1 A bill to be entitled 2 An act relating to health care disaster preparedness 3 and response; amending s. 252.355, F.S.; directing the 4 Department of Health, in coordination with the 5 Division of Emergency Management and local emergency 6 management agencies to maintain a statewide registry 7 of persons with special needs; requiring the 8 department to develop and maintain a statewide special 9 needs shelter registration program; creating the 10 Special Needs Shelter Registry Work Group; providing 11 for membership and meetings; directing the work group 12 to develop the uniform special needs registration form by a certain date; requiring local emergency 13 14 management agencies to exclusively use the statewide registry to register persons for special needs 15 16 shelters; requiring local emergency management 17 agencies to enter into agreements with certain 18 hospitals to shelter certain individuals; requiring 19 the Department of Health to assist local emergency management agencies with developing alternative 20 21 sheltering options for persons deemed ineligible for a 22 special needs shelter; authorizing local emergency 23 management agencies to coordinate with the Agency for 24 Health Care Administration for placement of certain 25 persons deemed ineligible for a special needs shelter

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in certain circumstances; creating s. 252.3591, F.S.; requiring local emergency management agencies to establish a procedure for authorizing employees of health care facilities to enter and remain in curfew areas during a declared emergency or disaster; authorizing a law enforcement officer to specify a permissible route of ingress or egress for an authorized person; amending s. 381.0303, F.S.; directing the department to recruit faculty and students from state university and college health care programs to staff special needs shelters; authorizing certain employees of state agencies, universities, and colleges to staff local special needs shelters; requiring the department to reimburse a state agency, university, or college employee who staffs a special needs shelters at the request of the department; deleting a provision specifying that the submission of emergency management plans to county health departments is contingent upon a specified appropriation by the department; amending s. 393.0651, F.S.; requiring the Agency for Persons with Disabilities to develop a personal disaster plan for each client receiving services under the home and community-based services Medicaid waiver program and update such plan annually; amending s. 393.067, F.S.;

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requiring the agency to determine compliance with specified requirements by entities licensed by the agency; directing the agency to require facilities licensed under ch. 393, F.S., to include additional components in their comprehensive emergency management plans; requiring a facility to provide information regarding its plan and any changes thereto to designated individuals, the agency, and the local emergency management agency within a specified timeframe; requiring a facility to conduct specified staff training on the policies and procedures for implementing the plan; requiring the agency to communicate before the disaster impacts the area which service provision requirements may be waived during the emergency; amending s. 393.0673, F.S.; authorizing the agency to discipline or refuse to issue or renew a facility's license for failure to comply with the requirements of the comprehensive emergency management plan or to follow the policies or procedures in the plan during a disaster; amending s. 393.0675, F.S.; authorizing the agency to pursue injunctive proceedings against a facility for failure to comply with the requirements of the comprehensive emergency management plan or to follow the policies or procedures in the plan during a disaster; amending s.

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400.102, F.S.; providing additional grounds for action by the agency against a licensee; amending s. 400.19, F.S.; requiring the Agency for Health Care Administration to conduct certain unannounced inspections of any facility licensed under part II of ch. 400, F.S., a district nursing home unit in a hospital, and certain freestanding facilities licensed under ch. 395, F.S., to determine compliance with comprehensive emergency management plan requirements; amending s. 400.23, F.S.; directing the agency to require facilities licensed under part II of ch. 400, F.S., to include additional components in their comprehensive emergency management plans; requiring a facility to provide information regarding its plan and any changes thereto to designated individuals, the agency, and the local emergency management agency within a specified timeframe; amending s. 400.492, F.S.; revising requirements with respect to the comprehensive emergency management plans of home health agencies to include the means by which continuing services will be provided to patients in private residences, assisted living facilities, or adult family care homes and patients who evacuate to special needs shelters; providing requirements for notification of patients and designated interested

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parties; requiring the list of patients needing continued home health agency care to include certain patients; requiring home health agencies to demonstrate a good faith effort to attempt to provide services by documenting staff attempts to follow procedures outlined in the comprehensive emergency management plan; amending s. 400.497, F.S.; providing deadlines for submission and approval of a home health agency's comprehensive emergency management plan; authorizing the Agency for Health Care Administration to impose a fine on a home health agency for failure to comply with plan requirements and submission deadlines; amending s. 400.506, F.S.; revising requirements with respect to the comprehensive emergency management plans of nurse registries to include the means by which continuing services will be provided to certain patients who remain at home or in an assisted living facility or adult family care home or who evacuate to a special needs shelter; requiring a nurse registry to document efforts to comply with plan requirements; providing requirements for notification of patients and designated interested parties; requiring the list of patients needing continued care to include certain patients; providing additional responsibilities of a nurse registry;

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providing deadlines for plan submission and approval; amending s. 408.813, F.S.; authorizing the agency to impose a fine on a health care provider regulated under part II of ch. 408, F.S., for failure to have an approved comprehensive emergency management plan and for failure to have certain agreements after a certain date; amending s. 408.821, F.S.; requiring licensees required by authorizing statutes to have an emergency operations plan to conduct annual staff training on the policies and procedures for implementing the emergency operations plan within a specified timeframe; providing for agency action for failure to comply; amending s. 429.14, F.S.; authorizing the agency to deny or revoke the license of an assisted living facility for failure to comply with comprehensive emergency management plan requirements; amending s. 429.28, F.S.; revising the assisted living facility resident bill of rights to include a requirement that the agency determine compliance with the facility's comprehensive emergency management plan and conduct followup inspections to monitor compliance under certain circumstances; amending s. 429.41, F.S.; directing the agency to require facilities licensed under ch. 429, F.S., to include additional components in their comprehensive emergency management plans;

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requiring a facility to provide information regarding its plan and any changes thereto to designated individuals, the agency, and the local emergency management agency within a specified timeframe; providing an effective date.

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

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

252.355 Registry of persons with special needs; notice; registration program.—

- (1) In order to meet the special needs of persons who would need assistance during evacuations and sheltering because of physical, mental, cognitive impairment, or sensory disabilities, the <u>Department of Health division</u>, in coordination with the division and each local emergency management agency in the state, shall maintain a <u>statewide</u> registry of persons with special needs <u>located within the jurisdiction of the local agency</u>. The registration shall identify those persons in need of assistance and plan for resource allocation to meet those identified needs.
- (2) In order to ensure that all persons with special needs may register, The Department of Health division shall develop and maintain a statewide special needs shelter registration

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program. The registration program must be developed by January

1, 2015, and fully implemented by March 1, 2015.

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

- 1. Identify those persons in need of assistance and plan for resource allocation to meet those identified needs.
- 2. Include, at a minimum, a uniform registration form and a database for uploading and storing submitted registration forms that may be accessed by the Department of Health, the division, and local emergency management agencies.
- (b) The registration program must be developed by January 1, 2019, and fully implemented by March 1, 2019.
- (a) The registration program shall include, at a minimum, a uniform electronic registration form and a database for uploading and storing submitted registration forms that may be accessed by the appropriate local emergency management agency. The link to the registration form shall be easily accessible on each local emergency management agency's website. Upon receipt of a paper registration form, the local emergency management agency shall enter the person's registration information into the database.
- (3) The Department of Health shall develop the uniform registration form based upon recommendations of the Special Needs Shelter Registry Work Group.
 - (a) The Special Needs Shelter Registry Work Group is

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created within the Department of Health for the purpose of
making recommendations for the development of the uniform
registration form. The Department of Health shall use existing
and available resources to administer and support the activities
of the work group. Members of the work group shall serve without
compensation and are not entitled to reimbursement for per diem
or travel expenses. Meetings may be conducted in person, by
teleconference, or by other electronic means.

- (b) The work group shall consist of 12 members:
- 1. The State Surgeon General or a designee, who shall serve as the chair of the work group.
 - 2. The Director of the Division of Emergency Management or a designee.
 - 3. The Secretary of the Agency for Health Care Administration or a designee.

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- 4. The Secretary of the Department of Children and Families or a designee.
- 5. The Secretary of the Department of Elder Affairs or a designee.
- 6. The Director of the Agency for Persons with Disabilities or a designee.
- 7. Five representatives of local emergency management agencies appointed by the Florida Association of Counties.
- 224 <u>8. The Chief Executive Officer of the Arc of Florida or a</u> 225 <u>designee.</u>

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_	(C)	The	Speci	Lal	Needs	s Sł	nelte	er	Registry	Wor	k Group	s l	nall
submi	t it	s rec	ommer	ndat	cions	to	the	De	partment	of	Health	on	or
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(d) This subsection expires January 1, 2019.

- exclusively use the statewide special needs shelter registry to register individuals for special needs shelters and may not use local special needs registries. Each local emergency management agency, in coordination with its local county health department, shall establish eligibility requirements for sheltering in a local special needs shelter and publish these requirements and a link to the uniform registration form for the statewide special needs shelter registry on its website. Each local emergency management agency shall also make paper registration forms available and establish procedures for submitting a paper registration form and entering into the statewide special needs shelter registry.
- (a) A local emergency management agency shall notify a registrant in writing within 10 days after submission of a registration form whether he or she is eligible to shelter in a local special needs shelter and designate his or her eligibility status in the registry.
- (b) The Department of Health shall assist local emergency management agencies with developing alternative sheltering options for any ineligible registrant. Each local emergency

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management agency and each general hospital licensed under chapter 395 located within the local emergency management agency's jurisdiction shall enter into agreements to shelter individuals during a declared emergency, whose medical complexity or reliance on life support devices or other medical equipment exceeds the capabilities of special needs shelters. A local emergency management agency may coordinate with the Agency for Health Care Administration to facilitate placement in a health care facility for any individual who registers during a declared emergency or disaster and is deemed ineligible to shelter in a local special needs shelter.

(5) The Department of Health, in conjunction with the division, shall be the designated lead agency responsible for community education and outreach to the public, including special needs clients, regarding registration and special needs shelters and general information regarding shelter stays. The Department of Health shall develop a brochure that provides information regarding special needs shelter registration procedures. The Department of Health, the division, and each local management agency shall make the brochure easily accessible on their websites.

(6) (b) To assist in identifying persons with special needs, home health agencies, hospices, nurse registries, home medical equipment providers, the Department of Children and Families, the Department of Health, the Agency for Health Care

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Administration, the Department of Education, the Agency for Persons with Disabilities, the Department of Elderly Affairs, and memory disorder clinics shall, and any physician or physician assistant licensed under chapter 458 or chapter 459, any advanced registered nurse practitioner licensed under chapter 464, and any pharmacy licensed under chapter 465 may, annually provide registration information to all of their special needs clients or their caregivers. The division shall develop a brochure that provides information regarding special needs shelter registration procedures. The brochure must be easily accessible on the division's website. All appropriate agencies and community-based service providers, including aging and disability resource centers, memory disorder clinics, home health care providers, hospices, nurse registries, and home medical equipment providers, shall, and any physician or physician assistant licensed under chapter 458 or chapter 459 and any advanced registered nurse practitioner licensed under chapter 464 may, assist emergency management agencies by annually registering persons with special needs for special needs shelters, collecting registration information for persons with special needs as part of the program intake process, and establishing programs to educate clients about the registration process and disaster preparedness safety procedures. A client of a state-funded or federally funded service program who has a physical, mental, or cognitive impairment or sensory disability

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and who needs assistance in evacuating, or when in a shelter, must register as a person with special needs. The registration program shall give persons with special needs the option of preauthorizing emergency response personnel to enter their homes during search and rescue operations if necessary to ensure their safety and welfare following disasters.

- (c) The division shall be the designated lead agency responsible for community education and outreach to the public, including special needs clients, regarding registration and special needs shelters and general information regarding shelter stays.
- (7)(d) On or before May 31 of each year, each electric utility in the state shall annually notify residential customers in its service area of the availability of the registration program available through their local emergency management agency by:
- $\underline{\text{(a)}}_{1}$. An initial notification upon the activation of new residential service with the electric utility, followed by one annual notification between January 1 and May 31; or
- $\underline{\text{(b)}}$ 2. Two separate annual notifications between January 1 and May 31.

The notification may be made by any available means, including, but not limited to, written, electronic, or verbal notification, and may be made concurrently with any other notification to

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326 residential customers required by law or rule.

- (8) (3) A local emergency management agency shall allow a person with special needs must be allowed to bring his or her service animal into a special needs shelter in accordance with s. 413.08.
- (9)(4) All records, data, information, correspondence, and communications relating to the registration of persons with special needs as provided in subsection (1) are confidential and exempt from s. 119.07(1), except that such information shall be available to other emergency response agencies, as determined by the local emergency management director. Local law enforcement agencies shall be given complete shelter roster information upon request.
- Section 2. Section 252.3591, Florida Statutes, is created to read:

252.3591 Ensuring access to care.-

- (1) Each local emergency management agency shall establish a procedure for authorizing employees of a facility licensed under chapter 393 or subject to part II of chapter 408 to enter and remain in a curfew area during a declared emergency or disaster.
- (2) Notwithstanding any curfew, a person authorized under subsection (1) may enter or remain in a curfew area for the limited purpose of implementing a licensed facility's emergency management plan and providing services authorized under chapter

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351		393	or	chapter	408.
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- (3) This section does not prohibit a law enforcement officer from specifying the permissible route of ingress or egress for a person authorized under this section.
- Section 3. Section 381.0303, Florida Statutes, is amended to read:
 - 381.0303 Special needs shelters.-
 - (1) PURPOSE.—The purpose of this section is to provide for the operation and closure of special needs shelters and to designate the Department of Health, through its county health departments, as the lead agency for coordination of the recruitment of health care practitioners, as defined in s. 456.001(4), to staff special needs shelters in times of emergency or disaster and to provide resources to the department to carry out this responsibility. However, nothing in this section prohibits a county health department from entering into an agreement with a local emergency management agency to assume the lead responsibility for recruiting health care practitioners.
 - (2) SPECIAL NEEDS SHELTER PLAN; STAFFING; STATE AGENCY
 ASSISTANCE.—If funds have been appropriated to support disaster
 coordinator positions in county health departments:
 - (a) The department shall assume lead responsibility for the coordination of local medical and health care providers, the American Red Cross, and other interested parties in developing a

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plan for the staffing and medical management of special needs shelters. The local Children's Medical Services offices shall assume lead responsibility for the coordination of local medical and health care providers, the American Red Cross, and other interested parties in developing a plan for the staffing and medical management of pediatric special needs shelters. Plans must conform to the local comprehensive emergency management plan.

- (b) County health departments shall, in conjunction with the local emergency management agencies, have the lead responsibility for coordination of the recruitment of health care practitioners, including faculty and students from state university and college health care programs, to staff local special needs shelters. County health departments shall assign their employees to work in special needs shelters when those employees are needed to protect the health and safety of persons with special needs. County governments shall assist the department with nonmedical staffing and the operation of special needs shelters. The local health department and emergency management agency shall coordinate these efforts to ensure appropriate staffing in special needs shelters, including a staff member who is familiar with the needs of persons with Alzheimer's disease.
- (c) <u>State agencies</u>, universities, and colleges shall authorize employees that are health care practitioners as

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defined in s. 456.001(4) to staff local special needs shelters, unless such employees have a designated emergency duty for their agency, university, or college. Each state agency, university, and college shall submit a roster of such employees to the department by January 31 of each year and submit an amended roster, if necessary, by May 31 of each year The appropriate county health department, Children's Medical Services office, and local emergency management agency shall jointly decide who has responsibility for medical supervision in each special needs shelter.

- employees, and state employees pursuant to paragraph (c), to work in special needs shelters when such employees are needed to protect the health and safety of persons with special needs.

 County governments shall assist the department with nonmedical staffing and the operation of special needs shelters. The local health department and emergency management agency shall coordinate these efforts to ensure appropriate staffing in special needs shelters, including a staff member who is familiar with the needs of persons with Alzheimer's disease.
- (e) The appropriate county health department and local emergency management agency shall jointly decide who has responsibility for medical supervision in each special needs shelter.
 - (f) (d) Local emergency management agencies shall be

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responsible for the designation and operation of special needs shelters during times of emergency or disaster and the closure of the facilities following an emergency or disaster. The local health department and emergency management agency shall coordinate these efforts to ensure the appropriate designation and operation of special needs shelters. County health departments shall assist the local emergency management agency with regard to the management of medical services in special needs shelters.

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(g) (e) The Secretary of Elderly Affairs, or his or her designee, shall convene, at any time that he or she deems appropriate and necessary, a multiagency special needs shelter discharge planning team to assist local areas that are severely impacted by a natural or manmade disaster that requires the use of special needs shelters. Multiagency special needs shelter discharge planning teams shall provide assistance to local emergency management agencies with the continued operation or closure of the shelters, as well as with the discharge of special needs clients to alternate facilities if necessary. Local emergency management agencies may request the assistance of a multiagency special needs shelter discharge planning team by alerting statewide emergency management officials of the necessity for additional assistance in their area. The Secretary of Elderly Affairs shall is encouraged to proactively work with other state agencies prior to any natural disasters for which

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warnings are provided to ensure that multiagency special needs shelter discharge planning teams are ready to assemble and deploy rapidly upon a determination by state emergency management officials that a disaster area requires additional assistance. The Secretary of Elderly Affairs may call upon any state agency or office to provide staff to assist a multiagency special needs shelter discharge planning team. Unless the secretary determines that the nature or circumstances surrounding the disaster do not warrant participation from a particular agency's staff, each multiagency special needs shelter discharge planning team shall include at least one representative from each of the following state agencies:

- 1. Department of Elderly Affairs.
- 2. Department of Health.

- 3. Department of Children and Families.
- 4. Department of Veterans' Affairs.
- 5. Division of Emergency Management.
- 6. Agency for Health Care Administration.
- 7. Agency for Persons with Disabilities.
- (h) Each local emergency management agency shall collect intake and discharge information from each person who shelters in a special needs shelter during an emergency or disaster, including information regarding whether a person is a patient or resident of a licensee under chapter 393, chapter 400, or chapter 429. Each local emergency management agency shall use a

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form developed by the Department of Health to collect this information.

- (3) SPECIAL CARE FOR PERSONS WITH ALZHEIMER'S DISEASE OR RELATED FORMS OF DEMENTIA.—All special needs shelters must establish designated shelter areas for persons with Alzheimer's disease or related forms of dementia to enable those persons to maintain their normal habits and routines to the greatest extent possible.
- (4) REIMBURSEMENT TO HEALTH CARE PRACTITIONERS AND FACILITIES.—
- (a) The department shall, upon request, reimburse in accordance with paragraph (b):
- 1. Health care practitioners, as defined in s. 456.001, provided the practitioner is not providing care to a patient under an existing contract, and emergency medical technicians and paramedics licensed under chapter 401 for medical care provided at the request of the department in special needs shelters or at other locations during times of emergency or a declared disaster. Reimbursement for health care practitioners, except for physicians licensed under chapter 458 or chapter 459, shall be based on the average hourly rate that such practitioners were paid according to the most recent survey of Florida hospitals conducted by the Florida Hospital Association or other nationally recognized or state-recognized data source.
 - 2. Health care facilities, such as hospitals, nursing

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homes, assisted living facilities, and community residential homes, if, upon closure of a special needs shelter, a multiagency special needs shelter discharge planning team determines that it is necessary to discharge persons with special needs to other health care facilities. The receiving facilities are eligible for reimbursement for services provided to the individuals for up to 90 days. A facility must show proof of a written request from a representative of an agency serving on the multiagency special needs shelter discharge planning team that the individual for whom the facility is seeking reimbursement for services rendered was referred to that facility from a special needs shelter. The department shall specify by rule which expenses are reimbursable and the rate of reimbursement for each service.

(b) Reimbursement is subject to the availability of federal funds and shall be requested on forms prepared by the department. If a Presidential Disaster Declaration has been issued, the department shall request federal reimbursement of eligible expenditures. The department may not provide reimbursement to facilities under this subsection for services provided to a person with special needs if, during the period of time in which the services were provided, the individual was enrolled in another state-funded program, such as Medicaid or another similar program, was covered under a policy of health insurance as defined in s. 624.603, or was a member of a health

maintenance organization or prepaid health clinic as defined in chapter 641, which would otherwise pay for the same services. Travel expense and per diem costs shall be reimbursed pursuant to s. 112.061.

- (5) HEALTH CARE PRACTITIONER REGISTRY.—The department may use the registries established in ss. 401.273 and 456.38 when health care practitioners are needed to staff special needs shelters or to assist with other disaster-related activities.
- (6) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.—The State Surgeon General may establish a special needs shelter interagency committee and serve as, or appoint a designee to serve as, the committee's chair. The department shall provide any necessary staff and resources to support the committee in the performance of its duties. The committee shall address and resolve problems related to special needs shelters not addressed in the state comprehensive emergency medical plan and shall consult on the planning and operation of special needs shelters.
- (a) The committee shall develop, negotiate, and regularly review any necessary interagency agreements, and undertake other such activities as the department deems necessary to facilitate the implementation of this section.
- (b) The special needs shelter interagency committee shall be composed of representatives of emergency management, health, medical, and social services organizations. Membership shall include, but shall not be limited to, representatives of the

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Departments of Health, Children and Families, Elderly Affairs, and Education; the Agency for Health Care Administration; the Division of Emergency Management; the Florida Medical Association; the Florida Osteopathic Medical Association; Associated Home Health Industries of Florida, Inc.; the Florida Nurses Association; the Florida Health Care Association; the Florida Assisted Living Affiliation; the Florida Hospital Association; the Florida Statutory Teaching Hospital Council; the Florida Association of Homes for the Aging; the Florida Emergency Preparedness Association; the American Red Cross; Florida Hospices and Palliative Care, Inc.; the Association of Community Hospitals and Health Systems; the Florida Association of Health Maintenance Organizations; the Florida League of Health Systems; the Private Care Association; the Salvation Army; the Florida Association of Aging Services Providers; the AARP; and the Florida Renal Coalition.

- (c) Meetings of the committee shall be held in Tallahassee, and members of the committee shall serve at the expense of the agencies or organizations they represent. The committee shall make every effort to use teleconference or videoconference capabilities in order to ensure statewide input and participation.
- (7) RULES.—The department, in coordination with the Division of Emergency Management, has the authority to adopt rules necessary to implement this section. Rules shall include:

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

- (b) The process for special needs shelter health care practitioners and facility reimbursement for services provided in a disaster.
- (c) Guidelines for special needs shelter staffing levels to provide services.
- (d) The definition of and standards for special needs shelter supplies and equipment, including durable medical equipment.
- (e) Standards for the special needs shelter registration program, including all necessary forms and guidelines for addressing the needs of unregistered persons in need of a special needs shelter.
- (f) Standards for addressing the needs of families where only one dependent is eligible for admission to a special needs shelter and the needs of adults with special needs who are caregivers for individuals without special needs.
- (g) The requirement of the county health departments to seek the participation of hospitals, nursing homes, assisted living facilities, home health agencies, hospice providers, nurse registries, home medical equipment providers, dialysis

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centers, and other health and medical emergency preparedness stakeholders in pre-event planning activities.

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

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

393.0651 Family or individual support plan.—The agency shall provide directly or contract for the development of a family support plan for children ages 3 to 18 years of age and an individual support plan for each client. The client, if competent, the client's parent or guardian, or, when appropriate, the client advocate, shall be consulted in the development of the plan and shall receive a copy of the plan. Each plan must include the most appropriate, least restrictive, and most cost-beneficial environment for accomplishment of the objectives for client progress and a specification of all services authorized. The plan must include provisions for the

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most appropriate level of care for the client. Within the specification of needs and services for each client, when residential care is necessary, the agency shall move toward placement of clients in residential facilities based within the client's community. The ultimate goal of each plan, whenever possible, shall be to enable the client to live a dignified life in the least restrictive setting, be that in the home or in the community. For children under 6 years of age, the family support plan shall be developed within the 45-day application period as specified in s. 393.065(1); for all applicants 6 years of age or older, the family or individual support plan shall be developed within the 60-day period as specified in that subsection.

- (9) A personal disaster plan should be completed for each client enrolled in any home and community-based services

 Medicaid waiver program administered by the agency and updated annually, to include, at a minimum:
 - (a) Evacuation shelter selection as appropriate.
- (b) Documented special needs shelter registration as appropriate.
- (c) A staffing plan for the client in the shelter, if necessary.
- Section 5. Subsections (2), (8) and (9) of section 393.067, Florida Statutes, are amended to read:
 - 393.067 Facility licensure.

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(2) The agency shall conduct annual inspections and

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reviews of facilities and programs licensed under this section.
The agency shall determine compliance by foster care facilities,
group home facilities, residential habilitation centers, and
comprehensive transitional education programs with the
applicable provisions of this chapter and rules adopted pursuant
hereto, including the requirements for the comprehensive
emergency management plan.

- (8) (a) The agency, after consultation with the Division of Emergency Management, shall adopt rules for foster care facilities, group home facilities, and residential habilitation centers which establish minimum standards for the preparation and annual update of a comprehensive emergency management plan.
- $\underline{1.}$ At a minimum, the rules must provide for plan components that address:
 - a. Emergency evacuation transportation;
 - b. Adequate sheltering arrangements;
- <u>c.</u> Postdisaster activities, including emergency power, food, and water;
 - d. Postdisaster transportation;
 - e. Supplies;

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

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676	<u>h.</u>	Emergency equipment;
677	<u>i.</u>	Individual identification of residents and transfer of
678	records;	and
679	<u>j.</u>	Responding to family inquiries.
680	2.	Facilities must include information in their plans
681	about:	
682	<u>a.</u>	Whether the facility is located in an evacuation zone;
683	<u>b.</u>	Whether the facility intends to shelter in place or
684	relocate	to another facility;
685	<u>C.</u>	Whether the facility has an emergency power source;
686	<u>d.</u>	How the facility will inform residents and the
687	resident'	s designated family member, legal representative, or
688	guardian	when the emergency management plan has been activated;
689	<u>and</u>	
690	<u>e.</u>	A working phone number for the facility for use by the
691	resident'	s designated family member, legal representative, or
692	guardian	to make contact postdisaster.
693	3.	A facility must provide to the agency, its residents,
694	and the r	resident's designated family member, legal
695	represent	cative, or guardian the information specified in
696	subparagr	caph 2., an overview of the facility's comprehensive
697	emergency	management plan, and a description of the evacuation
698	plan, if	appropriate. Any changes to this information must be

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provided to the agency, the facility's residents, and the

resident's designated family member, legal representative, or

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701 guardian within 30 days after the change takes effect.

- (b) The comprehensive emergency management plan for all comprehensive transitional education programs and for homes serving individuals who have complex medical conditions is subject to review and approval by the local emergency management agency.
- 1. A facility must submit its plan to the local emergency management agency within 90 days after licensure or change of ownership and must notify the agency within 30 days after submission of the plan.
- 2. Such plan must be submitted annually and within 30 days after any modification to a previously approved plan.
- 3. During its review, the local emergency management agency shall ensure that the agency and the Division of Emergency Management, at a minimum, are given the opportunity to review the plan. Also, appropriate volunteer organizations must be given the opportunity to review the plan.
- 4. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions. A facility must submit the requested revisions to the local emergency management agency within 30 days after receiving written notification from the local emergency management agency.
- 5. A facility must notify the agency within 30 days after approval of its plan by the local emergency management agency.

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(c) A facility must conduct annual staff training on the
policies and procedures for implementing the emergency
management plan within 2 months before the start of the
hurricane season, including testing of the implementation of the
plan, either in a planned drill or in response to a disaster or
an emergency. New staff must receive such training within 30
days after commencement of employment. Documentation of the
training and testing, including evaluation of the outcome of the
training and testing and modifications to the plan to address
deficiencies must be provided to the agency within 30 days after
the training and testing is finished. The evaluation must
include a survey of staff to determine their familiarity with
the plan.

- (d) In the event of a declared emergency, the agency shall communicate before the disaster impacts the area which requirements for providing services to clients in shelters and other facilities may be waived during the emergency. The agency may waive additional requirements following the initial impact of the disaster, if appropriate.
- (9) The agency may conduct unannounced inspections to determine compliance by foster care facilities, group home facilities, residential habilitation centers, and comprehensive transitional education programs with the applicable provisions of this chapter and the rules adopted pursuant hereto, including the requirements for the comprehensive emergency management plan

and the rules adopted for training staff of a facility or a program to detect, report, and prevent sexual abuse, abuse, neglect, exploitation, and abandonment, as defined in ss. 39.01 and 415.102, of residents and clients. The agency shall conduct periodic followup inspections as necessary to monitor facility compliance with the requirements for the comprehensive emergency management plan. The facility or program shall make copies of inspection reports available to the public upon request.

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

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

- (1) The agency may revoke or suspend a license or impose an administrative fine, not to exceed \$1,000 per violation per day, if:
 - (a) The licensee has:

- 1. Falsely represented or omitted a material fact in its license application submitted under s. 393.067;
- 2. Had prior action taken against it under the Medicaid or Medicare program; $\frac{\partial}{\partial x}$
- 3. Failed to comply with the applicable requirements of this chapter or rules applicable to the licensee; or
- 4. Failed to comply with the requirements for the comprehensive emergency management plan under this part; or

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

- (2) The agency may deny an application for licensure submitted under s. 393.067 if:
 - (a) The applicant has:

- 1. Falsely represented or omitted a material fact in its license application submitted under s. 393.067;
- 2. Had prior action taken against it under the Medicaid or Medicare program;
- 3. Failed to comply with the applicable requirements of this chapter or rules applicable to the applicant; or
- 4. Failed to comply with the requirements for the comprehensive emergency management plan under this chapter;
- 5. Failed to follow the policies and procedures in the comprehensive emergency management plan. However, the agency shall consider the facility's efforts to follow the plan and circumstances beyond the facility's control that caused the failure. In determining the penalty, the agency shall evaluate the potential or actual harm to the client's health, safety, and security caused by the failure; or

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6.4. Previously had a license to operate a residential
facility revoked by the agency, the Department of Children and
Families, or the Agency for Health Care Administration; or
(b) The Department of Children and Families has verified that
the applicant is responsible for the abuse, neglect, or
abandonment of a child or the abuse, neglect, or exploitation of
a vulnerable adult.

Section 7. Subsection (1) of section 393.0675, Florida Statutes, is amended to read:

393.0675 Injunctive proceedings authorized.-

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- (1) The agency may institute injunctive proceedings in a court of competent jurisdiction to:
- (a) Enforce the provisions of this chapter or any minimum standard, rule, regulation, or order issued or entered pursuant thereto; or
- (b) Terminate the operation of facilities licensed pursuant to this chapter when any of the following conditions exist:
- 1. Failure by the facility to take preventive or corrective measures in accordance with any order of the agency.
- 2. Failure by the facility to abide by any final order of the agency once it has become effective and binding.
- 3. Any violation by the facility constituting an emergency requiring immediate action as provided in s. 393.0673.
 - 4. Failed to comply with the requirements for the

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comprehensive	emergency,	management	nlan	under	thig	chanter
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- 5. Failed to follow the policies and procedures in the comprehensive emergency management plan. However, the agency shall consider the facility's efforts to follow the plan and circumstances beyond the facility's control that caused the failure. In determining the penalty, the agency shall evaluate the potential or actual harm to the client's health, safety, and security caused by the failure.
- Section 8. Section 400.102, Florida Statutes, is amended to read:
- 400.102 Action by agency against licensee; grounds.—In addition to the grounds listed in part II of chapter 408, any of the following conditions shall be grounds for action by the agency against a licensee:
- (1) An intentional or negligent act materially affecting the health or safety of residents of the facility;
- (2) Misappropriation or conversion of the property of a resident of the facility;
- (3) Failure to follow the criteria and procedures provided under part I of chapter 394 relating to the transportation, voluntary admission, and involuntary examination of a nursing home resident; or
- (4) Fraudulent altering, defacing, or falsifying any medical or nursing home records, or causing or procuring any of these offenses to be committed; or

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

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

400.19 Right of entry and inspection.-

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The agency shall every 15 months conduct at least one unannounced inspection to determine compliance by the licensee with statutes, and with rules promulgated under the provisions of those statutes, governing minimum standards of construction, requirements for the comprehensive emergency management plan, quality and adequacy of care, and rights of residents. The survey shall be conducted every 6 months for the next 2-year period if the facility has been cited for a class I deficiency, has been cited for two or more class II deficiencies arising from separate surveys or investigations within a 60-day period, or has had three or more substantiated complaints within a 6month period, each resulting in at least one class I or class II deficiency. In addition to any other fees or fines in this part, the agency shall assess a fine for each facility that is subject to the 6-month survey cycle. The fine for the 2-year period shall be \$6,000, one-half to be paid at the completion of each survey. The agency may adjust this fine by the change in the Consumer Price Index, based on the 12 months immediately preceding the increase, to cover the cost of the additional

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surveys. The agency shall verify through subsequent inspection that any deficiency identified during inspection is corrected. However, the agency may verify the correction of a class III or class IV deficiency unrelated to resident rights or resident care without reinspecting the facility if adequate written documentation has been received from the facility, which provides assurance that the deficiency has been corrected. The giving or causing to be given of advance notice of such unannounced inspections by an employee of the agency to any unauthorized person shall constitute cause for suspension of not fewer than 5 working days according to the provisions of chapter 110.

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

- 400.23 Rules; evaluation and deficiencies; licensure status.—
- (2) Pursuant to the intention of the Legislature, the agency, in consultation with the Department of Health and the Department of Elderly Affairs, shall adopt and enforce rules to implement this part and part II of chapter 408, which shall include reasonable and fair criteria in relation to:
- (g) The preparation and annual update of a comprehensive emergency management plan. The agency shall adopt rules establishing minimum criteria for the plan after consultation with the Division of Emergency Management.

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901	1. At a minimum, the rules must provide for plan
902	components that address $\underline{:}$
903	a. Emergency evacuation transportation;
904	<u>b.</u> Adequate sheltering arrangements;
905	c. Postdisaster activities, including emergency power,
906	food, and water;
907	d. Postdisaster transportation;
908	<pre>e. Supplies;</pre>
909	f. Hardening;
910	g. Staffing, including which staff are responsible for
911	implementing each element of the plan, how the facility will
912	maintain staffing during emergencies, and whether and how the
913	facility will accommodate family members of staff;
914	<pre>h. Emergency equipment;</pre>
915	$\underline{\text{i.}}$ Individual identification of residents and transfer of
916	records; and
917	<u>j.</u> Responding to family inquiries.
918	2. Facilities must include information in their plans
919	about:
920	a. Whether the facility is located in an evacuation zone;
921	b. Whether the facility intends to shelter in place or
922	relocate to another facility;
923	c. Whether the facility has an emergency power source;
924	d. How the facility will inform residents and the
925	resident's designated family member, legal representative, or

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926 guardian when the emergency management plan has been activated; 927 and

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- e. A working phone number for the facility for use by the resident's designated family member, legal representative, or guardian to make contact postdisaster.
- 3. A facility must provide to the agency, its residents, and the resident's designated family member, legal representative, or guardian the information in subparagraph 2. and an overview of the facility's comprehensive emergency management plan and, if appropriate, a description of the evacuation plan. The agency must post this information on its consumer information website. Any changes to this information must be provided to the agency, the facility's residents, and the resident's designated family member, legal representative, or guardian within 30 days after the change takes effect.
- $\underline{4.}$ The comprehensive emergency management plan is subject to review and approval by the local emergency management agency.
- a. A facility must submit its plan to the local emergency management agency within 90 days after licensure or change of ownership and must notify the agency within 30 days after submission of the plan.
- b. Such plan must be submitted annually or within 30 days after any modification to a previously approved plan.
- <u>c.</u> During its review, the local emergency management agency shall ensure that the following agencies, at a minimum,

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are given the opportunity to review the plan: the Department of Elderly Affairs, the Department of Health, the Agency for Health Care Administration, and the Division of Emergency Management. Also, appropriate volunteer organizations must be given the opportunity to review the plan.

- <u>d.</u> The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions. <u>A facility must submit the requested revisions to the local emergency management agency within 30 days after receiving written notification from the local emergency management agency.</u>
- e. A facility must notify the agency within 30 days after approval of its plan by the local emergency management agency.

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

400.492 Provision of services during an emergency.—Each home health agency shall prepare and maintain a comprehensive emergency management plan that is consistent with the standards adopted by national or state accreditation organizations, the requirements set forth in this section, and consistent with the local special needs plan. The home health agency plan shall be submit the plan to the county health department for review and approval within 90 days after the home health agency is licensed or there is a change of ownership. The plan must be submitted updated annually or within 30 days after modification to a

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previously approved plan. The plan and shall document how the agency will continue to provide for continuing home health services during an emergency that interrupts patient care or services in the patient's private residence, assisted living facility, or adult family care home. The plan shall include identification of the staff the means by which the home health agency will continue to provide in the special needs shelter staff to perform the same type and quantity of services for to their patients who evacuate to special needs shelters as that were being provided to those patients before prior to evacuation. The plan shall describe how the home health agency establishes and maintains an effective response to emergencies and disasters, including, but not limited to, + notifying staff when emergency response measures are initiated; providing for communication between staff members, county health departments, and local emergency management agencies, including a backup system; identifying resources necessary to continue essential care or services or referrals to other organizations, subject to written agreement; and prioritizing and contacting patients who need continued care or services that are provided by agency staff or by designated family members or other nonhome health agency caregivers; and how services will be provided to patients in the event the home health agency cannot continue to provide services or ceases operation due to the emergency.

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The home health agency shall inform each patient and

the patient's legal representative, designated family member, or
guardian of the special needs registry established pursuant to
s. 252.355 and how to register the patient. The home health
agency shall collect and submit to the local emergency
management office a list of registered patients who will need
continuing care or services during an emergency. Each patient
record for a patient who is registered under patients who are
listed in the registry established pursuant to s. 252.355 shall
include a description of how care or services will be continued
in the event of an emergency or disaster and identify designated
staff who will provide such services. The home health agency
shall discuss with the patient and the patient's legal
representative, designated family member, guardian, or nonhome
health agency caregiver and document in his or her record how
the home health agency will continue to provide the same type
and quantity of services, including staffing, to the patient in
his or her private residence, assisted living facility, or adult
family care home, or in the special needs shelter if the patient
evacuates to the special needs shelter, which were being
provided before the emergency or evacuation. The patient's
record shall contain the emergency provisions with the patient
and the patient's caregivers, including where and how the
patient is to evacuate, procedures for notifying the home health
agency in the event that the patient evacuates to a location
other than the shelter identified in the patient record, and a

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list of medications and equipment which must either accompany the patient or will be needed by the patient in the event of an evacuation.

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- (2) If the home health agency's patient is a resident of an assisted living facility or an adult family care home, the home health agency must contact the assisted living facility or adult family care home administrator to determine the plans for evacuation and document the resident's plans in his or her record.
- (3) (2) Each home health agency shall create and maintain a current prioritized list of patients who need continued agency services during an emergency. The list shall include patients to be evacuated to a shelter, in private residences, assisted living facilities, and adult family care homes who require continued home health agency services. The list shall indicate how services will shall be continued in the event of an emergency or disaster for each patient, and if the patient is remaining in the home or is to be transported to a special needs shelter, if the patient is listed in the registry established pursuant to s. 252.355, and shall indicate if the patient is receiving skilled nursing services, and the patient's medication and equipment needs. The list shall be furnished to county health departments and to local emergency management agencies as part of the home health agency's comprehensive emergency management plan, upon request. The list shall be updated

annually or each time a patient is identified as needing services.

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(4) (3) A home health agency is agencies shall not be required to continue to provide care to patients in emergency situations that are beyond its their control and that make it impossible to provide services, such as when roads are impassable or when the patient does patients do not go to the location specified in the patient's record their patient records. If a home health agency is unable to continue to provide services or ceases operation due to situations beyond its control, the home health agency must notify the patient whose services will be discontinued during the emergency and the local emergency operations center as soon as possible. If the home health agency is providing services to residents of assisted living facilities and adult family care homes, the home health agency must make arrangements for continuation of services and notify the local emergency operations center of such arrangements. Home health agencies shall may establish links to local emergency operations centers to determine a mechanism by which to approach specific areas within a disaster area in order for the agency to reach its clients. When a home health agency is unable to continue providing services during an emergency, the home health agency agencies shall document its efforts demonstrate a good faith effort to comply with the requirements of its comprehensive emergency management plan and

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this subsection, including by documenting attempts by of staff to contact the patient and the patient's designated family member, legal representative, guardian, or nonhome health agency caregiver, if applicable; contact the resident's assisted living facility or adult family care home, if applicable; contact the local emergency operations centers to obtain assistance in contacting patients; and contact other agencies that may be able to provide temporary services. The home health agency must also document attempts by staff to follow procedures outlined in the home health agency's comprehensive emergency management planand in by the patient's record, which support a finding that the provision of continuing care has been attempted for those patients who have been identified as needing care by the home health agency in his or her private residence, assisted living facility, or adult family care home and the patients who are registered under s. 252.355, in the event of an emergency or disaster under subsection (1). The agency shall review the documentation required by this section during any inspection conducted under part II of this chapter to determine the home health agency's compliance with its emergency plan.

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

Section 12. Subsection (10) of section 400.497, Florida

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1101 Statutes, is amended to read:

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

- (10) Preparation of <u>and compliance with</u> a comprehensive emergency management plan pursuant to s. 400.492.
- (a) The Agency for Health Care Administration shall adopt rules establishing minimum criteria for the plan and plan updates, with the concurrence of the Department of Health and in consultation with the Division of Emergency Management.
- (b) The rules must address the requirements in s. 400.492. In addition, the rules shall provide for the maintenance of patient-specific medication lists that can accompany patients who are transported from their <u>private residence</u>, <u>assisted</u> living facility, or adult family care home homes.
- (c) The plan is subject to review and approval by the county health department. During its review, the county health department shall contact state and local health and medical stakeholders when necessary. The county health department shall complete its review to ensure that the plan is in accordance with the criteria in the Agency for Health Care Administration rules within 90 days after the home health agency is licensed or within 90 days after receipt of the annual plan and shall

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approve the plan or advise the home health agency of necessary revisions. If the home health agency fails to submit a plan or fails to submit the requested information or revisions to the county health department within 30 days after written notification from the county health department, the county health department shall, within 10 days after the home health agency's failure to comply, notify the Agency for Health Care Administration. The agency shall notify the home health agency that its failure constitutes a deficiency, subject to a fine of \$5,000 per occurrence. If either the initial or annual the plan is not submitted, information is not provided, or revisions are not made as requested, the agency may impose the fine. If the fine is not imposed against the home health agency, the agency must document in the home health agency's file the reason the fine was not imposed.

(d) For any home health agency that operates in more than one county, the home health agency must submit its plan to the Department of Health. The department shall review the plan, after consulting with state and local health and medical stakeholders when necessary. The department shall complete its review within 90 days after the home health agency is licensed in the county or within 90 days after receipt of the annual plan and shall approve the plan or advise the home health agency of necessary revisions. The department shall make every effort to avoid imposing differing requirements on a home health agency

that operates in more than one county as a result of differing or conflicting comprehensive plan requirements of the counties in which the home health agency operates. If the home health agency fails to submit a plan or fails to submit requested information or revisions to the Department of Health within 30 days after written notification from the department, the department must notify the Agency for Health Care Administration within 10 days after the home health agency's failure to comply. The agency shall notify the home health agency that its failure constitutes a deficiency, subject to a fine of \$5,000 per occurrence. If the plan is not submitted, information is not provided, or revisions are not made as requested, the agency may impose the fine. If the fine is not imposed against the home health agency, the agency must document in the home health agency's file the reason the fine was not imposed.

- (e) The requirements in this subsection do not apply to:
- 1. A facility that is certified under chapter 651 and has a licensed home health agency used exclusively by residents of the facility; or
- 2. A retirement community that consists of residential units for independent living and either a licensed nursing home or an assisted living facility, and has a licensed home health agency used exclusively by the residents of the retirement community, provided the comprehensive emergency management plan for the facility or retirement community provides for continuous

care of all residents with special needs during an emergency.

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Section 13. Subsection (12) of section 400.506, Florida 1177 1178 Statutes, is amended to read: 1179 400.506 Licensure of nurse registries; requirements; 1180 penalties.-1181 (12) Each nurse registry shall prepare and maintain a 1182 comprehensive emergency management plan that is consistent with 1183 the criteria in this subsection and with the local special needs 1184 plan. The plan shall be submitted to the county health department for review and approval within 90 days after the 1185 1186 nurse registry is licensed or there is a change of ownership. The plan must be updated annually or within 30 days after 1187 modification to a previously approved plan. The plan shall 1188 document how include the means by which the nurse registry will 1189 1190 continue to provide the same type and quantity of services to 1191 each patient who remains in his or her private residence, 1192 assisted living facility, or adult family care home or who

evacuates its patients who evacuate to special needs shelters

registry shall provide staff and continuous services to each

such patient facilitate the provision of continuous care by

persons referred for contract to persons who are registered

provision of care or services in private residences. Nurse

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prior to evacuation. The plan shall specify how the nurse

which were being provided to those patients before the emergency

pursuant to s. 252.355 during an emergency that interrupts the

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registries shall may establish links to local emergency operations centers to determine a mechanism by which to approach specific areas within a disaster area in order for a provider to reach its clients. A nurse registry shall document its efforts registries shall demonstrate a good faith effort to comply with the requirements of its comprehensive emergency management plan and this subsection in the patient's records, including by documenting attempts by of staff to contact the patient and the patient's designated family member, legal representative, guardian, or other person who provides care; contact the resident's assisted living facility or adult family care home, if applicable; contact the local emergency operations centers to obtain assistance in contacting patients; and contact other agencies that may be able to provide temporary services. The nurse registry must also document attempts by staff to follow procedures outlined in the nurse registry's comprehensive emergency management plan which support a finding that the provision of continuing care has been attempted for patients identified as needing care by the nurse registry either in home or in a special needs shelter and registered under s. 252.355 in the event of an emergency under this subsection.

(a) All persons referred for contract who care for patients persons registered pursuant to s. 252.355 must include in the patient record a description of how the nurse registry will continue to provide the same type and quantity of services

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to the patient, including identification of staff to provide

such services, care will be continued during a disaster or

emergency that interrupts the provision of care in the patient's

home. It shall be the responsibility of the person referred for

contract to ensure that continuous care is provided.

- (b) A Each nurse registry shall create and maintain a current prioritized list of patients in private residences, assisted living facilities, or adult family care homes who are registered pursuant to s. 252.355 and are under the care of persons referred for contract and who need continued services during an emergency. This list shall indicate, for each patient, if the client is to be transported to a special needs shelter and if the patient is receiving skilled nursing services. A nurse registry registries shall make this list available to county health departments and to local emergency management agencies as part of its comprehensive emergency management plan upon request. The list shall be updated annually or each time a patient is identified as needing services.
- (c) \underline{A} Each person referred for contract who is caring for a patient who is registered pursuant to s. 252.355 shall provide a list of the patient's medication and equipment needs to the nurse registry. Each person referred for contract shall make this information available to county health departments and to local emergency management agencies upon request.
 - (d) A Each person referred for contract is shall not be

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required to continue to provide care to patients in emergency
situations that are beyond the person's control and that make it
impossible to provide services, such as when roads are
impassable or when patients do not go to the location specified
in their patient records. It is the responsibility of the nurse
registry to contact another person available for referral to
provide care for the patient. If the nurse registry is unable to
continue to provide services or ceases operation due to
situations beyond its control, the nurse registry must notify
the patient whose services will be discontinued during the
emergency and the local emergency management operations center
as soon as possible. If the nurse registry is providing services
to residents of assisted living facilities or adult family care
homes, it must make arrangements for continuation of services
and notify the local emergency operations center of such
arrangement. When a nurse registry is unable to continue to
provide services during the emergency, the nurse registry shall
document its efforts to comply with the requirements of its
comprehensive emergency management plan and this subsection by
documenting attempts of the registry or its staff to contact the
patient and the patient's designated family member, legal
representative, guardian, or other caregiver, if applicable;
contact the resident's assisted living facility or adult family
care home, if applicable; contact the local emergency operations
centers to obtain assistance in contacting patients and contact

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other agencies that may be able to provide temporary services.

The agency shall review the documentation required by this section during any inspection conducted pursuant to part II of this chapter to determine the nurse registry's compliance with its emergency plan.

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The comprehensive emergency management plan required (e) by this subsection is subject to review and approval by the county health department. During its review, the county health department shall contact state and local health and medical stakeholders when necessary. The county health department shall complete its review to ensure that the plan complies with the criteria in this section and the Agency for Health Care Administration rules within 90 days after the nurse registry is licensed or within 90 days after receipt of the annual plan and shall either approve the plan or advise the nurse registry of necessary revisions. If a nurse registry fails to submit a plan or fails to submit requested information or revisions to the county health department within 30 days after written notification from the county health department, the county health department shall, within 10 days after the nurse registry's failure to comply, notify the Agency for Health Care Administration. The agency shall notify the nurse registry that its failure constitutes a deficiency, subject to a fine of \$5,000 per occurrence. If either the initial or annual plan is not submitted, information is not provided, or revisions are not

made as	requ	uest	ed, the	e agei	ncy i	may	impo	ose	the	fine). <u>I</u>	f the	fine
is not	impos	sed	against	the	nur	se :	regis	stry	, th	e ag	genc	y must	<u>t</u>
documen	t in	the	nurse	regi	stry	's :	file	the	rea	son	the	fine	was
not imposed.													

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

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

408.813 Administrative fines; violations.—As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine.

- (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class IV violation. Unless otherwise specified by law, the amount of the fine may not exceed \$500 for each violation. Unclassified violations include:
 - (a) Violating any term or condition of a license.
- (b) Violating any provision of this part, authorizing statutes, or applicable rules.
 - (c) Exceeding licensed capacity.
 - (d) Providing services beyond the scope of the license.
 - (e) Violating a moratorium imposed pursuant to s. 408.814.

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Failure to have an approved comprehensive emergency

1327	management plan as required by authorizing statutes.
1328	(g) Failure to enter into and maintain agreements required
1329	by s. 252.355(4)(b) by July 1, 2019.
1330	Section 15. Section 408.821, Florida Statutes, is amended
1331	to read:
1332	408.821 Emergency management planning; emergency
1333	operations; inactive license
1334	(1) A licensee required by authorizing statutes to have an
1335	emergency operations plan must designate a safety liaison to
1336	serve as the primary contact for emergency operations.
1337	(2) A licensee required by authorizing statutes to have an
1338	emergency operations plan must conduct annual staff training on
1339	the policies and procedures for implementing the emergency
1340	operations plan within 2 months before the start of hurricane
1341	season, including testing of the implementation of the plan,
13/12	either in a planned drill or in response to a disaster or an

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deficiencies must be provided to the agency and the local

emergency management agency within 30 days after the training

and testing and modifications to the plan to address

and testing is finished. The evaluation must include a survey of

emergency. New staff must receive such training within 30 days

after commencement of employment. Documentation of the training

and testing, including evaluation of the outcome of the training

1350 staff to determine their familiarity with the plan.

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

- (4)(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved emergency operations plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.
- $\underline{(5)}$ (a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider:
- 1. Suffered damage to its operation during the state of emergency.
 - 2. Is currently licensed.

3. Does not have a provisional license.

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

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- An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.
- (6)(4) The agency may adopt rules relating to emergency management planning, communications, and operations. Licensees providing residential or inpatient services must utilize an

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1401	online database established and maintained approved by the
1402	agency to report information to the agency regarding the
1403	provider's emergency status, planning, or operations. The agency
1404	may adopt rules requiring other providers to use the online
1405	database for reporting the provider's emergency status,
1406	planning, or operations.
1407	Section 16. Paragraph (1) is added to subsection (1) of
1408	section 429.14, Florida Statutes, to read:
1409	429.14 Administrative penalties.—
1410	(1) In addition to the requirements of part II of chapter
1411	408, the agency may deny, revoke, and suspend any license issued
1412	under this part and impose an administrative fine in the manner
1413	provided in chapter 120 against a licensee for a violation of
1414	any provision of this part, part II of chapter 408, or
1415	applicable rules, or for any of the following actions by a
1416	licensee, any person subject to level 2 background screening
1417	under s. 408.809, or any facility staff:
1418	(1) Failure to comply with the requirements for the
1419	comprehensive emergency management plan under this part or s.
1420	408.821.
1421	Section 17. Subsection (3) of section 429.28, Florida
1422	Statutes, is amended to read:
1423	429.28 Resident bill of rights.—
1424	(3)(a) The agency shall conduct a survey to determine

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general compliance with facility standards, requirements for the

comprehensive emergency management plan, and compliance with residents' rights as a prerequisite to initial licensure or licensure renewal. The agency shall adopt rules for uniform standards and criteria that will be used to determine compliance with facility standards, requirements for the comprehensive emergency management plan, and compliance with residents' rights.

- (b) In order to determine whether the facility is adequately protecting residents' rights, the biennial survey shall include private informal conversations with a sample of residents and consultation with the ombudsman council in the district in which the facility is located to discuss residents' experiences within the facility.
- (c) During any calendar year in which no survey is conducted, the agency shall conduct at least one monitoring visit of each facility cited in the previous year for a class I or class II violation, or more than three uncorrected class III violations.
- (d) The agency may conduct periodic followup inspections as necessary to monitor the compliance of facilities with a history of any class I, class II, or class III violations that threaten the health, safety, or security of residents.
- (e) The agency may conduct complaint investigations as warranted to investigate any allegations of noncompliance with requirements required under this part or rules adopted under

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1451 this part.

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

Section 18. Paragraph (b) of subsection (1) of section 429.41, Florida Statutes, is amended to read:

429.41 Rules establishing standards.-

It is the intent of the Legislature that rules published and enforced pursuant to this section shall include criteria by which a reasonable and consistent quality of resident care and quality of life may be ensured and the results of such resident care may be demonstrated. Such rules shall also ensure a safe and sanitary environment that is residential and noninstitutional in design or nature. It is further intended that reasonable efforts be made to accommodate the needs and preferences of residents to enhance the quality of life in a facility. Uniform firesafety standards for assisted living facilities shall be established by the State Fire Marshal pursuant to s. 633.206. The agency, in consultation with the department, may adopt rules to administer the requirements of part II of chapter 408. In order to provide safe and sanitary facilities and the highest quality of resident care accommodating the needs and preferences of residents, the department, in consultation with the agency, the Department of

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1476	Children and Families, and the Department of Health, shall adopt
1477	rules, policies, and procedures to administer this part, which
1478	must include reasonable and fair minimum standards in relation
1479	to:
1480	(b) The preparation and annual update of a comprehensive
1481	emergency management plan. Such standards must be included in
1482	the rules adopted by the department after consultation with the
1483	Division of Emergency Management.
1484	1. At a minimum, the rules must provide for plan
1485	components that address $\underline{:}$
1486	a. Emergency evacuation transportation;
1487	<u>b.</u> Adequate sheltering arrangements;
1488	$\underline{\text{c.}}$ Postdisaster activities, including provision of
1489	emergency power, food, and water;
1490	d. Postdisaster transportation;
1491	<pre>e. Supplies;</pre>
1492	<pre>f. Hardening;</pre>
1493	g. Staffing, including which staff are responsible for
1494	implementing each element of the plan, how the facility will
1495	maintain staffing during emergencies, and whether and how the
1496	facility will accommodate family members of staff;
1497	<pre>h. Emergency equipment;</pre>
1498	$\underline{\text{i.}}$ Individual identification of residents and transfer of
1499	records;

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

Communication with families; and

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1501	<u>k.</u> Responses to family inquiries.
1502	2. Facilities must include information in their plans
1503	about:
1504	a. Whether the facility is located in an evacuation zone;
1505	b. Whether the facility intends to shelter in place or
1506	relocate to another facility;
1507	c. Whether the facility has an emergency power source;
1508	d. How the facility will inform residents and the
1509	resident's designated family member, legal representative, or
1510	guardian when the emergency management plan has been activated;
1511	and
1512	e. A working phone number for the facility for use by the
1513	resident's designated family member, legal representative, or
1514	guardian to make contact postdisaster.
1515	3. A facility must provide to the agency, its residents,
1516	and the resident's designated family member, legal
1517	representative, or guardian the information in subparagraph 2.
1518	and an overview of the facility's comprehensive emergency
1519	management plan and, if appropriate, a description of the
1520	evacuation plan. The agency must post this information on its
1521	consumer information website. Any changes to this information
1522	must be provided to the agency, the facility's residents, and
1523	the resident's designated family member, legal representative,
1524	or guardian within 30 days after the change takes effect.

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The comprehensive emergency management plan is subject

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1526 to review and approval by the local emergency management agency.

- a. A facility must submit its plan to the local emergency management agency within 90 days after licensure and change of ownership and must notify the agency within 30 days after submission of the plan.
- b. Such plan must be submitted annually or within 30 days after any modification to a previously approved plan.
- <u>c.</u> During its review, the local emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Department of Health, the Agency for Health Care Administration, and the Division of Emergency Management. Also, appropriate volunteer organizations must be given the opportunity to review the plan.
- <u>d.</u> The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions. <u>A facility must submit the requested revisions to the local emergency management agency within 30 days after receiving written notification from the local emergency management agency.</u>
- e. A facility must notify the agency within 30 days after approval of its plan by the local emergency management agency.

 Section 19. This act shall take effect July 1, 2018.

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