amended to read:

- 402.22 Education program for students who reside in residential care facilities operated by the Department of Children and Family Services and the Agency for Persons with Disabilities.--
- (1)(a) The Legislature recognizes that the Department of Children and Family Services and the Agency for Persons with Disabilities have under their has under its residential care students with critical problems of physical impairment, emotional disturbance, mental impairment, and learning impairment.
- (b) The Legislature recognizes the vital role of education in the rehabilitation of such students. It is the intent of the Legislature that all such students benefit from educational services and receive such services.
- (c) It is the intent of the Legislature that educational services be coordinated with appropriate and existing diagnostic and evaluative, social, followup, and other therapeutic services of the department and the agency of Children and Family Services so that the effect of the total rehabilitation process is maximized.
- (d) It is the intent of the Legislature that, as educational programs for students in residential care facilities are implemented by the district school board, educational personnel in the Department of Children and Family Services residential care facilities who meet the qualifications for

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employees of the district school board be employed by the district school board.

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- (2) District school boards shall establish educational programs for all students ages 5 through 18 under the residential care of the Department of Children and Family Services and the Agency for Persons with Disabilities and may provide for students below age 3 as provided for in s. 1003.21(1)(e). Funding of such programs shall be pursuant to s. 1011.62.
- Notwithstanding any provisions of chapters 39, 393, (3) 394, and 397 to the contrary, the services of the Department of Children and Family Services and the Agency for Persons with Disabilities and those of the Department of Education and district school boards shall be mutually supportive and complementary of each other. The education programs provided by the district school board shall meet the standards prescribed by the State Board of Education and the district school board. Decisions regarding the design and delivery of Department of Children and Family Services or agency treatment or habilitative services shall be made by interdisciplinary teams of professional and paraprofessional staff of which appropriate district school system administrative and instructional personnel shall be invited to be participating members. The requirements for maintenance of confidentiality as prescribed in chapters 39, 393, 394, and 397 shall be applied to information used by such interdisciplinary teams, and such information shall be exempt from the provisions of ss. 119.07(1) and 286.011.

(4) Students age 18 and under who are under the residential care of the Department of Children and Family Services or the Agency for Persons with Disabilities and who receive an education program shall be calculated as full-time equivalent student membership in the appropriate cost factor as provided for in s. 1011.62(1)(c). Residential care facilities of the Department of Children and Family Services shall include, but not be limited to, developmental disabilities services institutions and state mental health facilities. All students shall receive their education program from the district school system, and funding shall be allocated through the Florida Education Finance Program for the district school system.

- (5) Instructional and special educational services which are provided to mental health and retardation clients with mental illness or developmental disabilities of in the Department of Children and Family Services or the Agency for Persons with Disabilities residential care facilities by local school districts shall not be less than 180 days or 900 hours; however, the 900 hours may be distributed over a 12-month period, unless otherwise stated in rules developed by the State Board of Education, with the concurrence of the department or the agency, and adopted of Children and Family Services promulgated pursuant to subsection (6).
- (6) The State Board of Education, and the Department of Children and Family Services, and the Agency for Persons with Disabilities shall have the authority to adopt promulgate rules which shall assist in the orderly transfer of the instruction of students from department or agency of Children and Family

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Services residential care facilities to the district school system or to the public education agency and which shall assist in implementing the specific intent as stated in this act.

- Section 47. Subsections (1) and (2) of section 402.33, Florida Statutes, are amended to read:
- 402.33 Department authority to charge fees for services provided.--
  - (1) As used in this section, the term:

- (a) "Benefit payments" means cash payments from retirement, survivors, or disability insurance or from supplemental security income programs, and includes, but is not limited to, payments from social security, railroad retirement, and the United States Department of Veterans Affairs.
- (b) "Client" means any natural person receiving services provided by the department, including supervision, care, and maintenance, but not as a licensee subject to regulation by the department for purposes of licensure.
- (c) "Department" means the Department of Children and Family Services, and the Department of Health, or the Agency for Persons with Disabilities.
- (d) "Fee collections" means all fees collected by the department for services provided to clients.
- (e) "Representative payee" means an individual or entity which acts on behalf of a client as the receiver of any or all benefits owing to the client.
- (f) "Responsible party" means any person legally responsible for the financial support of the client and may include a minor client's natural or adoptive parent, a client's

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spouse, and an estate or trust established for the financial support of a client, but not a payor of third-party benefits.

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- (g) "State and federal aid" means cash assistance or cash equivalent benefits based on an individual's proof of financial need, including, but not limited to, temporary cash assistance and food stamps.
- (h) "Third-party benefits" means moneys received by or owing to a client or responsible party because of the client's need for or receipt of services such as those provided by the department. Such benefits include, but are not limited to, benefits from insurers, Medicare, and workers' compensation.
- (2) The department, in accordance with rules established by it, shall either charge, assess, or collect, or cause to be charged, assessed, or collected, fees for any service it provides to its clients either directly or through its agencies or contractors, except for:
- (a) Diagnosis and evaluation procedures necessary to determine the client's eligibility and need for services provided by the department;
- (b) Customary and routine information and referral services;
- (c) Educational services provided in lieu of public education;
  - (d) Specific services exempted by law from fee assessment;
- 3402 (e) Emergency shelter or emergency detention care and 3403 custody prior to a detention hearing under chapter 39;

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(f) Specific classes or types of services provided in programs funded by grants, donations, or contracts that prohibit charging fees;

- (g) Developmental <u>disability</u> services provided under chapter 393 to any person who is determined to be eligible for such services <del>by the department</del> and whose earned income falls below the federal Health and Human Services Poverty Guidelines, unless such fees are collected from third-party benefits and benefit payments; or
- (h) Any type of service for which the department determines that the net estimated revenue from such fees after deducting any loss of funds from federal grants occasioned by such fees will be less than the estimated cost to charge and collect such fees.

Fees, other than third-party benefits and benefit payments, may not be charged for services provided to indigents whose only sources of income are from state and federal aid. In addition, fees may not be charged parents of a minor client for services requested by the minor without parental consent or for services provided a minor client who has been permanently committed to the care and custody of the department with parental rights permanently severed. However, lack of parental consent does not preclude the charging of fees established under chapter 39. The department may not require A client who is receiving wages which are below the minimum wage under the federal Fair Labor Standards Act shall not be required to pay fees from such wages. Voluntary payments for services must be encouraged.

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Section 48. Paragraphs (r) and (s) of subsection (3) of section 408.036, Florida Statutes, are amended to read:

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408.036 Projects subject to review; exemptions.--

- (3) EXEMPTIONS.--Upon request, the following projects are subject to exemption from the provisions of subsection (1):
- (r) For beds in state mental health treatment facilities operated under s. 394.455(30) and state mental health forensic facilities operated under s.  $916.106(10)\frac{(8)}{}$ .
- (s) For beds in state developmental <u>disabilities</u> <del>services</del> institutions as defined in s. 393.063.

Section 49. Paragraph (a) of subsection (2) and subsection (8) of section 409.908, Florida Statutes, are amended to read:

409.908 Reimbursement of Medicaid providers.--Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost

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reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

- (2)(a)1. Reimbursement to nursing homes licensed under part II of chapter 400 and state-owned-and-operated intermediate care facilities for the persons with developmental disabilities developmentally disabled licensed under part XI of chapter 400 chapter 393 must be made prospectively.
- 2. Unless otherwise limited or directed in the General Appropriations Act, reimbursement to hospitals licensed under part I of chapter 395 for the provision of swing-bed nursing home services must be made on the basis of the average statewide nursing home payment, and reimbursement to a hospital licensed under part I of chapter 395 for the provision of skilled nursing services must be made on the basis of the average nursing home payment for those services in the county in which the hospital is located. When a hospital is located in a county that does not have any community nursing homes, reimbursement shall must be determined by averaging the nursing home payments, in counties

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that surround the county in which the hospital is located. Reimbursement to hospitals, including Medicaid payment of Medicare copayments, for skilled nursing services shall be limited to 30 days, unless a prior authorization has been obtained from the agency. Medicaid reimbursement may be extended by the agency beyond 30 days, and approval must be based upon verification by the patient's physician that the patient requires short-term rehabilitative and recuperative services only, in which case an extension of no more than 15 days may be approved. Reimbursement to a hospital licensed under part I of chapter 395 for the temporary provision of skilled nursing services to nursing home residents who have been displaced as the result of a natural disaster or other emergency may not exceed the average county nursing home payment for those services in the county in which the hospital is located and is limited to the period of time which the agency considers necessary for continued placement of the nursing home residents in the hospital.

(8) A provider of home-based or community-based services rendered pursuant to a federally approved waiver shall be reimbursed based on an established or negotiated rate for each service. These rates shall be established according to an analysis of the expenditure history and prospective budget developed by each contract provider participating in the waiver program, or under any other methodology adopted by the agency and approved by the Federal Government in accordance with the waiver. Effective July 1, 1996, Privately owned and operated community-based residential facilities which meet agency

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requirements and which formerly received Medicaid reimbursement for the optional intermediate care facility for the mentally retarded service may participate in the developmental services waiver as part of a home-and-community-based continuum of care for Medicaid recipients who receive waiver services.

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Section 50. Subsection (3) of section 409.9127, Florida Statutes, is amended to read:

- 409.9127 Preauthorization and concurrent utilization review; conflict-of-interest standards.--
- (3) The agency shall help the Agency for Persons with Disabilities Department of Children and Family Services meet the requirements of s. 393.065(4). Only admissions approved pursuant to such assessments are eligible for reimbursement under this chapter.
- Section 51. Paragraph (c) of subsection (2) and subsection (5) of section 411.224, Florida Statutes, are amended to read:
- 411.224 Family support planning process.--The Legislature establishes a family support planning process to be used by the Department of Children and Family Services as the service planning process for targeted individuals, children, and families under its purview.
- (2) To the extent possible within existing resources, the following populations must be included in the family support planning process:
- (c) Children from <u>age 3</u> birth through age 5 who are served by the <u>Agency for Persons with Disabilities</u> <del>Developmental</del> Disabilities Program Office of the Department of Children and Family Services.

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address the problems of the various family members unless the family requests that an individual family support plan be developed for different members of that family. The family support plan must replace individual habilitation plans for children from 3 birth through 5 years old who are served by the Agency for Persons with Disabilities Developmental Disabilities Program Office of the Department of Children and Family Services. To the extent possible, the family support plan must replace other case-planning forms used by the Department of Children and Family Services.

Section 52. Subsection (4) of section 411.232, Florida Statutes, is amended to read:

- 411.232 Children's Early Investment Program. --
- (4) RULES FOR IMPLEMENTATION. -- The Department of Health and Rehabilitative Services shall adopt rules necessary to implement this section.
  - Section 53. Subsection (8) of section 415.102, Florida Statutes, is amended to read:
- 415.102 Definitions of terms used in ss. 415.101-415.113.--As used in ss. 415.101-415.113, the term:
- (8) "Facility" means any location providing day or residential care or treatment for vulnerable adults. The term "facility" may include, but is not limited to, any hospital, state institution, nursing home, assisted living facility, adult family-care home, adult day care center, residential facility licensed under chapter 393 group home, or mental health treatment center.

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Section 54. Section 415.1035, Florida Statutes, is amended to read:

415.1035 Facility's duty to inform residents of their right to report abusive, neglectful, or exploitive practices.—The department shall work cooperatively with the Agency for Health Care Administration, the Agency for Persons with Disabilities, and the Department of Elderly Affairs to ensure that every facility that serves vulnerable adults informs residents of their right to report abusive, neglectful, or exploitive practices. Each facility must establish appropriate policies and procedures to facilitate such reporting.

Section 55. Subsections (1) and (10) of section 415.1055, Florida Statutes, are amended to read:

415.1055 Notification to administrative entities.--

- (1) Upon receipt of a report that alleges that an employee or agent of the department, the Agency for Persons with Disabilities, or the Department of Elderly Affairs, acting in an official capacity, has committed an act of abuse, neglect, or exploitation, the department shall notify the state attorney in whose circuit the abuse, neglect, or exploitation occurred. This notification may be oral or written.
- (10) When a report has been received and the department has reason to believe that a vulnerable adult resident of a facility licensed by the Agency for Health Care Administration or the Agency for Persons with Disabilities has been the victim of abuse, neglect, or exploitation, the department shall provide a copy of its investigation to the agency. If the investigation determines that a health professional licensed or certified

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under the Department of Health may have abused, neglected, or exploited a vulnerable adult, the department shall also provide a copy to the Department of Health.

Section 56. Paragraphs (a) and (h) of subsection (3) of section 415.107, Florida Statutes, are amended to read:

415.107 Confidentiality of reports and records. --

- (3) Access to all records, excluding the name of the reporter which shall be released only as provided in subsection(6), shall be granted only to the following persons, officials, and agencies:
- Persons with Disabilities, of the Agency for Health Care
  Administration, or of the Department of Elderly Affairs who are responsible for carrying out protective investigations, ongoing protective services, or licensure or approval of nursing homes, assisted living facilities, adult day care centers, adult family-care homes, home care for the elderly, hospices, residential facilities licensed under chapter 393, or other facilities used for the placement of vulnerable adults.
- (h) Any appropriate official of the department, the Agency for Persons with Disabilities, of the Agency for Health Care Administration, or of the Department of Elderly Affairs who is responsible for:
- 1. Administration or supervision of the programs for the prevention, investigation, or treatment of abuse, neglect, or exploitation of vulnerable adults when carrying out an official function; or

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2. Taking appropriate administrative action concerning an employee alleged to have perpetrated abuse, neglect, or exploitation of a vulnerable adult in an institution.

Section 57. Subsections (1), (2), (3), and (6) of section 419.001, Florida Statutes, are amended to read:

- 419.001 Site selection of community residential homes.--
- (1) For the purposes of this section, the  $\underline{\text{term}}$  following  $\underline{\text{definitions shall apply}}$ :
- (a) "Community residential home" means a dwelling unit licensed to provide serve clients of the Department of Children and Family Services, which provides a living environment for 7 to 14 unrelated residents who operate as the functional equivalent of a family, including such supervision and care by supportive staff as may be necessary to meet the physical, emotional, and social needs of the residents.
- (b) "Department" or "agency" means the Department of Children and Family Services, the Agency for Health Care

  Administration, or the Agency for Persons with Disabilities.
- (c) "Local government" means a county as set forth in chapter 7 or a municipality incorporated under the provisions of chapter 165.
- (d) "Resident" means any of the following: a frail elder as defined in s. 400.618; a physically disabled or handicapped person with a physical or mental impairment as described as defined in s. 760.22(7)(a); a developmentally disabled person with a developmental disability as defined in s. 393.063; a nondangerous person with mental illness mentally ill person as

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3654 defined in s.  $394.455\frac{(18)}{(18)}$ ; or a child as defined in s. 3655 39.01(14), s. 984.03(9) or (12), or s. 985.03(8).

- (e) "Sponsoring agency" means an agency or unit of government, a profit or nonprofit agency, or any other person or organization which intends to establish or operate a community residential home.
- the definition of a community residential home shall be deemed a single-family unit and a noncommercial, residential use for the purpose of local laws and ordinances. Homes of six or fewer residents which otherwise meet the definition of a community residential home shall be allowed in single-family or multifamily zoning without approval by the local government, provided that such homes shall not be located within a radius of 1,000 feet of another existing such home with six or fewer residents. Such homes with six or fewer residents shall not be required to comply with the notification provisions of this section; provided, however, that the sponsoring agency or the department notifies the local government at the time of home occupancy that the home is licensed by the department or the agency.
- (3)(a) When a site for a community residential home has been selected by a sponsoring agency in an area zoned for multifamily, the <u>sponsoring</u> agency shall notify the chief executive officer of the local government in writing and include in such notice the specific address of the site, the residential licensing category, the number of residents, and the community support requirements of the program. Such notice shall also

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contain a statement from the district administrator of the department indicating the need for and the licensing status of the proposed community residential home and specifying how the home meets applicable licensing criteria for the safe care and supervision of the clients in the home. The department and the agency district administrator shall also provide to the local government the most recently published data compiled that identifies all community residential homes in the department district in which the proposed site is to be located. The local government shall review the notification of the sponsoring agency in accordance with the zoning ordinance of the jurisdiction.

- (b) Pursuant to such review, the local government may:
- 1. Determine that the siting of the community residential home is in accordance with local zoning and approve the siting. If the siting is approved, the sponsoring agency may establish the home at the site selected.
- 2. Fail to respond within 60 days. If the local government fails to respond within such time, the sponsoring agency may establish the home at the site selected.
  - 3. Deny the siting of the home.

- (c) The local government shall not deny the siting of a community residential home unless the local government establishes that the siting of the home at the site selected:
- 1. Does not otherwise conform to existing zoning regulations applicable to other multifamily uses in the area.
- 2. Does not meet applicable licensing criteria established and determined by the department or the agency, including

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requirements that the home be located to assure the safe care and supervision of all clients in the home.

- 3. Would result in such a concentration of community residential homes in the area in proximity to the site selected, or would result in a combination of such homes with other residences in the community, such that the nature and character of the area would be substantially altered. A home that is located within a radius of 1,200 feet of another existing community residential home in a multifamily zone shall be an overconcentration of such homes that substantially alters the nature and character of the area. A home that is located within a radius of 500 feet of an area of single-family zoning substantially alters the nature and character of the area.
- (6) The department or the agency shall not issue a license to a sponsoring agency for operation of a community residential home if the sponsoring agency does not notify the local government of its intention to establish a program, as required by subsection (3). A license issued without compliance with the provisions of this section shall be considered null and void, and continued operation of the home may be enjoined.

Section 58. Paragraph (a) of subsection (3) of section 435.03, Florida Statutes, is amended to read:

435.03 Level 1 screening standards.--

- (3) Standards must also ensure that the person:
- (a) For employees and employers licensed or registered pursuant to chapter 400, and for employees and employers of developmental <u>disabilities</u> <u>services</u> institutions as defined in s. 393.18 393.063, intermediate care facilities for <u>persons</u> with

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developmental disabilities the developmentally disabled as defined in s. 400.960 393.063, and mental health treatment facilities as defined in s. 394.455, meets the requirements of this chapter.

Section 59. Paragraph (a) of subsection (2) of section 490.014, Florida Statutes, is amended to read:

490.014 Exemptions.--

- No person shall be required to be licensed or provisionally licensed under this chapter who:
- Is a salaried employee of a government agency; (a) developmental services program, mental health, alcohol, or drug abuse facility operating pursuant to chapter 393, chapter 394, or chapter 397; subsidized child care program, subsidized child care case management program, or child care resource and referral program operating pursuant to chapter 402; childplacing or child-caring agency licensed pursuant to chapter 409; domestic violence center certified pursuant to chapter 39; accredited academic institution; or research institution, if such employee is performing duties for which he or she was trained and hired solely within the confines of such agency, facility, or institution, so long as the employee is not held out to the public as a psychologist pursuant to s. 490.012(1)(a).

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Section 60. Paragraph (a) of subsection (4) of section 491.014, Florida Statutes, is amended to read:

491.014 Exemptions.--

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(4) No person shall be required to be licensed, provisionally licensed, registered, or certified under this chapter who:

- (a) Is a salaried employee of a government agency; developmental services program, mental health, alcohol, or drug abuse facility operating pursuant to chapter 393, chapter 394, or chapter 397; subsidized child care program, subsidized child care case management program, or child care resource and referral program operating pursuant to chapter 402; child-placing or child-caring agency licensed pursuant to chapter 409; domestic violence center certified pursuant to chapter 39; accredited academic institution; or research institution, if such employee is performing duties for which he or she was trained and hired solely within the confines of such agency, facility, or institution, so long as the employee is not held out to the public as a clinical social worker, mental health counselor, or marriage and family therapist.
- Section 61. Section 916.105, Florida Statutes, is amended to read:

916.105 Legislative intent.--

(1) It is the intent of the Legislature that the Department of Children and Family Services and the Agency for Persons With Disabilities, as appropriate, establish, locate, and maintain separate and secure forensic facilities and programs for the treatment or training of defendants who have been are charged with a felony and who have been found to be incompetent to proceed due to their mental illness, mental retardation, or autism, or who have been acquitted of a felony

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felonies by reason of insanity, and who, while still under the jurisdiction of the committing court, are committed to the department or agency under the provisions of this chapter. Such The separate, secure facilities shall be sufficient to accommodate the number of defendants committed under the conditions noted above. Except for those defendants found by the department or agency to be appropriate for treatment or training in a civil treatment facility or program pursuant to subsection (3), forensic. Such secure facilities shall be designed and administered so that ingress and egress, together with other requirements of this chapter, may be strictly controlled by staff responsible for security in order to protect the defendant, facility personnel, other clients, and citizens in adjacent communities.

- (2) It is further the intent of the Legislature that treatment or training programs for defendants who are found to be mentally ill, retarded, or autistic and are involuntarily committed to the department or the agency, and who are still under the jurisdiction of the committing court, be provided in such a manner, subject to security requirements and other mandates of this chapter, as to ensure the rights of the defendants as provided in this chapter.
- (3) It is <u>also</u> the intent of the Legislature that evaluation and services to defendants who are mentally ill, retarded, or autistic be provided in community settings, in community residential facilities, or in civil, nonforensic facilities, whenever this is a feasible alternative to treatment or training in a state forensic facility.

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Section 62. Section 916.106, Florida Statutes, is amended to read:

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- 916.106 Definitions. -- For the purposes of this chapter:
- (1) <u>"Agency" means the Agency for Persons With</u>

  Disabilities. The agency is responsible for the training of forensic clients with developmental disabilities due to mental retardation or autism and have been determined incompetent to proceed.
- (2) "Autism" means a pervasive, neurologically based developmental disability of extended duration which causes severe learning, communication, and behavior disorders, with the age of onset of autism occurring during infancy or childhood. Individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and nonverbal communication and imaginative ability, and a markedly restricted repertoire of activities and interests.
- (CN), chlorobenzalmalononitrile (CS) or any derivatives thereof in any form, or any other agent with lacrimatory properties, and shall include products such as that commonly known as "mace."
  - (4) "Civil facility" means:
- (a) A mental health facility established within the department or by contract with the department to serve individuals committed pursuant to chapter 394 and those defendants committed pursuant to this chapter who do not require the security provided in a forensic facility; or

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(b) An intermediate care facility for persons with developmental disabilities, foster care facility, group home facility, or supported living setting, as defined in s. 393.063, designated by the agency to serve those defendants who do not require the security provided in a forensic facility.

(5) (4) "Court" means the circuit court.

- (6) "Defendant" means an adult or juvenile prosecuted as an adult who has been arraigned and charged with a felony offense under the laws of this state.
- (7) (5) "Department" means the Department of Children and Family Services. The department is responsible for treatment of forensic clients who have been determined incompetent to proceed due to mental illness or who have been acquitted of a felony by reason of insanity.
- (8) (6) "Express and informed consent" or "consent" means consent given voluntarily in writing after a conscientious and sufficient explanation and disclosure of the purpose of the proposed treatment, the common side effects of the treatment, if any, the expected duration of the treatment, and any alternative treatment available.
- (9)(7) "Forensic client" or "client" means any defendant who has been is mentally ill, retarded, or autistic and who is committed to the department or the agency pursuant to ss. 916.13, 916.15, or 916.302. this chapter and:
- (a) Who has been determined to need treatment for a mental illness or training for retardation or autism;

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(b) Who has been found incompetent to proceed on a felony offense or has been acquitted of a felony offense by reason of insanity;

(c) Who has been determined by the department to:

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- 1. Be dangerous to himself or herself or others; or
- Present a clear and present potential to escape; and
- (d) Who is an adult or a juvenile prosecuted as an adult.

(10) (8) "Forensic facility" means a separate and secure facility established within the department or the agency to serve forensic clients. A Such separate and secure facility means facilities shall be security-grade buildings separately housing persons who are mentally ill from persons who are mentally retarded or autistic, and persons who have been involuntarily committed pursuant to this chapter from nonforensic residents. located on grounds distinct in location from other facilities for persons who are mentally ill. The Florida State Hospital shall not be required to maintain separate facilities for mentally ill, retarded, or autistic defendants who are found incompetent to proceed or who are acquitted of a criminal offense by reason of insanity.

(11) <del>(9)</del> "Incompetent to proceed" means unable to proceed at any material stage of a criminal proceeding, which shall include trial of the case, pretrial hearings involving questions of fact on which the defendant might be expected to testify, entry of a plea, proceedings for violation of probation or violation of community control, sentencing, and hearings on issues regarding a defendant's failure to comply with court orders or conditions or other matters in which the mental

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competence of the defendant is necessary for a just resolution of the issues being considered.

(12) (10) "Institutional security personnel" means employees of forensic facilities staff members who meet or exceed the requirements of s. 943.13 and who are responsible for providing security, the for protection of clients and personnel, for the enforcement of rules, the for prevention and investigation of unauthorized activities, and the for safeguarding the interests of citizens in the surrounding communities.

(13) (11) "Mental illness" means an impairment of the emotional processes that exercise conscious control of one's actions, or of the ability to perceive or understand reality, which impairment substantially interferes with a defendant's ability to meet the ordinary demands of living. For the purposes of this chapter, the term does not apply to defendants who are solely retarded or autistic, and does not include intoxication or conditions manifested only by antisocial behavior or substance abuse impairment.

(14) (12) "Retardation" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. "Significantly subaverage general intellectual functioning," for the purpose of this definition, means performance which is two or more standard deviations from the mean score on a standardized intelligence test specified in the rules of the agency department. "Adaptive behavior," for the purpose of this definition, means the effectiveness or degree

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with which an individual meets the standards of personal independence and social responsibility expected of the individual's age, cultural group, and community.

(15)(13) "Social service professional," for the purposes of part III, means a person whose minimum qualifications include a bachelor's degree and at least 2 years of social work, clinical practice, special education, habilitation, or equivalent experience working directly with persons with retardation, autism, or other developmental disabilities.

Section 63. Section 916.107, Florida Statutes, is amended to read:

916.107 Rights of forensic clients. --

- (1) RIGHT TO INDIVIDUAL DIGNITY. --
- (a) The policy of the state is that the individual dignity of the client shall be respected at all times and upon all occasions, including any occasion when the forensic client is detained, transported, or treated. Clients Defendants who are mentally ill, retarded, or autistic and who are charged with committing felonies shall receive appropriate treatment or training. In a criminal case involving a client defendant who has been adjudicated incompetent to proceed or not guilty by reason of insanity, a jail may be used as an emergency facility for up to 15 days from the date the department or the agency receives a completed copy of the court commitment order containing all the documentation required by the applicable Rules 3.212 and 3.217, Florida Rules of Criminal Procedure. For a forensic client defendant who is mentally ill, retarded, or autistic, who is held in a jail awaiting admission to a

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department or agency facility, and who has been adjudicated incompetent to proceed or not guilty by reason of insanity, evaluation and treatment or training may shall be provided in the jail by the local community mental health provider public receiving facility for mental health services or by the developmental disabilities services program for persons with retardation or autism, the client's physician or psychologist, or any other appropriate program until the client is transferred to a civil or forensic facility the custody of the department.

- (b) Forensic clients Mentally ill, retarded, or autistic defendants who are committed to the department pursuant to this chapter and who are initially placed in, or subsequently transferred to, a civil facility as described in part I of chapter 394 or to a residential facility as described in chapter 393 shall have the same rights as other persons committed to these facilities for as long as they remain there.
  - (2) RIGHT TO TREATMENT. --

nor the agency shall not deny treatment or training to any client and that no services shall be delayed at a facility because the forensic client is indigent pursuant to s. 27.52 and presently unable to pay. However, every reasonable effort to collect appropriate reimbursement for the cost of providing services to clients able to pay for the services, including reimbursement from insurance or other third-party payments, shall be made by facilities providing services pursuant to this chapter and in accordance with the provisions of s. 402.33.

(b) Each client shall be given, at the time of admission and at regular intervals thereafter, a physical examination, which shall include screening for communicable disease by a health practitioner authorized by law to give such screenings and examinations.

- (c) Every client committed pursuant to this act shall be afforded the opportunity to participate in activities designed to enhance self-image and the beneficial effects of other treatments or training, as determined by the facility.
- (d) Not more than 30 days after admission, each client shall have and receive, in writing, an individualized treatment or training plan which the client has had an opportunity to assist in preparing.
  - (3) RIGHT TO EXPRESS AND INFORMED CONSENT. --
- (a) A <u>forensic</u> client <del>committed to the department pursuant to this act</del> shall be asked to give express and informed written consent for treatment. If a client <u>in a forensic facility</u> refuses such treatment as is deemed necessary <u>and essential</u> by the client's multidisciplinary treatment team <del>at the forensic facility</del> for the appropriate care of the client <del>and the safety</del> of the client or others, such treatment may be provided under the following circumstances:
- 1. In an emergency situation in which there is immediate danger to the safety of the client or others, such treatment may be provided upon the written order of a physician for a period not to exceed 48 hours, excluding weekends and legal holidays. If, after the 48-hour period, the client has not given express and informed consent to the treatment initially refused, the

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administrator or designee of the <u>civil or</u> forensic facility shall, within 48 hours, excluding weekends and legal holidays, petition the committing court or the circuit court serving the county in which the facility is located, at the option of the facility administrator or designee, for an order authorizing the continued treatment of the client. In the interim, <u>the need for</u> treatment <u>shall be reviewed every 48 hours and</u> may be continued without the consent of the client upon the continued written order of a physician who has determined that the emergency situation continues to present a danger to the safety of the client or others.

- 2. In a situation other than an emergency situation, the administrator or designee of the forensic facility shall petition the court for an order authorizing necessary and essential the treatment for to the client. The order shall allow such treatment for a period not to exceed 90 days from the date of the entry of the order. Unless the court is notified in writing that the client has provided express and informed consent in writing or that the client has been discharged by the committing court, the administrator or designee shall, prior to the expiration of the initial 90-day order, petition the court for an order authorizing the continuation of treatment for another 90-day period. This procedure shall be repeated until the client provides consent or is discharged by the committing court.
- 3. At the hearing on the issue of whether the court should enter an order authorizing treatment for which a client  $\underline{\text{was}}$   $\underline{\text{unable}}$   $\underline{\text{has refused}}$  to give express and informed consent, the

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court shall determine by clear and convincing evidence that the client is mentally ill, retarded, or autistic as defined in this chapter, that the treatment not consented to is essential to the care of the client, and that the treatment not consented to is not experimental and does not present an unreasonable risk of serious, hazardous, or irreversible side effects. In arriving at the substitute judgment decision, the court must consider at least the following factors:

- a. The client's expressed preference regarding treatment;
- b. The probability of adverse side effects;
- c. The prognosis without treatment; and
- d. The prognosis with treatment.

The hearing shall be as convenient to the client as may be consistent with orderly procedure and shall be conducted in physical settings not likely to be injurious to the client's condition. The court may appoint a general or special magistrate to preside at the hearing. The client or the client's guardian, and the representative, shall be provided with a copy of the petition and the date, time, and location of the hearing. The client has the right to have an attorney represent him or her at the hearing, and, if the client is indigent, the court shall appoint the office of the public defender to represent the client at the hearing. The client may testify or not, as he or she chooses, and has the right to cross-examine witnesses and may present his or her own witnesses.

(b) In addition to the provisions of paragraph (a), in the case of surgical procedures requiring the use of a general

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anesthetic or electroconvulsive treatment or nonpsychiatric medical procedures, and prior to performing the procedure, written permission shall be obtained from the client, if the client is legally competent, from the parent or guardian of a minor client, or from the guardian of an incompetent client. The administrator or designee of the forensic facility or a designated representative may, with the concurrence of the client's attending physician, authorize emergency surgical or nonpsychiatric medical treatment if such treatment is deemed lifesaving or for a situation threatening serious bodily harm to the client and permission of the client or the client's guardian could not cannot be obtained prior to provision of the needed treatment.

- (4) QUALITY OF TREATMENT.--Each forensic client committed pursuant to this chapter shall receive treatment or training suited to the client's needs, which shall be administered skillfully, safely, and humanely with full respect for the client's dignity and personal integrity. Each client shall receive such medical, vocational, social, educational, and rehabilitative services as the client's condition requires to bring about a return to court for disposition of charges or a return to the community. In order to achieve this goal, the department and the agency shall coordinate their services with each other, the Department of Corrections, is directed to coordinate the services of the Mental Health Program Office and the Developmental Disabilities Program Office with all other programs of the department and other appropriate state agencies.
  - (5) COMMUNICATION, ABUSE REPORTING, AND VISITS. --

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(a) Each forensic client committed pursuant to the provisions of this chapter has the right to communicate freely and privately with persons outside the facility unless it is determined that such communication is likely to be harmful to the client or others. Clients shall have the right to contact and to receive communication from their attorneys at any reasonable time.

(a) (b) Each forensic client committed under the provisions of this chapter shall be allowed to receive, send, and mail sealed, unopened correspondence; and no client's incoming or outgoing correspondence shall be opened, delayed, held, or censored by the facility unless there is reason to believe that it contains items or substances which may be harmful to the client or others, in which case the administrator or designee may direct reasonable examination of such mail and may regulate the disposition of such items or substances. "Correspondence" shall not include parcels or packages. Forensic facilities are authorized to promulgate reasonable institutional policies to provide for the inspection of parcels or packages and for the removal of contraband items for health or security reasons prior to the contents being given to a client.

(b) (c) If a client's right to communicate is restricted by the administrator, written notice of such restriction and the duration of the restriction shall be served on the client or his or her legal guardian or representatives, and such restriction shall be recorded on the client's clinical record with the reasons therefor. The restriction of a client's right to communicate shall be reviewed at least every 7 days.

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(c) (d) Each forensic facility shall establish reasonable institutional policies governing visitors, visiting hours, and the use of telephones by clients in the least restrictive manner possible.

- (d) (e) Each forensic client committed pursuant to this chapter shall have ready access to a telephone in order to report an alleged abuse. The facility or program staff shall orally and in writing inform each client of the procedure for reporting abuse and shall present the information in a language the client understands. A written copy of that procedure, including the telephone number of the central abuse hotline and reporting forms, shall be posted in plain view.
- (e) (f) The department's or agency's forensic facilities shall develop policies providing a procedure for reporting abuse. Facility staff shall be required, as a condition of employment, to become familiar with the procedures for the reporting of abuse.
- forensic client's right to possession of clothing and personal effects shall be respected. The department or agency by rule, or the administrator of any forensic facility by written institutional policy, may declare certain items to be hazardous to the health or welfare of clients or others or to the operation of the facility. Such items may be restricted from introduction into the facility or may be restricted from being in a client's possession. The administrator or designee may take temporary custody of such effects when required for medical and

safety reasons. Custody of such personal effects shall be recorded in the client's clinical record.

- (7) VOTING IN PUBLIC ELECTIONS.--A forensic client committed pursuant to this chapter who is eligible to vote according to the laws of the state has the right to vote in the primary and general elections. The department and agency shall establish rules to enable clients to obtain voter registration forms, applications for absentee ballots, and absentee ballots.
- (8) CLINICAL RECORD; CONFIDENTIALITY.--A clinical record for each <u>forensic</u> client shall be maintained. The record shall include data pertaining to admission and such other information as may be required under rules of the department <u>or the agency</u>. Unless waived by express and informed consent of the client or the client's legal guardian or, if the client is deceased, by the client's personal representative or by that family member who stands next in line of intestate succession or except as otherwise provided in this subsection, the clinical record is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
  - (a) Such clinical record may be released:
- 1. To such persons and agencies as are designated by the client or the client's legal guardian.
- 2. To persons authorized by order of court and to the client's counsel when the records are needed by the counsel for adequate representation.
- 3. To a qualified researcher, as defined by rule; a staff member of the facility; or an employee of the department  $\underline{\text{or}}$   $\underline{\text{agency}}$  when the administrator of the facility, or secretary  $\underline{\text{or}}$

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<u>director</u> of the department <u>or the agency</u> deems it necessary for treatment of the client, maintenance of adequate records, compilation of treatment data, or evaluation of programs.

4. For statistical and research purposes if the information is abstracted in such a way as to protect the identity of individuals.

- 5. If a client receiving services pursuant to this chapter has declared an intention to harm other persons. When such a declaration has been made, the administrator shall authorize the release of sufficient information to provide adequate warning to the person threatened with harm by the client, and to the committing court, the state attorney, and the attorney representing the client.
- 6. To the parent or next of kin of a <u>client</u> mentally ill, retarded, or autistic person who is committed to, or is being served by, a facility or program when such information is limited to that person's service plan and current physical and mental condition. Release of such information shall be in accordance with the code of ethics of the profession involved and must comply with all state and federal laws and regulations pertaining to the release of personal health information.
- (b) Notwithstanding other provisions of this subsection, the department or the agency may request or receive from or provide to any of the following entities client information to facilitate treatment, habilitation, rehabilitation, and continuity of care of any forensic client:
- 1. The Social Security Administration and the United States Department of Veterans Affairs.

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2. Law enforcement agencies, state attorneys, defense attorneys, and judges in regard to the client's status.

- 3. Jail personnel in the jail to which a client may be <a href="housed">housed</a>. returned; and
- 4. Community agencies and others expected to provide followup care to the client upon the client's return to the community.
- (c) The department <u>or the agency</u> may provide notice to any client's next of kin or first representative regarding any serious medical illness or the death of the client.
- (d)1. Any law enforcement agency, facility, or other governmental agency that receives information pursuant to this subsection shall maintain the confidentiality of such information except as otherwise provided herein.
- 2. Any agency or private practitioner who acts in good faith in releasing information pursuant to this subsection is not subject to civil or criminal liability for such release.
  - (9) HABEAS CORPUS. --

- (a) At any time, and without notice, a <u>forensic</u> client detained by a facility, or a relative, friend, guardian, representative, or attorney on behalf of such client, may petition for a writ of habeas corpus to question the cause and legality of such detention and request that the committing court issue a writ for release. Each client <del>committed pursuant to this chapter</del> shall receive a written notice of the right to petition for a writ of habeas corpus.
- (b) A client or his or her legal guardian or representatives or attorney may file a petition in the circuit

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court in the county where the client is committed alleging that the client is being unjustly denied a right or privilege granted herein or that a procedure authorized herein is being abused. Upon the filing of such a petition, the circuit court shall have the authority to conduct a judicial inquiry and to issue any appropriate order to correct an abuse of the provisions of this chapter.

## (10) TRANSPORTATION. --

- (a) The sheriff shall consult with the governing board of the county as to the most appropriate and cost-effective means of transportation for forensic clients in the custody of the department or the agency who have been committed for treatment or training. Such consultation shall include, but is not limited to, consideration of the cost to the county of transportation performed by sheriff's department personnel as opposed to transportation performed by other means and, if sheriff's department personnel are to be used for transportation, the effect such use will have, if any, on service delivery levels of the sheriff's road patrol. After such consultation with the governing board of the county, the sheriff shall determine the most appropriate and cost-effective means of transportation for forensic clients committed for treatment or training.
- (b) The governing board of each county is authorized to contract with private transport companies for the transportation of such clients to and from a facility.
- (c) Any company that transports a client pursuant to this section is considered an independent contractor and is solely liable for the safe and dignified transportation of the client.

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Any transport company that contracts with the governing board of a county for the transport of clients as provided for in this section shall be insured and provide no less than \$100,000 in liability insurance with respect to the transportation of the clients.

- (d) Any company that contracts with a governing board of a county to transport clients shall comply with the applicable rules of the department or the agency to ensure the safety and dignity of the clients.
- abuses any rights or privileges of a <u>forensic</u> client <u>in the</u> <u>custody of the department or agency provided under this chapter</u> <u>shall be by this act is</u> liable for damages as determined by law. Any person who acts in good faith in complying with the provisions of this <u>chapter</u> <u>act</u> is immune from civil or criminal liability for his or her actions in connection with the admission, diagnosis, treatment, training, or discharge of a client to or from a facility. However, this subsection does not relieve any person from liability if he or she is negligent.

Section 64. Section 916.1075, Florida Statutes, is amended to read:

916.1075 Sexual misconduct prohibited; reporting required; penalties.--

- (1) As used in this section, the term:
- (a) "Employee" includes any paid staff member, volunteer, or intern of the department or the agency; any person under contract with the department or the agency; and any person

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providing care or support to a <u>forensic</u> client on behalf of the department, the agency, or their <del>its</del> providers.

(b) "Sexual activity" means:

- 1. Fondling the genital area, groin, inner thighs, buttocks, or breasts of a person.
- 2. The oral, anal, or vaginal penetration by or union with the sexual organ of another or the anal or vaginal penetration of another by any other object.
- 3. Intentionally touching in a lewd or lascivious manner the breasts, genitals, the genital area, or buttocks, or the clothing covering them, of a person, or forcing or enticing a person to touch the perpetrator.
- 4. Intentionally masturbating in the presence of another person.
- 5. Intentionally exposing the genitals in a lewd or lascivious manner in the presence of another person.
- 6. Intentionally committing any other sexual act that does not involve actual physical or sexual contact with the victim, including, but not limited to, sadomasochistic abuse, sexual bestiality, or the simulation of any act involving sexual activity in the presence of a victim.
- (c) "Sexual misconduct" means any sexual activity between an employee and a <u>forensic</u> client <u>in the custody of the</u> <u>department or the agency</u>, regardless of the consent of the client. The term does not include an act done for a bona fide medical purpose or an internal search conducted in the lawful performance of duty by an employee.

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(2) An employee who engages in sexual misconduct with a <u>forensic</u> client who resides in a civil or forensic facility commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. An employee may be found guilty of violating this subsection without having committed the crime of sexual battery.

- (3) The consent of <u>a forensic</u> the client to sexual activity is not a defense to prosecution under this section.
  - (4) This section does not apply to an employee who:
  - (a) is legally married to the client; or

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- (b) Has no reason to believe that the person with whom the employee engaged in sexual misconduct is a client receiving services as described in subsection (2).
- An employee who witnesses sexual misconduct, or who (5) otherwise knows or has reasonable cause to suspect that a person has engaged in sexual misconduct, shall immediately report the incident to the department's central abuse hotline and to the appropriate local law enforcement agency. Such employee shall also prepare, date, and sign an independent report that specifically describes the nature of the sexual misconduct, the location and time of the incident, and the persons involved. For allegations pertaining to forensic clients committed to the agency, the employee shall deliver the report to the supervisor or program director, who shall provide copies to the agency's is responsible for providing copies to the department's inspector general. For allegations pertaining to forensic clients committed to the department, the employees shall deliver the report to the supervisor or program director, who shall be

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responsible for providing copies to the department's inspector general. The inspector general shall immediately conduct an appropriate administrative investigation, and, if there is probable cause to believe that sexual misconduct has occurred, the inspector general shall notify the state attorney in the circuit in which the incident occurred.

- (6)(a) Any person who is required to make a report under this section and who knowingly or willfully fails to do so, or who knowingly or willfully prevents another person from doing so, commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- (b) Any person who knowingly or willfully submits inaccurate, incomplete, or untruthful information with respect to a report required under this section commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- (c) Any person who knowingly or willfully coerces or threatens any other person with the intent to alter testimony or a written report regarding an incident of sexual misconduct commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (7) The provisions and penalties set forth in this section are in addition to any other civil, administrative, or criminal action provided by law which may be applied against an employee.
- Section 65. Section 916.1081, Florida Statutes, is amended to read:
- 916.1081 Escape from program; penalty.--

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(1) A forensic client A defendant involuntarily committed to the department or the agency, in the custody of the department or agency under the provisions of this chapter who escapes or attempts to escape from a civil or forensic facility or program commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

- (2) A forensic client involuntarily committed to the department or the agency, in the custody of the Department of Corrections who escapes or attempts to escape from a facility or program commits a felony of the second degree, punishable as provided in s. 944.40.
- Section 66. Section 916.1085, Florida Statutes, is amended to read:
- 916.1085 Introduction or removal of certain articles unlawful; penalty.--
- (1)(a) Except as authorized by law or as specifically authorized by the person in charge of a facility, it is unlawful to introduce into or upon the grounds of any facility under the supervision or control of the department, or to take or attempt to take or send therefrom, any of the following articles, which are hereby declared to be contraband for the purposes of this section:
- 1. Any intoxicating beverage or beverage which causes or may cause an intoxicating effect;
  - 2. Any controlled substance as defined in chapter 893;
  - 3. Any firearm or deadly weapon; or
- 4398 4. Any other item as determined by the department, and as
  4399 designated by departmental rule or by the administrator of any

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facility, and designated by written institutional policies, to be hazardous to the welfare of <u>clients</u> patients or the operation of the facility.

- (b) It is unlawful to transmit to, attempt to transmit to, or cause or attempt to cause to be transmitted to or received by any client of any facility <u>under the supervision or control of the department or the agency</u> any article or thing declared by this section to be contraband, at any place which is outside of the grounds of such facility, except as authorized by law or as specifically authorized by the person in charge of such facility.
- (2)(a) All individuals or vehicles entering upon the grounds of any facility under the supervision or control of the department may be subject to reasonable search and seizure of any contraband materials introduced thereon, for purpose of enforcement of this chapter.
- (b) These provisions shall be enforced by institutional security personnel as defined in s. 916.106(12)(10) or by a law enforcement officer as defined in s. 943.10.
- (c) A person who violates any provision of subparagraph (1)(a)2. or subparagraph (1)(a)3. commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- Section 67. Section 916.1091, Florida Statutes, is amended to read:
  - 916.1091 Duties, functions, and powers of institutional security personnel.--In case of emergency, and when necessary to provide protection and security to any client, to the personnel,

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equipment, buildings, or grounds of a department or agency facility, or to citizens in the surrounding community, institutional security personnel may, when authorized by the administrator of the facility, or her or his designee when the administrator is not present, use a chemical weapon against a patient housed in a forensic facility. However, such weapon shall be used only to the extent necessary to provide such protection and security. Under no circumstances shall any such officer carry a chemical weapon on her or his person except during the period of the emergency for which its use was authorized. All chemical weapons shall be placed in secure storage when their use is not authorized as provided in this section.

Section 68. Section 916.1093, Florida Statutes, is amended to read:

916.1093 Operation and administration; rules.--

- (1) The department or the agency is authorized to enter into contracts and do such things as may be necessary and incidental to assure compliance with and to carry out the provisions of this chapter in accordance with the stated legislative intent.
- (2) The department or the agency has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter.
- Section 69. Section 916.111, Florida Statutes, is amended to read:
- 916.111 Training of mental health experts.--The evaluation of defendants for competency to proceed or for sanity at the

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time of the commission of the offense shall be conducted in such a way as to ensure uniform application of the criteria enumerated in the applicable rules of the Rules 3.210 and 3.216, Florida Rules of Criminal Procedure. The department shall develop, and may contract with accredited institutions:

(1) To provide:

- (a) A plan for training <del>community</del> mental health professionals to perform forensic evaluations and to standardize the criteria and procedures to be used in these evaluations;
- (b) Clinical protocols and procedures <u>consistent with the applicable rules of the based upon the criteria of Rules 3.210</u> and 3.216, Florida Rules of Criminal Procedure; and
- (c) Training for <del>community</del> mental health professionals in the application of these protocols and procedures in performing forensic evaluations and providing reports to the courts; and
- (2) To compile and maintain the necessary information for evaluating the success of this program, including the number of persons trained, the cost of operating the program, and the effect on the quality of forensic evaluations as measured by appropriateness of admissions to state forensic facilities and to community-based care programs.

Section 70. Section 916.115, Florida Statutes, is amended to read:

- 916.115 Appointment of experts.--
- (1) (a) Annually, the department shall provide the courts with a list of mental health professionals who have completed approved training as experts.

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(b) The court shall may appoint no more than three nor fewer than two experts to determine issues of the mental condition of a defendant in a criminal case, including the issues of competency to proceed, insanity, and involuntary hospitalization or placement, and treatment. The panel of experts An expert may evaluate the defendant in jail or in another appropriate local facility, or in a Department of Corrections facility.

- (a) (c) To the extent possible, an appointed expert shall have completed forensic evaluator training approved by the department and shall be either a psychiatrist, licensed psychologist, or physician.
- (b) The department shall maintain and provide the courts with a list of available mental health professionals who have completed approved training as experts.
- (2) Experts Expert witnesses appointed by the court to evaluate the mental condition of a defendant in a criminal case shall be allowed reasonable fees for services rendered as evaluators of competence or sanity and as witnesses, which shall be paid in accordance with s. 29.004(6).
- (a)1. The court shall pay for any expert that it appoints by court order, upon motion of counsel for the defendant or the state or upon its own motion. If the defense or the state retains an expert and waives the confidentiality of the expert's report, the court may pay for no more than two additional experts appointed by court order. If an expert appointed by the court upon motion of counsel for the defendant specifically to evaluate the competence of the defendant to proceed also

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addresses in his or her evaluation issues related to sanity as an affirmative defense, the court shall pay only for that portion of the expert's fees relating to the evaluation on competency to proceed, and the balance of the fees shall be chargeable to the defense.

2. Pursuant to s. 29.006, the office of the public defender shall pay for any expert retained by the office.

- 3. Pursuant to s. 29.005, the office of the state attorney shall pay for any expert retained by the office. Notwithstanding subparagraph 1., the office of the state attorney shall pay for any expert whom the office retains and whom the office moves the court to appoint in order to ensure that the expert has access to the defendant.
- 4. An expert retained by the defendant who is represented by private counsel appointed under s. 27.5303 shall be paid by the Justice Administrative Commission.
- 5. An expert retained by a defendant who is indigent for costs as determined by the court and who is represented by private counsel, other than private counsel appointed under s. 27.5303, on a fee or pro bono basis, or who is representing himself or herself, shall be paid by the Justice Administrative Commission from funds specifically appropriated for these expenses.
- (b) State employees shall be paid expenses pursuant to s. 112.061.
  - (c) The fees shall be taxed as costs in the case.
- 4537 (d) In order for an expert to be paid for the services 4538 rendered, the expert's report and testimony must explicitly

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address each of the factors <u>specified in s. 916.12</u> and follow the procedures set out in this chapter and in the Florida Rules of Criminal Procedure.

Section 71. Section 916.12, Florida Statutes, is amended to read:

916.12 Mental competence to proceed.--

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- (1) A defendant is incompetent to proceed within the meaning of this chapter if the defendant does not have sufficient present ability to consult with her or his lawyer with a reasonable degree of rational understanding or if the defendant has no rational, as well as factual, understanding of the proceedings against her or him.
- Mental health experts appointed pursuant to s. 916.115 (2) An expert shall first determine whether the defendant person is mentally ill and, if so, consider the factors related to the issue of whether the defendant meets the criteria for competence to proceed as described in subsection (1); that is, whether the defendant has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and whether the defendant has a rational, as well as factual, understanding of the pending proceedings. A defendant must be evaluated by no fewer than two experts before the court commits the defendant or takes other action authorized by this chapter or the Florida Rules of Criminal Procedure, except if one expert finds that the defendant is incompetent to proceed and the parties stipulate to that finding, the court may commit the defendant or take other action authorized by this chapter or the rules without further evaluation or hearing, or the court may appoint no more than two

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additional experts to evaluate the defendant. Notwithstanding any stipulation by the state and the defendant, the court may require a hearing with testimony from the expert or experts before ordering the commitment of a defendant.

- (3) In considering the issue of competence to proceed, an examining expert shall first consider and specifically include in his or her report the defendant's capacity to:
- (a) Appreciate the charges or allegations against the defendant.  $\div$
- (b) Appreciate the range and nature of possible penalties, if applicable, that may be imposed in the proceedings against the defendant.  $\div$
- (c) Understand the adversarial nature of the legal process.
- (d) Disclose to counsel facts pertinent to the proceedings at issue. $\div$ 
  - (e) Manifest appropriate courtroom behavior.; and
  - (f) Testify relevantly. +

- (g) and include in his or her report Any other factor deemed relevant by the expert.
- (4) If an expert finds that the defendant is incompetent to proceed, the expert shall report on any recommended treatment for the defendant to attain competence to proceed. In considering the issues relating to treatment, the examining expert shall specifically report on:
  - (a) The mental illness causing the incompetence. +

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(b) The treatment or treatments appropriate for the mental illness of the defendant and an explanation of each of the possible treatment alternatives in order of choices.  $\tau$ 

- (c) The availability of acceptable treatment and, if treatment is available in the community, the expert shall so state in the report.; and
- (d) The likelihood of the defendant's attaining competence under the treatment recommended, an assessment of the probable duration of the treatment required to restore competence, and the probability that the defendant will attain competence to proceed in the foreseeable future.
- (5) A defendant who, because of psychotropic medication, is able to understand the nature of proceedings and assist in the defendant's own defense shall not automatically be deemed incompetent to proceed simply because the defendant's satisfactory mental functioning is dependent upon such medication. As used in this subsection, "psychotropic medication" means any drug or compound used to treat mental or emotional disorders affecting the mind, behavior, intellectual functions, perception, moods, or emotions and includes antipsychotic, antidepressant, antimanic, and antianxiety drugs.
- Section 72. Section 916.13, Florida Statutes, is amended to read:
- 916.13 Involuntary commitment of defendant adjudicated incompetent.--
- (1) Every defendant who is charged with a felony and who is adjudicated incompetent to proceed, pursuant to the applicable Florida Rules of Criminal Procedure, may be

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involuntarily committed for treatment upon a finding by the court of clear and convincing evidence that:

- (a) The defendant is mentally ill and because of the mental illness:
- 1. The defendant is manifestly incapable of surviving alone or with the help of willing and responsible family or friends, including available alternative services, and, without treatment, the defendant is likely to suffer from neglect or refuse to care for herself or himself and such neglect or refusal poses a real and present threat of substantial harm to the defendant's well-being; or and
- 2. There is a substantial likelihood that in the near future the defendant will inflict serious bodily harm on herself or himself or another person, as evidenced by recent behavior causing, attempting, or threatening such harm;
- (b) All available, less restrictive treatment alternatives, including treatment in community residential facilities or community inpatient or outpatient settings, which would offer an opportunity for improvement of the defendant's condition have been judged to be inappropriate; and
- (c) There is a substantial probability that the mental illness causing the defendant's incompetence will respond to treatment and the defendant will regain competency to proceed in the reasonably foreseeable future.
- (2) A defendant who has been charged with a felony and who has been adjudicated incompetent to proceed <u>due to mental</u> <u>illness</u>, and who meets the criteria for <u>involuntary</u> commitment to the department under the provisions of this chapter, may be

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committed to the department, and the department shall retain and treat the defendant. No later than 6 months after the date of admission and or at the end of any period of extended commitment, or at any time the administrator or designee shall have determined that the defendant has regained competency to proceed or no longer meets the criteria for continued commitment, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.

Section 73. Section 916.15, Florida Statutes, is amended to read:

- 916.15 Involuntary commitment of defendant adjudicated not guilty by reason of insanity.--
- (1) The determination of whether a defendant is not guilty by reason of insanity shall be determined in accordance with the Florida Rules of Criminal Procedure.
- (2)(1) A defendant who is acquitted of criminal charges because of a finding of not guilty by reason of insanity may be involuntarily committed pursuant to such finding if the defendant is mentally ill and, because of the illness, is manifestly dangerous to himself or herself or others.
- (3)(2) Every defendant acquitted of criminal charges by reason of insanity and found to meet the criteria for involuntary commitment may be committed and treated in accordance with the provisions of this section and the applicable Florida Rules of Criminal Procedure. The department shall admit a defendant so adjudicated to an appropriate facility or program for treatment and shall retain and treat

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such defendant. No later than 6 months after the date of admission, prior to the end of any period of extended commitment, or at any time the administrator or designee shall have determined that the defendant no longer meets the criteria for continued commitment placement, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.

(4)-(3) In all proceedings under this section subsection, both the defendant and the state shall have the right to a hearing before the committing court. Evidence at such hearing may be presented by the hospital administrator or the administrator's designee as well as by the state and the defendant. The defendant shall have the right to counsel at any such hearing. In the event that a defendant is determined to be indigent pursuant to s. 27.52, the public defender shall represent the defendant. The parties shall have access to the defendant's records at the treating facilities and may interview or depose personnel who have had contact with the defendant at the treating facilities.

Section 74. Section 916.16, Florida Statutes, is amended to read:

916.16 Jurisdiction of committing court.--

(1) The committing court shall retain jurisdiction over in the case of any defendant involuntarily committed due to a determination hospitalized as incompetent to proceed due to mental illness or because of a finding of not guilty by reason of insanity pursuant to this chapter. No such defendant may be released except by order of the committing court. An The

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administrative hearing examiner shall have no jurisdiction to determine issues of continuing <u>commitment</u> hospitalization or release of any defendant <u>involuntarily committed</u> admitted pursuant to this chapter.

- (2) The committing court shall retain jurisdiction in the case of any defendant placed on conditional release <u>pursuant to s. 916.17</u>. No such defendant may be released from the conditions of release except by order of the committing court.
- Section 75. Section 916.17, Florida Statutes, is amended to read:
  - 916.17 Conditional release.--

- of any defendant who has been found to be incompetent to proceed or not guilty by reason of insanity, based on an approved plan for providing appropriate outpatient care and treatment. Except for an inmate currently serving a prison sentence, the committing court may order a conditional release of any defendant in lieu of an involuntary commitment to a facility pursuant to s. 916.13 or s. 916.15, based upon an approved plan for providing appropriate outpatient care and treatment. Upon a recommendation that outpatient treatment of the defendant is appropriate, a written plan for outpatient treatment, including recommendations from qualified professionals, must be filed with the court, with copies to all parties. Such a plan may also be submitted by the defendant and filed with the court with copies to all parties. The plan shall include:
- (a) Special provisions for residential care or adequate supervision of the defendant.

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- (b) Provisions for outpatient mental health services.
- (c) If appropriate, recommendations for auxiliary services such as vocational training, educational services, or special medical care.

- In its order of conditional release, the court shall specify the conditions of release based upon the release plan and shall direct the appropriate agencies or persons to submit periodic reports to the court regarding the defendant's compliance with the conditions of the release and progress in treatment, with copies to all parties.
- (2) Upon the filing of an affidavit or statement under oath by any person that the defendant has failed to comply with the conditions of release, that the defendant's condition has deteriorated to the point that inpatient care is required, or that the release conditions should be modified, the court shall hold a hearing within 7 days after receipt of the affidavit or statement under oath. After the hearing, the court may modify the release conditions. The court may also order that the defendant be returned to the department if it is found, after the appointment and report of experts, that the person meets the criteria for involuntary commitment under s. 916.13 or s. 916.15 treatment.
- (3) If at any time it is determined after a hearing that the defendant who has been conditionally released under subsection (1) no longer requires court-supervised followup care, the court shall terminate its jurisdiction in the cause and discharge the defendant.

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Section 76. Section 916.301, Florida Statutes, is amended to read:

916.301 Appointment of experts. --

- must be conducted by qualified experts with experience in evaluating persons with mental retardation or autism. The agency department shall maintain and provide the courts annually with a list of available mental retardation and autism professionals who are appropriately licensed and qualified to perform evaluations of defendants alleged to be incompetent to proceed due to retardation or autism. The courts may use professionals from this list when appointing experts and ordering evaluations under this part for defendants suspected of being retarded or autistic.
- (2) If a defendant's suspected mental condition is retardation or autism, the court shall appoint a panel of experts consisting of the following: two experts, one of whom must be the developmental services program of the department, each of whom will evaluate whether the defendant meets the definition of retardation or autism and, if so, whether the defendant is competent to proceed.
- (a) (3) At least one or, at the request of any party, two experts the court may appoint one additional expert to evaluate the defendant. The expert appointed by the court will evaluate whether the defendant meets the definition of retardation or autism and, if so, whether the defendant is competent to proceed.

(b) (4) An agency-selected The developmental services program shall select a psychologist who is licensed or authorized by law to practice in this state, with experience in evaluating persons suspected of having retardation or autism, and a social service professional, with experience in working with persons with retardation or autism to evaluate the defendant.

- $\frac{1.(a)}{(a)}$  The psychologist shall evaluate whether the defendant meets the definition of retardation or autism and, if so, whether the defendant is incompetent to proceed due to retardation or autism.
- 2.(b) The social service professional shall provide a social and developmental history of the defendant.
- (5) All evaluations ordered by the court must be from qualified experts with experience in evaluating persons with retardation or autism.
- $\underline{(3)}$  (6) The panel of experts may examine the defendant in jail, in another appropriate local facility, in a Department of Corrections facility, or on an outpatient basis.
- (4) (7) Experts Expert witnesses appointed by the court to evaluate the mental condition of a defendant in a criminal case shall be allowed reasonable fees for services rendered as evaluators and as witnesses, which shall be paid in accordance with s. 29.004(6) by the court. State employees shall be paid expenses pursuant to s. 112.061. The fees shall be taxed as costs in the case. In order for the experts to be paid for the services rendered, the reports and testimony must explicitly

address each of the factors and follow the procedures set out in this chapter and in the Florida Rules of Criminal Procedure.

Section 77. Section 916.3012, Florida Statutes, is amended to read:

916.3012 Mental competence to proceed. --

- (1) A defendant whose suspected mental condition is retardation or autism is incompetent to proceed within the meaning of this chapter if the defendant does not have sufficient present ability to consult with the defendant's lawyer with a reasonable degree of rational understanding or if the defendant has no rational, as well as factual, understanding of the proceedings against the defendant.
- (2) The Experts in mental retardation or autism, appointed pursuant to s. 916.301, shall first consider whether the defendant meets the definition of retardation or autism and, if so, consider the factors related to the issue of whether the defendant meets the criteria for competence to proceed as described in subsection (1); that is, whether the defendant has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and whether the defendant has a rational, as well as factual, understanding of the pending proceedings.
- (3) In considering the issue of competence to proceed, the examining experts shall first consider and specifically include in their report the defendant's capacity to:
- (a) Appreciate the charges or allegations against the defendant;

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(b) Appreciate the range and nature of possible penalties, if applicable, that may be imposed in the proceedings against the defendant;

- (c) Understand the adversarial nature of the legal process;
- (d) Disclose to counsel facts pertinent to the proceedings at issue;
  - (e) Manifest appropriate courtroom behavior; and
  - (f) Testify relevantly; and

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- (g) and include in their report Any other factor deemed relevant by the experts.
- (4) If the experts should find that the defendant is incompetent to proceed, the experts shall report on any recommended training for the defendant to attain competence to proceed. In considering the issues relating to training, the examining experts shall specifically report on:
  - (a) The retardation or autism causing the incompetence;
- (b) The training appropriate for the retardation or autism of the defendant and an explanation of each of the possible training alternatives in order of choices;
- (c) The availability of acceptable training and, if training is available in the community, the expert shall so state in the report; and
- (d) The likelihood of the defendant's attaining competence under the training recommended, an assessment of the probable duration of the training required to restore competence, and the probability that the defendant will attain competence to proceed in the foreseeable future.

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Section 78. Section 916.302, Florida Statutes, is amended to read:

- 916.302 Involuntary commitment of defendant determined to be incompetent to proceed due to retardation or autism.--
- (1) CRITERIA.--Every defendant who is charged with a felony and who is <u>adjudicated</u> found to be incompetent to proceed due to mental retardation or autism, pursuant to this chapter and the applicable Florida Rules of Criminal Procedure, may be involuntarily committed for training upon a finding by the court of clear and convincing evidence that:
  - (a) The defendant is retarded or autistic;
- (b) There is a substantial likelihood that in the near future the defendant will inflict serious bodily harm on himself or herself or another person, as evidenced by recent behavior causing, attempting, or threatening such harm;
- (c) All available, less restrictive alternatives, including services provided in community residential facilities or other community settings, which would offer an opportunity for improvement of the condition have been judged to be inappropriate; and
- (d) There is a substantial probability that the retardation or autism causing the defendant's incompetence will respond to training and the defendant will regain competency to proceed in the reasonably foreseeable future.
  - (2) ADMISSION TO A FACILITY. --
- (a) A defendant who has been charged with a felony and who is found to be incompetent to proceed <u>due to mental retardation</u> or <u>autism</u>, and who meets the criteria for <u>involuntary</u> commitment

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to the <u>agency department</u> under the provisions of this chapter, shall be committed to the <u>agency department</u>, and the <u>agency department</u> shall retain and <u>provide appropriate training to serve</u> the defendant. No later than 6 months after the date of admission or at the end of any period of extended commitment or at any time the administrator or designee shall have determined that the defendant has regained competency to proceed or no longer meets the criteria for continued commitment, the administrator or designee shall file a report with the court pursuant to this chapter and the applicable Florida Rules of Criminal Procedure.

- (b) A defendant determined to be incompetent to proceed due to retardation or autism may be ordered by a circuit court into a <u>forensic secure</u> facility designated by the <u>agency</u> department for retarded or autistic defendants.
- (c) The <u>agency department</u> may transfer a defendant from a designated <u>forensic</u> secure facility to another designated <u>forensic</u> secure facility and must notify the court of the transfer within 30 days after the transfer is completed.
- (d) The <u>agency department</u> may not transfer a defendant from a designated <u>forensic</u> <u>secure</u> facility to a <u>civil</u> <u>nonsecure</u> facility without first notifying the court, and all parties, 30 days before the proposed transfer. If the court objects to the proposed transfer to a <u>nonsecure facility</u>, it must send its written objection to the <u>agency department</u>. The <u>agency department</u> may transfer the defendant unless it receives the written objection from the court within 30 days after the court's receipt of the notice of the proposed transfer.

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(3) PLACEMENT OF DUALLY DIAGNOSED DEFENDANTS. --

- (a) If a defendant is both retarded or autistic and mentally ill, evaluations must address which condition is primarily affecting the defendant's competency to proceed.

  Referral of the defendant should be made to a civil or forensic the facility or program most appropriate to address the symptoms which are the cause of the defendant's incompetence.
- (b) Transfer from one <u>civil or forensic</u> facility <del>or</del> program to another <u>civil or forensic</u> facility <del>or program</del> may occur when, in the department's <u>and agency's</u> judgment, it is in the defendant's best treatment or training interests. <u>The department and agency shall submit an evaluation and justification for the transfer to the court. The court may consult with an outside expert if necessary. Transfer will require an amended order from the committing court.</u>

Section 79. Section 916.3025, Florida Statutes, is amended to read:

916.3025 Jurisdiction of committing court.--

(1) The committing court shall retain jurisdiction in the case of any defendant found to be incompetent to proceed <u>due to retardation or autism</u> and ordered into a <u>forensic secure</u> facility designated by the <u>agency department</u> for retarded or autistic defendants. No defendant may be released except by the order of the committing court. <u>An administrative hearing examiner shall have no jurisdiction to determine issues of continuing commitment or release of any defendant involuntarily committed pursuant to this chapter.</u>

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(2) The committing court shall retain jurisdiction in the case of any defendant placed on conditional release <u>pursuant to s. 916.304</u>. No such defendant may be released from the conditions of release except by order of the committing court.

- (3) The committing court shall consider <u>a</u> the petition to involuntarily admit <u>a</u> defendant whose charges have been <u>dismissed</u> to residential services provided by the <u>agency</u> department's developmental services program a person whose charges have been dismissed, and, when applicable, to continue secure placement of such person as provided in s. 916.303. The committing court shall retain jurisdiction over such person so long as he or she remains in secure placement or is on conditional release <u>as provided in s. 916.304</u>. However, upon request, the court may transfer the continuing jurisdiction to the court in the circuit where the defendant resides if different from where the original secure placement order was issued. No person may be released from an order for secure placement except by the order of the court.
- Section 80. Section 916.303, Florida Statutes, is amended to read:
- 916.303 Determination of incompetency due to <a href="mental">mental</a> retardation or autism; dismissal of charges.--
- (1) Except for an inmate currently serving a prison sentence, the charges against any defendant found to be incompetent to proceed due to mental retardation or autism shall be dismissed without prejudice to the state if the defendant remains incompetent to proceed within a reasonable time after such determination, not to exceed 2 years, unless the court in

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its order specifies its reasons for believing that the defendant will become competent to proceed within the foreseeable future and specifies the time within which the defendant is expected to become competent to proceed. The charges <u>may be refiled by the state against the defendant are dismissed without prejudice to the state to refile the charges</u> should the defendant be declared competent to proceed in the future.

- (2) (a) If the charges are dismissed and if the defendant is considered to lack sufficient capacity to give express and informed consent to a voluntary application for services and lacks the basic survival and self-care skills to provide for his or her well-being or is likely to physically injure himself or herself or others if allowed to remain at liberty, the agency department, the state attorney, or the defendant's attorney shall may apply to the committing court to involuntarily admit the defendant to residential services pursuant to s. 393.11.
- (3) (b) If the defendant is considered to need involuntary residential services for the reasons described in subsection (2) under s. 393.11 and, further, there is a substantial likelihood that the defendant will injure another person or continues to present a danger of escape, and all available less restrictive alternatives, including services in community residential facilities or other community settings, which would offer an opportunity for improvement of the condition have been judged to be inappropriate, then the agency person or entity filing the petition under s. 393.11, the state attorney, or the defendant's counsel may request, the petitioning commission, or the department may also petition the committing court to continue

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the defendant's placement in a secure facility or program pursuant to this part section. Any placement so continued defendant involuntarily admitted under this subsection must be paragraph shall have his or her status reviewed by the court at least annually at a hearing. The annual review and hearing shall determine whether the defendant continues to meet the criteria described in this subsection for involuntary residential services and, if so, whether the defendant still requires involuntary placement in a secure facility or program because the court finds that the defendant is likely to physically injure others as specified in s. 393.11 and whether the defendant is receiving adequate care, treatment, habilitation, and rehabilitation, including psychotropic medication and behavioral programming. Notice of the annual review and review hearing shall be given to the state attorney and to the defendant's attorney. In no instance may a defendant's placement in a secure facility or program exceed the maximum sentence for the crime for which the defendant was charged.

Section 81. Section 916.304, Florida Statutes, is amended to read:

## 916.304 Conditional release. --

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(1) Except for an inmate currently serving a prison sentence, the committing court may order a conditional release of any defendant who has been found to be incompetent to proceed due to mental retardation or autism, based on an approved plan for providing continuing community-based training. The committing criminal court may order a conditional release of any defendant to a civil facility in lieu of an involuntary

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commitment to a forensic facility pursuant to s. 916.302. Upon a recommendation that community-based training for the defendant is appropriate, a written plan for community-based training, including recommendations from qualified professionals, may be filed with the court, with copies to all parties. Such a plan may also be submitted by the defendant and filed with the court, with copies to all parties. The plan shall include:

- (a) Special provisions for residential care and adequate supervision of the defendant, including recommended location of placement.
- (b) Recommendations for auxiliary services such as vocational training, psychological training, educational services, leisure services, and special medical care.

In its order of conditional release, the court shall specify the conditions of release based upon the release plan and shall direct the appropriate agencies or persons to submit periodic reports to the courts regarding the defendant's compliance with the conditions of the release and progress in training, with copies to all parties.

(2) Upon the filing of an affidavit or statement under oath by any person that the defendant has failed to comply with the conditions of release, that the defendant's condition has deteriorated, or that the release conditions should be modified, the court shall hold a hearing within 7 days after receipt of the affidavit or statement under oath. With notice to the court, the agency may detain a defendant in a forensic facility until the hearing occurs. After the hearing, the court may modify the

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release conditions. The court may also order that the defendant be placed into more appropriate programs for further training or may order the defendant to be <u>committed</u> returned to <u>a forensic facility</u> involuntary residential services of the department if it is found, after the appointment and report of experts, that the defendant meets the criteria for <u>placement in a forensic facility involuntary residential services</u>.

(3) If at any time it is determined after a hearing that the defendant conditionally released under subsection (1) no longer requires court-supervised followup care, the court shall terminate its jurisdiction in the cause and discharge the defendant.

Section 82. Subsection (1) of section 921.137, Florida Statutes, is amended to read:

921.137 Imposition of the death sentence upon a mentally retarded defendant with mental retardation prohibited.--

(1) As used in this section, the term "mental retardation" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. The term "significantly subaverage general intellectual functioning," for the purpose of this section, means performance that is two or more standard deviations from the mean score on a standardized intelligence test specified in the rules of the Agency for Persons with Disabilities Department of Children and Family Services. The term "adaptive behavior," for the purpose of this definition, means the effectiveness or degree with which an individual meets the standards of personal independence and

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social responsibility expected of his or her age, cultural group, and community. The <u>Agency for Persons with Disabilities</u>

Department of Children and Family Services shall adopt rules to specify the standardized intelligence tests as provided in this subsection.

Section 83. Section 944.602, Florida Statutes, is amended to read:

Disabilities Department of Children and Family Services before release of inmates with mental retardation mentally retarded inmates.--Before the release by parole, release by reason of gain-time allowances provided for in s. 944.291, or expiration of sentence of any inmate who has been diagnosed as mentally retarded as defined in s. 393.063, the Department of Corrections shall notify the Agency for Persons with Disabilities Department of Children and Family Services in order that sufficient time be allowed to notify the inmate or the inmate's representative, in writing, at least 7 days prior to the inmate's release, of available community services.

Section 84. Subsections (2) and (3) of section 945.025, Florida Statutes, are amended to read:

945.025 Jurisdiction of department.--

(2) In establishing, operating, and utilizing these facilities, the department shall attempt, whenever possible, to avoid the placement of nondangerous offenders who have potential for rehabilitation with repeat offenders or dangerous offenders. Medical, mental, and psychological problems shall be diagnosed and treated whenever possible. The Department of Children and

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Family Services and the Agency for Persons with Disabilities shall cooperate to ensure the delivery of services to persons under the custody or supervision of the department. When it is the intent of the department to transfer a mentally ill or mentally retarded prisoner to the Department of Children and Family Services or the Agency for Persons with Disabilities, an involuntary commitment hearing shall be held according to the provisions of chapter 393 or chapter 394.

There shall be other correctional facilities, including detention facilities of varying levels of security, work-release facilities, and community correctional facilities, halfway houses, and other approved community residential and nonresidential facilities and programs; however, no adult correctional facility may be established by changing the use and purpose of any mental health facility or mental health institution under the jurisdiction of any state agency or department without authorization in the General Appropriation Act or other approval by the Legislature. Any facility the purpose and use of which was changed subsequent to January 1, 1975, shall be returned to its original use and purpose by July 1, 1977. However, the G. Pierce Wood Memorial Hospital located at Arcadia, DeSoto County, may not be converted into a correctional facility as long as such hospital is in use as a state mental health hospital. Any community residential facility may be deemed a part of the state correctional system for purposes of maintaining custody of offenders, and for this purpose the department may contract for and purchase the services of such facilities.

Section 85. Section 947.185, Florida Statutes, is amended to read:

947.185 Application for mental retardation services as condition of parole.--The Parole Commission may require as a condition of parole that any inmate who has been diagnosed as mentally retarded as defined in s. 393.063 shall, upon release, apply for mental retardation services from the Agency for Persons with Disabilities Department of Children and Family Services.

Section 86. Section 985.223, Florida Statutes, is amended to read:

985.223 Incompetency in juvenile delinquency cases.--

- (1) If, at any time prior to or during a delinquency case, the court has reason to believe that the child named in the petition may be incompetent to proceed with the hearing, the court on its own motion may, or on the motion of the child's attorney or state attorney must, stay all proceedings and order an evaluation of the child's mental condition.
- (a) Any motion questioning the child's competency to proceed must be served upon the child's attorney, the state attorney, the attorneys representing the Department of Juvenile Justice, and the attorneys representing the Department of Children and Family Services or the Agency for Persons with Disabilities. Thereafter, any motion, notice of hearing, order, or other legal pleading relating to the child's competency to proceed with the hearing must be served upon the child's attorney, the state attorney, the attorneys representing the Department of Juvenile Justice, and the attorneys representing

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the Department of Children and Family Services or the Agency for Persons with Disabilities.

- (b) All determinations of competency shall be made at a hearing, with findings of fact based on an evaluation of the child's mental condition made by not less than two nor more than three experts appointed by the court. The basis for the determination of incompetency must be specifically stated in the evaluation. In addition, a recommendation as to whether residential or nonresidential treatment or training is required must be included in the evaluation. Experts appointed by the court to determine the mental condition of a child shall be allowed reasonable fees for services rendered. State employees may be paid expenses pursuant to s. 112.061. The fees shall be taxed as costs in the case.
- (c) All court orders determining incompetency must include specific written findings by the court as to the nature of the incompetency and whether the child requires secure or nonsecure treatment or training environments.
- (d) For incompetency evaluations related to mental illness, the Department of Children and Family Services shall maintain and annually provide the courts with a list of available mental health professionals who have completed a training program approved by the Department of Children and Family Services to perform the evaluations.
- (e) For incompetency evaluations related to mental retardation or autism, the court shall order the Agency for Persons with Disabilities Developmental Disabilities Program Office within the Department of Children and Family Services to

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examine the child to determine if the child meets the definition of "mental retardation" or "autism" in s. 393.063 and, if so, whether the child is competent to proceed with delinquency proceedings.

- (f) A child is competent to proceed if the child has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and the child has a rational and factual understanding of the present proceedings. The report must address the child's capacity to:
- 1. Appreciate the charges or allegations against the child.
- 2. Appreciate the range and nature of possible penalties that may be imposed in the proceedings against the child, if applicable.
  - 3. Understand the adversarial nature of the legal process.
- 4. Disclose to counsel facts pertinent to the proceedings at issue.
  - 5. Display appropriate courtroom behavior.
- 6. Testify relevantly.

(g) Immediately upon the filing of the court order finding a child incompetent to proceed, the clerk of the court shall notify the Department of Children and Family Services or the Agency for Persons with Disabilities and fax or hand deliver to the Department of Children and Family Services a referral packet which includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.

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(h) After placement of the child in the appropriate setting, the Department of Children and Family Services or the Agency for Persons with Disabilities, as appropriate, must, within 30 days after placement of the Department of Children and Family Services places the child, prepare and submit to the court a treatment or training plan for the child's restoration of competency. A copy of the treatment plan must be served upon the child's attorney, the state attorney, and the attorneys representing the Department of Juvenile Justice.

A child who is mentally ill or retarded, who is adjudicated incompetent to proceed, and who has committed a delinquent act or violation of law, either of which would be a felony if committed by an adult, must be committed to the Department of Children and Family Services for mental health treatment or to the Agency for Persons with Disabilities for training appropriate to a person with mental retardation or autism. A child who has been adjudicated incompetent to proceed because of age or immaturity, or for any reason other than for mental illness, mental or retardation, or autism, must not be committed to the department, or to the Department of Children and Family Services, or the Agency for Persons with Disabilities for restoration-of-competency treatment or training services. For purposes of this section, a child who has committed a delinquent act or violation of law, either of which would be a misdemeanor if committed by an adult, may not be committed to the department, or to the Department of Children and Family Services, or the Agency for Persons with Disabilities for restoration-of-competency treatment or training services.

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(3) If the court finds that a child is mentally ill, mentally ex retarded, or autistic and adjudicates the child incompetent to proceed, the court must also determine whether the child meets the criteria for secure placement. A child may be placed in a secure facility or program if the court makes a finding by clear and convincing evidence that:

- (a) The child is mentally ill and because of the mental illness; or the child is mentally retarded <u>or autistic</u> and because of the mental retardation or autism:
- 1. The child is manifestly incapable of surviving with the help of willing and responsible family or friends, including available alternative services, and without treatment or training the child is likely to either suffer from neglect or refuse to care for self, and such neglect or refusal poses a real and present threat of substantial harm to the child's wellbeing; or
- 2. There is a substantial likelihood that in the near future the child will inflict serious bodily harm on self or others, as evidenced by recent behavior causing, attempting, or threatening such harm; and
- (b) All available less restrictive alternatives, including treatment or training in community residential facilities or community settings which would offer an opportunity for improvement of the child's condition, are inappropriate.
- (4) A child who is determined to be mentally ill, mentally or retarded, or autistic who has been adjudicated incompetent to proceed, and who meets the criteria set forth in subsection (3), must be committed to the Department of Children and Family

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Services or the Agency for Persons with Disabilities, and receive treatment or training the Department of Children and Family Services must treat or train the child in a secure facility or program which is the least restrictive alternative consistent with public safety. Any placement of a child to a secure residential program must be separate from adult forensic programs. If the child attains competency, then custody, case management, and supervision of the child will be transferred to the department in order to continue delinquency proceedings; however, the court retains authority to order the Department of Children and Family Services or the Agency for Persons with Disabilities to provide continued treatment or training to maintain competency.

- (a) A child adjudicated incompetent due to mental retardation or autism may be ordered into a secure program or facility designated by the Agency for Persons with Disabilities

  Department of Children and Family Services for mentally retarded or autistic children.
- (b) A child adjudicated incompetent due to mental illness may be ordered into a secure program or facility designated by the Department of Children and Family Services for mentally ill children.
- (c) Whenever a child is placed in a secure residential facility, the department will provide transportation to the secure residential facility for admission and from the secure residential facility upon discharge.
- (d) The purpose of the treatment or training is the restoration of the child's competency to proceed.

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(e) The service provider must file a written report with the court pursuant to the applicable Florida Rules of Juvenile Procedure not later than 6 months after the date of commitment, or at the end of any period of extended treatment or training, and at any time the Department of Children and Family Services or the Agency for Persons with Disabilities, through its service provider determines the child has attained competency or no longer meets the criteria for secure placement, or at such shorter intervals as ordered by the court. A copy of a written report evaluating the child's competency must be filed by the provider with the court and with the state attorney, the child's attorney, the department, and the Department of Children and Family Services or the Agency for Persons with Disabilities.

- (5)(a) If a child is determined to be incompetent to proceed, the court shall retain jurisdiction of the child for up to 2 years after the date of the order of incompetency, with reviews at least every 6 months to determine competency.
- (b) Whenever the provider files a report with the court informing the court that the child will never become competent to proceed, the Department of Children and Family Services or the Agency for Persons with Disabilities shall will develop a discharge plan for the child prior to any hearing determining whether the child will ever become competent to proceed and send such. The Department of Children and Family Services must send the proposed discharge plan to the court, the state attorney, the child's attorney, and the attorneys representing the Department of Juvenile Justice. The provider shall will continue

to provide services to the child until the court issues the order finding the child will never become competent to proceed.

- (c) If the court determines at any time that the child will never become competent to proceed, the court may dismiss the delinquency petition. If, at the end of the 2-year period following the date of the order of incompetency, the child has not attained competency and there is no evidence that the child will attain competency within a year, the court must dismiss the delinquency petition. If appropriate, the court may order that proceedings under chapter 393 or chapter 394 be instituted. Such proceedings must be instituted not less than 60 days prior to the dismissal of the delinquency petition.
- mentally or retarded, or autistic and is found to be incompetent to proceed but does not meet the criteria set forth in subsection (3), the court shall commit the child to the Department of Children and Family Services or the Agency for Persons with Disabilities and shall order the respective agency Department of Children and Family Services to provide appropriate treatment and training in the community. The purpose of the treatment or training is the restoration of the child's competency to proceed.
- (b) All court-ordered treatment or training must be the least restrictive alternative that is consistent with public safety. Any placement by the Department of Children and Family Services or the Agency for Persons with Disabilities to a residential program must be separate from adult forensic programs.

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(c) If a child is ordered to receive competency restoration services, the services shall be provided by the Department of Children and Family Services or the Agency for Persons with Disabilities. The department shall continue to provide case management services to the child and receive notice of the competency status of the child.

- (d) The service provider must file a written report with the court pursuant to the applicable Florida Rules of Juvenile Procedure, not later than 6 months after the date of commitment, at the end of any period of extended treatment or training, and at any time the service provider determines the child has attained competency or will never attain competency, or at such shorter intervals as ordered by the court. A copy of a written report evaluating the child's competency must be filed by the provider with the court, the state attorney, the child's attorney, the Department of Children and Family Services or the Agency for Persons with Disabilities, and the department.
- (7) The provisions of this section shall be implemented only subject to specific appropriation.
- Section 87. Subsection (1) of section 985.224, Florida Statutes, is amended to read:
- 985.224 Medical, psychiatric, psychological, substance abuse, and educational examination and treatment.--
- (1) After a detention petition or a petition for delinquency has been filed, the court may order the child named in the petition to be examined by a physician. The court may also order the child to be evaluated by a psychiatrist or a psychologist, by a district school board educational needs

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assessment team, or, if a developmental disability is suspected or alleged, by  $\underline{a}$  the developmental disabilities diagnostic and evaluation team  $\underline{with}$  of the  $\underline{Agency}$  for  $\underline{Persons}$  with  $\underline{Disabilities}$   $\underline{Department}$  of  $\underline{Children}$  and  $\underline{Family}$   $\underline{Services}$ . If it is necessary to place a child in a residential facility for such evaluation, the criteria and procedures established in chapter 393, chapter 394, or chapter 397, whichever is applicable, shall be used.

Section 88. Section 1003.58, Florida Statutes, is amended to read:

1003.58 Students in residential care facilities.--Each district school board shall provide educational programs according to rules of the State Board of Education to students who reside in residential care facilities operated by the Department of Children and Family Services or the Agency for Persons with Disabilities.

- (1) The district school board shall not be charged any rent, maintenance, utilities, or overhead on such facilities. Maintenance, repairs, and remodeling of existing facilities shall be provided by the Department of Children and Family Services or the Agency for Persons with Disabilities, as appropriate.
- (2) If additional facilities are required, the district school board and the Department of Children and Family Services or the Agency for Persons with Disabilities, as appropriate, shall agree on the appropriate site based on the instructional needs of the students. When the most appropriate site for instruction is on district school board property, a special capital outlay request shall be made by the commissioner in

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accordance with s. 1013.60. When the most appropriate site is on state property, state capital outlay funds shall be requested by the department or the agency in accordance with chapter 216 of Children and Family Services as provided by s. 216.043 and shall be submitted as specified by s. 216.023. Any instructional facility to be built on state property shall have educational specifications jointly developed by the school district and the department or the agency of Children and Family Services and approved by the Department of Education. The size of space and occupant design capacity criteria as provided by state board rules shall be used for remodeling or new construction whether facilities are provided on state property or district school board property. The planning of such additional facilities shall incorporate current state Department of Children and Family Services deinstitutionalization goals and plans.

- (3) The district school board shall have full and complete authority in the matter of the assignment and placement of such students in educational programs. The parent of an exceptional student shall have the same due process rights as are provided under s. 1003.57(5).
- (4) The district school board shall have a written agreement with the Department of Children and Family Services and the Agency for Persons with Disabilities outlining the respective duties and responsibilities of each party.

Notwithstanding the provisions herein, the educational program at the Marianna Sunland Center in Jackson County shall be operated by the Department of Education, either directly or

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5455 through grants or contractual agreements with other public or 5456 duly accredited educational agencies approved by the Department 5457 of Education.

- Section 89. Paragraph (c) of subsection (3) of section 17.61, Florida Statutes, is amended to read:
- 5460 17.61 Chief Financial Officer; powers and duties in the investment of certain funds.--

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- (c) Except as provided in this paragraph and except for moneys described in paragraph (d), the following agencies shall not invest trust fund moneys as provided in this section, but shall retain such moneys in their respective trust funds for investment, with interest appropriated to the General Revenue Fund, pursuant to s. 17.57:
- 1. The Agency for Health Care Administration, except for the Tobacco Settlement Trust Fund.
  - 2. The Department of Children and Family Services, except for:
    - a. The Alcohol, Drug Abuse, and Mental Health Trust Fund.
- 5474 b. The Community Resources Development <u>Loan Program</u> <del>Trust</del> 5475 <del>Fund</del>.
  - c. The Refugee Assistance Trust Fund.
  - d. The Social Services Block Grant Trust Fund.
  - e. The Tobacco Settlement Trust Fund.
  - f. The Working Capital Trust Fund.
- 5480 3. The Department of Community Affairs, only for the 5481 Operating Trust Fund.
  - 4. The Department of Corrections.

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	HB 1503		20
5483	5. 5	The Department of Elderly Affairs, except for:	
5484	a. 5	The Federal Grants Trust Fund.	
5485	b. 5	The Tobacco Settlement Trust Fund.	
5486	6. 5	The Department of Health, except for:	
5487	a. 5	The Federal Grants Trust Fund.	
5488	b. 5	The Grants and Donations Trust Fund.	
5489	c. 5	The Maternal and Child Health Block Grant Trust Fund	
5490	d. 5	The Tobacco Settlement Trust Fund.	
5491	7. 5	The Department of Highway Safety and Motor Vehicles,	
5492	only for:		
5493	a. 5	The DUI Programs Coordination Trust Fund.	
5494	b. 5	The Security Deposits Trust Fund.	
5495	8. 5	The Department of Juvenile Justice.	
5496	9. 5	The Department of Law Enforcement.	
5497	10.	The Department of Legal Affairs.	
5498	11.	The Department of State, only for:	
5499	a. 5	The Grants and Donations Trust Fund.	
5500	b. 5	The Records Management Trust Fund.	
5501	12.	The Executive Office of the Governor, only for:	
5502	a. 5	The Economic Development Transportation Trust Fund.	
5503	b. 5	The Economic Development Trust Fund.	
5504	13.	The Florida Public Service Commission, only for the	
5505	Florida Pu	ublic Service Regulatory Trust Fund.	
5506	14.	The Justice Administrative Commission.	
5507	15.	The state courts system.	
5508	Sect	ion 90. Paragraph (b) of subsection (7) of section	

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CODING: Words stricken are deletions; words underlined are additions.

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39.001, Florida Statutes, is amended to read:

39.001 Purposes and intent; personnel standards and screening.--

(7) PLAN FOR COMPREHENSIVE APPROACH. --

- (b) The development of the comprehensive state plan shall be accomplished in the following manner:
- 1. The department shall establish an interprogram task force comprised of the Program Director for Family Safety, or a designee, a representative from the Child Care Services Program Office, a representative from the Family Safety Program Office, a representative from the Mental Health Program Office, a representative from the Substance Abuse Program Office, a representative from the Agency for Persons with Disabilities Developmental Disabilities Program Office, and a representative from the Division of Children's Medical Services Prevention and Intervention of the Department of Health. Representatives of the Department of Law Enforcement and of the Department of Education shall serve as ex officio members of the interprogram task force. The interprogram task force shall be responsible for:
- a. Developing a plan of action for better coordination and integration of the goals, activities, and funding pertaining to the prevention of child abuse, abandonment, and neglect conducted by the department in order to maximize staff and resources at the state level. The plan of action shall be included in the state plan.
- b. Providing a basic format to be utilized by the districts in the preparation of local plans of action in order to provide for uniformity in the district plans and to provide for greater ease in compiling information for the state plan.

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c. Providing the districts with technical assistance in the development of local plans of action, if requested.

- d. Examining the local plans to determine if all the requirements of the local plans have been met and, if they have not, informing the districts of the deficiencies and requesting the additional information needed.
- e. Preparing the state plan for submission to the Legislature and the Governor. Such preparation shall include the collapsing of information obtained from the local plans, the cooperative plans with the Department of Education, and the plan of action for coordination and integration of departmental activities into one comprehensive plan. The comprehensive plan shall include a section reflecting general conditions and needs, an analysis of variations based on population or geographic areas, identified problems, and recommendations for change. In essence, the plan shall provide an analysis and summary of each element of the local plans to provide a statewide perspective. The plan shall also include each separate local plan of action.
- f. Working with the specified state agency in fulfilling the requirements of subparagraphs 2., 3., 4., and 5.
- 2. The department, the Department of Education, and the Department of Health shall work together in developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect, and in caring for a child's

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needs after a report is made. The plan for accomplishing this end shall be included in the state plan.

- 3. The department, the Department of Law Enforcement, and the Department of Health shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect.
- 4. Within existing appropriations, the department shall work with other appropriate public and private agencies to emphasize efforts to educate the general public about the problem of and ways to detect child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect. The plan for accomplishing this end shall be included in the state plan.
- 5. The department, the Department of Education, and the Department of Health shall work together on the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification, intervention, and prevention of child abuse, abandonment, and neglect. The curriculum materials shall be geared toward a sequential program of instruction at the four progressional levels, K-3, 4-6, 7-9, and 10-12. Strategies for encouraging all school districts to utilize the curriculum are to be included in the comprehensive state plan for the prevention of child abuse, abandonment, and neglect.
- 6. Each district of the department shall develop a plan for its specific geographical area. The plan developed at the

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district level shall be submitted to the interprogram task force for utilization in preparing the state plan. The district local plan of action shall be prepared with the involvement and assistance of the local agencies and organizations listed in paragraph (a), as well as representatives from those departmental district offices participating in the treatment and prevention of child abuse, abandonment, and neglect. In order to accomplish this, the district administrator in each district shall establish a task force on the prevention of child abuse, abandonment, and neglect. The district administrator shall appoint the members of the task force in accordance with the membership requirements of this section. In addition, the district administrator shall ensure that each subdistrict is represented on the task force; and, if the district does not have subdistricts, the district administrator shall ensure that both urban and rural areas are represented on the task force. The task force shall develop a written statement clearly identifying its operating procedures, purpose, overall responsibilities, and method of meeting responsibilities. The district plan of action to be prepared by the task force shall include, but shall not be limited to:

- a. Documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, and child abandonment and neglect in its geographical area.
- b. A description of programs currently serving abused, abandoned, and neglected children and their families and a description of programs for the prevention of child abuse,

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abandonment, and neglect, including information on the impact, cost-effectiveness, and sources of funding of such programs.

- c. A continuum of programs and services necessary for a comprehensive approach to the prevention of all types of child abuse, abandonment, and neglect as well as a brief description of such programs and services.
- d. A description, documentation, and priority ranking of local needs related to child abuse, abandonment, and neglect prevention based upon the continuum of programs and services.
- e. A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding.
- f. A description of barriers to the accomplishment of a comprehensive approach to the prevention of child abuse, abandonment, and neglect.
- g. Recommendations for changes that can be accomplished only at the state program level or by legislative action.
- Section 91. Paragraph (b) of subsection (14) of section 287.057, Florida Statutes, is amended to read:
- 287.057 Procurement of commodities or contractual services.--
  - (14)

(b) Notwithstanding paragraph (a), the Department of Children and Family Services may enter into agreements, not to

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exceed 20 years, with a private provider to finance, design, and construct a forensic treatment facility, as defined in s. 916.106(10)(8), of at least 200 beds and to operate all aspects of daily operations within the forensic treatment facility. The selected contractor is authorized to sponsor the issuance of tax-exempt certificates of participation or other securities to finance the project, and the state is authorized to enter into a lease-purchase agreement for the forensic treatment facility. This paragraph expires July 1, 2006.

Section 92. Paragraph (a) of subsection (3) of section 381.0072, Florida Statutes, is amended to read:

381.0072 Food service protection.--It shall be the duty of the Department of Health to adopt and enforce sanitation rules consistent with law to ensure the protection of the public from food-borne illness. These rules shall provide the standards and requirements for the storage, preparation, serving, or display of food in food service establishments as defined in this section and which are not permitted or licensed under chapter 500 or chapter 509.

(3) LICENSES REQUIRED. --

(a) Licenses; annual renewals.--Each food service establishment regulated under this section shall obtain a license from the department annually. Food service establishment licenses shall expire annually and shall not be transferable from one place or individual to another. However, those facilities licensed by the department's Office of Licensure and Certification, the Child Care Services Program Office, or the Agency for Persons with Disabilities Developmental Disabilities

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Program Office are exempt from this subsection. It shall be a misdemeanor of the second degree, punishable as provided in s. 381.0061, s. 775.082, or s. 775.083, for such an establishment to operate without this license. The department may refuse a license, or a renewal thereof, to any establishment that is not constructed or maintained in accordance with law and with the rules of the department. Annual application for renewal shall not be required.

- Section 93. Paragraph (b) of subsection (5) of section 400.464, Florida Statutes, is amended to read:
- 400.464 Home health agencies to be licensed; expiration of license; exemptions; unlawful acts; penalties.--
  - (5) The following are exempt from the licensure requirements of this part:
  - (b) Home health services provided by a state agency, either directly or through a contractor with:
    - 1. The Department of Elderly Affairs.

- 2. The Department of Health, a community health center, or a rural health network that furnishes home visits for the purpose of providing environmental assessments, case management, health education, personal care services, family planning, or followup treatment, or for the purpose of monitoring and tracking disease.
- 3. Services provided to persons who have developmental disabilities, as defined in s. 393.063.
- 4. Companion and sitter organizations that were registered under s. 400.509(1) on January 1, 1999, and were authorized to provide personal services under s. 393.063(21)(33) under a

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developmental services provider certificate on January 1, 1999, may continue to provide such services to past, present, and future clients of the organization who need such services, notwithstanding the provisions of this act.

5. The Department of Children and Family Services.

Section 94. Paragraph (a) of subsection (4) of section

943.0585, Florida Statutes, is amended to read:

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943.0585 Court-ordered expunction of criminal history records. -- The courts of this state have jurisdiction over their own procedures, including the maintenance, expunction, and correction of judicial records containing criminal history information to the extent such procedures are not inconsistent with the conditions, responsibilities, and duties established by this section. Any court of competent jurisdiction may order a criminal justice agency to expunge the criminal history record of a minor or an adult who complies with the requirements of this section. The court shall not order a criminal justice agency to expunge a criminal history record until the person seeking to expunge a criminal history record has applied for and received a certificate of eligibility for expunction pursuant to subsection (2). A criminal history record that relates to a violation of s. 393.135, s. 394.4593, s. 787.025, chapter 794, s. 796.03, s. 800.04, s. 817.034, s. 825.1025, s. 827.071, chapter 839, s. 847.0133, s. 847.0135, s. 847.0145, s. 893.135, s. 916.1075, or a violation enumerated in s. 907.041 may not be expunged, without regard to whether adjudication was withheld, if the defendant was found quilty of or pled quilty or nolo contendere to the offense, or if the defendant, as a minor, was

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found to have committed, or pled quilty or nolo contendere to committing, the offense as a delinquent act. The court may only order expunction of a criminal history record pertaining to one arrest or one incident of alleged criminal activity, except as provided in this section. The court may, at its sole discretion, order the expunction of a criminal history record pertaining to more than one arrest if the additional arrests directly relate to the original arrest. If the court intends to order the expunction of records pertaining to such additional arrests, such intent must be specified in the order. A criminal justice agency may not expunge any record pertaining to such additional arrests if the order to expunde does not articulate the intention of the court to expunge a record pertaining to more than one arrest. This section does not prevent the court from ordering the expunction of only a portion of a criminal history record pertaining to one arrest or one incident of alleged criminal activity. Notwithstanding any law to the contrary, a criminal justice agency may comply with laws, court orders, and official requests of other jurisdictions relating to expunction, correction, or confidential handling of criminal history records or information derived therefrom. This section does not confer any right to the expunction of any criminal history record, and any request for expunction of a criminal history record may be denied at the sole discretion of the court.

(4) EFFECT OF CRIMINAL HISTORY RECORD EXPUNCTION.--Any criminal history record of a minor or an adult which is ordered expunged by a court of competent jurisdiction pursuant to this section must be physically destroyed or obliterated by any

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criminal justice agency having custody of such record; except that any criminal history record in the custody of the department must be retained in all cases. A criminal history record ordered expunged that is retained by the department is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution and not available to any person or entity except upon order of a court of competent jurisdiction. A criminal justice agency may retain a notation indicating compliance with an order to expunge.

- (a) The person who is the subject of a criminal history record that is expunged under this section or under other provisions of law, including former s. 893.14, former s. 901.33, and former s. 943.058, may lawfully deny or fail to acknowledge the arrests covered by the expunged record, except when the subject of the record:
- 1. Is a candidate for employment with a criminal justice agency;
  - 2. Is a defendant in a criminal prosecution;
- 3. Concurrently or subsequently petitions for relief under this section or s. 943.059;
  - 4. Is a candidate for admission to The Florida Bar;
- 5. Is seeking to be employed or licensed by or to contract with the Department of Children and Family Services or the Department of Juvenile Justice or to be employed or used by such contractor or licensee in a sensitive position having direct contact with children, persons with developmental disabilities the developmentally disabled, the aged, or the elderly as provided in s. 110.1127(3), s. 393.063, s. 394.4572(1), s.

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5789 397.451, s. 402.302(3), s. 402.313(3), s. 409.175(2)(i), s. 5790 415.102(4), s. 916.106(12)(10) and (15)(13), s. 985.407, or 5791 chapter 400; or

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6. Is seeking to be employed or licensed by the Department of Education, any district school board, any university laboratory school, any charter school, any private or parochial school, or any local governmental entity that licenses child care facilities.

Section 95. Paragraph (a) of subsection (4) of section 943.059, Florida Statutes, is amended to read:

943.059 Court-ordered sealing of criminal history records. -- The courts of this state shall continue to have jurisdiction over their own procedures, including the maintenance, sealing, and correction of judicial records containing criminal history information to the extent such procedures are not inconsistent with the conditions, responsibilities, and duties established by this section. Any court of competent jurisdiction may order a criminal justice agency to seal the criminal history record of a minor or an adult who complies with the requirements of this section. The court shall not order a criminal justice agency to seal a criminal history record until the person seeking to seal a criminal history record has applied for and received a certificate of eligibility for sealing pursuant to subsection (2). A criminal history record that relates to a violation of s. 393.135, s. 394.4593, s. 787.025, chapter 794, s. 796.03, s. 800.04, s. 817.034, s. 825.1025, s. 827.071, chapter 839, s. 847.0133, s. 847.0135, s. 847.0145, s. 893.135, s. 916.1075, or

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a violation enumerated in s. 907.041 may not be sealed, without regard to whether adjudication was withheld, if the defendant was found guilty of or pled guilty or nolo contendere to the offense, or if the defendant, as a minor, was found to have committed or pled quilty or nolo contendere to committing the offense as a delinquent act. The court may only order sealing of a criminal history record pertaining to one arrest or one incident of alleged criminal activity, except as provided in this section. The court may, at its sole discretion, order the sealing of a criminal history record pertaining to more than one arrest if the additional arrests directly relate to the original arrest. If the court intends to order the sealing of records pertaining to such additional arrests, such intent must be specified in the order. A criminal justice agency may not seal any record pertaining to such additional arrests if the order to seal does not articulate the intention of the court to seal records pertaining to more than one arrest. This section does not prevent the court from ordering the sealing of only a portion of a criminal history record pertaining to one arrest or one incident of alleged criminal activity. Notwithstanding any law to the contrary, a criminal justice agency may comply with laws, court orders, and official requests of other jurisdictions relating to sealing, correction, or confidential handling of criminal history records or information derived therefrom. This section does not confer any right to the sealing of any criminal history record, and any request for sealing a criminal history record may be denied at the sole discretion of the court.

(4) EFFECT OF CRIMINAL HISTORY RECORD SEALING.--A criminal history record of a minor or an adult which is ordered sealed by a court of competent jurisdiction pursuant to this section is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution and is available only to the person who is the subject of the record, to the subject's attorney, to criminal justice agencies for their respective criminal justice purposes, or to those entities set forth in subparagraphs (a)1., 4., 5., and 6. for their respective licensing and employment purposes.

- (a) The subject of a criminal history record sealed under this section or under other provisions of law, including former s. 893.14, former s. 901.33, and former s. 943.058, may lawfully deny or fail to acknowledge the arrests covered by the sealed record, except when the subject of the record:
- 1. Is a candidate for employment with a criminal justice agency;
  - 2. Is a defendant in a criminal prosecution;
- 3. Concurrently or subsequently petitions for relief under this section or s. 943.0585;
  - 4. Is a candidate for admission to The Florida Bar;
- 5. Is seeking to be employed or licensed by or to contract with the Department of Children and Family Services or the Department of Juvenile Justice or to be employed or used by such contractor or licensee in a sensitive position having direct contact with children, persons with developmental disabilities the developmentally disabled, the aged, or the elderly as provided in s. 110.1127(3), s. 393.063, s. 394.4572(1), s.

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- 5872 397.451, s. 402.302(3), s. 402.313(3), s. 409.175(2)(i), s.
- 5873 415.102(4), s. 415.103, s. 916.106(12) $\frac{(10)}{(10)}$  and (15) $\frac{(13)}{(13)}$ , s.
- 5874 985.407, or chapter 400; or
- 6. Is seeking to be employed or licensed by the Department
- 5876 of Education, any district school board, any university
- 5877 laboratory school, any charter school, any private or parochial
- 5878 school, or any local governmental entity that licenses child
- 5879 care facilities.
- Section 96. Subsection (4) of section 984.22, Florida
- 5881 Statutes, is amended to read:
- 5882 984.22 Powers of disposition.--
- 5883 (4) All payments of fees made to the department pursuant
- 5884 to this chapter, or child support payments made to the
- department pursuant to subsection (3), shall be deposited in the
- 5886 General Revenue Fund. In cases in which the child is placed in
- 5887 foster care with the Department of Children and Family Services,
- 5888 such child support payments shall be deposited in the Community
- 5889 Resources Development Loan Program Trust Fund.
- Section 97. Section 394.4592, Florida Statutes, is created
- 5891 to read:
- 5892 394.4592 Use of restraints or seclusion in behavioral
- 5893 health care.--
- (1) LEGISLATIVE FINDINGS.--The Legislature finds and
- 5895 declares that:
- 5896 (a) The use of restraint or seclusion in behavioral health
- 5897 care poses inherent risks both physically and psychologically to
- 5898 individuals subject to restraint or seclusion and staff who
- 5899 utilize these interventions. Physical risks include serious

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injury or death, and psychological injuries include retraumatization for individuals with histories of abuse.

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- Some state-operated and private facilities in the state have almost eliminated the use of restraint and seclusion, while other facilities serving similar individuals continue to experience hundreds of episodes of restraint and seclusion each year. Research has demonstrated that the key variable in achieving meaningful reduction in the use of restraint and seclusion is a firm commitment by the facility, the department, the Agency for Persons with Disabilities, and the Agency for Health Care Administration to the goal of reducing the use of restraint and seclusion. It is therefore the policy of the state to achieve an ongoing reduction in the use of restraint and seclusion on individuals in facilities operated, certified, licensed, or monitored by the department, the Agency for Persons with Disabilities, and the Agency for Health Care Administration, with the goal of reducing the use of restraint and seclusion to the status of a rare event and reduce the occurrence of behavioral emergencies that have prompted the use of restraints or seclusion.
- (2) SCOPE.--This section shall apply to all facilities, as well as residential and day treatment programs, operated, certified, licensed, or monitored by the Department of Children and Family Services, the Agency for Persons with Disabilities, and the Agency for Health Care Administration that use behavioral restraints or seclusion.
  - (3) DATA COLLECTION; APPLICABILITY. --

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(a) This subsection shall apply to all facilities operated, certified, licensed, or monitored by the Department of Children and Family Services, the Agency for Persons with Disabilities, and the Agency for Health Care Administration that utilize seclusion or behavioral restraints as defined in this section, and shall include the North Florida Evaluation and Treatment Center (NFETC).

- (b) The department, the Agency for Persons with
  Disabilities, and the Agency for Health Care Administration
  shall establish a system of mandatory, consistent, timely, and
  publicly accessible data collection that documents the instances
  in which behavioral restraints or seclusion are used in
  facilities.
- (c) The data required under this section shall be compiled in a manner that allows for standard statistical comparison. The department, the Agency for Persons with Disabilities, and the Agency for Health Care Administration shall make this information publicly accessible on each agency's Internet website beginning July 1, 2006, and the information shall be updated monthly.
- (d) Data collected pursuant to this subsection shall include all of the following relating to each facility:
- 1. The number of deaths that occur as a result of any form of behavioral control by any facility staff, while individuals are in behavioral restraint or seclusion, within 48 hours of release from behavioral restraint or seclusion, or when it is reasonable to assume that serious injury or death was

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5954 proximately related to the use of behavioral restraints or 5955 seclusion.

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- 2. The number of serious injuries sustained by individuals as a result of takedowns or any form of behavioral control by any facility staff, while individuals are in behavioral restraints or seclusion or when it is reasonable to assume that the serious injury was proximately related to the use of behavioral restraint or seclusion.
- 3. The number of serious injuries sustained by staff that occur during the use of takedowns, behavioral control, behavioral restraints, or seclusion.
- 4. The number of incidents when behavioral restraints were used and the kinds of restraints used.
  - 5. The number of incidents of seclusion.
  - 6. The duration of time spent per incident in seclusion.
- 7. The duration of time spent per incident in behavioral restraints were used.
- 8. The number of times an involuntary emergency medication was used to control behavior and whether or not in each case medication was used in combination with behavioral restraints or seclusion.
- 9. The number of individuals who were subject to behavioral restraint or seclusion more than 10 times in a single month.
- 10. The number of individuals who were subject to renewal of behavioral restraint or seclusion orders each month.
- (e) A facility shall report each serious injury or death of an individual occurring during or related to the use of

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behavioral restraints or seclusion. In addition to any other statutory and regulatory requirements, this report shall be submitted to the department, the Agency for Persons with Disabilities, the Agency for Health Care Administration, and the Advocacy Center for Persons with Disabilities, Inc., no later than the close of the business day following the injury or death. The report shall include the encrypted identifier of the individual involved and the name, street address, telephone number, and the name of a contact person at the facility.

- (4) DEFINITIONS.--For purposes of this section:
- (a) "Authorized physician" means any physician who has been authorized by the administrator of the facility to order medication restraint, mechanical restraint, physical restraint, or seclusion, to examine individuals in such restraint or seclusion, and to assess readiness for release and order release from restraint or seclusion.
- (b) "Authorized staff person" means any physician, physician's assistant, or psychiatric nurse who has been authorized by the administrator of the facility to initiate or renew mechanical restraint, physical restraint, or seclusion pursuant and to assess readiness for release and order release from restraint or seclusion.
- (c) "Behavioral restraint" means any mechanical, physical, or medication restraint or containment.
- (d) "Containment" means a brief period of physical restraint of a person for the purpose of effectively gaining quick control of a person who is aggressive or agitated or who is an imminent danger to himself or herself or others.

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(e) "Emergency" means the occurrence or serious threat of extreme violence, personal injury, or attempted suicide. An emergency shall include only situations in which there is a substantial risk or the occurrence of serious self-destructive behavior or serious physical assault. "Substantial risk" means the serious, imminent threat of bodily harm when there is the present ability to effect such harm. The term "emergency" does not include threats to property.

- (f) "Individual" means an individual receiving services in a community facility, as defined in s. 394.455(5), or a facility, as defined in s. 394.455(10). The term "individual" is synonymous with the term "client," "customer," "consumer," "resident," "patient," or "person served."
- (g) "PRN" means "as needed" in Latin and may apply to the prescription and administration of psychotropic medication or use of behavioral restraint or seclusion.
- (h) "Restraint" means the use of mechanical restraint, physical restraint, and medication used to control behavior in an emergency or any involuntary as needed medication. Restraint also means the use of bodily physical restriction, mechanical devices, or a device that unreasonably limits freedom of movement. The term "restraint" does not include the use of physical devices, such as orthopedically prescribed appliances, surgical dressings and bandages, and supportive body bands, or other physical holding when necessary for routine physical examinations and tests or for orthopedic, surgical, and other similar medical treatment purposes or when used to provide

support for the achievement of functional body position, proper balance, or to protect an individual from falling out of bed.

- 1. Medication restraint occurs when an individual is given medication involuntarily for the purpose of immediate control of the individual's behavior.
- 2. Mechanical restraint occurs when a physical device is used to restrict the movement of an individual or the movement or normal function of a portion of his or her body.
- 3. Physical restraint occurs when a manual method is used to restrict an individual's freedom of movement or normal access to his or her body.
- (i) "Seclusion" means an individual is involuntarily confined in a room or an area of a room and is prevented from leaving, or reasonably believes that he or she will be prevented from leaving, by means that include, but are not limited to:
- 1. Manually, mechanically, or electrically locked doors or one-way doors that, when closed and unlocked, cannot be opened from the inside.
  - 2. Physical intervention of staff.
- 3. Coercive measures, such as the threat of restraint, sanctions, or the loss of privileges that the individual would otherwise have, used for the purpose of keeping the individual from leaving the room.
- (j) "Staff" means any staff member, volunteer, or intern of the department, the Agency for Persons with Disabilities, or the Agency for Health Care Administration, any person under contract with the department, the Agency for Persons with Disabilities, or the Agency for Health Care Administration or

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working in any capacity in a facility operated, certified,
licensed, or monitored by the department, the Agency for Persons
with Disabilities, or the Agency for Health Care Administration
and any person providing care or support to an individual on
behalf of the department, the Agency for Persons with
Disabilities, or the Agency for Health Care Administration or
its providers, and any person assigned to provide security for a
facility.

- initial assessment of each individual upon admission to the facility or as soon thereafter as possible. This assessment shall include input from the individual and from someone whom he or she desires to be present, such as a family member, significant other, or authorized representative designated by the individual, if the desired third party can be present at the time of admission. This assessment shall also include, based on the information available at the time of initial assessment, all of the following:
- (a) An individual's preferences regarding de-escalation or the use of seclusion or behavioral restraints, including any advance directive or crisis plan that the individual may present.
- (b) The use of a de-escalation preference form or personal safety plan which allows an individual to identify early warning signs, triggers, and precipitants of distress, stress, or aggression and that cause an individual to escalate, as well as techniques, methods, or tools that help the individual to control his or her own behavior, including preferences relating

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to the gender of staff assigned to monitor an individual in restraint, shall be mandatory in all facilities. This includes both completion of the form and active, documented use in treatment planning and de-escalation.

- (c) Documentation of any preexisting medical condition or any physical disability or limitation that would place the individual at greater risk during restraint or seclusion. These conditions include, but are not limited to, obesity, cardiac conditions, pregnancy, asthma or other respiratory conditions, impaired gag reflex, back conditions, seizure disorders, deafness, blindness, and hemophilia.
- 6104 (d) Any trauma history, including any history of sexual or 6105 physical abuse that the individual feels is relevant.

A reassessment of the individual based on the information provided under this subsection shall be completed whenever there is a significant change in an individual's physical or psychological condition in conjunction with reassessments required by federal or state law.

- (6) REQUIREMENTS FOR THE USE OF RESTRAINT AND SECLUSION. --
- (a) A facility described in paragraph (3)(a) may use behavioral restraint or seclusion for emergencies only, and only for the duration of the emergency.
- (b) A facility described in paragraph (3)(a) may not use any of the following:
- 1. A physical restraint or containment technique that obstructs a person's respiratory airway or impairs the individual's breathing or respiratory capacity, including

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techniques in which a staff member places pressure on an individual's back or places his or her body weight against the individual's torso or back. Use of such restraint shall result in immediate disciplinary suspension and investigation of staff who utilized these methods of restraints.

- 2. A pillow, blanket, or other item covering the individual's face as part of a physical or mechanical restraint or containment process. Use of such restraint shall result in immediate disciplinary suspension and investigation of staff who used these methods of restraint.
- 3. Physical or mechanical restraint or containment on an individual who has a known medical or physical condition when there is reason to believe that the use would endanger the individual's life or significantly exacerbate the individual's medical condition.
- 4. Restraint in a prone position without a detailed physician's order specifically requiring the use of this position and explaining the medical justification for the order.
- 5. Prone containment techniques whenever possible. An individual shall not be subject to prone containment unless a designated staff member, not involved in the restraint, observes the individual throughout and in no event shall prone containment last longer than 10 seconds as clocked by the designated staff person.
- 6. Restraint or containment with any restraint devices that restrain an individual's hands behind his or her back.
- 7. No "PRN" or "as required" authorization of behavioral restraint or seclusion may be written.

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(c) No individual shall simultaneously be subject to mechanical restraints and seclusion as defined in this section.

(d) Prior to the imposition of behavioral restraint or seclusion, the following conditions must be met:

- 1. Provision shall be made for appropriate attention to the personal needs of the individual, including access to food and drink, toileting facilities, and medical and hygiene needs, by staff escort or otherwise, and for the individual's physical and mental comfort.
- 2. The physical environment shall be as conducive as possible to facilitating early release, with attention to calming the individual with sensory interventions. Any space used for restraint or seclusion shall include a clock within visual observation of the individual.
- 3. Every effort shall be made to protect the individual's privacy. Individuals shall not be placed in four-point restraints in public view, and several individuals may not be restrained together in one room.
- (e) An individual may be given medication restraint only on the order of an authorized physician who has determined, either while present at the time of the emergency to justify the use of the restraint or after telephone consultation with an authorized staff person who is present at the time at the site of the emergency and who has personally examined the individual, that such medication restraint is the least restrictive, most appropriate alternative available.
- 1. The order, along with a description of the specific behaviors which make medication restraint the least restrictive,

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most appropriate alternative available and the expected results of the medication, shall be recorded in the individual's record when the order is issued. If the physician is not present to write the order, the physician must dictate this language when the order is issued to the authorized staff person. The order shall be signed when it is issued by such authorized physician if present at the time of the emergency or within 1 hour after the order is issued.

- 2. An authorized physician shall conduct a face-to-face evaluation of the individual within 1 hour after the initiation of the restraint, if the restraint was authorized by telephone, and record in the individual's records the results of this evaluation and whether the expected results of the medication have been achieved.
- 3. Staff shall monitor the individual carefully and record the effects of the medication restraint at least once every half hour in the individual's record.
- (f) The order authorizing an individual to be placed in behavioral restraint or seclusion shall be made by an authorized physician who is present when an emergency occurs. The order and the reasons for its issuance shall be recorded in writing and signed at the time of its issuance by such physician.
- 1. The order shall authorize use of mechanical restraint, physical restraint, or seclusion for no more than 2 hours.
- 2. If an authorized physician is not present when an emergency occurs to justify the use of mechanical restraint and physical restraint or seclusion occurs, an individual may be placed in mechanical restraint, physical restraint, or seclusion

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at the initiation of an authorized staff person, subject to the following conditions and limitations:

- a. The order and the reasons for its issuance, with specific identification of the actual behaviors involved and not characterizations of the behavior, shall be recorded in writing and signed at the time of the incident by the authorized staff person.
- b. The order shall authorize use of mechanical restraint, physical restraint, or seclusion for no more than 2 hours and shall terminate whenever a release decision is made. The order shall include criteria for early release that are made known to the individual and that permit staff to make objective appraisals as to when an individual may be safely released.
- c. An authorized physician shall examine the individual within 1 hour of such initiation of mechanical restraint, physical restraint, or seclusion.
- (g) Subsequent renewals of mechanical restraint or seclusion may be made for up to a 1-hour period only if an authorized physician has examined the individual and ordered such renewal prior to the expiration of the preceding order, subject to the following conditions and limitations.
- 1. A renewal order may only be issued if the individual is an adult or minor over 9 years of age and the physician determines that such restraint or seclusion is necessary to prevent the continuation or renewal of an emergency condition or conditions.

2. Each renewal order shall be recorded in writing and signed by the physician only after a face-to-face examination of the individual in restraint or seclusion by the physician.

- 3. Each renewed order shall authorize continued use of restraint or seclusion for no more than 1 hour from the time of expiration of the preceding order and shall terminate whenever a release decision is made.
- 4. No order for continuation of mechanical restraint or seclusion beyond the initial order may be issued if the individual is a minor under 9 years of age and only one such order for continuation may be issued if the individual is a minor 9 through 17 years of age.
- (h) The limitations on the duration of restraint or seclusion are as follows:
- 1. A minor under 9 years of age may not be placed in behavioral restraints. A minor under 9 years of age may not be placed in seclusion for more than 1 hour in any 24-hour period.
- 2. No minor 9 through 17 years of age may be in behavioral restraint or seclusion for more than 2 hours in any 24-hour period.
- 3. If an episode of mechanical restraint or seclusion has exceeded 3 hours and it is expected that a new order will be issued to extend the episode beyond 3 hours, prior to the third order extending the use of restraint or seclusion, the facility director and facility medical director shall be notified. The facility medical director shall inquire about the circumstances of the episode of restraint or seclusion, the efforts made to facilitate release, and the impediments to such release and help

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to identify additional measures or resources that might be beneficial in facilitating release.

- (i) If an episode of mechanical restraint or seclusion has exceeded 6 hours and it is expected that a sixth order will be issued to extend the episode beyond 6 hours or if episodes of restraint or seclusion for an individual have exceeded 10 hours in the aggregate in any 48-hour period, the following shall occur:
- 1. The individual shall receive a physical examination by an authorized physician.
- 2. The facility director and facility medical director shall be notified.
- 3. The episode shall be reported to the Secretary of Children and Family Services, the director of the Agency for Persons with Disabilities, and the Secretary of Health Care Administration or a designee by the next business day.
- (j) If an individual is released from restraint or seclusion prior to the expiration of an order and an emergency occurs prior to such order's expiration, but no later than 15 minutes after release, the individual may be returned by an authorized staff person to restraint or seclusion without a new order until the time listed in the original order expires. Such return to restraint or seclusion shall be documented in the individual's record.
- (k) The individuals in mechanical restraint, physical restraint, or seclusion shall be monitored and assessed in the following manner:

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1. There shall be an authorized staff person with oversight responsibility during each episode of mechanical or physical restraint or seclusion.

- 2. Whenever a individual is in physical or mechanical restraint or seclusion, a staff person shall be specifically assigned to monitor the individual one-on-one. The facility shall make every effort to ensure that the gender of the staff person matches the preference stated by the individual in the de-escalation preference form or personal safety plan identified in paragraph (5)(b). If this is not possible at the moment the individual is restrained or secluded, staff shall specifically document why it was not possible and continue to make active efforts to meet the individual's preference until the individual is released or a staff person of the appropriate gender can be found.
- 3. The staff person conducting such monitoring may be immediately outside a space in which an individual is being secluded without mechanical restraint provided that the following conditions are met:
- <u>a.</u> The staff person must be in full view of the individual.
- b. The staff person must be able at all times to observe the individual and to have immediate physical access to the individual in order to be able to respond to any emergency situation.
- 4. The staff person shall monitor an individual in mechanical or physical restraint by being situated so that the staff person is able to hear and be heard by the individual and

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visually observe the individual at all times. It is not necessary for a staff person monitoring an individual in mechanical or physical restraint to be in full view of the individual, although if such visibility has been expressed as a preference by the individual, consideration shall be given to honoring that preference.

- 5. Staff who monitor an individual in physical or mechanical restraint or seclusion shall continually assist and support the individual, including monitoring physical and psychological status and comfort, body alignment, and circulation, taking vital signs when indicated, and monitoring for readiness for release. Such monitoring activities shall be documented every 15 minutes.
- 6. Staff who monitor an individual in restraint or seclusion shall continue appropriate interventions designed to calm the individual throughout the episode of restraint or seclusion and shall maintain a log of the individual's specific behavior with respect to the early release criteria established in the physician's order.
- (1) The procedure for monitoring an individual in mechanical or physical restraint or seclusion for readiness for release shall include the following factors:
- 1. Staff conducting monitoring shall continually consider whether an individual in mechanical restraint, physical restraint, or seclusion appears ready to be released. If the staff person believes that the individual is ready to be released from such restraint or seclusion, he or she shall immediately notify an authorized physician or authorized staff

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person, who shall promptly assess the individual for readiness to be released. If the individual believes that he or she has met the release criteria, the individual can request an assessment by an authorized staff person.

- 2. If an individual falls asleep while in mechanical restraint, staff conducting monitoring shall notify an authorized physician or authorized staff person, who shall release the individual from the restraint or seclusion.
- 3. If, at any time during mechanical restraint, physical restraint, or seclusion, a person is briefly released from such restraint or seclusion to attend to personal needs, hygiene, eating, or other purpose, staff conducting monitoring shall consider the individual's readiness to be permanently released, rather than returned to the restraint or seclusion and notify an authorized staff person if the individual appears ready to be released.
- (m) An authorized staff person or authorized physician shall assess an individual in mechanical or physical restraint or seclusion for physical and psychological comfort, including vital signs, and readiness to be released at least every 15 minutes and at any other time that it appears that the individual is ready to be released. Such assessments shall be documented in the record and include specific descriptions of the individual's behavior and the reasons for not releasing the individual from restraint.
- (n) An individual shall be released from mechanical restraint, physical restraint, or seclusion as soon as an authorized physician or authorized staff person determines after

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examination of the individual or consultation with staff that such mechanical restraint, physical restraint, or seclusion is no longer needed to prevent the continuation or renewal of an emergency and, in no event, no later than the achievement of the early release criteria or the expiration of an initial or renewed order for such mechanical restraint or seclusion, unless such order is renewed.

- (7) DEBRIEFING PROCEDURES.--A facility shall develop procedures to ensure that debriefing activities occur after each episode of restraint or seclusion in order to determine what led to the incident, what might have prevented or curtailed it, and how to prevent future incidents.
- (a) As soon as possible, but no later than 24 hours following each episode of restraint or seclusion, supervisory staff and staff involved in the episode shall convene a debriefing. The debriefing shall, at a minimum, include the following:
  - 1. Identification of what led to the incident.
- 2. Assessment of alternative interventions that may have avoided the use of restraint or seclusion.
- 3. Determination of whether the individual's physical and psychological needs and right to privacy were appropriately addressed.
- 4. Consideration of counseling or treatment for the individual involved and staff for any emotional or physical trauma that may have resulted from the incident.

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5. Consideration of whether the legally authorized representative, if any, family members, or others should be notified of or involved in debriefing activities.

- 6. Consideration of whether other individuals and staff who may have witnessed or otherwise been affected by the incident should be involved in debriefing activities or offered counseling.
- 7. Identification of any environmental precipitants of the restraint or seclusion episode.
- 8. Identification of needed refinements in the individual's plan of care or the need for additional assessments to better understand the factors underlying the behavioral problem related to the incident.
- 9. Consideration of whether additional supervision or training should be provided to staff involved in the incident.
- 10. Consideration of whether the incident should be referred to senior administrative or clinical staff for review.
- restraint or seclusion, the individual shall be asked to debrief and provide comment on the episode, including the circumstances leading to the episode, staff or individual actions that may have helped to prevent it, the type of restraint or seclusion used, and any physical or psychological effects he or she may be experiencing from the restraint or seclusion. Whenever possible and appropriate, the staff person providing the individual with the opportunity to comment shall not have been involved in the episode of restraint or seclusion. As part of the debriefing, the individual shall be offered the opportunity to provide

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comment in writing and to participate in care planning meetings aimed at reducing the likelihood of future incidents.

- (c) As indicated, a senior administrative review shall be conducted by the next business day following the identification of the episode and shall include, but not be limited to, assessment of the need for expert consultation, training, performance improvement activities, or change in policy. The facility director shall ensure that senior administrative and clinical staff and other appropriate staff conduct a review if any of the following apply:
- 1. An individual or staff member experienced significant emotional or physical injury as a result of the episode. This may include witnesses to the incident as well.
- 2. The episode of restraint or seclusion exceeded 4 hours or episodes of restraint or seclusion for an individual exceeded 8 hours in the aggregate in any 48-hour period.
- 3. An exception to the restrictions on mechanical restraint of minors has occurred.
- 4. The episode appears to be part of a pattern warranting review.
  - 5. The episode is marked by unusual circumstances.
- 6. The individual or staff involved in the episode requested such a review.
- (d) All debriefing activities shall be documented and included in the individual's record and shall be used in treatment planning, revision of the individual crisis prevention plan, and ongoing restraint and seclusion prevention efforts.

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(8) FACILITY LICENSING AND CERTIFICATION REQUIREMENTS.--In addition to complying with all applicable standards in this section, a facility applying to be licensed by the department or the Agency for Health Care Administration shall include the following in its application for a license or renewal of a license:

- (a) The facility's plan to reduce and, wherever possible, eliminate restraint and seclusion.
- (b) A comprehensive statement of the facility's policies and procedures for the utilization and monitoring of restraint and seclusion, including a listing of all types of mechanical restraints used by the facility, a statistical analysis of the facility's actual use of such restraint and seclusion, and a certification by the facility of its ability and intent to comply with all applicable laws and rules regarding physical space, staff training, staff authorization, recordkeeping, monitoring, and other requirements for the use of restraint and seclusion.

Section 98. This act shall take effect upon becoming a law.

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