

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u>    </u>	(Y/N)
ADOPTED AS AMENDED	<u>    </u>	(Y/N)
ADOPTED W/O OBJECTION	<u>    </u>	(Y/N)
FAILED TO ADOPT	<u>    </u>	(Y/N)
WITHDRAWN	<u>    </u>	(Y/N)
OTHER	<u>    </u>	

1 Committee/Subcommittee hearing bill: Appropriations Committee  
 2 Representative Massullo offered the following:

**Amendment (with title amendment)**

5 Remove everything after the enacting clause and insert:

6 Section 1. Section 252.355, Florida Statutes, is amended  
 7 to read:

8 252.355 Registry of persons with special needs; notice;  
 9 registration program.-

10 (1) In order to meet the special needs of persons who  
 11 would need assistance during evacuations and sheltering because  
 12 of physical, mental, cognitive impairment, or sensory  
 13 disabilities, the Department of Health ~~division~~, in coordination  
 14 with the division and each local emergency management agency in  
 15 the state, shall maintain a statewide registry of persons with  
 16 special needs ~~located within the jurisdiction of the local~~

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17 ~~agency. The registration shall identify those persons in need of~~  
18 ~~assistance and plan for resource allocation to meet those~~  
19 ~~identified needs.~~

20 ~~(2) In order to ensure that all persons with special needs~~  
21 ~~may register, The Department of Health division shall develop~~  
22 ~~and maintain a statewide special needs shelter registration~~  
23 ~~program. The registration program must be developed by January~~  
24 ~~1, 2015, and fully implemented by March 1, 2015.~~

25 (a) The statewide special needs shelter registration  
26 program shall:

27 1. Identify those persons in need of assistance and plan  
28 for resource allocation to meet those identified needs.

29 2. Include, at a minimum, a uniform registration form and  
30 a database for uploading and storing submitted registration  
31 forms that may be accessed by the Department of Health, the  
32 division, and local emergency management agencies.

33 (b) The registration program must be developed by January  
34 1, 2019, and fully implemented by March 1, 2019.

35 ~~(a) The registration program shall include, at a minimum,~~  
36 ~~a uniform electronic registration form and a database for~~  
37 ~~uploading and storing submitted registration forms that may be~~  
38 ~~accessed by the appropriate local emergency management agency.~~  
39 ~~The link to the registration form shall be easily accessible on~~  
40 ~~each local emergency management agency's website. Upon receipt~~  
41 ~~of a paper registration form, the local emergency management~~

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42 ~~agency shall enter the person's registration information into~~  
43 ~~the database.~~

44 (3) The Department of Health shall develop the uniform  
45 registration form based upon recommendations of the Special  
46 Needs Shelter Registry Work Group.

47 (a) The Special Needs Shelter Registry Work Group is  
48 created within the Department of Health for the purpose of  
49 making recommendations for the development of the uniform  
50 registration form. The Department of Health shall use existing  
51 and available resources to administer and support the activities  
52 of the work group. Members of the work group shall serve without  
53 compensation and are not entitled to reimbursement for per diem  
54 or travel expenses. Meetings may be conducted in person, by  
55 teleconference, or by other electronic means.

56 (b) The work group shall consist of 12 members:

57 1. The State Surgeon General or a designee, who shall  
58 serve as the chair of the work group.

59 2. The Director of the Division of Emergency Management or  
60 a designee.

61 3. The Secretary of the Agency for Health Care  
62 Administration or a designee.

63 4. The Secretary of the Department of Children and  
64 Families or a designee.

65 5. The Secretary of the Department of Elder Affairs or a  
66 designee.

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67           6. The Director of the Agency for Persons with  
68 Disabilities or a designee.

69           7. Five representatives of local emergency management  
70 agencies appointed by the Florida Association of Counties.

71           8. The Chief Executive Officer of the Arc of Florida or a  
72 designee.

73           (c) The Special Needs Shelter Registry Work Group shall  
74 submit its recommendations to the Department of Health on or  
75 before October 31, 2018.

76           (d) This subsection expires January 1, 2019.

77           (4) Each local emergency management agency shall  
78 exclusively use the statewide special needs shelter registry to  
79 register individuals for special needs shelters and may not use  
80 local special needs registries. Each local emergency management  
81 agency, in coordination with its local county health department,  
82 shall establish eligibility requirements for sheltering in a  
83 local special needs shelter and publish these requirements and a  
84 link to the uniform registration form for the statewide special  
85 needs shelter registry on its website. Each local emergency  
86 management agency shall also make paper registration forms  
87 available and establish procedures for submitting a paper  
88 registration form and entering into the statewide special needs  
89 shelter registry.

90           (a) A local emergency management agency shall notify a  
91 registrant in writing within 30 days after submission of a

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92 registration form whether he or she is eligible to shelter in a  
93 local special needs shelter and designate his or her eligibility  
94 status in the registry.

95 (b) The Department of Health shall assist local emergency  
96 management agencies with developing alternative sheltering  
97 options for any ineligible registrant. Each local emergency  
98 management agency and each general hospital licensed under  
99 chapter 395 located within the local emergency management  
100 agency's jurisdiction shall enter into agreements to shelter  
101 individuals during a declared emergency, whose medical  
102 complexity or reliance on life support devices or other medical  
103 equipment exceeds the capabilities of special needs shelters. A  
104 local emergency management agency may coordinate with the Agency  
105 for Health Care Administration to facilitate placement in a  
106 health care facility for any individual who registers during a  
107 declared emergency or disaster and is deemed ineligible to  
108 shelter in a local special needs shelter.

109 (5) The Department of Health, in conjunction with the  
110 division and local emergency management agencies, shall be the  
111 designated lead agency responsible for community education and  
112 outreach to the public, including special needs clients,  
113 regarding registration and special needs shelters and general  
114 information regarding shelter stays. The Department of Health  
115 shall develop a brochure that provides information regarding  
116 special needs shelter registration procedures. The Department of

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117 Health, the division, and each local management agency shall  
118 make the brochure easily accessible on their websites.

119 ~~(6)(b)~~ To assist in identifying persons with special  
120 needs, home health agencies, hospices, nurse registries, home  
121 medical equipment providers, the Department of Children and  
122 Families, the Department of Health, the Agency for Health Care  
123 Administration, the Department of Education, the Agency for  
124 Persons with Disabilities, the Department of Elderly Affairs,  
125 and memory disorder clinics shall, and any physician or  
126 physician assistant licensed under chapter 458 or chapter 459,  
127 any advanced registered nurse practitioner licensed under  
128 chapter 464, and any pharmacy licensed under chapter 465 may,  
129 annually provide registration information to all of their  
130 special needs clients or their caregivers. ~~The division shall~~  
131 ~~develop a brochure that provides information regarding special~~  
132 ~~needs shelter registration procedures. The brochure must be~~  
133 ~~easily accessible on the division's website.~~ All appropriate  
134 agencies and community-based service providers, including aging  
135 and disability resource centers, memory disorder clinics, home  
136 health care providers, hospices, nurse registries, and home  
137 medical equipment providers, shall, and any physician or  
138 physician assistant licensed under chapter 458 or chapter 459  
139 and any advanced registered nurse practitioner licensed under  
140 chapter 464 may, assist emergency management agencies by  
141 annually registering persons with special needs for special

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142 needs shelters, collecting registration information for persons  
143 with special needs as part of the program intake process, and  
144 establishing programs to educate clients about the registration  
145 process and disaster preparedness safety procedures. A client of  
146 a state-funded or federally funded service program who has a  
147 physical, mental, or cognitive impairment or sensory disability  
148 and who needs assistance in evacuating, or when in a shelter,  
149 must register as a person with special needs. The registration  
150 program shall give persons with special needs the option of  
151 preauthorizing emergency response personnel to enter their homes  
152 during search and rescue operations if necessary to ensure their  
153 safety and welfare following disasters.

154 ~~(c) The division shall be the designated lead agency~~  
155 ~~responsible for community education and outreach to the public,~~  
156 ~~including special needs clients, regarding registration and~~  
157 ~~special needs shelters and general information regarding shelter~~  
158 ~~stays.~~

159 (7)(d) On or before May 31 of each year, each electric  
160 utility in the state shall annually notify residential customers  
161 in its service area of the availability of the registration  
162 program available through their local emergency management  
163 agency by:

164 (a)1. An initial notification upon the activation of new  
165 residential service with the electric utility, followed by one  
166 annual notification between January 1 and May 31; or

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167 (b)2- Two separate annual notifications between January 1  
168 and May 31.

169  
170 The notification may be made by any available means, including,  
171 but not limited to, written, electronic, or verbal notification,  
172 and may be made concurrently with any other notification to  
173 residential customers required by law or rule.

174 (8)(3) A local emergency management agency shall allow a  
175 person with special needs ~~must be allowed~~ to bring his or her  
176 service animal into a special needs shelter in accordance with  
177 s. 413.08.

178 (9)(4) All records, data, information, correspondence, and  
179 communications relating to the registration of persons with  
180 special needs as provided in subsection (1) are confidential and  
181 exempt from s. 119.07(1), except that such information shall be  
182 available to other emergency response agencies, as determined by  
183 the local emergency management director, and the Department of  
184 Health. Local law enforcement agencies shall be given complete  
185 shelter roster information upon request.

186 Section 2. Section 252.3591, Florida Statutes, is created  
187 to read:

188 252.3591 Ensuring access to care.-

189 (1) Each local emergency management agency shall establish  
190 a procedure for authorizing employees of a facility licensed  
191 under chapter 393 or subject to part II of chapter 408 to enter



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192 and remain in a curfew area during a declared emergency or  
193 disaster.

194 (2) Notwithstanding any curfew, a person authorized under  
195 subsection (1) may enter or remain in a curfew area for the  
196 limited purpose of implementing a licensed facility's emergency  
197 management plan and providing services authorized under chapter  
198 393 or chapter 408.

199 (3) This section does not prohibit a law enforcement  
200 officer from specifying the permissible route of ingress or  
201 egress for a person authorized under this section.

202 Section 3. Section 381.0303, Florida Statutes, is amended  
203 to read:

204 381.0303 Special needs shelters.—

205 (1) PURPOSE.—The purpose of this section is to provide for  
206 the operation and closure of special needs shelters and to  
207 designate the Department of Health, through its county health  
208 departments, as the lead agency for coordination of the  
209 recruitment of health care practitioners, as defined in s.  
210 456.001(4), to staff special needs shelters in times of  
211 emergency or disaster and to provide resources to the department  
212 to carry out this responsibility. However, nothing in this  
213 section prohibits a county health department from entering into  
214 an agreement with a local emergency management agency to assume  
215 the lead responsibility for recruiting health care  
216 practitioners.

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217 (2) SPECIAL NEEDS SHELTER PLAN; STAFFING; STATE AGENCY  
218 ASSISTANCE. ~~If funds have been appropriated to support disaster~~  
219 ~~coordinator positions in county health departments:~~

220 (a) The department shall assume lead responsibility for  
221 the coordination of local medical and health care providers, the  
222 American Red Cross, and other interested parties in developing a  
223 plan for the staffing and medical management of special needs  
224 shelters. The local Children's Medical Services offices shall  
225 assume lead responsibility for the coordination of local medical  
226 and health care providers, the American Red Cross, and other  
227 interested parties in developing a plan for the staffing and  
228 medical management of pediatric special needs shelters. Plans  
229 must conform to the local comprehensive emergency management  
230 plan.

231 (b) County health departments shall, in conjunction with  
232 the local emergency management agencies, have the lead  
233 responsibility for coordination of the recruitment of health  
234 care practitioners, including faculty and students from state  
235 university and college health care programs, to staff local  
236 special needs shelters. ~~County health departments shall assign~~  
237 ~~their employees to work in special needs shelters when those~~  
238 ~~employees are needed to protect the health and safety of persons~~  
239 ~~with special needs. County governments shall assist the~~  
240 ~~department with nonmedical staffing and the operation of special~~  
241 ~~needs shelters. The local health department and emergency~~

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242 ~~management agency shall coordinate these efforts to ensure~~  
243 ~~appropriate staffing in special needs shelters, including a~~  
244 ~~staff member who is familiar with the needs of persons with~~  
245 ~~Alzheimer's disease.~~

246 (c) State agencies, universities, and colleges shall  
247 authorize employees that are health care practitioners as  
248 defined in s. 456.001(4) to staff local special needs shelters,  
249 unless such employees have a designated emergency duty for their  
250 agency, university, or college. Each state agency, university,  
251 and college shall submit a roster of such employees to the  
252 department by January 31 of each year and submit an amended  
253 roster, if necessary, by May 31 of each year ~~The appropriate~~  
254 ~~county health department, Children's Medical Services office,~~  
255 ~~and local emergency management agency shall jointly decide who~~  
256 ~~has responsibility for medical supervision in each special needs~~  
257 ~~shelter.~~

258 (d) County health departments shall assign their  
259 employees, and state employees pursuant to paragraph (c), to  
260 work in special needs shelters when such employees are needed to  
261 protect the health and safety of persons with special needs.  
262 County governments shall assist the department with nonmedical  
263 staffing and the operation of special needs shelters. The local  
264 health department and emergency management agency shall  
265 coordinate these efforts to ensure appropriate staffing in  
266 special needs shelters, including a staff member who is familiar

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267 with the needs of persons with Alzheimer's disease.

268 (e) The appropriate county health department and local  
269 emergency management agency shall jointly decide who has  
270 responsibility for medical supervision in each special needs  
271 shelter.

272 (f) ~~(d)~~ Local emergency management agencies shall be  
273 responsible for the designation and operation of special needs  
274 shelters during times of emergency or disaster and the closure  
275 of the facilities following an emergency or disaster. The local  
276 health department and emergency management agency shall  
277 coordinate these efforts to ensure the appropriate designation  
278 and operation of special needs shelters. County health  
279 departments shall assist the local emergency management agency  
280 with regard to the management of medical services in special  
281 needs shelters.

282 (g) ~~(e)~~ The Secretary of Elderly Affairs, or his or her  
283 designee, shall convene, at any time that he or she deems  
284 appropriate and necessary, a multiagency special needs shelter  
285 discharge planning team to assist local areas that are severely  
286 impacted by a natural or manmade disaster that requires the use  
287 of special needs shelters. Multiagency special needs shelter  
288 discharge planning teams shall include the Surgeon General, or  
289 his or her designee, and shall provide assistance to local  
290 emergency management agencies with the continued operation or  
291 closure of the shelters, as well as with the discharge of

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292 special needs clients to alternate facilities if necessary.  
293 Local emergency management agencies may request the assistance  
294 of a multiagency special needs shelter discharge planning team  
295 by alerting statewide emergency management officials of the  
296 necessity for additional assistance in their area. The Secretary  
297 of Elderly Affairs shall ~~is encouraged to proactively~~ work with  
298 other state agencies prior to any natural disasters for which  
299 warnings are provided to ensure that multiagency special needs  
300 shelter discharge planning teams are ready to assemble and  
301 deploy rapidly upon a determination by state emergency  
302 management officials that a disaster area requires additional  
303 assistance. The Secretary of Elderly Affairs may call upon any  
304 state agency or office to provide staff to assist a multiagency  
305 special needs shelter discharge planning team. Unless the  
306 secretary determines that the nature or circumstances  
307 surrounding the disaster do not warrant participation from a  
308 particular agency's staff, each multiagency special needs  
309 shelter discharge planning team shall include at least one  
310 representative from each of the following state agencies:

- 311 1. Department of Elderly Affairs.
- 312 ~~2. Department of Health.~~
- 313 ~~2.3.~~ Department of Children and Families.
- 314 ~~3.4.~~ Department of Veterans' Affairs.
- 315 ~~4.5.~~ Division of Emergency Management.
- 316 ~~5.6.~~ Agency for Health Care Administration.

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317 ~~6.7.~~ Agency for Persons with Disabilities.

318 (h) The Department of Health shall collect intake and  
319 discharge information from each person who shelters in a special  
320 needs shelter during an emergency or disaster, including  
321 information regarding whether a person is a patient or resident  
322 of a licensee under chapter 393, chapter 400, or chapter 429.  
323 Each local emergency management agency shall use a form  
324 developed by the Department of Health to collect this  
325 information.

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

332 (4) REIMBURSEMENT TO HEALTH CARE PRACTITIONERS AND  
333 FACILITIES.—

334 (a) The department shall, upon request, reimburse in  
335 accordance with paragraph (b):

336 1. Health care practitioners, as defined in s. 456.001,  
337 provided the practitioner is not providing care to a patient  
338 under an existing contract, and emergency medical technicians  
339 and paramedics licensed under chapter 401 for medical care  
340 provided at the request of the department in special needs  
341 shelters or at other locations during times of emergency or a

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342 declared disaster. Reimbursement for health care practitioners,  
343 except for physicians licensed under chapter 458 or chapter 459,  
344 shall be based on the average hourly rate that such  
345 practitioners were paid according to the most recent survey of  
346 Florida hospitals conducted by the Florida Hospital Association  
347 or other nationally recognized or state-recognized data source.

348 2. Health care facilities, such as hospitals, nursing  
349 homes, assisted living facilities, and community residential  
350 homes, if, upon closure of a special needs shelter, a  
351 multiagency special needs shelter discharge planning team  
352 determines that it is necessary to discharge persons with  
353 special needs to other health care facilities. The receiving  
354 facilities are eligible for reimbursement for services provided  
355 to the individuals for up to 90 days. A facility must show proof  
356 of a written request from a representative of an agency serving  
357 on the multiagency special needs shelter discharge planning team  
358 that the individual for whom the facility is seeking  
359 reimbursement for services rendered was referred to that  
360 facility from a special needs shelter. The department shall  
361 specify by rule which expenses are reimbursable and the rate of  
362 reimbursement for each service.

363 (b) Reimbursement is subject to the availability of  
364 federal funds and shall be requested on forms prepared by the  
365 department. If a Presidential Disaster Declaration has been  
366 issued, the department shall request federal reimbursement of

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367 eligible expenditures. The department may not provide  
368 reimbursement to facilities under this subsection for services  
369 provided to a person with special needs if, during the period of  
370 time in which the services were provided, the individual was  
371 enrolled in another state-funded program, such as Medicaid or  
372 another similar program, was covered under a policy of health  
373 insurance as defined in s. 624.603, or was a member of a health  
374 maintenance organization or prepaid health clinic as defined in  
375 chapter 641, which would otherwise pay for the same services.  
376 Travel expense and per diem costs shall be reimbursed pursuant  
377 to s. 112.061.

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

382 (6) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.—The State  
383 Surgeon General may establish a special needs shelter  
384 interagency committee and serve as, or appoint a designee to  
385 serve as, the committee's chair. The department shall provide  
386 any necessary staff and resources to support the committee in  
387 the performance of its duties. The committee shall address and  
388 resolve problems related to special needs shelters not addressed  
389 in the state comprehensive emergency medical plan and shall  
390 consult on the planning and operation of special needs shelters.

391 (a) The committee shall develop, negotiate, and regularly



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392 review any necessary interagency agreements, and undertake other  
393 such activities as the department deems necessary to facilitate  
394 the implementation of this section.

395 (b) The special needs shelter interagency committee shall  
396 be composed of representatives of emergency management, health,  
397 medical, and social services organizations. Membership shall  
398 include, but shall not be limited to, representatives of the  
399 Departments of Health, Children and Families, Elderly Affairs,  
400 and Education; the Agency for Health Care Administration; the  
401 Division of Emergency Management; the Florida Medical  
402 Association; the Florida Osteopathic Medical Association;  
403 Associated Home Health Industries of Florida, Inc.; the Florida  
404 Nurses Association; the Florida Health Care Association; the  
405 Florida Assisted Living Affiliation; the Florida Hospital  
406 Association; the Florida Statutory Teaching Hospital Council;  
407 the Florida Association of Homes for the Aging; the Florida  
408 Emergency Preparedness Association; the American Red Cross;  
409 Florida Hospices and Palliative Care, Inc.; the Association of  
410 Community Hospitals and Health Systems; the Florida Association  
411 of Health Maintenance Organizations; the Florida League of  
412 Health Systems; the Private Care Association; the Salvation  
413 Army; the Florida Association of Aging Services Providers; the  
414 AARP; and the Florida Renal Coalition.

415 (c) Meetings of the committee shall be held in  
416 Tallahassee, and members of the committee shall serve at the

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417 expense of the agencies or organizations they represent. The  
418 committee shall make every effort to use teleconference or  
419 videoconference capabilities in order to ensure statewide input  
420 and participation.

421 (7) RULES.—The department, in coordination with the  
422 Division of Emergency Management, has the authority to adopt  
423 rules necessary to implement this section. Rules shall include:

424 (a) The definition of a "person with special needs,"  
425 including eligibility criteria for individuals with physical,  
426 mental, cognitive impairment, or sensory disabilities and the  
427 services a person with special needs can expect to receive in a  
428 special needs shelter.

429 (b) The process for special needs shelter health care  
430 practitioners and facility reimbursement for services provided  
431 in a disaster.

432 (c) Guidelines for special needs shelter staffing levels  
433 to provide services.

434 (d) The definition of and standards for special needs  
435 shelter supplies and equipment, including durable medical  
436 equipment.

437 (e) Standards for the special needs shelter registration  
438 program, including all necessary forms and guidelines for  
439 addressing the needs of unregistered persons in need of a  
440 special needs shelter.

441 (f) Standards for addressing the needs of families where

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442 only one dependent is eligible for admission to a special needs  
443 shelter and the needs of adults with special needs who are  
444 caregivers for individuals without special needs.

445 (g) The requirement of the county health departments to  
446 seek the participation of hospitals, nursing homes, assisted  
447 living facilities, home health agencies, hospice providers,  
448 nurse registries, home medical equipment providers, dialysis  
449 centers, and other health and medical emergency preparedness  
450 stakeholders in pre-event planning activities.

451 ~~(8) EMERGENCY MANAGEMENT PLANS. The submission of~~  
452 ~~emergency management plans to county health departments by home~~  
453 ~~health agencies, nurse registries, hospice programs, and home~~  
454 ~~medical equipment providers is conditional upon receipt of an~~  
455 ~~appropriation by the department to establish disaster~~  
456 ~~coordinator positions in county health departments unless the~~  
457 ~~State Surgeon General and a local county commission jointly~~  
458 ~~determine to require that such plans be submitted based on a~~  
459 ~~determination that there is a special need to protect public~~  
460 ~~health in the local area during an emergency.~~

461 Section 4. Subsection (9) is added to section 393.0651,  
462 Florida Statutes, to read:

463 393.0651 Family or individual support plan.—The agency  
464 shall provide directly or contract for the development of a  
465 family support plan for children ages 3 to 18 years of age and  
466 an individual support plan for each client. The client, if

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467 competent, the client's parent or guardian, or, when  
468 appropriate, the client advocate, shall be consulted in the  
469 development of the plan and shall receive a copy of the plan.  
470 Each plan must include the most appropriate, least restrictive,  
471 and most cost-beneficial environment for accomplishment of the  
472 objectives for client progress and a specification of all  
473 services authorized. The plan must include provisions for the  
474 most appropriate level of care for the client. Within the  
475 specification of needs and services for each client, when  
476 residential care is necessary, the agency shall move toward  
477 placement of clients in residential facilities based within the  
478 client's community. The ultimate goal of each plan, whenever  
479 possible, shall be to enable the client to live a dignified life  
480 in the least restrictive setting, be that in the home or in the  
481 community. For children under 6 years of age, the family support  
482 plan shall be developed within the 45-day application period as  
483 specified in s. 393.065(1); for all applicants 6 years of age or  
484 older, the family or individual support plan shall be developed  
485 within the 60-day period as specified in that subsection.

486 (9) A personal disaster plan should be completed for each  
487 client enrolled in any home and community-based services  
488 Medicaid waiver program administered by the agency and updated  
489 annually, to include, at a minimum:

490 (a) Evacuation shelter selection as appropriate.

491 (b) Documented special needs shelter registration as

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492 appropriate.

493 (c) A staffing plan for the client in the shelter, if  
494 necessary.

495 Section 5. Subsections (2), (8) and (9) of section  
496 393.067, Florida Statutes, are amended to read:

497 393.067 Facility licensure.—

498 (2) The agency shall conduct annual inspections and  
499 reviews of facilities and programs licensed under this section.  
500 The agency shall determine compliance by foster care facilities,  
501 group home facilities, residential habilitation centers, and  
502 comprehensive transitional education programs with the  
503 applicable provisions of this chapter and rules adopted pursuant  
504 hereto, including the requirements for the comprehensive  
505 emergency management plan.

506 (8) (a) The agency, after consultation with the Division of  
507 Emergency Management, shall adopt rules for foster care  
508 facilities, group home facilities, and residential habilitation  
509 centers which establish minimum standards for the preparation  
510 and annual update of a comprehensive emergency management plan.

511 1. At a minimum, the rules must provide for plan  
512 components that address:

513 a. Emergency evacuation transportation;

514 b. Adequate sheltering arrangements;

515 c. Postdisaster activities, including emergency power,  
516 food, and water;

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- 517        d. Postdisaster transportation;  
518        e. Supplies;  
519        f. Hardening;  
520        g. Staffing, including which staff are responsible for  
521 implementing each element of the plan, how the facility will  
522 maintain staffing during emergencies, and whether and how the  
523 facility will accommodate family members of staff;  
524        h. Emergency equipment;  
525        i. Individual identification of residents and transfer of  
526 records; and  
527        j. Responding to family inquiries.  
528        2. Facilities must include information in their plans  
529 about:  
530        a. Whether the facility is located in an evacuation zone;  
531        b. Whether the facility intends to shelter in place or  
532 relocate to another facility;  
533        c. Whether the facility has an emergency power source;  
534        d. How the facility will inform residents and the  
535 resident's designated family member, legal representative, or  
536 guardian when the emergency management plan has been activated;  
537 and  
538        e. A working phone number for the facility for use by the  
539 resident's designated family member, legal representative, or  
540 guardian to make contact postdisaster.  
541        3. A facility must provide to the agency, its residents,

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542 and the resident's designated family member, legal  
543 representative, or guardian the information specified in  
544 subparagraph 2., an overview of the facility's comprehensive  
545 emergency management plan, and a description of the evacuation  
546 plan, if appropriate. Any changes to this information must be  
547 provided to the agency, the facility's residents, and the  
548 resident's designated family member, legal representative, or  
549 guardian within 30 days after the change takes effect.

550 (b) The comprehensive emergency management plan for all  
551 comprehensive transitional education programs and for homes  
552 servicing individuals who have complex medical conditions is  
553 subject to review and approval by the local emergency management  
554 agency.

555 1. A facility must submit its plan to the local emergency  
556 management agency within 90 days after licensure or change of  
557 ownership and must notify the agency within 30 days after  
558 submission of the plan.

559 2. Such plan must be submitted annually and within 30 days  
560 after any significant modification, as defined by agency rule,  
561 to a previously approved plan.

562 3. During its review, the local emergency management  
563 agency shall ensure that the agency and the Division of  
564 Emergency Management, at a minimum, are given the opportunity to  
565 review the plan. Also, appropriate volunteer organizations must  
566 be given the opportunity to review the plan.

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567       4. The local emergency management agency shall complete  
568 its review within 60 days and either approve the plan or advise  
569 the facility of necessary revisions. A facility must submit the  
570 requested revisions to the local emergency management agency  
571 within 30 days after receiving written notification from the  
572 local emergency management agency.

573       5. A facility must notify the agency within 30 days after  
574 approval of its plan by the local emergency management agency.

575       (c) A facility must conduct annual staff training on the  
576 policies and procedures for implementing the emergency  
577 management plan within 2 months before the start of the  
578 hurricane season, including testing of the implementation of the  
579 plan, either in a planned drill or in response to a disaster or  
580 an emergency. New staff must receive such training within 30  
581 days after commencement of employment. Such training for new  
582 staff is not required to include testing of the implementation  
583 of the plan if testing is impracticable. Documentation of the  
584 training and testing, including evaluation of the outcome of the  
585 training and testing and modifications to the plan to address  
586 inadequacies must be provided to the agency within 30 days after  
587 the training and testing is finished. The evaluation must  
588 include a survey of staff to determine their familiarity with  
589 the plan.

590       (d) In the event of a declared emergency, the agency shall  
591 communicate before the disaster impacts the area which



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592 requirements for providing services to clients in shelters and  
593 other facilities may be waived during the emergency. The agency  
594 may waive additional requirements following the initial impact  
595 of the disaster, if appropriate.

596 (9) The agency may conduct unannounced inspections to  
597 determine compliance by foster care facilities, group home  
598 facilities, residential habilitation centers, and comprehensive  
599 transitional education programs with the applicable provisions  
600 of this chapter and the rules adopted pursuant hereto, including  
601 the requirements for the comprehensive emergency management plan  
602 and the rules adopted for training staff of a facility or a  
603 program to detect, report, and prevent sexual abuse, abuse,  
604 neglect, exploitation, and abandonment, as defined in ss. 39.01  
605 and 415.102, of residents and clients. The agency shall conduct  
606 periodic followup inspections as necessary to monitor facility  
607 compliance with the requirements for the comprehensive emergency  
608 management plan. The facility or program shall make copies of  
609 inspection reports available to the public upon request.

610 Section 6. Paragraph (a) of subsection (1) and paragraph  
611 (a) of subsection (2) of section 393.0673, Florida Statutes, are  
612 amended to read:

613 393.0673 Denial, suspension, or revocation of license;  
614 moratorium on admissions; administrative fines; procedures.—

615 (1) The agency may revoke or suspend a license or impose  
616 an administrative fine, not to exceed \$1,000 per violation per

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617 day, if:

618 (a) The licensee has:

619 1. Falsely represented or omitted a material fact in its  
620 license application submitted under s. 393.067;

621 2. Had prior action taken against it under the Medicaid or  
622 Medicare program; ~~or~~

623 3. Failed to comply with the applicable requirements of  
624 this chapter or rules applicable to the licensee; ~~or~~

625 4. Failed to comply with the requirements for the  
626 comprehensive emergency management plan under this part; or

627 5. Failed to follow the policies and procedures in the  
628 comprehensive emergency management plan. However, the agency  
629 shall consider the facility's efforts to follow the plan and  
630 circumstances beyond the facility's control that caused the  
631 failure. In determining the penalty, the agency shall evaluate  
632 the potential or actual harm to the client's health, safety, and  
633 security caused by the failure.

634 (2) The agency may deny an application for licensure  
635 submitted under s. 393.067 if:

636 (a) The applicant has:

637 1. Falsely represented or omitted a material fact in its  
638 license application submitted under s. 393.067;

639 2. Had prior action taken against it under the Medicaid or  
640 Medicare program;

641 3. Failed to comply with the applicable requirements of

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642 this chapter or rules applicable to the applicant; ~~or~~  
643 4. Failed to comply with the requirements for the  
644 comprehensive emergency management plan under this chapter;  
645 5. Failed to follow the policies and procedures in the  
646 comprehensive emergency management plan. However, the agency  
647 shall consider the facility's efforts to follow the plan and  
648 circumstances beyond the facility's control that caused the  
649 failure. In determining the penalty, the agency shall evaluate  
650 the potential or actual harm to the client's health, safety, and  
651 security caused by the failure; or  
652 ~~6.4.~~ Previously had a license to operate a residential  
653 facility revoked by the agency, the Department of Children and  
654 Families, or the Agency for Health Care Administration; or  
655 (b) The Department of Children and Families has verified that  
656 the applicant is responsible for the abuse, neglect, or  
657 abandonment of a child or the abuse, neglect, or exploitation of  
658 a vulnerable adult.  
659 Section 7. Subsection (1) of section 393.0675, Florida  
660 Statutes, is amended to read:  
661 393.0675 Injunctive proceedings authorized.—  
662 (1) The agency may institute injunctive proceedings in a  
663 court of competent jurisdiction to:  
664 (a) Enforce the provisions of this chapter or any minimum  
665 standard, rule, regulation, or order issued or entered pursuant  
666 thereto; or

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667 (b) Terminate the operation of facilities licensed  
668 pursuant to this chapter when any of the following conditions  
669 exist:

670 1. Failure by the facility to take preventive or  
671 corrective measures in accordance with any order of the agency.

672 2. Failure by the facility to abide by any final order of  
673 the agency once it has become effective and binding.

674 3. Any violation by the facility constituting an emergency  
675 requiring immediate action as provided in s. 393.0673.

676 4. Failed to comply with the requirements for the  
677 comprehensive emergency management plan under this chapter.

678 5. Failed to follow the policies and procedures in the  
679 comprehensive emergency management plan. However, the agency  
680 shall consider the facility's efforts to follow the plan and  
681 circumstances beyond the facility's control that caused the  
682 failure. In determining the penalty, the agency shall evaluate  
683 the potential or actual harm to the client's health, safety, and  
684 security caused by the failure.

685 Section 8. Section 400.102, Florida Statutes, is amended  
686 to read:

687 400.102 Action by agency against licensee; grounds.—In  
688 addition to the grounds listed in part II of chapter 408, any of  
689 the following conditions shall be grounds for action by the  
690 agency against a licensee:

691 (1) An intentional or negligent act materially affecting

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692 the health or safety of residents of the facility;

693 (2) Misappropriation or conversion of the property of a  
694 resident of the facility;

695 (3) Failure to follow the criteria and procedures provided  
696 under part I of chapter 394 relating to the transportation,  
697 voluntary admission, and involuntary examination of a nursing  
698 home resident; ~~or~~

699 (4) Fraudulent altering, defacing, or falsifying any  
700 medical or nursing home records, or causing or procuring any of  
701 these offenses to be committed; or

702 (5) Failure to comply with the requirements for the  
703 comprehensive emergency management plan under this part or s.  
704 408.821.

705 Section 9. Subsection (3) of section 400.19, Florida  
706 Statutes, is amended to read:

707 400.19 Right of entry and inspection.—

708 (3) The agency shall every 15 months conduct at least one  
709 unannounced inspection to determine compliance by the licensee  
710 with statutes, and with rules promulgated under the provisions  
711 of those statutes, governing minimum standards of construction,  
712 requirements for the comprehensive emergency management plan,  
713 quality and adequacy of care, and rights of residents. The  
714 survey shall be conducted every 6 months for the next 2-year  
715 period if the facility has been cited for a class I deficiency,  
716 has been cited for two or more class II deficiencies arising

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717 from separate surveys or investigations within a 60-day period,  
718 or has had three or more substantiated complaints within a 6-  
719 month period, each resulting in at least one class I or class II  
720 deficiency. In addition to any other fees or fines in this part,  
721 the agency shall assess a fine for each facility that is subject  
722 to the 6-month survey cycle. The fine for the 2-year period  
723 shall be \$6,000, one-half to be paid at the completion of each  
724 survey. The agency may adjust this fine by the change in the  
725 Consumer Price Index, based on the 12 months immediately  
726 preceding the increase, to cover the cost of the additional  
727 surveys. The agency shall verify through subsequent inspection  
728 that any deficiency identified during inspection is corrected.  
729 However, the agency may verify the correction of a class III or  
730 class IV deficiency unrelated to resident rights or resident  
731 care without reinspecting the facility if adequate written  
732 documentation has been received from the facility, which  
733 provides assurance that the deficiency has been corrected. The  
734 giving or causing to be given of advance notice of such  
735 unannounced inspections by an employee of the agency to any  
736 unauthorized person shall constitute cause for suspension of not  
737 fewer than 5 working days according to the provisions of chapter  
738 110.

739 Section 10. Paragraph (g) of subsection (2) of section  
740 400.23, Florida Statutes, is amended to read:

741 400.23 Rules; evaluation and deficiencies; licensure

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742 status.—

743 (2) Pursuant to the intention of the Legislature, the  
744 agency, in consultation with the Department of Health and the  
745 Department of Elderly Affairs, shall adopt and enforce rules to  
746 implement this part and part II of chapter 408, which shall  
747 include reasonable and fair criteria in relation to:

748 (g) The preparation and annual update of a comprehensive  
749 emergency management plan. The agency shall adopt rules  
750 establishing minimum criteria for the plan after consultation  
751 with the Division of Emergency Management.

752 1. At a minimum, the rules must provide for plan  
753 components that address:

754 a. Emergency evacuation transportation;

755 b. Adequate sheltering arrangements;

756 c. Postdisaster activities, including emergency power,  
757 food, and water;

758 d. Postdisaster transportation;

759 e. Supplies;

760 f. Hardening;

761 g. Staffing, including which staff are responsible for  
762 implementing each element of the plan, how the facility will  
763 maintain staffing during emergencies, and whether and how the  
764 facility will accommodate family members of staff;

765 h. Emergency equipment;

766 i. Individual identification of residents and transfer of

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767 records; and  
768 j. Responding to family inquiries.  
769 2. Facilities must include information in their plans  
770 about:  
771 a. Whether the facility is located in an evacuation zone;  
772 b. Whether the facility intends to shelter in place or  
773 relocate to another facility;  
774 c. Whether the facility has an emergency power source;  
775 d. How the facility will inform residents and the  
776 resident's designated family member, legal representative, or  
777 guardian when the emergency management plan has been activated;  
778 and  
779 e. A working phone number for the facility for use by the  
780 resident's designated family member, legal representative, or  
781 guardian to make contact postdisaster.  
782 3. A facility must provide to the agency, its residents,  
783 and the resident's designated family member, legal  
784 representative, or guardian the information in subparagraph 2.  
785 and an overview of the facility's comprehensive emergency  
786 management plan and, if appropriate, a description of the  
787 evacuation plan. The agency must post this information on its  
788 consumer information website. Any changes to this information  
789 must be provided to the agency, the facility's residents, and  
790 the resident's designated family member, legal representative,  
791 or guardian within 30 days after the change takes effect.

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792           4. The comprehensive emergency management plan is subject  
793 to review and approval by the local emergency management agency.

794           a. A facility must submit its plan to the local emergency  
795 management agency within 90 days after licensure or change of  
796 ownership and must notify the agency within 30 days after  
797 submission of the plan.

798           b. Such plan must be submitted annually or within 30 days  
799 after any significant modification, as defined by agency rule,  
800 to a previously approved plan.

801           c. During its review, the local emergency management  
802 agency shall ensure that the following agencies, at a minimum,  
803 are given the opportunity to review the plan: the Department of  
804 Elderly Affairs, the Department of Health, the Agency for Health  
805 Care Administration, and the Division of Emergency Management.  
806 Also, appropriate volunteer organizations must be given the  
807 opportunity to review the plan.

808           d. The local emergency management agency shall complete  
809 its review within 60 days and either approve the plan or advise  
810 the facility of necessary revisions. A facility must submit the  
811 requested revisions to the local emergency management agency  
812 within 30 days after receiving written notification from the  
813 local emergency management agency.

814           e. A facility must notify the agency within 30 days after  
815 approval of its plan by the local emergency management agency.

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816 Section 11. Section 400.492, Florida Statutes, is amended  
817 to read:

818 400.492 Provision of services during an emergency.—Each  
819 home health agency shall prepare and maintain a comprehensive  
820 emergency management plan that is consistent with the standards  
821 adopted by national or state accreditation organizations, the  
822 requirements set forth in this section, and ~~consistent with the~~  
823 local special needs plan. The home health agency plan shall be  
824 submit the plan to the county health department for review and  
825 approval within 90 days after the home health agency is licensed  
826 or there is a change of ownership. The plan must be submitted  
827 updated annually or within 30 days after any significant  
828 modification, as defined by agency rule, to a previously  
829 approved plan. The plan and shall document how the agency will  
830 continue to provide for continuing home health services during  
831 an emergency that interrupts patient care or services in the  
832 patient's private residence, assisted living facility, or adult  
833 family care home. The plan shall include identification of the  
834 staff ~~the means by which~~ the home health agency will ~~continue to~~  
835 provide in the special needs shelter ~~staff~~ to perform the same  
836 type and quantity of services for ~~to~~ their patients who evacuate  
837 to special needs shelters as ~~that~~ were being provided to those  
838 patients before ~~prior to~~ evacuation. The plan shall describe how  
839 the home health agency establishes and maintains an effective  
840 response to emergencies and disasters, including, but not

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841 limited to, notifying staff when emergency response measures  
842 are initiated; providing for communication between staff  
843 members, county health departments, and local emergency  
844 management agencies, including a backup system; identifying  
845 resources necessary to continue essential care or services or  
846 referrals to other organizations, subject to written agreement;  
847 ~~and~~ prioritizing and contacting patients who need continued care  
848 or services that are provided by agency staff or by designated  
849 family members or other nonhome health agency caregivers; and  
850 how services will be provided to patients in the event the home  
851 health agency cannot continue to provide services or ceases  
852 operation due to the emergency.

853 (1) The home health agency shall inform each patient and  
854 the patient's legal representative, designated family member, or  
855 guardian of the special needs registry established pursuant to  
856 s. 252.355 and how to register the patient. The home health  
857 agency shall collect and submit to the local emergency  
858 management office a list of registered patients who will need  
859 continuing care or services during an emergency. Each ~~patient~~  
860 record for a patient who is registered under ~~patients who are~~  
861 ~~listed in the registry established pursuant to s. 252.355~~ shall  
862 include a description of how care or services will be continued  
863 in the event of an emergency or disaster and identify designated  
864 staff who will provide such services. The home health agency  
865 shall discuss with the patient and the patient's legal

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866 representative, designated family member, guardian, or nonhome  
867 health agency caregiver and document in his or her record how  
868 the home health agency will continue to provide the same type  
869 and quantity of services, including staffing, to the patient in  
870 his or her private residence, assisted living facility, or adult  
871 family care home, or in the special needs shelter if the patient  
872 evacuates to the special needs shelter, which were being  
873 provided before the emergency or evacuation. The patient's  
874 record shall contain ~~the emergency provisions with the patient~~  
875 ~~and the patient's caregivers, including where and how the~~  
876 ~~patient is to evacuate,~~ procedures for notifying the home health  
877 agency in the event that the patient evacuates to a location  
878 other than the shelter identified in the patient record, and a  
879 list of medications and equipment which must either accompany  
880 the patient or will be needed by the patient in the event of an  
881 evacuation.

882 (2) If the home health agency's patient is a resident of  
883 an assisted living facility or an adult family care home, the  
884 home health agency must contact the assisted living facility or  
885 adult family care home administrator to determine the plans for  
886 evacuation and document the resident's plans in his or her  
887 record.

888 (3) ~~(2)~~ Each home health agency shall create and maintain a  
889 current ~~prioritized~~ list of patients who need continued agency  
890 services during an emergency. The list shall include patients to

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891 be evacuated to a shelter, in private residences, assisted  
892 living facilities, and adult family care homes who require  
893 continued home health agency services. The list shall indicate  
894 how services will ~~shall~~ be continued in the event of an  
895 emergency or disaster for each patient, and if the patient is  
896 remaining in the home or is to be transported to a special needs  
897 shelter, if the patient is listed in the registry established  
898 pursuant to s. 252.355, and shall indicate if the patient is  
899 receiving skilled nursing services, and the patient's medication  
900 and equipment needs. The list shall be furnished to county  
901 health departments and to local emergency management agencies as  
902 part of the home health agency's comprehensive emergency  
903 management plan, upon request. The list shall be updated  
904 annually or each time a patient is identified as needing  
905 services during an emergency.

906 (4) (3) A home health agency is agencies shall not be  
907 required to continue to provide care to patients in emergency  
908 situations that are beyond its ~~their~~ control and that make it  
909 impossible to provide services, such as when roads are  
910 impassable or when the patient does ~~patients do~~ not go to the  
911 location specified in the patient's record ~~their patient~~  
912 ~~records.~~ If a home health agency is unable to continue to  
913 provide services or ceases operation due to situations beyond  
914 its control, the home health agency must notify the patient  
915 whose services will be discontinued during the emergency and the

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916 local emergency operations center as soon as possible. If the  
917 home health agency is providing services to residents of  
918 assisted living facilities and adult family care homes, the home  
919 health agency must make arrangements for continuation of  
920 services and notify the local emergency operations center of  
921 such arrangements. Home health agencies shall ~~may~~ establish  
922 links to local emergency operations centers to determine a  
923 mechanism by which to approach specific areas within a disaster  
924 area in order for the agency to reach its clients. When a home  
925 health agency is unable to continue providing services during an  
926 emergency, the home health agency ~~agencies~~ shall document its  
927 efforts ~~demonstrate a good faith effort~~ to comply with the  
928 requirements of its comprehensive emergency management plan and  
929 this subsection, including ~~by documenting~~ attempts by ~~of~~ staff  
930 to contact the patient and the patient's designated family  
931 member, legal representative, guardian, or nonhome health agency  
932 caregiver, if applicable; contact the resident's assisted living  
933 facility or adult family care home, if applicable; contact the  
934 local emergency operations centers to obtain assistance in  
935 contacting patients; and contact other agencies that may be able  
936 to provide temporary services. The home health agency must also  
937 document attempts by staff to follow procedures outlined in the  
938 home health agency's comprehensive emergency management plan~~7~~  
939 and in ~~by~~ the patient's record~~7~~ which support a finding that the  
940 provision of continuing care has been attempted for those

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941 patients who have been identified as needing care by the home  
942 health agency in his or her private residence, assisted living  
943 facility, or adult family care home and the patients who are  
944 registered under s. 252.355, in the event of an emergency or  
945 disaster under subsection (1). The agency shall review the  
946 documentation required by this section during any inspection  
947 conducted under part II of this chapter to determine the home  
948 health agency's compliance with its emergency plan.

949 ~~(5)-(4)~~ Notwithstanding the provisions of s. 400.464(2) or  
950 any other provision of law to the contrary, a home health agency  
951 may provide services in a special needs shelter located in any  
952 county.

953 Section 12. Subsection (10) of section 400.497, Florida  
954 Statutes, is amended to read:

955 400.497 Rules establishing minimum standards.—The agency  
956 shall adopt, publish, and enforce rules to implement part II of  
957 chapter 408 and this part, including, as applicable, ss. 400.506  
958 and 400.509, which must provide reasonable and fair minimum  
959 standards relating to:

960 (10) Preparation of and compliance with a comprehensive  
961 emergency management plan pursuant to s. 400.492.

962 (a) The Agency for Health Care Administration shall adopt  
963 rules establishing minimum criteria for the plan and plan  
964 updates, with the concurrence of the Department of Health and in  
965 consultation with the Division of Emergency Management.

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966 (b) The rules must address the requirements in s. 400.492.  
967 In addition, the rules shall provide for the maintenance of  
968 patient-specific medication lists that can accompany patients  
969 who are transported from their private residence, assisted  
970 living facility, or adult family care home ~~homes~~.

971 (c) The plan is subject to review and approval by the  
972 county health department. During its review, the county health  
973 department shall contact state and local health and medical  
974 stakeholders when necessary. The county health department shall  
975 complete its review to ensure that the plan is in accordance  
976 with the criteria in the Agency for Health Care Administration  
977 rules within 90 days after receipt of the plan and shall approve  
978 the plan or advise the home health agency of necessary  
979 revisions. If the home health agency fails to submit a plan or  
980 fails to submit the requested information or revisions to the  
981 county health department within 30 days after written  
982 notification from the county health department, the county  
983 health department shall, within 10 days after the home health  
984 agency's failure to comply, notify the Agency for Health Care  
985 Administration. The agency shall notify the home health agency  
986 that its failure constitutes a deficiency, subject to a fine of  
987 \$5,000 per occurrence. If either the initial or annual ~~the~~ plan  
988 is not submitted, information is not provided, or revisions are  
989 not made as requested, the agency may impose the fine. If the  
990 fine is not imposed against the home health agency, the agency

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991 must document in the home health agency's file the reason the  
992 fine was not imposed.

993 (d) For any home health agency that operates in more than  
994 one county, the home health agency must submit its plan to the  
995 Department of Health. The department shall review the plan,  
996 after consulting with state and local health and medical  
997 stakeholders when necessary. The department shall complete its  
998 review within 90 days after receipt of the plan and shall  
999 approve the plan or advise the home health agency of necessary  
1000 revisions. The department shall make every effort to avoid  
1001 imposing differing requirements on a home health agency that  
1002 operates in more than one county as a result of differing or  
1003 conflicting comprehensive plan requirements of the counties in  
1004 which the home health agency operates. If the home health agency  
1005 fails to submit a plan or fails to submit requested information  
1006 or revisions to the Department of Health within 30 days after  
1007 written notification from the department, the department must  
1008 notify the Agency for Health Care Administration within 10 days  
1009 after the home health agency's failure to comply. The agency  
1010 shall notify the home health agency that its failure constitutes  
1011 a deficiency, subject to a fine of \$5,000 per occurrence. If the  
1012 plan is not submitted, information is not provided, or revisions  
1013 are not made as requested, the agency may impose the fine. If  
1014 the fine is not imposed against the home health agency, the  
1015 agency must document in the home health agency's file the reason

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1016 | the fine was not imposed.

1017 | (e) The requirements in this subsection do not apply to:

1018 | 1. A facility that is certified under chapter 651 and has  
1019 | a licensed home health agency used exclusively by residents of  
1020 | the facility; or

1021 | 2. A retirement community that consists of residential  
1022 | units for independent living and either a licensed nursing home  
1023 | or an assisted living facility, and has a licensed home health  
1024 | agency used exclusively by the residents of the retirement  
1025 | community, provided the comprehensive emergency management plan  
1026 | for the facility or retirement community provides for continuous  
1027 | care of all residents with special needs during an emergency.

1028 | Section 13. Subsection (12) of section 400.506, Florida  
1029 | Statutes, is amended to read:

1030 | 400.506 Licensure of nurse registries; requirements;  
1031 | penalties.—

1032 | (12) Each nurse registry shall prepare and maintain a  
1033 | comprehensive emergency management plan that is consistent with  
1034 | the criteria in this subsection and with the local special needs  
1035 | plan. The plan shall be submitted to the county health  
1036 | department for review and approval within 90 days after the  
1037 | nurse registry is licensed or there is a change of ownership.  
1038 | The plan must be updated annually or within 30 days after any  
1039 | significant modification, as defined by agency rule, to a  
1040 | previously approved plan. The plan shall document how ~~include~~

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1041 ~~the means by which~~ the nurse registry will facilitate the  
1042 provision of ~~continue to provide~~ the same type and quantity of  
1043 services by persons referred for contract to each patient who  
1044 remains in his or her private residence, assisted living  
1045 facility, or adult family care home or who evacuates its  
1046 ~~patients who evacuate~~ to special needs shelters which were being  
1047 provided to ~~those patients~~ before the emergency ~~prior to~~  
1048 evacuation. ~~The plan shall specify how the nurse registry shall~~  
1049 ~~facilitate the provision of continuous care by persons referred~~  
1050 ~~for contract to persons who are registered pursuant to s.~~  
1051 ~~252.355 during an emergency that interrupts the provision of~~  
1052 ~~care or services in private residences.~~ Nurse registries shall  
1053 ~~may~~ establish links to local emergency operations centers to  
1054 determine a mechanism by which to approach specific areas within  
1055 a disaster area in order for a provider to reach its clients. A  
1056 nurse registry shall document its efforts ~~registries shall~~  
1057 ~~demonstrate a good faith effort~~ to comply with the requirements  
1058 of its comprehensive emergency management plan and this  
1059 subsection in the patient's records, including ~~by documenting~~  
1060 attempts ~~by~~ ~~of~~ staff to contact the patient and the patient's  
1061 designated family member, legal representative, guardian, or  
1062 other person who provides care; contact the resident's assisted  
1063 living facility or adult family care home, if applicable;  
1064 contact the local emergency operations centers to obtain  
1065 assistance in contacting patients; and contact other agencies

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1066 that may be able to provide temporary services. The nurse  
1067 registry must also document attempts by staff to follow  
1068 procedures outlined in the nurse registry's comprehensive  
1069 emergency management plan which support a finding that the  
1070 provision of continuing care has been attempted for patients  
1071 identified as needing care by the nurse registry either in home  
1072 or in a special needs shelter ~~and registered under s. 252.355~~ in  
1073 the event of an emergency under this subsection.

1074 (a) All persons referred for contract who care for  
1075 patients ~~persons~~ registered pursuant to s. 252.355 must include  
1076 in the patient record a description of how the person referred  
1077 for contract will continue to provide the same type and quantity  
1078 of services to the patient ~~care will be continued~~ during a  
1079 disaster or emergency that interrupts the provision of care ~~in~~  
1080 ~~the patient's home~~. It shall be the responsibility of the person  
1081 referred for contract to ensure that continuous care is  
1082 provided.

1083 (b) ~~A Each~~ nurse registry shall create and maintain a  
1084 current ~~prioritized~~ list of patients in private residences,  
1085 assisted living facilities, or adult family care homes who are  
1086 registered pursuant to s. 252.355 and are under the care of  
1087 persons referred for contract and who need continued services  
1088 during an emergency. This list shall indicate, for each patient,  
1089 if the client is to be transported to a special needs shelter  
1090 and if the patient is receiving skilled nursing services. A

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1091 nurse registry registries shall make this list available to  
1092 county health departments and to local emergency management  
1093 agencies as part of its comprehensive emergency management plan  
1094 upon request. The list shall be updated annually or each time a  
1095 patient is identified as needing services during an emergency.

1096 (c) A ~~Each~~ person referred for contract who is caring for  
1097 a patient who is registered pursuant to s. 252.355 shall provide  
1098 a list of the patient's medication and equipment needs to the  
1099 nurse registry. Each nurse registry ~~person referred for contract~~  
1100 shall make this information available to county health  
1101 departments and to local emergency management agencies ~~upon~~  
1102 ~~request.~~

1103 (d) A ~~Each~~ person referred for contract is ~~shall~~ not ~~be~~  
1104 required to continue to provide care to patients in emergency  
1105 situations that are beyond the person's control and that make it  
1106 impossible to provide services, such as when roads are  
1107 impassable or when patients do not go to the location specified  
1108 in their patient records. It is the responsibility of the nurse  
1109 registry to contact another person available for referral to  
1110 provide care for the patient. If the nurse registry is unable to  
1111 continue to provide services or ceases operation due to  
1112 situations beyond its control, the nurse registry must notify  
1113 the patient whose services will be discontinued during the  
1114 emergency and the local emergency management operations center  
1115 as soon as possible. If the nurse registry is providing services

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1116 to residents of assisted living facilities or adult family care  
1117 homes, it must make arrangements for continuation of services  
1118 and notify the local emergency operations center of such  
1119 arrangement. When a nurse registry is unable to continue to  
1120 provide services during the emergency, the nurse registry shall  
1121 document its efforts to comply with the requirements of its  
1122 comprehensive emergency management plan and this subsection by  
1123 documenting attempts of the registry or its staff to contact the  
1124 patient and the patient's designated family member, legal  
1125 representative, guardian, or other caregiver, if applicable;  
1126 contact the resident's assisted living facility or adult family  
1127 care home, if applicable; contact the local emergency operations  
1128 centers to obtain assistance in contacting patients and contact  
1129 other agencies that may be able to provide temporary services.  
1130 The agency shall review the documentation required by this  
1131 section during any inspection conducted pursuant to part II of  
1132 this chapter to determine the nurse registry's compliance with  
1133 its emergency plan.

1134 (e) The comprehensive emergency management plan required  
1135 by this subsection is subject to review and approval by the  
1136 county health department. During its review, the county health  
1137 department shall contact state and local health and medical  
1138 stakeholders when necessary. The county health department shall  
1139 complete its review to ensure that the plan complies with the  
1140 criteria in this section and the Agency for Health Care

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1141 Administration rules within 90 days after receipt of the plan  
1142 and shall either approve the plan or advise the nurse registry  
1143 of necessary revisions. If a nurse registry fails to submit a  
1144 plan or fails to submit requested information or revisions to  
1145 the county health department within 30 days after written  
1146 notification from the county health department, the county  
1147 health department shall, within 10 days after the nurse  
1148 registry's failure to comply, notify the Agency for Health Care  
1149 Administration. The agency shall notify the nurse registry that  
1150 its failure constitutes a deficiency, subject to a fine of  
1151 \$5,000 per occurrence. If either the initial or annual plan is  
1152 not submitted, information is not provided, or revisions are not  
1153 made as requested, the agency may impose the fine. If the fine  
1154 is not imposed against the nurse registry, the agency must  
1155 document in the nurse registry's file the reason the fine was  
1156 not imposed.

1157 (f) The Agency for Health Care Administration shall adopt  
1158 rules establishing minimum criteria for the comprehensive  
1159 emergency management plan and plan updates required by this  
1160 subsection, with the concurrence of the Department of Health and  
1161 in consultation with the Division of Emergency Management.

1162 Section 14. Subsection (3) of section 408.813, Florida  
1163 Statutes, is amended to read:

1164 408.813 Administrative fines; violations.—As a penalty for  
1165 any violation of this part, authorizing statutes, or applicable

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1166 rules, the agency may impose an administrative fine.

1167 (3) The agency may impose an administrative fine for a  
1168 violation that is not designated as a class I, class II, class  
1169 III, or class IV violation. Unless otherwise specified by law,  
1170 the amount of the fine may not exceed \$500 for each violation.

1171 Unclassified violations include:

1172 (a) Violating any term or condition of a license.

1173 (b) Violating any provision of this part, authorizing  
1174 statutes, or applicable rules.

1175 (c) Exceeding licensed capacity.

1176 (d) Providing services beyond the scope of the license.

1177 (e) Violating a moratorium imposed pursuant to s. 408.814.

1178 (f) Failure to have an approved comprehensive emergency  
1179 management plan as required by authorizing statutes.

1180 (g) Failure to enter into and maintain agreements required  
1181 by s. 252.355(4) (b) by July 1, 2019.

1182 Section 15. Section 408.821, Florida Statutes, is amended  
1183 to read:

1184 408.821 Emergency management planning; emergency  
1185 operations; inactive license.—

1186 (1) A licensee required by authorizing statutes to have an  
1187 comprehensive emergency management operations plan must  
1188 designate a safety liaison to serve as the primary contact for  
1189 emergency operations.

1190 (2) A licensee required by authorizing statutes to have a



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1191 comprehensive emergency management plan must conduct annual  
1192 staff training on the policies and procedures for implementing  
1193 the emergency operations plan within 2 months before the start  
1194 of hurricane season, including testing of the implementation of  
1195 the plan, either in a planned drill or in response to a disaster  
1196 or an emergency. New staff must receive such training within 30  
1197 days after commencement of employment. Such training for new  
1198 staff is not required to include testing of the implementation  
1199 of the plan if testing is impracticable. Documentation of the  
1200 training and testing, including evaluation of the outcome of the  
1201 training and testing and modifications to the plan to address  
1202 inadequacies must be provided to the agency and the local  
1203 emergency management agency within 30 days after the training  
1204 and testing is finished. The evaluation must include a survey of  
1205 staff to determine their familiarity with the plan.

1206 (3) Failure to follow the policies and procedures in the  
1207 licensee's comprehensive emergency management plan is grounds  
1208 for action by the agency against a licensee. The agency shall  
1209 consider the licensee's efforts to follow the plan and  
1210 circumstances beyond the licensee's control that caused the  
1211 failure. In determining the penalty, the agency shall evaluate  
1212 the potential or actual harm to the client's health, safety, and  
1213 security caused by the failure.

1214 (4)~~(2)~~ An entity subject to this part may temporarily  
1215 exceed its licensed capacity to act as a receiving provider in

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1216 accordance with an approved comprehensive emergency management  
1217 ~~operations~~ plan for up to 15 days. While in an overcapacity  
1218 status, each provider must furnish or arrange for appropriate  
1219 care and services to all clients. In addition, the agency may  
1220 approve requests for overcapacity in excess of 15 days, which  
1221 approvals may be based upon satisfactory justification and need  
1222 as provided by the receiving and sending providers.

1223 ~~(5)~~(3)(a) An inactive license may be issued to a licensee  
1224 subject to this section when the provider is located in a  
1225 geographic area in which a state of emergency was declared by  
1226 the Governor if the provider:

1227 1. Suffered damage to its operation during the state of  
1228 emergency.

1229 2. Is currently licensed.

1230 3. Does not have a provisional license.

1231 4. Will be temporarily unable to provide services but is  
1232 reasonably expected to resume services within 12 months.

1233 (b) An inactive license may be issued for a period not to  
1234 exceed 12 months but may be renewed by the agency for up to 12  
1235 additional months upon demonstration to the agency of progress  
1236 toward reopening. A request by a licensee for an inactive  
1237 license or to extend the previously approved inactive period  
1238 must be submitted in writing to the agency, accompanied by  
1239 written justification for the inactive license, which states the  
1240 beginning and ending dates of inactivity and includes a plan for

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1241 the transfer of any clients to other providers and appropriate  
1242 licensure fees. Upon agency approval, the licensee shall notify  
1243 clients of any necessary discharge or transfer as required by  
1244 authorizing statutes or applicable rules. The beginning of the  
1245 inactive licensure period shall be the date the provider ceases  
1246 operations. The end of the inactive period shall become the  
1247 license expiration date, and all licensure fees must be current,  
1248 must be paid in full, and may be prorated. Reactivation of an  
1249 inactive license requires the prior approval by the agency of a  
1250 renewal application, including payment of licensure fees and  
1251 agency inspections indicating compliance with all requirements  
1252 of this part and applicable rules and statutes.

1253 (6)(4) The agency may adopt rules relating to emergency  
1254 management planning, communications, and operations. Licensees  
1255 providing residential or inpatient services must utilize an  
1256 online database established and maintained ~~approved~~ by the  
1257 agency to report information to the agency regarding the  
1258 provider's emergency status, planning, or operations. The agency  
1259 shall provide the Department of Health with direct access to the  
1260 online database. The agency may adopt rules requiring other  
1261 providers to use the online database for reporting the  
1262 provider's emergency status, planning, or operations.

1263 Section 16. Paragraph (1) is added to subsection (1) of  
1264 section 429.14, Florida Statutes, to read:

1265 429.14 Administrative penalties.—

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1266 (1) In addition to the requirements of part II of chapter  
1267 408, the agency may deny, revoke, and suspend any license issued  
1268 under this part and impose an administrative fine in the manner  
1269 provided in chapter 120 against a licensee for a violation of  
1270 any provision of this part, part II of chapter 408, or  
1271 applicable rules, or for any of the following actions by a  
1272 licensee, any person subject to level 2 background screening  
1273 under s. 408.809, or any facility staff:

1274 (1) Failure to comply with the requirements for the  
1275 comprehensive emergency management plan under this part or s.  
1276 408.821.

1277 Section 17. Subsection (3) of section 429.28, Florida  
1278 Statutes, is amended to read:

1279 429.28 Resident bill of rights.-

1280 (3)(a) The agency shall conduct a survey to determine  
1281 general compliance with facility standards, requirements for the  
1282 comprehensive emergency management plan, and ~~compliance with~~  
1283 residents' rights as a prerequisite to initial licensure or  
1284 licensure renewal. The agency shall adopt rules for uniform  
1285 standards and criteria that will be used to determine compliance  
1286 with facility standards, requirements for the comprehensive  
1287 emergency management plan, and ~~compliance with~~ residents'  
1288 rights.

1289 (b) In order to determine whether the facility is  
1290 adequately protecting residents' rights, the biennial survey

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1291 shall include private informal conversations with a sample of  
1292 residents and consultation with the ombudsman council in the  
1293 district in which the facility is located to discuss residents'  
1294 experiences within the facility.

1295 ~~(c) During any calendar year in which no survey is~~  
1296 ~~conducted, the agency shall conduct at least one monitoring~~  
1297 ~~visit of each facility cited in the previous year for a class I~~  
1298 ~~or class II violation, or more than three uncorrected class III~~  
1299 ~~violations.~~

1300 ~~(d) The agency may conduct periodic followup inspections~~  
1301 ~~as necessary to monitor the compliance of facilities with a~~  
1302 ~~history of any class I, class II, or class III violations that~~  
1303 ~~threaten the health, safety, or security of residents.~~

1304 ~~(e) The agency may conduct complaint investigations as~~  
1305 ~~warranted to investigate any allegations of noncompliance with~~  
1306 ~~requirements required under this part or rules adopted under~~  
1307 ~~this part.~~

1308 Section 18. Subsection (2) of section 429.34, Florida  
1309 Statutes, is amended to read:

1310 429.34 Right of entry and inspection.-

1311 (2) (a) In addition to the requirements of s. 408.811, the  
1312 agency may inspect and investigate facilities as necessary to  
1313 determine compliance with this part, part II of chapter 408, and  
1314 rules adopted thereunder ~~The agency shall inspect each licensed~~  
1315 ~~assisted living facility at least once every 24 months to~~

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1316 ~~determine compliance with this chapter and related rules.~~ If an  
1317 assisted living facility is cited for a class I violation or  
1318 three or more class II violations arising from separate surveys  
1319 within a 60-day period or due to unrelated circumstances during  
1320 the same survey, the agency must conduct an additional licensure  
1321 inspection within 6 months.

1322 (b) During any calendar year in which a survey is not  
1323 conducted, the agency may conduct monitoring visits of each  
1324 facility cited in the previous year for a class I or class II  
1325 violation or for more than three uncorrected class III  
1326 violations.

1327 (c) The agency shall conduct periodic followup inspections  
1328 as necessary to monitor the compliance of facilities with a  
1329 history of any violations related to the requirements for the  
1330 comprehensive emergency management plan.

1331 Section 19. Paragraph (b) of subsection (1) of section  
1332 429.41, Florida Statutes, is amended to read:

1333 429.41 Rules establishing standards.-

1334 (1) It is the intent of the Legislature that rules  
1335 published and enforced pursuant to this section shall include  
1336 criteria by which a reasonable and consistent quality of  
1337 resident care and quality of life may be ensured and the results  
1338 of such resident care may be demonstrated. Such rules shall also  
1339 ensure a safe and sanitary environment that is residential and  
1340 noninstitutional in design or nature. It is further intended

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1341 that reasonable efforts be made to accommodate the needs and  
1342 preferences of residents to enhance the quality of life in a  
1343 facility. Uniform firesafety standards for assisted living  
1344 facilities shall be established by the State Fire Marshal  
1345 pursuant to s. 633.206. The agency, in consultation with the  
1346 department, may adopt rules to administer the requirements of  
1347 part II of chapter 408. In order to provide safe and sanitary  
1348 facilities and the highest quality of resident care  
1349 accommodating the needs and preferences of residents, the  
1350 department, in consultation with the agency, the Department of  
1351 Children and Families, and the Department of Health, shall adopt  
1352 rules, policies, and procedures to administer this part, which  
1353 must include reasonable and fair minimum standards in relation  
1354 to:

1355 (b) The preparation and annual update of a comprehensive  
1356 emergency management plan. Such standards must be included in  
1357 the rules adopted by the department after consultation with the  
1358 Division of Emergency Management.

1359 1. At a minimum, the rules must provide for plan  
1360 components that address:

1361 a. Emergency evacuation transportation;

1362 b. Adequate sheltering arrangements;

1363 c. Postdisaster activities, including provision of  
1364 emergency power, food, and water;

1365 d. Postdisaster transportation;

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- 1366        e. Supplies;  
1367        f. Hardening;  
1368        g. Staffing, including which staff are responsible for  
1369 implementing each element of the plan, how the facility will  
1370 maintain staffing during emergencies, and whether and how the  
1371 facility will accommodate family members of staff;  
1372        h. Emergency equipment;  
1373        i. Individual identification of residents and transfer of  
1374 records;  
1375        j. Communication with families; and  
1376        k. Responses to family inquiries.  
1377        2. Facilities must include information in their plans  
1378 about:  
1379        a. Whether the facility is located in an evacuation zone;  
1380        b. Whether the facility intends to shelter in place or  
1381 relocate to another facility;  
1382        c. Whether the facility has an emergency power source;  
1383        d. How the facility will inform residents and the  
1384 resident's designated family member, legal representative, or  
1385 guardian when the emergency management plan has been activated;  
1386 and  
1387        e. A working phone number for the facility for use by the  
1388 resident's designated family member, legal representative, or  
1389 guardian to make contact postdisaster.  
1390        3. A facility must provide to the agency, its residents,



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1391 and the resident's designated family member, legal  
1392 representative, or guardian the information in subparagraph 2.  
1393 and an overview of the facility's comprehensive emergency  
1394 management plan and, if appropriate, a description of the  
1395 evacuation plan. The agency must post this information on its  
1396 consumer information website. Any changes to this information  
1397 must be provided to the agency, the facility's residents, and  
1398 the resident's designated family member, legal representative,  
1399 or guardian within 30 days after the change takes effect.

1400 4. The comprehensive emergency management plan is subject  
1401 to review and approval by the local emergency management agency.

1402 a. A facility must submit its plan to the local emergency  
1403 management agency within 90 days after licensure and change of  
1404 ownership and must notify the agency within 30 days after  
1405 submission of the plan.

1406 b. Such plan must be submitted annually or within 30 days  
1407 after any significant modification, as defined by agency rule,  
1408 to a previously approved plan.

1409 c. During its review, the local emergency management  
1410 agency shall ensure that the following agencies, at a minimum,  
1411 are given the opportunity to review the plan: the Department of  
1412 Elderly Affairs, the Department of Health, the Agency for Health  
1413 Care Administration, and the Division of Emergency Management.  
1414 Also, appropriate volunteer organizations must be given the  
1415 opportunity to review the plan.

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1416 d. The local emergency management agency shall complete  
1417 its review within 60 days and either approve the plan or advise  
1418 the facility of necessary revisions. A facility must submit the  
1419 requested revisions to the local emergency management agency  
1420 within 30 days after receiving written notification from the  
1421 local emergency management agency.

1422 e. A facility must notify the agency within 30 days after  
1423 approval of its plan by the local emergency management agency.

1424 Section 20. (1) For the 2018-2019 fiscal year, 11 full-time  
1425 equivalent positions, with associated salary rate of 458,789,  
1426 are authorized and the sums of \$81,095 in recurring funds from  
1427 the Administrative Trust Fund, \$706,525 in recurring funds from  
1428 the Health Care Trust Fund, and \$60,134 in nonrecurring funds  
1429 from the Health Care Trust Fund are appropriated to the Agency  
1430 for Health Care Administration for the purpose of implementing  
1431 the oversight and enforcement requirements of this act.

1432 (2) For the 2018-2019 fiscal year, \$300,000 in recurring  
1433 funds from the Health Care Trust Fund are appropriated to the  
1434 Agency for Health Care Administration for the purpose of  
1435 implementing technology changes necessary to implement this act.

1436 (3) For the 2018-2019 fiscal year, 10 full-time equivalent  
1437 positions, with associated salary rate of 407,212 are authorized  
1438 and the sums of \$744,289 in recurring funds from the General  
1439 Revenue Fund, \$562,140 in recurring funds from the County Health  
1440 Department Trust Fund, \$44,740 in nonrecurring funds from the

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1441 General Revenue Fund, and \$35,792 in nonrecurring funds from the  
1442 County Health Department Trust Fund are appropriated to the  
1443 Department of Health for the purpose of implementing the special  
1444 needs registry and comprehensive emergency management plan  
1445 requirements of this act.

1446 (4) For the 2018-2019 fiscal year, \$879,955 in recurring  
1447 funds from the General Revenue Fund and \$169,480 in nonrecurring  
1448 funds from the General Revenue Fund are appropriated to the  
1449 Department of Health for the purpose of implementing technology  
1450 changes necessary to implement this act.

1451 Section 21. This act shall take effect July 1, 2018.

1452

1453 -----

1454

**T I T L E A M E N D M E N T**

1455

Remove lines 133-155 and insert:

1456

required by authorizing statutes to have a comprehensive  
1457 emergency management plan to conduct annual staff training on  
1458 the policies and procedures for implementing the plan within a  
1459 specified timeframe; providing for agency action for failure to  
1460 comply; amending s. 429.14, F.S.; authorizing the agency to deny  
1461 or revoke the license of an assisted living facility for failure  
1462 to comply with comprehensive emergency management plan  
1463 requirements; amending s. 429.28, F.S.; revising the assisted  
1464 living facility resident bill of rights to include a requirement  
1465 that the agency determine compliance with the facility's

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1466 comprehensive emergency management plan; deleting a requirement  
1467 that the agency conduct at least one monitoring visit under  
1468 certain circumstances; deleting provisions authorizing the  
1469 agency to conduct periodic followup inspections and complaint  
1470 investigations under certain circumstances; amending s. 429.34,  
1471 F.S., authorizing the agency to inspect and investigate assisted  
1472 living facilities as necessary to determine compliance with  
1473 certain laws; removing a provision requiring the agency to  
1474 inspect each licensed assisted living facility at least  
1475 biennially; authorizing the agency to conduct monitoring visits  
1476 of each facility cited for prior violations under certain  
1477 circumstances; requiring the agency to conduct followup  
1478 inspections to monitor compliance with requirements for the  
1479 comprehensive emergency management plan under certain  
1480 circumstances; amending s. 429.41, F.S.; directing the agency to  
1481 require facilities licensed under ch. 429, F.S., to include  
1482 additional components in their comprehensive emergency  
1483 management plans; requiring a facility to provide information  
1484 regarding its plan and any changes thereto to designated  
1485 individuals, the agency, and the local emergency management  
1486 agency within a specified timeframe; providing an appropriation  
1487 to the Agency for Health Care Administration and the Department  
1488 of Health; providing an effective date.