



26 (1) PURPOSE.—The purpose of this section is to provide for  
27 the operation and closure of special needs shelters and to  
28 designate the Department of Health, through its county health  
29 departments, as the lead agency for coordination of the  
30 recruitment of health care practitioners, as defined in s.  
31 456.001(4), to staff special needs shelters in times of  
32 emergency or disaster and to provide resources to the department  
33 to carry out this responsibility. However, nothing in this  
34 section prohibits a county health department from entering into  
35 an agreement with a local emergency management agency to assume  
36 the lead responsibility for recruiting health care  
37 practitioners.

38 (2) SPECIAL NEEDS SHELTER PLAN; STAFFING; STATE AGENCY  
39 ASSISTANCE.—If funds have been appropriated to support disaster  
40 coordinator positions in county health departments:

41 (a) The department shall assume lead responsibility for  
42 the coordination of local medical and health care providers, the  
43 American Red Cross, and other interested parties in developing a  
44 plan for the staffing and medical management of special needs  
45 shelters. The local Children's Medical Services offices shall  
46 assume lead responsibility for the coordination of local medical  
47 and health care providers, the American Red Cross, and other  
48 interested parties in developing a plan for the staffing and  
49 medical management of pediatric special needs shelters. Plans  
50 must conform to the local comprehensive emergency management

51 plan.

52 (b) County health departments shall, in conjunction with  
53 the local emergency management agencies, have the lead  
54 responsibility for coordination of the recruitment of health  
55 care practitioners and qualified professionals with expertise in  
56 mental health and substance abuse treatment to staff local  
57 special needs shelters. County health departments shall assign  
58 their employees to work in special needs shelters when those  
59 employees are needed to protect the health and safety of persons  
60 with special needs. County governments shall assist the  
61 department with nonmedical staffing and the operation of special  
62 needs shelters. The local health department and emergency  
63 management agency shall coordinate these efforts to ensure  
64 appropriate staffing in special needs shelters, including a  
65 staff member who is familiar with the needs of persons with  
66 Alzheimer's disease and at least one staff member who is  
67 familiar with the needs of persons diagnosed as having a mental  
68 health or substance use disorder.

69 (c) The appropriate county health department, Children's  
70 Medical Services office, and local emergency management agency  
71 shall jointly decide who has responsibility for medical  
72 supervision in each special needs shelter.

73 (d) Local emergency management agencies shall be  
74 responsible for the designation and operation of special needs  
75 shelters during times of emergency or disaster and the closure

76 | of the facilities following an emergency or disaster. The local  
77 | health department and emergency management agency shall  
78 | coordinate these efforts to ensure the appropriate designation  
79 | and operation of special needs shelters. County health  
80 | departments shall assist the local emergency management agency  
81 | with regard to the management of medical services in special  
82 | needs shelters.

83 |       (e) The Secretary of Elderly Affairs, or his or her  
84 | designee, shall convene, at any time that he or she deems  
85 | appropriate and necessary, a multiagency special needs shelter  
86 | discharge planning team to assist local areas that are severely  
87 | impacted by a natural or manmade disaster that requires the use  
88 | of special needs shelters. Multiagency special needs shelter  
89 | discharge planning teams shall provide assistance to local  
90 | emergency management agencies with the continued operation or  
91 | closure of the shelters, as well as with the discharge of  
92 | special needs clients to alternate facilities if necessary.  
93 | Local emergency management agencies may request the assistance  
94 | of a multiagency special needs shelter discharge planning team  
95 | by alerting statewide emergency management officials of the  
96 | necessity for additional assistance in their area. The Secretary  
97 | of Elderly Affairs is encouraged to proactively work with other  
98 | state agencies prior to any natural disasters for which warnings  
99 | are provided to ensure that multiagency special needs shelter  
100 | discharge planning teams are ready to assemble and deploy

101 rapidly upon a determination by state emergency management  
 102 officials that a disaster area requires additional assistance.  
 103 The Secretary of Elderly Affairs may call upon any state agency  
 104 or office to provide staff to assist a multiagency special needs  
 105 shelter discharge planning team. Unless the secretary determines  
 106 that the nature or circumstances surrounding the disaster do not  
 107 warrant participation from a particular agency's staff, each  
 108 multiagency special needs shelter discharge planning team shall  
 109 include at least one representative from each of the following  
 110 state agencies:

- 111 1. Department of Elderly Affairs.
- 112 2. Department of Health.
- 113 3. Department of Children and Families.
- 114 4. Department of Veterans' Affairs.
- 115 5. Division of Emergency Management.
- 116 6. Agency for Health Care Administration.
- 117 7. Agency for Persons with Disabilities.

118 (3) SPECIAL CARE FOR PERSONS WITH ALZHEIMER'S DISEASE OR  
 119 RELATED FORMS OF DEMENTIA.—All special needs shelters must  
 120 establish designated shelter areas for persons with Alzheimer's  
 121 disease or related forms of dementia to enable those persons to  
 122 maintain their normal habits and routines to the greatest extent  
 123 possible.

124 (4) SPECIAL CARE FOR PERSONS WITH A MENTAL HEALTH OR  
 125 SUBSTANCE USE DISORDERS.—All special needs shelters must

126 | establish designated shelter areas for persons with mental  
 127 | health or substance use disorders to enable those persons to  
 128 | continue to receive detoxification and stabilization services.

129 | ~~(5)-(4)~~ REIMBURSEMENT TO HEALTH CARE PRACTITIONERS AND  
 130 | FACILITIES.—

131 | (a) The department shall, upon request, reimburse in  
 132 | accordance with paragraph (b):

133 | 1. Health care practitioners, as defined in s. 456.001,  
 134 | provided the practitioner is not providing care to a patient  
 135 | under an existing contract, qualified professionals as defined  
 136 | in s. 394.455, and emergency medical technicians and paramedics  
 137 | licensed under chapter 401 for medical care provided at the  
 138 | request of the department in special needs shelters or at other  
 139 | locations during times of emergency or a declared disaster.  
 140 | Reimbursement for health care practitioners and qualified  
 141 | professionals, except for physicians licensed under chapter 458  
 142 | or chapter 459, shall be based on the average hourly rate that  
 143 | such practitioners were paid according to the most recent survey  
 144 | of Florida hospitals conducted by the Florida Hospital  
 145 | Association or other nationally recognized or state-recognized  
 146 | data source.

147 | 2. Health care facilities, such as hospitals, nursing  
 148 | homes, assisted living facilities, access centers, addictions  
 149 | receiving facilities, and community residential homes, if, upon  
 150 | closure of a special needs shelter, a multiagency special needs

151 shelter discharge planning team determines that it is necessary  
152 to discharge persons with special needs to other health care  
153 facilities. The receiving facilities are eligible for  
154 reimbursement for services provided to the individuals for up to  
155 90 days. A facility must show proof of a written request from a  
156 representative of an agency serving on the multiagency special  
157 needs shelter discharge planning team that the individual for  
158 whom the facility is seeking reimbursement for services rendered  
159 was referred to that facility from a special needs shelter. The  
160 department shall specify by rule which expenses are reimbursable  
161 and the rate of reimbursement for each service.

162 (b) Reimbursement is subject to the availability of  
163 federal funds and shall be requested on forms prepared by the  
164 department. If a Presidential Disaster Declaration has been  
165 issued, the department shall request federal reimbursement of  
166 eligible expenditures. The department may not provide  
167 reimbursement to facilities under this subsection for services  
168 provided to a person with special needs if, during the period of  
169 time in which the services were provided, the individual was  
170 enrolled in another state-funded program, such as Medicaid or  
171 another similar program, was covered under a policy of health  
172 insurance as defined in s. 624.603, or was a member of a health  
173 maintenance organization or prepaid health clinic as defined in  
174 chapter 641, which would otherwise pay for the same services.  
175 Travel expense and per diem costs shall be reimbursed pursuant

176 to s. 112.061.

177 (6)~~(5)~~ HEALTH CARE PRACTITIONER REGISTRY.—The department  
178 may use the registries established in ss. 401.273 and 456.38  
179 when health care practitioners are needed to staff special needs  
180 shelters or to assist with other disaster-related activities.

181 (7)~~(6)~~ SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.—The  
182 State Surgeon General may establish a special needs shelter  
183 interagency committee and serve as, or appoint a designee to  
184 serve as, the committee's chair. The department shall provide  
185 any necessary staff and resources to support the committee in  
186 the performance of its duties. The committee shall address and  
187 resolve problems related to special needs shelters not addressed  
188 in the state comprehensive emergency medical plan and shall  
189 consult on the planning and operation of special needs shelters.

190 (a) The committee shall develop, negotiate, and regularly  
191 review any necessary interagency agreements, and undertake other  
192 such activities as the department deems necessary to facilitate  
193 the implementation of this section.

194 (b) The special needs shelter interagency committee shall  
195 be composed of representatives of emergency management, health,  
196 mental health, substance abuse treatment, medical, and social  
197 services organizations. Membership shall include, but shall not  
198 be limited to, representatives of the Departments of Health,  
199 Children and Families, Elderly Affairs, and Education; the  
200 Agency for Health Care Administration; the Division of Emergency

201 Management; the Florida Medical Association; the Florida  
202 Osteopathic Medical Association; the Florida Alcohol and Drug  
203 Abuse Association; the Florida Council for Community Mental  
204 Health; Associated Home Health Industries of Florida, Inc.; the  
205 Florida Nurses Association; the Florida Health Care Association;  
206 the Florida Assisted Living Affiliation; the Florida Hospital  
207 Association; the Florida Statutory Teaching Hospital Council;  
208 the Florida Association of Homes for the Aging; the Florida  
209 Emergency Preparedness Association; the American Red Cross;  
210 Florida Hospices and Palliative Care, Inc.; the Association of  
211 Community Hospitals and Health Systems; the Florida Association  
212 of Health Maintenance Organizations; the Florida League of  
213 Health Systems; the Private Care Association; the Salvation  
214 Army; the Florida Association of Aging Services Providers; the  
215 AARP; and the Florida Renal Coalition.

216 (c) Meetings of the committee shall be held in  
217 Tallahassee, and members of the committee shall serve at the  
218 expense of the agencies or organizations they represent. The  
219 committee shall make every effort to use teleconference or  
220 videoconference capabilities in order to ensure statewide input  
221 and participation.

222 (8)~~(7)~~ RULES.—The department, in coordination with the  
223 Division of Emergency Management, has the authority to adopt  
224 rules necessary to implement this section. Rules shall include:

225 (a) The definition of a "person with special needs,"

226 including eligibility criteria for individuals with physical,  
227 mental, cognitive impairment, or sensory disabilities or  
228 substance abuse impairment and the services a person with  
229 special needs can expect to receive in a special needs shelter.

230 (b) The process for special needs shelter health care  
231 practitioners and facility reimbursement for services provided  
232 in a disaster.

233 (c) Guidelines for special needs shelter staffing levels  
234 to provide services.

235 (d) The definition of and standards for special needs  
236 shelter supplies and equipment, including durable medical  
237 equipment.

238 (e) Standards for the special needs shelter registration  
239 program, including all necessary forms and guidelines for  
240 addressing the needs of unregistered persons in need of a  
241 special needs shelter.

242 (f) Standards for addressing the needs of families where  
243 only one dependent is eligible for admission to a special needs  
244 shelter and the needs of adults with special needs who are  
245 caregivers for individuals without special needs.

246 (g) The requirement of the county health departments to  
247 seek the participation of hospitals, nursing homes, assisted  
248 living facilities, access centers, addictions receiving  
249 facilities, home health agencies, hospice providers, nurse  
250 registries, home medical equipment providers, dialysis centers,

251 | and other health and medical emergency preparedness stakeholders  
252 | in pre-event planning activities.

253 |        (9)~~(8)~~ EMERGENCY MANAGEMENT PLANS.—The submission of  
254 | emergency management plans to county health departments by home  
255 | health agencies, nurse registries, hospice programs, access  
256 | centers, addictions receiving facilities, and home medical  
257 | equipment providers is conditional upon receipt of an  
258 | appropriation by the department to establish disaster  
259 | coordinator positions in county health departments unless the  
260 | State Surgeon General and a local county commission jointly  
261 | determine to require that such plans be submitted based on a  
262 | determination that there is a special need to protect public  
263 | health in the local area during an emergency.

264 |        Section 2. This act shall take effect July 1, 2018.