

Current Rule Text

CHAPTER 65D-30 SUBSTANCE ABUSE SERVICES OFFICE

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65D-30.001 Title.

These rules shall be known as the licensure standards for “Substance Abuse Services.”

Rulemaking Authority 397.321(5) FS. Law Implemented 397 FS. History—New 5-25-00, Amended 4-3-03.

65D-30.002 Definitions.

(1) “Abbreviated Treatment Plan” means a shorter version of a treatment plan that is developed immediately following placement in an addictions receiving facility or detoxification component and is designed to expedite planning of services typically provided to clients placed in those components.

(2) “Accreditation” means the process by which a provider satisfies specific nationally accepted administrative, clinical, medical, and facility standards applied by an accrediting organization that has been approved by the department.

(3) “Aftercare Plan” means a written plan that specifies goals to be achieved by a client or family involved in aftercare.

(4) “Ancillary Services” means services such as legal, vocational, employment, mental health, prenatal care, diagnostic testing, public assistance, child care, and transportation, that may be either essential or incidental to a client’s recovery.

(5) “Assessment” means a process used to determine the type and severity of a client’s substance abuse problem and includes a psychosocial assessment and, depending upon the component, a physical health assessment.

(6) “Authorized Agent of the Department” means a qualified person designated by the department to conduct licensing inspections and other regulatory duties permitted in Chapter 397, F.S., Part II.

(7) “Case Management” means a process which is used by a provider to ensure that clients receive services appropriate to their needs and includes linking clients to services and monitoring the delivery and effectiveness of those services.

(8) “Certification” means the process by which an individual achieves nationally accepted standards of competency and proficiency in the field of substance abuse through professional experience and a curriculum of study for addiction professionals that has been recognized by the department.

(9) “Client Registry” means a system which is used by two or more providers to share information about clients who are applying for or presently involved in detoxification or maintenance treatment using methadone, for the purpose of preventing the concurrent enrollment of clients with more than one methadone provider.

(10) “Client” or “Participant” means any person who receives substance abuse services from a provider.

(11) "Client or Participant Record" means the record of substance abuse services provided to a client or participant and includes documentation of progress.

(12) "Clinical Services" means services such as screening, assessment, placement, treatment planning, counseling, and case management.

(13) "Clinical Staff" means those employees of a provider who are responsible for providing clinical services to clients.

(14) "Clinical Summary," as used in the context of these rules, means a written statement summarizing the results of the psychosocial assessment relative to the perceived condition of the client and a further statement of possible service needs based on the client's condition.

(15) "Competency and Ability of Applicant" means a determination that an applicant for a license under Chapter 397, F.S., is able or unable to demonstrate, through a background check on education and employment history, the capability of providing substance abuse services in accordance with applicable laws and regulations.

(16) "Component" means the operational entity of a provider that is subject to licensing. The primary components are listed and defined below:

(a) "Addictions Receiving Facility," is a secure, acute-care, residential facility operated 24 hours-per-day, 7 days-per-week, designated by the department to serve persons found to be substance abuse impaired as described in Section 397.675, F.S., and who meet the placement criteria for this component.

(b) "Detoxification," is a process involving sub-acute care that is provided on a residential or an outpatient basis to assist clients who meet the placement criteria for this component to withdraw from the physiological and psychological effects of substance abuse.

(c) "Intensive Inpatient Treatment," includes a planned regimen of evaluation, observation, medical monitoring, and clinical protocols delivered through an interdisciplinary team approach provided 24 hours-per-day, 7 days per week in a highly structured, live-in environment.

(d) "Residential Treatment," is provided on a residential basis 24 hours-per-day, 7 days-per-week, and is intended for clients who meet the placement criteria for this component. For the purpose of these rules, there are five levels of residential treatment that vary according to the type, frequency, and duration of services provided.

(e) "Day or Night Treatment with Host Homes," is provided on a nonresidential basis at least three hours per day and at least 12 hours each week and is intended for clients who meet the placement criteria for this level of care. This component also requires that each client reside with a host family as part of the treatment protocol.

(f) "Day or Night Treatment with Community Housing," is provided on a nonresidential basis at least 5 hours each day and at least 25 hours each week and is intended for clients who can benefit from living independently in peer community housing while undergoing treatment.

(g) "Day or Night Treatment," is provided on a nonresidential basis at least three hours per day and at least 12 hours each week and is intended for clients who meet the placement criteria for this component.

(h) "Intensive Outpatient Treatment," is provided on a nonresidential basis and is intended for clients who meet the placement criteria for this component. This component provides structured services each day that may include ancillary psychiatric and medical services.

(i) "Outpatient Treatment," is provided on a nonresidential basis and is intended for clients who meet the placement criteria for this component.

(j) "Aftercare," involves structured services provided to individuals who have completed an episode of treatment in a component and who are in need of continued observation and support to maintain recovery.

(k) "Intervention," includes activities and strategies that are used to prevent or impede the development or progression of substance abuse problems.

(l) "Prevention" includes activities and strategies that are used to preclude the development of substance abuse problems.

(m) "Medication and Methadone Maintenance Treatment," is provided on a nonresidential basis which utilizes methadone or other approved medication in combination with clinical services to treat persons who are dependent upon opioid drugs, and is intended for persons who meet the placement criteria for this component.

(17) "Control of Aggression" means the application of de-escalation and other approved techniques and procedures to manage aggressive client behavior.

(18) "Co-occurring Disorder" means a diagnosis of a substance abuse disorder and a concurrent diagnosis of a psychiatric

disorder.

(19) “Counseling” means the process, conducted in a facility licensed under Chapter 397, F.S., of engaging a client in a discussion of issues associated with the client’s substance abuse and associated problems in an effort to work toward a constructive resolution of those problems and ultimately toward recovery.

(20) “Counselor” means a member of the clinical staff, working in a facility licensed under Chapter 397, F.S., whose duties primarily consist of conducting and documenting services such as counseling, psycho-educational groups, psychosocial assessment, treatment planning, and case management.

(21) “Court Ordered” means the result of an order issued by a court requiring an individual’s participation in a licensed component of a provider under the following authority:

- (a) Civil involuntary as provided under Sections 397.6811 and 397.693, F.S.;
- (b) Treatment of habitual substance abusers in licensed secure facilities as provided under Section 397.702, F.S.; and,
- (c) Offender referrals as provided under Section 397.705, F.S.

(22) “Department” means the Department of Children and Family Services, created pursuant to Section 20.19, F.S.

(23) “Diagnostic Criteria” means prevailing standards which are used to determine a client’s mental and physical condition relative to their need for substance abuse services, such as those which are described in the current Diagnostic and Statistical Manual of Mental Disorders.

(24) “Diagnostic Services” means services that are provided to clients who have been assessed as having special needs and that will assist in their recovery such as educational tests, psychometric tests and evaluation, psychological and psychiatric evaluation and testing, and specific medical tests.

(25) “Direct Care Staff” means employees and volunteers of a provider who provide direct services to clients.

(26) “Direct Services” means services that are provided by employees or volunteers who have contact or who interact with clients on a regular basis.

(27) “Discharge Summary” means a written narrative of the client’s treatment record describing the client’s accomplishments and problems during treatment, reasons for discharge, and recommendations for further services.

(28) “District Office” means a local or regional office of the department.

(29) “Financial Ability” means a provider’s ability to secure and maintain the necessary financial resources to provide services to clients in compliance with required standards.

(30) “Impairment” means a physical or psychological condition directly attributed to the use of alcohol or other substances of abuse which substantially interferes with an individual’s level of functioning.

(31) “Inmate Substance Abuse Programs,” include substance abuse services provided within facilities housing only inmates and operated by or under contract with the Department of Corrections.

(32) “Initial Treatment Plan” means a preliminary, written plan of goals and objectives intended to inform the client of service expectations and to prepare the client for service provision.

(33) “Intervention Plan” means a written plan of goals and objectives to be achieved by a client who is involved in intervention services.

(34) “Involuntary” means the status ascribed to a person who meets the criteria for admission under Section 397.675, F.S.

(35) “Licensed Bed Capacity” means the total bed capacity of addictions receiving facilities, residential detoxification facilities, and residential facilities.

(36) “Licensing Fee” means revenue collected by the department from a provider required to be licensed under Section 397.407, F.S.

(37) “Medical Director” means a physician licensed under Chapter 458 or 459, F.S., who has been designated to oversee all medical services of a provider and has been given the authority and responsibility for medical care delivered by a provider.

(38) “Medical History” means information on the client’s past and present general physical health, including the effect of substance abuse on the client’s health.

(39) “Medical Maintenance” means special clinical protocols that permit extending the amount of consecutive take out medication provided to clients who are involved in medication and methadone maintenance treatment and who qualify through a special exemption from the department for participation under these protocols. Medical maintenance may be either partial (13 consecutive take-outs) or full (27 consecutive take-outs).

(40) “Medical Monitoring” means evaluation, care, and treatment, by medical personnel who are licensed under Chapter 458,

459, or 464, F.S., of clients whose substance abuse and related problems are severe enough to require intensive inpatient treatment using an interdisciplinary team approach.

(41) “Medication Error” means medication that is administered or dispensed to a client in a dose that is higher or lower, with greater or lesser frequency, or that is the wrong medication than that which is prescribed under a physician’s order and has the potential to harm the patient.

(42) “Medication and Methadone Maintenance Treatment Sponsor” means a representative of a medication and methadone maintenance treatment provider who is responsible for its operation and who assumes responsibility for all its employees and volunteers, including all practitioners, agents, or other persons providing services at the provider.

(43) “Nursing Physical Screen” means a procedure for taking a client’s medical history and vital signs and recording any general impressions of a client’s current physical condition, general body functions, and current medical problems.

(44) “Nursing Support Staff” means persons who assist Registered Nurses and Licensed Practical Nurses in carrying out their duties, but who are not licensed nurses.

(45) “Operating Procedures” means written policies and procedures governing the organization and operation of a provider that include methods of implementation and accountability.

(46) “Organizational Capability” means a provider’s ability to implement written operating procedures in conformance with required standards.

(47) “Overlay” means a component operated within facilities not owned or operated by a provider.

(48) “Physical Examination” means a medical evaluation of the client’s current physical condition.

(49) “Physical Health Assessment” means a series of services that are provided to evaluate a client’s medical history and present physical condition and include a medical history, a nursing physical screen, a physical examination, laboratory tests, tests for contagious diseases, and other related diagnostic tests.

(50) “Physician” means a person licensed to practice medicine under Chapter 458 or 459, F.S.

(51) “Placement” means the process used to determine client admission to, continued stay in, and transfer or discharge from a component in accordance with specific criteria.

(52) “Prevention Counseling” means a discussion with a participant involved in a prevention component that follows the objectives established in the prevention plan and is intended to reduce risk factors and increase protective factors.

(53) “Prevention Plan” means a plan of goals to be achieved by a client or family involved in structured prevention activities on a regularly scheduled basis.

(54) “Primary Counselor” means an employee who is part of the clinical staff and who has primary responsibility for delivering and coordinating clinical services for specific clients.

(55) “Private Practice,” as used in these rules, means a sole proprietorship, an individual or individuals using shared office space, or other business entity, required to be licensed under Chapter 397, F.S.

(56) “Privately Funded Provider” means a provider which does not receive funds directly from the department, Medicaid, or another public agency, and which relies solely on private funding sources.

(57) “Program Office” means the specific office of the department identified as the single state authority for substance abuse.

(58) “Progress Notes” means written entries made by clinical staff in the client record that document progress or lack thereof toward meeting treatment plan objectives, and which generally address the provision of services, the client’s response to those services, and significant events.

(59) “Protective Factors” means those conditions that inhibit, reduce, or protect against the probability of the occurrence of drug use or abuse.

(60) “Provide” means a public agency, a private for-profit or not-for-profit agency, a person who is in private practice, and a hospital, licensed under Chapter 397, F.S., or exempt from licensure.

(61) “Psychosocial Assessment” means a series of evaluative measures designed to identify the behavioral and social factors involved in substance abuse and its symptoms, and is used in the determination of placement and the development of the treatment plan.

(62) “Publicly Funded Provider” means a provider that receives funds directly from the department, Medicaid, or another public agency or is a state agency or local government agency.

(63) “Qualified Professional” means a physician licensed under Chapter 458 or 459, F.S., a practitioner licensed under Chapter 490 or 491, F.S., or a person who is certified through a department-recognized certification process as provided for in Sections

397.311(25) and 397.416, F.S. Individuals who are certified are permitted to serve in the capacity of a qualified professional, but only within the scope of their certification.

(64) "Quality Assurance" means a formal method of evaluating the quality of care rendered by a provider and is used to promote and maintain an efficient and effective service delivery system. Quality assurance includes the use of a quality improvement process to prevent problems from occurring so that corrective efforts are not required.

(65) "Restraint" means:

(a) Any manual method used or physical or mechanical device, material, or equipment attached or adjacent to a client's body that he or she cannot easily remove and that restricts freedom of movement or normal access to one's body; and,

(b) A drug used to control a client's behavior when that drug is not a standard treatment for the client's condition.

(66) "Risk Factors" means those conditions affecting a group, individual, or defined geographic area that increase the likelihood of a substance use or substance abuse problem.

(67) "Screening" means a process involving a brief review of a person's presenting problem to determine the person's appropriateness and eligibility for substance abuse services and the possible level of services required.

(68) "Seclusion" means the use of a secure, private room designed to isolate a client who has been determined by a physician to pose an immediate threat of physical harm to self or others.

(69) "Services" means assistance that is provided to clients in their efforts to become and remain substance free such as counseling, treatment planning, vocational activities, educational training, and recreational activities.

(70) "Stabilization" means the use of short-term procedures for the purpose of alleviating an acute condition related to impairment or to prevent further deterioration of a client who is impaired.

(71) "Substantial Compliance" means an applicant for a new license that is in the initial stages of developing services, has demonstrated the ability to implement the requirements of these rules through operating procedures, and is thereby eligible for a probationary license.

(72) "Substantial Noncompliance" means that a provider operating on a regular license has significant violations, or a pattern of violations, which affects the health, safety, or welfare of clients and, because of those violations, is issued an interim license or is subject to other sanctions as provided for in Section 397.415, F.S.

(73) "Summary Note" means a written record of the progress made by clients involved in intervention services and Level 2 prevention services.

(74) "Supportive Counseling" means a form of counseling that is primarily intended to provide information and motivation to clients.

(75) "Transfer Summary" means a written justification of the circumstances of the transfer of a client from one component to another or from one provider to another.

(76) "Treatment" means specific clinical and Services such as individual and group counseling.

(77) "Treatment Plan" means an individualized, written plan of action that directs all treatment services and is based upon information from the assessment and input from the client served. The plan establishes client goals and corresponding measurable objectives, time frames for completing objectives, and the type and frequency of services to be provided.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311, 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03, 12-12-05.

65D-30.003 Department Licensing and Regulatory Standards.

(1) Licensing.

(a) License Required. All substance abuse components, as defined in subsection 65D-30.002(16), F.A.C., must be provided by persons or entities that are licensed by the department pursuant to Section 397.401, F.S., unless otherwise exempt from licensing under Section 397.405, F.S., prior to initiating the provision of services.

(b) Licenses Issued by Premises. One license is required:

1. For each facility that is maintained on separate premises even if operated under the same management; and,
2. Where all facilities are maintained on the same premises and operated under the same management.

In both cases, all components shall be listed on the license. For the purposes of paragraph (b), living arrangements utilized for clients of day or night treatment with community housing do not constitute facilities or separate premises.

(c) Display of Licenses. Licenses shall be displayed in a prominent, publicly accessible place within each facility.

(d) Special Information Displayed on Licenses. In the case of addictions receiving facilities, detoxification, intensive inpatient

treatment, and residential treatment, each license shall include the licensed bed capacity. The department shall identify on the license those components provided in each facility that are accredited by a department recognized accrediting organization such as the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and Council on Accreditation (COA). In the case of providers or components of providers that are accredited, licenses shall also include the statement, "THIS LICENSE WAS ISSUED BASED, IN PART, ON THE SURVEY REPORT OF A DEPARTMENT RECOGNIZED ACCREDITING ORGANIZATION." This statement would not be included on the license when issuance is also based on the results of the department's licensing inspections.

(2) Categories of Licenses; issuance.

(a) Probationary License.

1. Conditions Permitting Issuance. A probationary license is issued to new applicants and to licensed providers adding new components, upon completion of all application requirements.

2. Reissuing a Probationary License. A probationary license expires 90 days after it is issued. The department may reissue a probationary license for one additional 90-day period if the department determines that the applicant needs additional time to become fully operational and has substantially complied with all requirements for a regular license or has initiated action to satisfy all requirements.

3. Special Requirements Regarding Probationary Licenses. The following special requirements apply regarding new applicants.

a. A new applicant shall refrain from providing non-exempt services until a probationary license is issued.

b. New applicants that lease or purchase any real property during the application process do so at their own risk. Such lease or purchase does not obligate the department to approve the applicant for licensing.

c. In those instances where an applicant fails to admit clients for services during the initial probationary period, the department shall not issue a regular license, even where other standards have been met. However, the department may reissue a probationary license if it finds that the applicant can provide evidence of good cause for not having admitted clients during the initial 90-day probationary period.

4. Issuing New Licenses. In those instances where all licenses issued to a provider have the same expiration dates, any additional licenses that are issued to the provider during the effective period will carry the same expiration date as provider's existing licenses.

(b) Regular License.

1. Conditions Permitting Issuance. A regular license is issued:

a. To a new applicant at the end of the probationary period that has satisfied the requirements for a regular license.

b. To a provider seeking renewal of a regular license that has satisfied the requirements for renewal.

c. To a provider operating under an interim license that satisfies the requirements for a regular license.

2. Applications for Renewal. In regard to applications for renewal of a regular license, the department must receive a completed application no later than 60 days before the provider's current license expires.

3. Effective Dates. A regular license is considered to be valid for a period of 12 months from the date of issuance. If a regular license replaces a probationary license, the regular license shall be valid for a period of 12 months from the date the probationary license was issued. In cases where a regular license replaces an interim license, the anniversary date of the regular license shall not change.

(c) Interim License.

1. Conditions Permitting Issuance. An interim license will replace a regular license for a period not to exceed 90 days, where the department finds that any one of the following conditions exist.

a. A facility or component of the provider is in substantial noncompliance with licensing standards.

b. The provider has failed to provide proof of compliance with local fire, safety, or health requirements.

c. The provider is involved in license suspension or revocation proceedings.

All components within a facility that are affected shall be listed on the interim license.

2. Reissuing an Interim License. The department may reissue an interim license for an additional 90 days at the end of the initial 90-day period in the case of extreme hardship. In this case, reissuing an interim license is permitted when inability to reach full compliance can not be attributed to the provider.

(3) Changing the Status of Licenses. Changes to a provider's license shall be permitted under the following circumstances.

(a) If a new component is added to a facility's regular license, the department will issue a separate probationary license for that

component. Once the provider has satisfied the requirements for a regular license, the department shall reissue an amended regular license to include the new component.

(b) If a component of a facility operating under a regular license is found to be in substantial noncompliance, a separate interim license will be issued by the department for that component and the provider will return its regular license to the department. The department will reissue an amended regular license. Once the provider has satisfied the requirements of a regular license for that component, the department will reissue another amended regular license to include that component.

(c) A provider’s current license shall be amended when a component is discontinued. In such cases, the provider shall send its current license to the department only after receipt of an amended license. Components not affected by this provision shall be permitted to continue operation.

(d) Whenever there is a change in a provider’s licensed bed capacity equal to or greater than 10 percent, the provider shall immediately notify the department which shall, within 5 working days of receipt of notice, issue an amended license to the provider.

(e) When there is a change in a provider’s status regarding accreditation, the provider shall notify the department in writing within 5 working days of such change. In those instances where the change in status will adversely affect the provider’s license or requires other sanctions, the department shall notify the provider within 5 working days of receipt of the notice of the department’s pending action.

(4) License Non-transferable.

(a) Licenses are not transferable:

1. Where an individual, a legal entity or an organizational entity, acquires an already licensed provider; and,
2. Where a provider relocates or a component of a provider is relocated.

(b) Submitting Applications. A completed application, Form 4024, shall be submitted to the department at least 30 days prior to acquisition or relocation.

1. Acquisition. In addition to Form 4024, the applicant shall be required to submit all items as required in subsection 65D-30.003(6), F.A.C. When the application is considered complete, the department shall issue a probationary license.

2. Relocation. In addition to Form 4024, if there is no change in the provider’s services, the provider shall only be required to provide proof of liability insurance coverage and compliance with fire and safety standards established by the State Fire Marshal, health codes enforced at the local level, and zoning. If there is a change in the provider’s services, the provider shall be required to submit all items as required in subsection 65D-30.003(6), F.A.C. In this latter case, when the department determines the application to be complete, the department shall issue a probationary license.

(5) Licensing Fees. Applicants for a license to operate as a licensed service provider as defined in Section 397.311(18), F.S., shall be required to pay a fee upon submitting an application to the district office. The fees paid by privately funded providers shall exceed fees paid by publicly funded providers, as required in Section 397.407(1), F.S. Applicants shall be allowed a reduction, hereafter referred to as a discount, in the amount of fees owed the department. The discount shall be based on the number of facilities operated by a provider. The fee schedules are listed by component as follows:

Publicly Funded Providers

Licensable Service Component	Fee
Addictions Receiving Facility	\$325
Detoxification	325
Intensive Inpatient Treatment	325
Residential Treatment	300
Day or Night Treatment/Host Home	250
Day or Night Treatment/Community Housing	250
Day or Night Treatment	250
Intensive Outpatient Treatment	250
Outpatient Treatment	250
Medication and Methadone	350
Maintenance Treatment	
Aftercare	200
Intervention	200
Prevention	200

Schedule of Discounts

Number of Licensed Facilities	Discount
2-5	10%
6-10	15%
11-15	20%
16-20	25%
20+	30%

Privately Funded Providers

Licensable Service Component	Fee
Detoxification	\$375
Intensive Inpatient Treatment	350
Residential Treatment	350
Day or Night Treatment/Host Home	300
Day or Night Treatment/Community Housing	300
Day or Night Treatment	300
Intensive Outpatient Treatment	300
Outpatient Treatment	300
Medication and Methadone	400
Maintenance Treatment	
Aftercare	250
Intervention	250
Prevention	250

Schedule of Discounts

Number of Licensed Facilities	Discount
2-5	5%
6-10	10%
11-15	15%
16-20	20%
20+	25%

(6) Application for Licensing. Applications for licensing shall be submitted initially and annually thereafter to the department along with the licensing required fee. Unless otherwise specified, all applications for licensure shall include the following:

(a) A standard application for licensing, C&F-SA Form 4024, September 2001, titled Application for Licensing to Provide SUBSTANCE ABUSE SERVICES, incorporated herein by reference. Copies of C&F-SA Form 4024 may be obtained from the Department of Children and Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700;

(b) Written proof of compliance with health and fire and safety inspections;

(c) A copy of the provider's occupational license and evidence of compliance with local zoning requirements (Inmate Substance Abuse Programs operated within Department of Corrections facilities are exempt from this requirement);

(d) A copy of the client service fee schedule and policy regarding a client's/participant's financial responsibility (Inmate Substance Abuse Programs operated within Department of Corrections facilities are exempt from this requirement);

(e) A comprehensive outline of the services to be provided, including the licensed bed capacity for addictions receiving facilities, residential detoxification, intensive inpatient treatment, and residential treatment, to be submitted with the initial application, with the addition of each new service component, or when there is a change of ownership;

(f) Information that establishes the name and address of the applicant, its chief executive officer and, if a corporation, the name of each member of the applicant's board, the name of the owner, the names of any officers of the corporation, and the names of any shareholders (Providers that are accredited by department approved accrediting organizations are not required to submit this information);

(g) Information on the competency and ability of the applicant and its chief executive officer to carry out the requirements of these rules (Providers that are accredited by department approved accrediting organizations and Inmate Substance Abuse Programs operated directly by the Department of Corrections are not required to submit this information);

(h) Proof of the applicant's financial ability and organizational capability to operate in accordance with these rules (Providers that are accredited by department approved accrediting organizations and Inmate Substance Abuse Programs operated directly by the Department of Corrections are not required to submit this information);

(i) Proof of professional and property liability insurance coverage (Inmate Substance Abuse Programs operated directly by the Department of Corrections are not required to submit this information);

(j) Confirmation of completion of basic HIV/AIDS education requirements pursuant to Section 381.0035, F.S., for renewal applications;

(k) A current organizational chart;

(l) Verification of certification from the Substance Abuse and Mental Health Administration relating to medication and methadone maintenance treatment, submitted with the initial application and documented approval from the Substance Abuse and Mental Health Administration and where there is a change of owner, sponsor, or physician;

(m) Verification that a qualified professional is included on staff;

(n) The Drug Enforcement Administration registration for medication and methadone maintenance treatment;

(o) The Drug Enforcement Administration registration for all physicians;

(p) A state of Florida pharmacy permit for medication and methadone maintenance treatment and any provider with a pharmacy;

(q) Verification of the services of a consultant pharmacist for medication and methadone maintenance treatment and any provider with a pharmacy;

(r) Verification of professional licenses issued by the Department of Health;

(s) Verification that fingerprinting and background checks have been completed as required by Chapters 397 and 435, F.S., and these rules;

(t) Proof of the availability and provision of meals for addictions receiving facilities, residential detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, and day or night treatment, if applicable in the case of the two latter components (Inmate Substance Abuse Programs operated within Department of Corrections facilities are exempt from this requirement);

(u) Verification that a medical director has been designated for addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, and medication and methadone maintenance treatment; and,

(v) Verification that the Chief Executive Officer has submitted proof in writing that the provider is following the requirements in Chapter 65D-30, F.A.C.

Items listed in paragraphs (a)-(k), must accompany the application for a license. However, regarding items in paragraph (h), only new applicants will be required to submit this information with the application. Items listed in paragraphs (l)-(v), including items in paragraph (h), for renewal applicants, must be made available for review at the provider facility. In addition, documents listed in paragraphs (a)-(v), that expire during the period the license is in effect shall be renewed by the provider prior to expiration and the department shall be notified by the provider in writing immediately upon renewal or in the event renewal does not occur.

(7) Accredited Providers. This subsection implements Section 394.741, F.S. This subsection applies to licensing inspections of providers or components of providers that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Council on Accreditation (COA), or other department approved accrediting organizations.

(a) Licensing Inspections of Accredited Providers. For those providers or components of providers that are accredited, the department shall conduct a licensing inspection once every 3 years.

(b) License Application. Accredited providers shall submit an application for licensing, Form 4024, to the department annually. The form shall be accompanied by:

1. Proof of compliance with fire and safety standards, health standards, and zoning,

2. A copy of the survey report including any information regarding changes in the provider's accreditation status; and,

3. In addition, the provider's Chief Executive Officer shall submit in writing to the department that the provider is following the standards for licensing required in Chapter 65D-30, F.A.C.

(c) Determination of Accreditation. As indicated in paragraph (b), providers shall submit a copy of the accreditation survey report to the department annually. The department shall review the report and confirm that accreditation has been awarded for the applicable components. If the survey report indicates that the provider or any components of the provider have been issued provisional or conditional accreditation, the department shall conduct a licensing inspection as permitted in paragraph (d).

(d) Inspections of Accredited Providers. In addition to conducting licensing inspections every three years, the department has the right to conduct inspections of accredited providers in accordance with Sections 394.741(6) and 397.411(3), (4), and (5), F.S., in those cases where any of the following conditions exist.:

1. The accredited provider or component of the provider fails to submit the accreditation report and any corrective action plan related to its accreditation upon request by the department.

2. The accredited provider or component of the provider has not received or has not maintained accreditation as provided for in paragraph (c).

3. The department's investigation of complaints results in findings of one or more violations of the licensing standards of any accredited component.

4. The department has identified significant health and safety problems.

The department shall notify the provider of its intent to conduct an inspection in response to any of the conditions provided for under this paragraph.

(8) Authorized Agents; qualifications. Prior to being designated as an authorized agent of the department a person shall:

(a) Demonstrate knowledge of the state's substance abuse services system;

(b) Demonstrate knowledge of Chapter 397, F.S., Chapter 65D-30, F.A.C., department policy related to licensing and regulation of providers, federal regulations which directly affect the department or providers, accreditation standards from the Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and Council on Accreditation (COA), and other rules and statutes referenced herein;

(c) Demonstrate skill in conducting licensing inspections, the use of licensing instruments, and preparing accurate reports of findings from licensing inspections;

(d) Demonstrate knowledge of the specific services rendered by substance abuse providers within the agent's area of jurisdiction; and,

(e) Participate in a formal in-service training program developed and conducted by designated department staff with the commensurate training and experience provided for in paragraphs (a)-(d).

(9) Department Licensing Procedures.

(a) District Office Licensing Procedures. The district offices shall be responsible for licensing providers operating within their geographic boundaries.

1. Application Process. The district offices shall process all new and renewal applications for licensing and shall notify both new and renewal applicants in writing within 30 days of receipt of the application that it is complete or incomplete. Where an application is incomplete, the district office shall specify in writing to the applicant the items that are needed to complete the application. Following receipt of the district office's response, the applicant shall have 10 working days to submit the required information to the district office. If the applicant needs additional time to submit the required information it may request such additional time within 5 days of the deadline for submitting the information. That request shall be approved or denied by the district office within 5 days of receipt. Any renewal applicant that fails to meet these deadlines shall be assessed an additional fee equal to the late fee provided for in Section 397.407(3), F.S., \$100 per licensed component.

2. Licensing Inspection. The district office shall notify each applicant of its intent to conduct an onsite licensing inspection and of the proposed date and time of the inspection. The district office shall include the name(s) of the authorized agents who will conduct the inspection and the specific components and facilities to be inspected. This notification, however, shall not prohibit the district office from inspecting other components or facilities maintained by a provider at the time of the scheduled review. For accredited providers, such inspection is subject to paragraph 65D-30.003(7)(d), F.A.C.

3. Licensing Determination. A performance-based rating system shall be used to evaluate a provider's compliance with licensing standards. Providers shall attain at least 80 percent compliance overall on each component reviewed. This means that each component within a facility operated by a provider is subject to the 80 percent compliance requirement. If any component within a facility falls below 80 percent compliance, an interim license would be issued for that component. In addition, there may be instances where a component is rated at an 80 percent level of compliance overall but is in substantial noncompliance with standards

related to health, safety, and welfare of clients and staff. This would include significant or chronic violations regarding standards that do not involve direct services to clients. In such cases, the district office shall issue an interim license to the provider or take other regulatory action permitted in Section 397.415, F.S.

4. Notifying Providers Regarding Disposition on Licensing. In the case of new and renewal applications, the district office shall give written notice to the applicant as required in Section 120.60(3), F.S., that the district office has granted or denied its application for a license. In the case of new applicants, this shall occur within the 90-day period following receipt of the completed application. In the case of renewal applicants, this shall occur prior to expiration of the current license.

5. Reports of Licensing Inspections. The district offices shall prepare and distribute to providers a report of licensing inspections that shall include:

- a. The name and address of the facility,
- b. The names and titles of principal provider staff interviewed,
- c. An overview of the components and facilities inspected and a brief description of the provider,
- d. A summary of findings from each component and facility inspected,
- e. A list of noncompliance issues, if any, with rule references and a request that the provider submit a plan for corrective action, including required completion dates,
- f. Recommendations for issuing a probationary, a regular, or an interim license and recommendations regarding other actions permitted under Chapter 397, F.S.; and,
- g. The name and title of each authorized agent of the department.

6. Distribution of Licenses and Notices. For new and renewal applications, district offices shall send providers an original signed license along with the written notice as described in subparagraph 4. Additionally, any adverse action by district offices (e.g., issuance of an interim license, license suspension, denial, or revocation, or fine or moratorium) shall be accompanied by notice of the right of appeal as required by Chapter 120, F.S.

7. Content of Licensing Records. The district offices shall maintain current licensing files on each provider licensed under Chapter 397, F.S. The contents of the files shall include those items listed under paragraphs 65D-30.003(6)(a)-(k), and subparagraph 65D-30.003(9)(a)5., F.A.C.

8. Listing of Licensed Providers. The district offices shall maintain a current listing of all licensed providers by components, with license expiration dates.

9. Complaint Log. The district offices shall maintain a log of complaints regarding providers. The log shall include the date the complaint was received, dates review was initiated and completed, and all findings, penalties imposed, and other information relevant to the complaint.

(b) Substance Abuse Program Office Licensing Procedures.

1. Records. The Substance Abuse Program Office shall maintain a record of all licensed providers.

2. Monitoring. The Substance Abuse Program Office shall monitor the implementation of the licensing process from a statewide perspective and analyze provider performance relative to the results of licensing reviews.

(10) Closing a Licensed Provider. Providers shall notify the department in writing at least 30 days prior to voluntarily ceasing operation. If a provider, facility, or component is ordered closed by a court of competent jurisdiction pursuant to Section 397.415(4), F.S., the provider shall maintain possession of all its records until the court order becomes final. The provider remains responsible for giving the department access to its records. In the interim, the provider, with the department's assistance, shall attempt to place all active clients in need of care with other providers. The department shall provide assistance in placing clients. The provider shall return its license to the department by the designated date of closure.

(11) Department Recognition of Accrediting Organizations. The Rehabilitation Accreditation Commission, also known as CARF, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA), and the National Committee on Quality Assurance are department recognized accrediting organizations. Organizations not specified in Chapter 397, F.S., and that desire department recognition shall submit a request in writing to the department. The request shall be made in writing to the Director for Substance Abuse who shall respond in writing to the organization's chief executive officer denying or granting recognition. The department shall maintain a list of recognized organizations. An organization must meet the following criteria in order to be considered for recognition by the department.

(a) The organization shall be recognized by the National Committee on Quality Assurance as an accrediting body for behavioral healthcare services.

(b) The accrediting organization shall have fees and standards which apply to substance abuse services. These standards shall incorporate administrative, clinical, medical, support, and environmental management standards.

(c) The accrediting organization shall have written procedures detailing the survey and accreditation process.

(12) Department Recognition of Certifying Organizations for Addiction Professionals.

(a) An organization which desires recognition by the department as a certifying organization for addiction professionals shall request such approval in writing from the department. Organizations seeking approval shall be non-profit and governed by a Board of Directors that is representative of the population it intends to certify and shall include specific requirements which applicants must meet to be certified as addiction professionals. An organization seeking recognition must include in its certification protocol:

1. Six thousand hours of direct experience as a substance abuse counselor under the supervision of a qualified professional, within the 10 years preceding the application for certification,

2. Three hundred hours of specific supervision under a qualified professional in the core function areas, as described in the International Certification and Reciprocity Consortium role delineation study,

3. Contact education as follows:

a. For certification as a certified addiction professional, 145 hours of addiction counseling education and 125 hours of counseling education,

b. For certification as a certified criminal justice addiction professional, 100 hours in criminal justice education, 90 hours in addiction education, and 80 hours of counseling education,

c. For certification as a certified addiction prevention professional, 200 hours in prevention and early intervention education and 100 hours of addiction education; and,

d. For all applicants for certification, 30 hours of ethics, 4 hours of HIV/AIDS, and 2 hours of domestic violence.

4. Completion of the International Certification Reciprocity Consortium written examinations based on a national role delineation study of alcohol and drug abuse counselors,

5. Case presentations which include the development of a case in writing and an oral presentation before a panel of certified counselors; and,

6. Continuing education requiring a minimum of 20 continuing education units (CEUs) annually by providers approved by the certifying organization.

(b) Certifying organizations which meet the requirements in paragraph (a) may request review by the department. The request shall be made in writing to the Director for Substance Abuse who shall respond in writing to the organization's chief executive officer denying or granting recognition.

(13) Approval of Overlay Services.

(a) Qualifying as Overlay Services. A provider that is licensed under Chapter 397, F.S., to provide day or night treatment, intensive outpatient treatment, outpatient treatment, aftercare, intervention, or prevention Level 2, is permitted to deliver those component services at locations which are leased or owned by an organization other than the provider. The aforementioned component services may be delivered under the authority of the provider's current license for that component service so that the alternate location will not require a license. To qualify, overlay services shall be provided on a regular or routine basis over time, at an agreed upon location.

(b) Procedure for Approving Overlay Services.

1. The provider shall submit a request to provide overlay services to the department along with:

a. A description of the services to be provided,

b. The manner in which services will be provided,

c. The number of days each week and the number of hours each day each service will be provided,

d. How services will be supervised; and,

e. The location of the services.

2. The department shall notify the provider within 30 days of receipt of the request to provide overlay services of its decision to approve or deny the request and, in the case of denial, reasons for denying the request in accordance with subparagraph 3.

3. The department reserves shall deny the request to provide overlay services if it determines that the provider did not address the specific items in subparagraph 1., or is currently operating under less than an interim license.

4. In those cases where the request to provide overlay services is approved, the department shall add to the provider's current license application, the information required in subparagraph 1., and clearly specify the licensed component that will be provided as

overlay.

(c) Special Requirements.

1. Services delivered at the alternate site must correspond directly to those permitted under the provider's current license.
2. Information on each client involved in an overlay service must be maintained in a manner that complies with current licensing requirements.
3. Overlay services are subject to all requirements of the corresponding level of licensure, and are subject to inspection by the department.
4. Overlay services may only be provided within the geographical boundaries of the department's district office that issued the license.

(14) Licensing of Private Practices. The following shall apply to private practices that are not exempt from licensing pursuant to Chapter 397, F.S. Such practices shall:

(a) Comply with the requirements found in Rule 65D-30.004, F.A.C., and are permitted to operate pursuant to Rules 65D-30.009, 65D-30.0091, 65D-30.010, 65D-30.011, 65D-30.012, and 65D-30.013, F.A.C.;

(b) Be exempt from subparagraphs 65D-30.004(4)(a)1.-4., F.A.C., if the private practice is operated out of shared office space where there is no employee/employer relationship; and,

(c) Provide services only as permitted by the authority granted by statute and Chapter 65D-30, F.A.C., and will be prohibited from providing services outside the scope of the statute and these rules.

(15) Licensing of Department of Juvenile Justice Commitment Programs and Detention Facilities. In those instances where substance abuse services are provided within Juvenile Justice Commitment Programs and detention facilities, such services may be provided in accordance with any one of the four conditions described below.

(a) The services must be provided in a facility that is licensed under Chapter 397, F.S., for the appropriate licensable service component as defined in subsection 65D-30.002(16), F.A.C.

(b) The services must be provided by employees of a service provider licensed under Chapter 397, F.S.

(c) The services must be provided by employees of the commitment program or detention facility who are qualified professionals licensed under Chapter 458, 459, 490, or 491, F.S.

(d) The services must be provided by an individual who is an independent contractor who is licensed under Chapter 458, 459, 490, or 491, F.S.

(16) Licensing of Department of Corrections Inmate Substance Abuse Programs. Inmate substance abuse services shall be provided within inmate facilities operated by or under contract with the Department of Corrections as specifically provided for in these rules. The inmate facility is licensed under Chapter 397, F.S., in accordance with the requirements in Rule 65D-30.004, F.A.C., and the appropriate component under Rule 65D-30.007, 65D-30.009, 65D-30.0091, 65D-30.010, 65D-30.011, 65D-30.012, or 65D-30.013, F.A.C.

Rulemaking Authority 397.321(5) FS. Law Implemented 20.19(10), 397.321(1), 397.401, 397.403, 397.405, 397.406, 397.407, 397.409, 397.411, 397.415, 397.419, 397.752, 633.022 FS. History—New 5-25-00, Amended 4-3-03, 12-12-05.

65D-30.004 Common Licensing Standards.

(1) Operating Procedures. Providers shall demonstrate organizational capability through a written, indexed system of policies and procedures that are descriptive of services and the population served. All staff shall have a working knowledge of the operating procedures. These operating procedures shall be available for review by the department.

(2) Quality Assurance. Providers shall have a quality assurance program which complies with the requirements established in Section 397.419, F.S., and which ensures the use of a continuous quality improvement process.

(3) Provider Governance and Management.

(a) Governing Body. Any provider that applies for a license, shall be a legally constituted entity. Providers that are government-based and providers that are for-profit and not-for-profit, as defined in Section 397.311, F.S., shall have a governing body that shall set policy for the provider. The governing body shall maintain a record of all meetings where business is conducted relative to provider operations. These records shall be available for review by the department.

(b) Insurance Coverage. In regard to liability insurance coverage, providers shall assess the potential risks associated with the delivery of services to determine the amount of coverage necessary and shall purchase policies accordingly.

(c) Chief Executive Officer. The governing body shall appoint a chief executive officer. The qualifications and experience

required for the position of chief executive officer shall be defined in the provider's operating procedures. Documentation shall be available from the governing body providing evidence that a background screening has been completed in accordance with Chapters 397 and 435, F.S., and there is no evidence of a disqualifying offense. Providers shall notify the district office in writing when a new chief executive officer is appointed.

Inmate Substance Abuse Programs operated by the Department of Corrections are exempt from the requirements of this paragraph. Juvenile Justice Commitment Programs and detention facilities operated by the Department of Juvenile Justice, are exempt from the requirements of this paragraph.

(4) Personnel Policies. Personnel policies shall address recruitment and selection of prospective employees, promotion and termination of staff, ethical conduct, confidentiality of client records, attendance and leave, employee grievance, non-discrimination, and the orientation of staff to the agency's universal infection control procedures. Providers shall also have a drug-free workplace policy for employees and prospective employees.

(a) Personnel Records. Records on all personnel shall be maintained. Each personnel record shall contain:

1. The individual's current job description with minimum qualifications for the position,
2. The employment application,
3. The employee's annual performance appraisal,
4. A signed document indicating that the employee has received new staff orientation and understands the personnel policies, the infectious disease risk of working in the agency, the provider's universal infection control procedures, standards of ethical conduct including sexual harassment, abuse reporting procedures, and policies regarding client rights and confidentiality,
5. A verified or certified copy of degrees, licenses, or certificates of each employee,
6. Documentation of employee screening as required in paragraph (b); and,
7. Documentation of required staff training (Inmate Substance Abuse Programs operated by the Department of Corrections are exempt from the provisions of this subparagraph).

(b) Screening of Staff. Owners, chief financial officers, and directors, and staff, volunteers, and host families who have direct contact with clients as provided for under Section 397.451, F.S., shall be fingerprinted and have a background check completed. In addition, individuals shall be re-screened within 5 years from the date of employment. Re-screening shall include a level II screening in accordance with Chapter 435, F.S.

Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements in this paragraph.

(5) Standards of Conduct. Providers shall establish written rules of conduct for clients. Rules on client conduct shall be given to each client during orientation.

(6) Medical Director. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, and medication and methadone maintenance treatment. Providers shall designate a medical director who shall oversee all medical services. The medical director's responsibilities shall be clearly described. The provider shall notify the district office in writing when there is a change in the medical director and provide proof that the new medical director holds a current license in the state of Florida. In those cases where a provider operates treatment components that are not identified in this subsection, the provider shall have access to a physician through a written agreement who will be available to consult on any medical services required by clients involved in those components.

(7) Medical Services.

(a) Medical Protocol. For those components identified in subsection 65D-30.004(6), F.A.C., each physician working with a provider shall establish written protocols for the provision of medical services pursuant to Chapters 458 and 459, F.S., and for managing medication according to medical and pharmacy standards, pursuant to Chapter 465, F.S. Such protocols will be implemented only after written approval by the Chief Executive Officer and medical director. The medical protocols shall also include:

1. The manner in which certain medical functions may be delegated to Advanced Registered Nurse Practitioners and Physician's Assistants in those instances where these practitioners are utilized as part of the clinical staff,
2. Issuing orders; and,
3. Signing and countersigning results of physical health assessments.

All medical protocols shall be reviewed and approved by the medical director and Chief Executive Officer on an annual basis and shall be available for review by the Department.

(b) Emergency Medical Services. All licensed providers shall describe the manner in which medical emergencies shall be addressed.

Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of subsection 65D-30.004(7), F.A.C., but shall provide such services as required by Chapter 33-19, F.A.C., titled Health Services. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.

(8) State Approval Regarding Prescription Medication. In those instances where the provider utilizes prescription medication, medications shall be purchased, handled, administered, and stored in compliance with the State of Florida Board of Pharmacy requirements for facilities which hold Modified Class II Institutional Permits and in accordance with Chapter 465, F.S. This shall be implemented in consultation with a state-licensed consultant pharmacist, and approved by the medical director. The provider shall ensure that policies implementing this subsection are reviewed and approved annually by a state-licensed consultant pharmacist.

Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection but shall provide such services as required by Chapter 465, F.S. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection, but shall provide such services as required by Chapter 465, F.S.

(9) Universal Infection Control. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment.

(a) Plan for Exposure Control.

1. A written plan for exposure control regarding infectious diseases shall be developed and shall apply to all staff, volunteers, and clients. The plan shall be initially approved and reviewed annually by the medical director or consulting physician. The plan shall be in compliance with Chapters 381 and 384, F.S., and Chapters 64D-2 and 64D-3, F.A.C.

2. The plan shall be consistent with the protocols and facility standards published in the Federal Center for Disease Control Guidelines and Recommendations for Infectious Diseases, Long Term Care Facilities.

(b) Required Services. The following Universal Infection Control Services shall be provided:

1. Risk assessment and screening for both client high-risk behavior and symptoms of communicable disease as well as actions to be taken on behalf of clients identified as high-risk and clients known to have an infectious disease,

2. HIV and TB testing and HIV pre-test and post-test counseling to high-risk clients, provided directly or through referral to other healthcare providers which can offer the services; and,

3. Reporting of communicable diseases to the Department of Health in accordance with Sections 381.0031 and 384.25, F.S.

Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection but shall provide such services as required by Chapter 945, F.S., titled Department of Corrections. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.

(10) Universal Infection Control Education Requirements for Employees and Clients. Providers shall meet the educational requirements for HIV and AIDS pursuant to Section 381.0035, F.S., and all infection prevention and control educational activities shall be documented.

Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection but shall provide such services as required by Chapter 945, F.S., titled Department of Corrections. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.

(11) Meals. At least three meals per day shall be provided to clients in addictions receiving facilities, residential detoxification, intensive inpatient treatment, residential treatment, and day or night treatment with host homes. In addition, at least one snack shall be provided each day. For day or night treatment with community housing and day or night treatment, the provider shall make arrangements to serve a meal to those clients involved in services a minimum of five hours at any one time. Clients with special dietary needs shall be reasonably accommodated. Under no circumstances may food be withheld for disciplinary reasons. The

provider shall document and ensure that nutrition and dietary plans are reviewed and approved by a Florida registered dietitian at least annually. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection but shall provide such services as required by Chapter 33-204, F.A.C., titled Food Services. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.

(12) Client/Participant Records.

(a) Record Management System. Client/participant records shall be kept secure from unauthorized access and maintained in accordance with 42 Code of Federal Regulations, Part 2, and Section 397.501(7), F.S. Providers shall have record management procedures regarding content, organization, and use of records.

The record management system shall meet the following additional requirements:

1. Original client records shall be signed in ink and by hand.
2. Record entries shall be legible.
3. In those instances where records are maintained electronically, a staff identifier code will be accepted in lieu of a signature.
4. Documentation within records shall not be deleted.
5. Amendments or marked-through changes shall be initialed and dated by the individual making such changes.

(b) Record Retention and Disposition. In the case of individual client/participant records, records shall be retained for a minimum of seven years. The disposition of client/participant records shall be carried out in accordance with Title 42, Code of Federal Regulations, Part 2, and subsection 397.501(7), F.S. In addition, records shall be maintained in accordance with Children and Families Operating Procedures (CFOP) 15-4, Records Management, and Children and Family Services Pamphlet (CFP) 15-7, Records Retention Schedule used by Children and Family Services, incorporated herein by reference. Copies of CFOP 15-4 and CFP 15-7 may be obtained from the Department of Children and Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.

Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the time period specified for the retention of records and from applying the Children and Families Operating Procedures (CFOP) 15-4, Records Management, and Children and Family Services Pamphlet (CFP) 15-7, Records Retention Schedule. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements found in the Children and Family Services Operating Procedures (CFOP) 15-4, Records Management, and the Children and Family Services Pamphlet (CFP) 15-7, Records Retention Schedule.

(c) Information Required in Client/Participant Records.

1. The following applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment. Information shall include:

- a. Name and address of the client and referral source,
- b. Screening information,
- c. Voluntary informed consent for treatment or an order to treatment for involuntary admissions and for criminal and juvenile justice referrals,
- d. Informed consent for a drug screen, when conducted,
- e. Informed consent for release of information,
- f. Documentation of client orientation,
- g. Physical health assessment,
- h. Psychosocial assessment, except for detoxification,
- i. Diagnostic services, when provided,
- j. Client placement information,
- k. Abbreviated treatment plan, for addictions receiving facilities and detoxification,
- l. Initial treatment plans, where indicated, and treatment plans and subsequent reviews, except for addictions receiving facilities and detoxification,
- m. Progress notes,
- n. Record of disciplinary problems, when they occur,

- o. Record of ancillary services, when provided,
- p. Record of medical prescriptions and medication, when provided,
- q. Reports to the criminal and juvenile justice systems, when provided,
- r. Copies of service-related correspondence, generated or received by the provider, when available,
- s. Transfer summary, if transferred; and,
- t. A discharge summary.

In the case of medical records developed and maintained by the Department of Corrections on inmates participating in inmate substance abuse programs, such records shall not be made part of information required in subparagraph 1. Such records shall be made available to authorized agents of the department only on a need-to-know basis.

2. The following applies to aftercare. Information shall include:

- a. A description of the client's treatment episode,
- b. Informed consent for services,
- c. Informed consent for drug screen, when conducted,
- d. Informed consent for release of information,
- e. Aftercare plan,
- f. Documentation assessing progress,
- g. Record of disciplinary problems, when they occur,
- h. Record of ancillary services, when provided,
- i. A record of medical prescriptions and medication, when provided,
- j. Reports to the criminal and juvenile justice systems, when provided,
- k. Copies of service-related correspondence, generated or received by the provider,
- l. Transfer summary, if transferred; and,
- m. A discharge summary.

3. The following applies to intervention. Information shall include:

- a. Name and address of client and referral source,
- b. Screening information,
- c. Informed consent for services,
- d. Informed consent for a drug screen, when conducted,
- e. Informed consent for release of information,
- f. Client placement information, with the exception of case management,
- g. Intervention plan, when required,
- h. Summary notes,
- i. Record of disciplinary problems, when they occur,
- j. Record of ancillary services, when provided,
- k. Reports to the criminal and juvenile justice systems, when provided,
- l. Copies of service-related correspondence, generated or received by the provider,
- m. A transfer summary, if transferred; and,
- n. A discharge summary.

4. The following applies to Level II prevention. Information shall include:

- a. Identified risk and protective factors for the target population,
- b. Record of activities including description, date, duration, purpose, and location of service delivery,
- c. Tracking of individual participant attendance,
- d. Individual demographic identifying information,
- e. Informed consent for services,
- f. Prevention plan,
- g. Summary notes,
- h. Informed consent for release of information,
- i. Completion of services summary of participant involvement and follow-up information; and,
- j. Transfer summary, if referred to another placement.

(13) Screening. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication and methadone maintenance treatment, and intervention.

(a) Determination of Appropriateness and Eligibility for Placement. The condition and needs of the client shall dictate the urgency and timing of screening. For example, in those cases involving an involuntary placement, screening may occur after the client has been placed in a component such as detoxification. Persons requesting services shall be screened to determine appropriateness and eligibility for placement or other disposition.

The person conducting the screening shall document the rationale for any action taken.

(b) Consent for Drug Screen. If required by the circumstances pertaining to the client's need for screening, or dictated by the standards for a specific component, clients shall give informed consent for a drug screen.

(c) Consent for Release of Information. Consent for the release of information shall include information required in 42 Code of Federal Regulations, Part 2, and may be signed by the client only if the form is complete.

(d) Consent for Services. A consent for services form shall be signed by the client prior to or upon placement, with the exception of involuntary placements.

(14) Assessment. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment. Clients shall undergo an assessment of the nature and severity of their substance abuse problem. The assessment shall include a physical health assessment and a psychosocial assessment.

(a) Physical Health Assessment. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this paragraph but shall provide such services as required in Chapter 33-19, F.A.C., titled Health Services. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.

1. Nursing Physical Screen. A nursing physical screen shall be completed on each person considered for placement in addictions receiving facilities, detoxification, or intensive inpatient treatment. The screen shall be completed by an R.N. or by an L.P.N. and countersigned by an R.N. The results of the screen shall be documented by the nurse providing the service and signed and dated by that person. If the nursing physical screen is completed in lieu of a medical history, further action shall be in accordance with the medical protocol established under subsection 65D-30.004(7), F.A.C.

2. Medical History. A medical history shall be completed on each client.

a. For intensive inpatient treatment, the history shall be completed within 1 calendar day of placement. In those cases where a client is placed directly into intensive inpatient treatment from detoxification or residential treatment, the medical history completed on the client while in detoxification or residential treatment may be accepted.

b. For residential treatment, day or night treatment with host homes, and medication and methadone maintenance treatment, the history shall be completed within 30 calendar days prior to placement, or within 1 calendar day of placement.

c. For day or night treatment with community housing, day or night treatment, intensive outpatient treatment, and outpatient treatment, a medical history shall be completed within 30 calendar days prior to or upon placement.

For the components identified in sub-subparagraphs a. and b., the medical history shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the history shall be reviewed, signed and dated by the physician in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. For the components identified in sub-subparagraph c., the medical history shall be completed by the client or the client's legal guardian. For all components, the medical history shall be maintained in the client record and updated annually if a client remains in treatment for more than 1 year.

3. Physical Examination. A physical examination shall be completed on each client.

a. For addictions receiving facilities and detoxification, the physical examination shall be completed within 7 calendar days prior to placement or 2 calendar days after placement.

b. For intensive inpatient treatment, the physical examination shall be completed within 7 calendar days prior to placement or within 1 calendar day of placement. In those cases where a client is placed directly into intensive inpatient treatment from detoxification or residential treatment the physical examination completed on the client while in detoxification or residential

treatment may be accepted.

c. For residential treatment and day or night treatment with host homes, the physical examination shall be completed within 30 calendar days prior to placement or 10 calendar days after placement.

d. For medication and methadone maintenance treatment, the physical examination shall be completed prior to administration of the initial dose of methadone. In emergency situations the initial dose may be administered prior to the examination. Within 5 calendar days of the initial dose, the physician shall document in the client record the circumstances that prompted the emergency administration of methadone and sign and date these entries.

For components identified in sub-subparagraphs a.-d., the physical examination shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the examination shall be reviewed, signed and dated by the physician in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

4. Laboratory Tests. Clients shall provide a sample for testing blood and urine, including a drug screen.

a. For addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, and day or night treatment with host homes, all laboratory tests will be performed in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the results of the laboratory tests shall be reviewed, signed and dated during the assessment process and in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

b. For medication and methadone maintenance treatment, blood and urine samples shall be taken within 7 calendar days prior to placement or 2 calendar days after placement. A drug screen shall be conducted at the time of placement. If there are delays in the procedure, such as problems in obtaining a blood sample, this shall be documented by a licensed nurse in the client record. The initial dose of medication may be given before the laboratory test results are reviewed by the physician. The results of the laboratory test shall be reviewed, signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

5. Pregnancy Test. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, and medication and methadone maintenance treatment. Female clients shall be evaluated by a physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., to determine the necessity of a pregnancy test. In those cases where it is determined necessary, clients shall be provided testing services directly or by referral as soon as possible following placement.

6. Tests for Sexually Transmitted Diseases and Tuberculosis. A serological test for sexually transmitted diseases and a screening test for tuberculosis to determine the need for a Mantoux test shall be conducted on each client.

a. For intensive inpatient treatment, residential treatment, and day or night treatment with host homes, tests will be conducted within the time frame specified for the physical examination. The results of both tests shall be reviewed and signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., and filed in the client record.

b. For medication and methadone maintenance treatment, the tests will be conducted at the time samples are taken for other laboratory tests. Positive results shall be reviewed and signed and dated by a physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

7. Special Medical Problems. Particular attention shall be given to those clients with special medical problems or needs. This would include referral for medical services. A record of all such referrals shall be maintained in the client record.

8. Additional Requirements for Intensive Inpatient Treatment, Residential Treatment, and Day or Night Treatment with Host Homes. If a client is readmitted within 90 calendar days of discharge to the same provider, a physical examination shall be conducted as prescribed by the physician. If a client is readmitted to the same provider after 90 calendar days of the discharge date, the client shall receive a complete physical examination.

9. Additional Requirements for Medication and Methadone Maintenance Treatment.

a. The client's current addiction and history of addiction shall be recorded in the client record by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. In any case, the record of the client's current addiction and history of addiction shall be reviewed, signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

b. A physical examination shall be conducted on clients who are placed directly into treatment from another provider unless a copy of the examination accompanies the client and the examination has been completed within the year prior to placement. In those instances where a copy of the examination is not provided because of circumstances beyond the control of the referral source, the physician shall conduct a physical examination within 5 calendar days of placement.

(b) Psychosocial Assessment.

1. Information Required. The psychosocial assessment shall include the client's history as determined through an assessment of the items in sub-subparagraphs a.-l. as follows:

- a. Emotional or mental health,
- b. Level of substance abuse impairment,
- c. Family history, including substance abuse by other family members,
- d. The client's substance abuse history, including age of onset, choice of drugs, patterns of use, consequences of use, and types and duration of, and responses to, prior treatment episodes,
- e. Educational level, vocational status, employment history, and financial status,
- f. Social history and functioning, including support network, family and peer relationships, and current living conditions,
- g. Past or current sexual, psychological, or physical abuse or trauma,
- h. Client's involvement in leisure and recreational activities,
- i. Cultural influences,
- j. Spiritual or values orientation,
- k. Legal history and status,
- l. Client's perception of strengths and abilities related to the potential for recovery; and,
- m. A clinical summary, including an analysis and interpretation of the results of the assessment, as described in sub-subparagraphs a.-l.

2. Requirements for Components. Any psychosocial assessment that is completed within 30 calendar days prior to placement in any component identified in sub-subparagraphs a.-f. may be accepted by the provider placing the client. Otherwise, the psychosocial assessment shall be completed according to the following schedule:

- a. For addictions receiving facilities, the psychosocial assessment shall be completed within 3 calendar days of placement, unless clinically contraindicated.
- b. For intensive inpatient treatment, the psychosocial assessment shall be completed within 3 calendar days of placement.
- c. For residential treatment level 1, the psychosocial assessment shall be completed within 5 calendar days of placement.
- d. For residential treatment levels 2, 3, 4, 5, day or night with host homes, day or night treatment with community housing, and day or night treatment, the psychosocial assessment shall be completed within 10 calendar days of placement.
- e. For intensive outpatient treatment and outpatient treatment, the psychosocial assessment shall be completed within 30 calendar days of placement.
- f. For medication and methadone maintenance treatment, the psychosocial assessment shall be completed within 15 calendar days of placement.

3. Psychosocial Assessment Sign-off Requirements. The psychosocial assessment shall be completed by clinical staff and signed and dated. If the psychosocial assessment was not completed initially by a qualified professional, the psychosocial assessment shall be reviewed, countersigned, and dated by a qualified professional within 10 calendar days of completion. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, shall conduct the review and sign-off within 30 calendar days.

4. Psychosocial Assessment Readmission Requirements. In those instances where a client is readmitted to the same provider for services within 180 calendar days of discharge, a psychosocial assessment update shall be conducted, if clinically indicated. Information to be included in the update shall be determined by the qualified professional. A new assessment shall be completed on clients who are readmitted for services more than 180 calendar days after discharge. In addition, the psychosocial assessment shall be updated annually for clients who are in continuous treatment for longer than one year.

5. Assessment Requirements Regarding Clients Who Are Referred or Transferred.

a. A new psychosocial assessment does not have to be completed on clients who are referred or transferred from one provider to another or referred or transferred within the same provider if the provider meets at least one of the following conditions:

I. The provider or component initiating the referral or transfer forwards a copy of the psychosocial assessment information prior to the arrival of the client;

II. Clients are referred or transferred directly from a specific level of care to a lower or higher level of care (e.g., from detoxification to residential treatment or outpatient to residential treatment) within the same provider or from one provider to another;

III. The client is referred or transferred directly to the same level of care (e.g., residential level 1 to residential level 1) either within the same provider or from one provider to another.

b. In the case of referral or transfer from one provider to another, a referral or transfer is considered direct if it was arranged by the referring or transferring provider and the client is subsequently placed with the provider within 7 calendar days of discharge. This does not preclude the provider from conducting an assessment. The following are further requirements related to referrals or transfers.

I. If the content of a forwarded psychosocial does not comply with the psychosocial requirements of this rule, the information will be updated or a new assessment will be completed.

II. If a client is placed with the receiving provider later than 7 calendar days following discharge from the provider that initiated the referral or transfer, but within 180 calendar days, the qualified professional of the receiving provider will determine the extent of the update needed.

III. If a client is placed with the receiving provider more than 180 calendar days after discharge from the provider that initiated the referral or transfer, a new psychosocial assessment must be completed.

(c) Special Needs. The assessment process shall include the identification of clients with mental illness and other needs. Such clients shall be accommodated directly or through referral. A record of all services provided directly or through referral shall be maintained in the client record.

(15) Client Placement Criteria and Operating Procedures. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, outpatient treatment, intervention, and medication and methadone maintenance treatment. Providers shall have operating procedures that clearly state the criteria for admitting, transferring, and discharging clients. This would include procedures for implementing these placement requirements.

(16) Primary Counselor, Orientation, and Initial Treatment Plan. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment.

(a) Primary Counselor. A primary counselor shall be assigned to each client placed in a component. This standard does not apply to detoxification and addictions receiving facilities.

(b) Orientation. Prior to or upon placement in a component, clients shall receive orientation. The orientation shall include:

1. A description of services to be provided,
2. Applicable fees,
3. Information on client rights,
4. Parental or legal guardian's access to information and participation in treatment planning,
5. Limits of confidentiality,
6. General information about the provider's infection control policies and procedures,
7. Program rules; and,
8. Client grievance procedures.

(c) Initial Treatment Plan. An initial treatment plan shall be completed on each client upon placement, unless an individual treatment plan is completed at that time. The plan shall specify timeframes for implementing services in accordance with the requirements established for applicable components. The initial treatment plan shall be signed and dated by clinical staff and signed and dated by the client. This standard does not apply to detoxification and addictions receiving facilities.

(17) Treatment Plan, Treatment Plan Reviews, and Progress Notes.

(a) Treatment Plan. Each client shall be afforded the opportunity to participate in the development and subsequent review of the treatment plan. The treatment plan shall include goals and related measurable behavioral objectives to be achieved by the client, the tasks involved in achieving those objectives, the type and frequency of services to be provided, and the expected dates of completion. The treatment plan shall be signed and dated by the person providing the service, and signed and dated by the client. If the treatment plan is completed by other than a qualified professional, the treatment plan shall be reviewed, countersigned, and dated by a qualified professional within 10 calendar days of completion. In the case of Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, the treatment plan shall be reviewed, countersigned, and dated by a qualified professional within 30 calendar days of completion. A written treatment plan shall be completed on each client.

1. For long-term outpatient methadone detoxification and medication and methadone maintenance treatment, the treatment plan shall be completed prior to or within 30 calendar days of placement.

2. For intensive inpatient treatment, the treatment plan shall be completed within 3 calendar days of placement.

3. For residential treatment level 1, the treatment plan shall be completed prior to, or within 7 calendar days of placement.

4. For residential treatment levels 2, 3, 4, and 5, day or night treatment with host homes, and day or night treatment with community housing, the treatment plan shall be completed prior to or within 15 calendar days of placement.

5. For day or night treatment, the treatment plan shall be completed prior to or within 10 calendar days of placement.

6. For intensive outpatient treatment and outpatient treatment, the treatment plan shall be completed prior to or within 30 calendar days of placement.

7. For detoxification and addictions receiving facilities, an abbreviated treatment plan, as defined in subsection 65D-30.002(1), F.A.C., shall be completed upon placement. The abbreviated treatment plan shall contain a medical plan for stabilization and detoxification, provision for education, therapeutic activities and discharge planning, and in the case of addictions receiving facilities, a psychosocial assessment.

(b) Treatment Plan Reviews. Treatment plan reviews shall be completed on each client.

1. For intensive inpatient treatment, treatment plan reviews shall be completed every 7 calendar days.

2. For residential treatment levels 1, 2, and 3, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, and outpatient treatment, treatment plan reviews shall be completed every 30 calendar days.

3. For residential treatment levels 4 and 5, treatment plan reviews shall be completed every 90 calendar days.

4. For medication and methadone maintenance treatment and long-term outpatient methadone detoxification, treatment plan reviews shall be completed every 90 calendar days for the first year and every 6 months thereafter.

For all components, if the treatment plan reviews are not completed by a qualified professional, the review shall be countersigned and dated by a qualified professional within 5 calendar days of the review.

(c) Progress Notes. Progress notes shall be entered into the client record documenting a client's progress or lack of progress toward meeting treatment plan goals and objectives. When a single service event is documented, the progress note will be signed and dated by the person providing the service. When more than one service event is documented, progress notes may be signed by any clinical staff member assigned to the client. The following are requirements for recording progress notes.

1. For addictions receiving facilities, residential detoxification, outpatient detoxification, short-term residential methadone detoxification, short-term outpatient methadone detoxification, and intensive inpatient treatment, progress notes shall be recorded at least daily.

2. For residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, and long-term outpatient methadone detoxification, progress notes shall be recorded at least weekly.

3. For intensive outpatient treatment and outpatient treatment, progress notes shall be recorded at least weekly or, if contact occurs less than weekly, notes will be recorded according to the frequency of sessions.

4. For medication and methadone maintenance treatment, progress notes shall be recorded according to the frequency of sessions.

(18) Ancillary Services. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, aftercare, and medication and methadone maintenance treatment. Ancillary services shall be provided directly or through referral in those instances where a provider can not or does not provide certain services needed by a client. The provision of ancillary services shall be based on client needs as determined by the treatment plan and treatment plan reviews. In those cases where clients need to be referred for services, the provider shall use a case management approach by linking clients to needed services and following-up on referrals. All such referrals shall be initiated and coordinated by the client's primary counselor or other designated clinical staff who shall serve as the client's case manager. A record of all such referrals for ancillary services shall be maintained in the client record, including whether or not a linkage occurred or documentation of efforts to confirm a linkage when confirmation was not received.

(19) Prevention Plan, Intervention Plan, and Summary Notes.

(a) Prevention Plan. For clients involved in Level 2 prevention as described in paragraph 65D-30.013(1)(b), F.A.C., a prevention plan shall be completed within 45 calendar days of placement. Prevention plans shall include goals and objectives

designed to reduce risk factors and enhance protective factors. The prevention plan shall be reviewed and updated every 60 calendar days from the date of completion of the plan. The prevention plan shall be signed and dated by staff who developed the plan and signed and dated by the client.

(b) Intervention Plan. For clients involved in intervention on a continuing basis, an intervention plan shall be completed within 45 calendar days of placement. Intervention plans shall include goals and objectives designed to reduce the severity and intensity of factors associated with the onset or progression of substance abuse. The intervention plan shall be reviewed and updated at least every 60 days. The intervention plan shall be signed and dated by staff who developed the plan and signed and dated by the client.

(c) Summary Notes. Summary notes shall be completed in Level 2 prevention and intervention services where individual client records are required. Summary notes shall contain information regarding a participant or client's progress or lack of progress in meeting the conditions of the prevention or intervention plan described in paragraphs (a) and (b). Summary notes shall be entered into the client record at least weekly for those weeks in which services are scheduled. Each summary note shall be signed and dated by staff delivering the service.

(20) Record of Disciplinary Problems. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication and methadone maintenance treatment, aftercare, and intervention. A record of disciplinary problems encountered with clients and specific actions taken to resolve problems shall be maintained.

(21) Control of Aggression. This applies to all components with the exception of prevention Level 1. Providers shall have written documentation of the specific control of aggression technique(s) to be used. Direct care staff shall be trained in control of aggression techniques as required in paragraph 65D-30.004(31)(b), F.A.C. The provider shall provide proof to the department that affected staff have completed training in those techniques. In addition, if the provider uses physical intervention, direct care staff shall receive training in the specific techniques used.

(a) Justification and Documentation of Use. De-escalation techniques shall be employed before physical intervention is used. In the event that physical intervention is used to restrict a client's movement, justification shall be documented in the client record.

(b) Prohibitions. Under no circumstances shall clients be involved in the control of aggressive behavior of other clients. Additionally, aggression control techniques shall not be employed as punishment or for the convenience of staff. Inmate Substance Abuse Programs operated within Department of Corrections facilities are exempt from this requirement. Juvenile Justice Commitment Programs and detention facilities shall implement this subsection in accordance with Florida Department of Juvenile Justice Policies and Procedures, Policy Number 1508-03, titled Protective Action Response (PAR) Policy that includes policies and procedures on the use of physical force and restraining devices. This policy may be obtained from the Department of Children and Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.

(22) Discharge and Transfer Summaries. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication and methadone maintenance treatment, aftercare, and intervention.

(a) Discharge Summary. A written discharge summary shall be completed for clients who complete services or who leave the provider prior to completion of services. The discharge summary shall include a summary of the client's involvement in services and the reasons for discharge and the provision of other services needed by the client following discharge, including aftercare. The discharge summary shall be signed and dated by a primary counselor.

(b) Transfer Summary. A transfer summary shall be completed immediately for clients who transfer from one component to another within the same provider and shall be completed within 5 calendar days when transferring from one provider to another. In all cases, an entry shall be made in the client record regarding the circumstances surrounding the transfer and that entry and transfer summary shall be signed and dated by a primary counselor.

(23) Compulsory School Attendance for Minors. Providers which admit juveniles between the ages of 6 and 16 shall comply with Chapter 232, F.S., entitled Compulsory School Attendance; Child Welfare.

(24) Data. Providers shall report data to the department pursuant to paragraph 397.321(3)(c), F.S.

(25) Special In-Residence Requirements. Providers that house males and females together within the same facility shall provide separate sleeping arrangements for these clients. Providers which serve adults in the same facility as persons under 18 years of age shall ensure client safety and programming according to age.

(26) Reporting of Abuse, Neglect, and Deaths. Providers shall adhere to the statutory requirements for reporting abuse, neglect, and deaths of children under Chapter 39, F.S., and of adults under Sections 415.1034 and 397.501(7)(c), F.S.

(27) Incident Reporting Pursuant to Section 397.419(2)(f), F.S. Incident reporting is required of all providers and shall be conducted in accordance with Children and Families Operating Procedure 215-6, incorporated herein by reference. Copies of CFOP 215-6 may be obtained from the Department of Children and Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700. Incident reporting shall include the following:

(a) A broad definition of “incident” to include medication errors, violations of crucial procedures, and actions resulting in physical injury;

(b) A provision that a written incident report must be filed with the district Alcohol, Drug Abuse, and Mental Health Program Office of the department within 1 calendar day of the incident when an action or inaction has a negative effect on the health or safety of the client, or violates the rights of a client;

(c) Employee training in reporting procedures and requirements that includes the affirmative duty requirements and protections of Chapter 415, F.S., and Title V of the Americans with Disabilities Act; and,

(d) Reporting, tracking, and responding to incidents in accordance with departmental regulation.

(28) Confidentiality. Providers shall comply with Title 42, Code of Federal Regulations, Part 2, titled “Confidentiality of Alcohol and Drug Abuse Patient Records,” and with Sections 397.419(7) and 397.501(7), 397.6751(2)(a) and (c), and 397.752, F.S., regarding confidential client information.

(29) Client Rights. Individuals applying for or receiving substance abuse services are guaranteed the protection of fundamental human, civil, constitutional, and statutory rights, including those specified in Sections 397.501(1)-(10), F.S.

(a) Provisions. Basic client rights shall include:

1. Provisions for informing the client, family member, or authorized guardian of their rights and responsibilities, assisting in the exercise of those rights, and an accessible grievance system for resolution of conflicts,

2. Provisions assuring that a grievance may be filed for any reason with cause,

3. The prominent posting of notices informing clients of the grievance system,

4. Access to grievance submission forms,

5. Education of staff in the importance of the grievance system and client rights,

6. Specific levels of appeal with corresponding time frames for resolution,

7. Timely receipt of a filed grievance,

8. The logging and tracking of filed grievances until resolved or concluded by actions of the provider’s governing body,

9. Written notification of the decision to the appellant; and,

10. Analysis of trends to identify opportunities for improvement.

(b) Providing Information to Affected Parties. Notification to all parties of these rights shall include affirmation of an organizational non-relationship policy that protects a party’s right to file a grievance or express their opinion and invokes applicability of state and federal protections. Providers shall post the number of the abuse hotline, the local Florida Advocacy Council, and the district Alcohol, Drug Abuse, and Mental Health Program Office in a conspicuous place within each facility and provide a copy to each client placed in services.

(c) Implementation of Client Rights Requirements by Department of Corrections. In lieu of the requirements of this subsection, and in the case of Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, the Department of Corrections shall adhere to the requirements found in Chapter 33-103, F.A.C., titled Inmate Grievances.

(d) Implementation of Client Rights Requirements by Department of Juvenile Justice. In lieu of the requirements of this subsection, and in the case of commitment programs and detention facilities operated by or under contract with the Department of Juvenile Justice, the Department of Juvenile Justice policies regarding client grievances shall be followed.

(30) Client Employment. Providers shall ensure that all work performed by a client is voluntary, justified by the treatment plan, and that all wages, if any, are in accordance with applicable wage and disability laws and regulations.

(31) Training. Providers shall develop and implement a staff development plan. At least one staff member with skill in developing staff training plans shall be assigned the responsibility of ensuring that staff development activities are implemented. In those instances where an individual has received the requisite training as required in paragraphs (a) and (b), during the year prior to employment by a provider, that individual will have met the training requirements. This provision applies only if the individual is able to produce documentation that the training was completed and that such training was provided by persons who or organizations

that are qualified to provide such training.

(a) Training Requirements for New Staff. Each new employee must have two hours of HIV/AIDS training within the first six months of employment. This training must also be provided for no less than two hours every two years.

(b) Training Requirements for New Direct Care Staff. For those staff working in component services identified in subsection 65D-30.004(21), F.A.C., two hours of training in control of aggression techniques must occur within the first six months of employment and two hours annually thereafter. In addition, all new direct care staff shall have CPR training within the first six months of employment.

(c) Training Requirements for New Clinical Staff. All new clinical staff who work at least 20 hours per week or more must receive 20 hours of educational and competency-based training within the first year. Training may include HIV/AIDS and control of aggression techniques.

(d) Special Training Requirements for Prevention. In addition to paragraphs (a) and (b), new staff providing prevention services shall receive basic training in science-based prevention within the first year of employment. Prevention staff shall receive additional training related to their duties and responsibilities for a total of 20 hours, inclusive of the topics listed in this subsection.

(e) General Training Requirements. All staff and volunteers who provide clinical or prevention services and whose work schedule is at least 20 hours per week or more, shall participate in a minimum of 16 hours of documented training per year related to their duties and responsibilities. Persons who are licensed or certified are exempt from the training requirements in this paragraph providing they have proof of documentation of certified education units and any training that is required by their discipline.

(32) Clinical Supervision. A qualified professional shall supervise clinical services, as permitted within the scope of their qualifications. In the case of medical services, medical staff may provide supervision within the scope of their license. Supervisors shall conduct regular reviews of work performed by subordinate employees.

(33) Scope of Practice. Unless licensed under Chapter 458, 459, 464, 490 or 491, F.S., non-medical employees providing clinical services specific to substance abuse are limited to the following tasks:

- (a) Screening;
- (b) Psychosocial assessment;
- (c) Treatment planning;
- (d) Referral;
- (e) Service coordination and case management;
- (f) Consultation;
- (g) Continuing assessment and treatment plan reviews;
- (h) Counseling, including:
 - 1. Individual counseling,
 - 2. Group counseling; and,
 - 3. Counseling with families, couples, and significant others,
- (i) Client, family, and community education;
- (j) Documentation of progress; and,
- (k) Any other tasks permitted in these rules and appropriate to that licensable component.

(34) Facility Standards. Facility standards in paragraphs (a)-(k), apply to addictions receiving facilities, residential detoxification facilities, intensive inpatient treatment, and residential treatment facilities. Facility standards in paragraphs (f)-(k), apply to day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment.

(a) Grounds. Each facility and its grounds shall be designed to meet the needs of the clients served, the service objectives, and the needs of staff and visitors. Providers shall afford each client access to the outdoors. Access may be restricted in those cases where the client presents a clear and present danger to self or others or is at risk for elopement.

(b) Space and Equipment. Provisions shall be made to ensure that adequate space and equipment are available for all of the service components of the facility, and the various functions within the facility.

(c) Personal Possessions. Provisions shall be made which will ensure that clients have access to individual storage areas for clothing and personal possessions.

(d) Laundry Facilities. Laundry facilities or laundry services shall be available which ensure the availability of clean clothing, bed linens, and towels.

(e) Personal Hygiene. Items of personal hygiene shall be provided if the client is unable to provide these items.

(f) Safety. Providers shall ensure the safety of clients, staff, visitors, and the community to the extent allowable by law.

(g) Managing Disasters. Providers shall have written plans for managing and preventing damage and injury arising from internal and external disasters. Providers shall review these plans at least annually. Providers shall be prepared to handle internal and external disasters such as natural and man-made disasters. The written plan shall incorporate evacuation procedures and shall be developed with the assistance of qualified experts. All such plans shall be provided to the district office upon request. Providers shall conduct at least one disaster drill every year.

(h) Housekeeping and Maintenance. Provisions shall be made to ensure that housekeeping and maintenance services are capable of keeping the building and equipment clean and in good repair.

(i) Hazardous Conditions. Buildings, grounds, equipment, and supplies shall be maintained, repaired, and cleaned so that they are not hazardous to the health and safety of clients, staff, or visitors.

(j) Hazardous Materials. Providers shall ensure that hazardous materials are properly identified, handled, stored, used, and dispensed.

(k) Compliance with Local Codes. All licensed facilities used by a provider shall comply with fire and safety standards enforced by the State Fire Marshal, pursuant to Section 633.022, F.S., rules established pursuant to Rule 4A-44.012, F.A.C., and with health and zoning codes enforced at the local level. All providers shall update and have proof of compliance with local fire and safety and health inspections annually. Inmate Substance Abuse Programs operated within Department of Corrections facilities are exempt from this requirement.

(35) Offender Referrals Under Chapter 397, F.S.

(a) Authority to Refer. Any offender, including any minor, who is charged with or convicted of a crime, is eligible for referral to a provider. The referral may be from the court or from the criminal or juvenile justice authority which has jurisdiction over that offender, and may occur prior to, in lieu of, or in addition to, final adjudication, imposition of penalty or sentence, or other action.

(b) Referral Information. Referrals shall be in writing and signed by the referral source.

(c) Provider Responsibilities.

1. If the offender is not appropriate for placement by the provider, this decision must immediately be communicated to the referral source and documented in writing within 24 hours, stating reasons for refusal.

2. The provider, after consultation with the referral source, may discharge the offender to the referral source.

3. When an offender is successful or unsuccessful in completing treatment or when the commitment period expires, the provider shall communicate this to the referral source.

(d) Assessment of Juvenile Offenders.

1. Each juvenile offender referred by the court and the Department of Juvenile Justice shall be assessed to determine the need for substance abuse services.

2. The court and the Department of Juvenile Justice, in conjunction with the department, shall establish procedures to ensure that juvenile offenders are assessed for substance abuse problems and that diversion and adjudication proceedings include conditions and sanctions to address substance abuse problems. These procedures must address:

a. Responsibility of local contracted providers for assessment;

b. The role of the court in handling non-compliant juvenile offenders; and,

c. Priority Services.

3. Families of the juvenile offender may be required by the court to participate in the assessment process and other services under the authority found in Chapter 985, F.S.

(36) Voluntary and Involuntary Placement Under Chapter 397, F.S., Parts IV and V.

(a) Eligibility Determination.

1. Voluntary Placement. To be considered eligible for treatment on a voluntary basis, an applicant for services must meet diagnostic criteria for substance abuse related disorders.

2. Involuntary Placement. To be considered eligible for services on an involuntary basis, a person must meet the criteria for involuntary placement as specified in Section 397.675, F.S.

(b) Provider Responsibilities Regarding Involuntary Placement.

1. Persons who are involuntarily placed shall be served only by licensed service providers as defined in subsection 397.311(19), F.S., and only in those components permitted to admit clients on an involuntary basis.

2. Providers which accept involuntary referrals must provide a description of the eligibility and diagnostic criteria and the placement process to be followed for each of the involuntary placement procedures described under Sections 397.677, 397.679, 397.6798, 397.6811, and 397.693, F.S.

3. Clients shall be referred to more appropriate services if the provider determines that the person should not be placed or should be discharged. Such referral shall follow the requirements found in Sections 397.6751(2)(a), (b), (c) and 397.6751(3)(a), (b), F.S. The decision to refuse to admit or to discharge shall be made by a qualified professional. Any attempts to contact the referral source must be made in accordance with Title 42, Code of Federal Regulations, Part 2.

4. In those cases in which the court ordering involuntary treatment includes a requirement in the court order for notification of proposed release, the provider must notify the original referral source in writing. Such notification shall comply with legally defined conditions and timeframes and conform to confidentiality regulations found in Title 42, Code of Federal Regulations, Part 2, and Section 397.501(7), F.S.

(c) Assessment Standards for Involuntary Treatment Proceedings. Providers that make assessments available to the court regarding hearings for involuntary treatment must define the process used to complete the assessment. This includes specifying the protocol to be utilized, the format and content of the report to the court, and the internal procedures used to ensure that assessments are completed and submitted within legally specified timeframes. For persons assessed under an involuntary order, the provider shall address the means by which the physician's review and signature for involuntary assessment and stabilization and the signature of a qualified professional for involuntary assessments only, will be secured. This includes process that will be used to notify affected parties stipulated in the petition.

(d) Provider Initiated Involuntary Admission Petitions. Providers are authorized to initiate petitions under the involuntary assessment and stabilization and involuntary treatment provisions when that provider has direct knowledge of the respondent's substance abuse impairment or when an extension of the involuntary admission period is needed. Providers shall specify the circumstances under which a petition will be initiated and the means by which petitions will be drafted, presented to the court, and monitored through the process. This shall be in accordance with Title 42, Code of Federal Regulations, Part 2. The forms to be utilized and the methods to be employed to ensure adherence to legal timeframes shall be included in the procedures.

(37) Persons with a Dual Diagnosis of Substance Abuse and Psychiatric Problems. Providers shall develop and implement operating procedures for serving or arranging services for persons with dual diagnosis disorders.

Rulemaking Authority 397.321(5) FS. Law Implemented 20.19(10), 232, 384, 397.311(23), (28), 397.321(1), 397.405, 397.419, 397.451, 397.471, 397.501, 397.601, 397.675, 397.705, 397.706, 633.022, 944.026, 948 FS. History—New 5-25-00, Amended 4-3-03, 12-12-05.

65D-30.005 Standards for Addictions Receiving Facilities.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to addictions receiving facilities.

(1) Designation of Addictions Receiving Facilities. The department shall designate addictions receiving facilities. The process of designating such facilities shall begin with a written request from a provider and a written recommendation from the department's District Administrator to the department's Director for Substance Abuse. The Director for Substance Abuse shall submit written recommendations to the Secretary of the department approving or denying the request. The Secretary shall respond in writing by certified letter to the chief executive officer of the requesting provider. If the request is denied, the response shall specify the reasons for the denial. If the request is approved, the response shall include a statement designating the facility.

(2) Services.

(a) Stabilization and Detoxification. Following the nursing physical screen, and in those cases where medical emergency services are unnecessary, the client shall be stabilized in accordance with their presenting condition. Detoxification shall be initiated if this course of action is determined to be necessary.

(b) Supportive Counseling. Each client shall participate in supportive counseling on a daily basis, unless a client is not sufficiently stabilized as defined in Section 65D-30.002(69), F.A.C. Supportive counseling sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the client's need for other services. Services shall be directed toward assuring that the client's most immediate needs are addressed and that the client is encouraged to remain engaged in treatment and to follow up on referrals after discharge.

(c) Daily Schedule. The provider shall develop a daily schedule that shall include recreational and educational activities. Participation by the client shall be documented in the client's record.

(3) Facility Requirements Related to Screening and Assessment. Providers shall designate an area of the facility that is properly

equipped and furnished for conducting screening and assessment. The area shall be conducive to privacy and freedom from distraction, and shall be accessible to transportation, including law enforcement vehicles and ambulances.

(4) Observation of Clients. Clients requiring close medical observation, as determined by medical staff, shall be visible and readily accessible to the nursing staff 24 hours per day and 7 days per week. Clients who do not require close medical observation shall be in a bed area that allows for general nursing observation.

(5) Eligibility Criteria. To be considered eligible for placement, a person must be unable to be placed in another component and must also fall into one of the following categories:

(a) A voluntary client who has a substance abuse problem to the extent that the person displays behaviors that indicate potential harm to self or others or who meets diagnostic or medical criteria justifying placement in an addictions receiving facility, or

(b) An involuntary client who meets the criteria specified in Section 397.675, F.S., or

(c) An adult or juvenile offender who is ordered for assessment or treatment under Sections 397.705 and 397.706, F.S., and who meets diagnostic or medical criteria justifying placement in an addictions receiving facility, or

(d) Juveniles found in contempt as authorized under Section 985.216, F.S.

(6) Exclusionary Criteria for Addictions Receiving Facilities. Persons ineligible for placement include:

(a) Persons found not to be substance abusers or whose substance abuse is at a level which permits them to be served in another component, with the exception of those persons placed for purposes of securing an assessment for the court; and,

(b) Persons found to be beyond the safe management capability of the provider as defined under Section 397.311(5), F.S., and as described under Section 397.6751(1)(f), F.S.

(7) Placement Procedures. Following the nursing physical screen, the client shall be screened to determine the person's eligibility or ineligibility for placement. The decision to place or not to place shall be made by a physician, a qualified professional, or an R.N., and shall be based upon the results of screening information and face-to-face consultation with the person to be admitted.

(8) Referral. In the event that the addictions receiving facility has reached full capacity or it has been determined that the prospective client can not be safely managed, the provider shall attempt to notify the referral source. In addition, the provider shall provide assistance in referring the person to another component, in accordance with Section 397.6751, F.S.

(9) Involuntary Assessment and Disposition.

(a) Involuntary Assessment. An assessment shall be completed on each client placed in an addictions receiving facility under protective custody, emergency admission, alternative involuntary assessment for minors, and under involuntary assessment and stabilization. The assessment shall be completed by a qualified professional and based on the requirements in paragraph 65D-30.004(14)(b), F.A.C. The assessment shall be directed toward determining the client's need for additional treatment and the most appropriate services.

(b) Disposition Regarding Involuntary Admissions. Within the assessment period, one of the following actions shall be taken, based upon the needs of the client and, in the case of a minor, after consultation with the parent(s) or guardian(s).

1. The client shall be released and notice of the release shall be given to the applicant or petitioner and to the court, pursuant to Section 397.6758, F.S. In the case of a minor that has been assessed or treated through an involuntary admission, that minor must be released to the custody of his parent(s), legal guardian(s), or legal custodian(s).

2. The client shall be asked if they will consent to voluntary treatment at the provider, or consent to be referred to another provider for voluntary treatment in residential treatment, day or night treatment, intensive outpatient treatment, or outpatient treatment.

3. A petition for involuntary treatment will be initiated.

(10) Notice to Family or Legal Guardian. In the case of a minor, the minor's parent(s) or legal guardian(s) shall be notified upon placement in the facility. Such notification shall be in compliance with the requirements of Title 42, Code of Federal Regulations, Part 2.

(11) Staffing. Providers shall conduct clinical and medical staffing of persons admitted for services. All staffing shall include participation by a physician, nurse, and primary counselor. Participation in staffing shall be dictated by client needs.

(12) Staff Coverage. A physician, P.A., or A.R.N.P. shall make daily visits to the facility for the purpose of conducting physical examinations and addressing the medical needs of clients. A full-time R.N. shall be the supervisor of all nursing services. An R.N. shall be on-site 24 hours per day, 7 days per week. At least one qualified professional shall be on staff and shall be a member of the treatment team. At least one member of the clinical staff shall be available on-site between the hours of 7:00 a.m. and 11:00 p.m. and on-call between 11:00 p.m. and 7:00 a.m.

(13) Staffing Requirement and Bed Capacity. The staffing requirement for nurses and nursing support personnel for each shift shall consist of the following:

Licensed Bed Capacity	Nurses	Nursing Support
1-10	1	1
11-20	1	2
21-30	2	2

The number of nurses and nursing support staff shall increase in the same proportion as the pattern described above. In those instances where a provider operates a crisis stabilization unit and addictions receiving facility within the same facility, the combined components shall conform to the staffing requirement of the component with the most restrictive requirements.

(14) Restraint and Seclusion. Restraint and seclusion can only be used in emergency situations to ensure the physical safety of the client, other clients, staff, or visitors and only when less restrictive interventions have been determined to be ineffective. Restraint and seclusion shall not be employed as punishment or for the convenience of staff and shall be consistent with the rights of clients, as described in subsection 65D-30.004(29), F.A.C.

(a) Training. All staff who implement written orders for restraint or seclusion shall have documented training in the proper use of the procedures, including formal certification in control of aggression techniques, and this training shall be documented in their personnel file. Training shall occur initially and a minimum of two hours annually thereafter.

(b) Restraint and Seclusion Orders. Providers shall implement the following requirements regarding the use of restraint and seclusion orders.

1. Orders for the use of restraint or seclusion must not be written as a standing order or on an as needed basis.

2. The treating physician, or other medically qualified designee identified in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., must be consulted as soon as possible, but no longer than one hour after the initiation of restraint or seclusion. Further, in the case of adults, the physician, or other medically qualified designee identified in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., must conduct a face-to-face evaluation of the client within four hours of the initiation of restraint or seclusion. In the case of children age 17 and under, this shall occur within two hours of initiation of restraint or seclusion.

3. Each written order for restraint or seclusion is limited to 4 hours for adults, 2 hours for children and adolescents ages 9 to 17, and 1 hour for children under 9. The original order may only be renewed in accordance with these time limits for up to a total of 24 hours. After the original order expires, a physician or qualified professional licensed under Chapter 490 or 491, F.S., must see and assess the patient before issuing a new order.

4. The use of restraint and seclusion must be implemented in the least restrictive manner possible. In addition, restraint and seclusion must be applied in accordance with safe and appropriate techniques and ended at the earliest possible time.

5. Restraint and seclusion may not be used simultaneously unless a client is continually monitored face-to-face by an assigned staff member, or continually monitored by staff using both video and audio equipment.

6. The condition of the client who is in restraint or seclusion must be assessed, monitored, and reevaluated at least every 15 minutes.

(c) Restraint and Seclusion Log Book. A continuing log book shall be maintained by each provider that will indicate, by name, the clients who have been placed in restraint or seclusion, the date, and specified reason for restraint or seclusion, and length of time in restraint or seclusion. The log book shall be signed and dated by the R.N. on duty.

(d) Observation of Clients. Staff shall conduct a visual observation of clients who are placed in restraint or seclusion every 15 minutes. The observation shall be documented in the restraint and seclusion log book, and shall include the time of the observation and description of the condition of the client.

(e) Basic Rights. While in restraint or seclusion, clients shall be permitted to have regular meals, maintain personal hygiene, use the toilet and, as long as there is no present danger to the client or others, permitted freedom of movement for at least 10 minutes each hour.

(f) Post Restraint or Seclusion. Upon completion of the use of restraint or seclusion, the client shall receive a nursing physical screen by an R.N. that will include an assessment of the client's vital signs, current physical condition, and general body functions. The screening shall be documented in the client record. In addition, supportive counseling shall be provided in accordance with the needs of the client in an effort to transition the client from restraint or seclusion.

(g) Seclusion Room Facility Requirements. Providers shall have at least one seclusion room located in the facility. Seclusion rooms shall incorporate the following minimum facility standards.

1. Seclusion rooms shall be free from sharp edges or corners and constructed to withstand repeated physical assaults. Walls shall be either concrete block or double layered to provide resistance. The ceilings shall be a minimum of eight feet in clear height, hard-coated, and fixtures shall be recessed and tamper proof. Lighting fixtures shall be non-breakable and shall be installed with tamper-proof screws, as shall any other items in the seclusion room. Seclusion room doors shall be heavy wood or metal at least 36 inches in width and shall open outward. The doorframe shall be resistant to damage and thoroughly secured.

2. A bed in the addictions receiving facility seclusion room is optional. If a bed is included, it shall be sturdily constructed, without sharp edges and bolted to the floor. Its placement in the room shall provide adequate space for staff to apply restraints and shall not permit individuals to tamper with the lights, smoke detectors, cameras, or other items that may be in the ceiling of the room. There shall be a rheostat control mechanism outside the room to adjust the illumination of the light in the seclusion room.

3. There shall be a vision panel in the door of the seclusion room, which provides a view of the entire room. This vision panel shall be Lexan or other suitable strong material and it shall be securely mounted in the door. Provisions shall be made to ensure privacy from the public and other clients while providing easy access for staff observation.

4. Seclusion rooms shall be a minimum of 70 square feet with no wall less than 8 feet.

5. Fire sprinkler heads shall be ceiling mounted and either recessed or flush-mounted without a looped spray dispersal head.

6. Each seclusion room will allow for two-way communication and emergency calling.

7. In those instances where the full interior of the seclusion room can not be seen from the nurse's station, the seclusion room shall have an electronic visual monitoring system capable of viewing the entire room from the nurse's station.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(19)(a), 397.321(1), 397.419, 397.901 FS. History—New 5-25-00, Amended 4-3-03.

65D-30.006 Standards for Detoxification.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to detoxification.

(1) General Requirements. Detoxification protocols shall be developed by the medical director, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., and implemented upon placement according to the physiological and psychological needs of the client.

(2) Residential Detoxification.

(a) Services.

1. Stabilization. Stabilization services shall be provided as an initial phase of detoxification.

2. Supportive Counseling. Each client shall participate in supportive counseling on a daily basis unless the client is not sufficiently stable. Supportive counseling sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the client's need for other services. Services shall be directed toward assuring that the client's most immediate needs are addressed and encouraging the client to remain engaged in treatment and to follow up on referrals after discharge.

3. Daily Activities. The provider shall develop a schedule of daily activities that will be provided based on the detoxification protocols. This shall include recreational and educational activities and participation shall be documented in the client's record.

4. Involuntary Assessment and Disposition. Clients who are involuntarily placed into a detoxification unit under protective custody, emergency admission or involuntary assessment and stabilization pursuant to Section 397.6772, 397.6797, or 397.6811, F.S., shall be assessed and referred as in subsection 65D-30.005(9), F.A.C.

(b) Observation of Clients. Clients requiring close medical observation, as determined and documented by medical staff, shall be visible and readily accessible to nursing staff. Clients who do not require close medical observation shall be in a bed area that allows for general nursing observation.

(c) Staff Coverage. Each facility shall have a physician on call at all times to address medical problems and to provide emergency medical services. The physician's name, telephone number, and schedule for this arrangement shall remain current and clearly posted at the nurse's station. An R.N. shall be the supervisor of all nursing services and shall be on-call 24 hours per day, 7 days per week. An L.P.N. or R.N. shall be on-site 24 hours per day, 7 days per week. All staff shall have immediate access to a nurse supervisor or physician for consultation.

(d) Staffing Requirement and Bed Capacity. The staffing requirement for nurses and nursing support personnel for each shift shall be as follows:

Licensed Bed Capacity

Nurses

Nursing Support

1-15	1	1
16-20	1	2
21-30	2	2

The number of nurses and nursing support staff shall increase in the same proportion as the requirement described above. In those instances where a residential detoxification component and a licensed crisis stabilization unit are co-located, the staffing requirement for the combined components shall conform to the staffing requirement of the component with the more restrictive requirements.

(3) Outpatient Detoxification. The following standards apply to outpatient detoxification.

(a) Eligibility for Services. Eligibility for outpatient detoxification shall be determined from the following:

1. The client's overall medical condition,
2. The client's family support system, for the purpose of observing the client during the detoxification process, and for monitoring compliance with the medical protocol,
3. The client's overall stability and behavioral condition,
4. The client's ability to understand the importance of managing withdrawal utilizing medications and to comply with the medical protocol; and,
5. An assessment of the client's ability to abstain from the use of substances, except for the proper use of prescribed medication.

(b) Drug Screening. A drug screen shall be conducted at admission. Thereafter, the program shall require random drug screening for each client at least weekly.

(c) Services.

1. Supportive Counseling. Each client shall participate in supportive counseling on a weekly basis. Counseling sessions shall be of sufficient duration to enable staff to make decisions regarding the client's need for other services and to determine progress.

2. Referral to Residential Detoxification. Providers shall refer clients to residential detoxification when there is evidence that the client is unable to comply with the outpatient protocol.

(d) Staffing Requirement. Staffing for outpatient detoxification shall minimally consist of the following:

1. A physician, or an A.R.N.P. or a P.A. working under the supervision of a physician, available and on-call during operating hours,
2. An R.N., or an L.P.N. working under the supervision of an R.N., on-site during operating hours; and,
3. A counselor, on-site during operating hours.

(e) Training. All direct services staff working in outpatient detoxification shall be trained in the outpatient detoxification protocol prior to having contact with clients.

(4) Additional Requirements for the Use of Methadone in Detoxification. In those cases where a provider uses methadone in the detoxification protocol, the provider shall comply with the minimum standards found under subsection 65D-30.006(2), F.A.C., if methadone is provided as part of residential detoxification, and subsection 65D-30.006(3), F.A.C., if methadone is provided as part of outpatient detoxification. In either case, methadone may be used short-term (no more than 30 days) or long-term (no more than 180 days). Short-term detoxification is permitted on a residential and an outpatient basis while long-term detoxification is permitted on an outpatient basis only. A provider shall not place a client in more than two detoxification episodes in one year. The physician shall assess the client upon admission to determine the need for other forms of treatment. Providers shall also comply with the standards found under subsection 65D-30.014(4), F.A.C., with the exception of the following conditions:

- (a) Take-home methadone is not allowed during short-term detoxification.
- (b) Clients involved in long-term detoxification shall have a drug screen initially and at least monthly thereafter.
- (c) Clients involved in short-term detoxification shall have at least one initial drug screen.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(19)(b), 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03.

65D-30.0061 Standards for Intensive Inpatient Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to intensive inpatient treatment.

(1) Specialized Services. Providers shall make provisions to meet the needs of clients with a co-occurring substance abuse and mental health disorder and related biomedical disorders. This will include protocols for:

- (a) Providing clinical services daily by an interdisciplinary team of qualified staff;
- (b) Planned clinical program activities designed to stabilize acute addictive and psychiatric symptoms, adapted to the client's developmental stage and level of comprehension;

(c) Monitoring the client's compliance in taking prescription medication on a regular basis, including medication education;

(d) Reviewing the client's recent psychiatric history and mental status examination;

(e) Developing a comprehensive psychiatric history and conducting a mental status examination as determined by the client's needs;

(f) Providing co-occurring enhanced services as defined in the American Society of Addiction Medicine (ASAM) Patient Placement Criteria, 2001; and,

(g) Providing related biomedical services, as determined by the client's needs.

(2) Standard Services. Standard services shall include a specified number of hours of counseling as provided for in subsection 65D-30.0061(3), F.A.C. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed below be provided. Services shall be provided in accordance with the needs of the client as identified in the treatment plan as follows:

(a) Individual counseling;

(b) Group counseling;

(c) Counseling with families;

(d) Substance abuse education, such as strategies for avoiding substance abuse or relapse, information on health problems related to substance abuse, motivational enhancement, and strategies for achieving a substance-free lifestyle;

(e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery management, decision-making, relationship skills, and symptom management;

(f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the client with alternative means of self expression and problem resolution;

(g) Training or advising in health and medical issues;

(h) Employment or educational support services to assist clients in becoming financially independent; and,

(i) Mental health services for the purpose of:

1. Managing clients with disorders who are stabilized,

2. Evaluating clients' needs for in-depth mental health assessment,

3. Training clients to manage symptoms; and,

4. Timely referral to an appropriate provider for mental health crises or for the emergence of a primary mental health disorder, if the provider is not staffed to address primary mental health problems which may arise during treatment.

(3) Required Hours of Services. Clients shall receive services each week in accordance with subsections 65D-30.0061(1) and (2), F.A.C., including at least 14 hours of counseling and 20 hours of other structured activities.

(4) Observation of Clients. Clients requiring close medical observation, as determined and documented by medical staff, shall be visible and readily accessible to nursing staff. Clients who do not require close medical observation shall be in a bed area that allows for general nursing observation.

(5) Staff Coverage.

(a) There shall be nursing coverage 24 hours per day, 7 days per week. An R.N. shall supervise all nursing staff and an R.N. or L.P.N. shall be on-site. Nursing staff shall be responsible for monitoring each client's progress and medication administration. An R.N. or L.P.N. shall conduct a mental health focused nursing assessment at the time of placement. A physician shall be on-call 24 hours per day, 7 days per week.

(b) A psychiatrist or psychiatric A.R.N.P. or P.A. shall be available by telephone to assess the client's mental condition, if needed. A face-to-face assessment shall be conducted on clients with a co-occurring disorder within 3 calendar days of placement.

(c) A qualified professional licensed under Chapter 490 or 491, F.S., shall be a member of the interdisciplinary team and shall be on-site daily. At least one member of the non-medical clinical staff shall be on-site between the hours of 7:00 a.m. and 11:00 p.m. and on-call between 11:00 p.m. and 7:00 a.m.

(6) Caseload. No primary counselor may have a caseload that exceeds 10 currently participating clients.

(7) Transportation. Each provider shall arrange for or provide transportation services to clients who are involved in activities or in need of services that are provided at other facilities.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(18)(c), 397.321(1), 397.419 FS. History—New 12-12-05.

65D-30.007 Standards for Residential Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to residential treatment.

(1) Facilities Not Required to be Licensed as Residential Treatment. Licensure as residential treatment as defined in paragraph 65D-30.002(16)(c), F.A.C., shall not apply to facilities operated by a provider that provides only housing, meals, or housing and meals to individuals who are substance abuse impaired or in recovery and where the provider:

(a) Does not mandate that the individuals live in the residential facility as a condition of treatment in a separate facility owned and operated by the provider; and,

(b) May make available or provide support groups such as Alcoholics Anonymous and Narcotics Anonymous as the only services available to the residents in the facility where housing, meals, or housing and meals are provided. All other facilities that provide housing to residents that are substance abuse impaired and provide services as defined in Section 397.311(18)(d), F.S., and as described in subsections 65D-30.007(2) and (3), F.A.C., either at the facility or at alternate locations, must be licensed under this rule.

(2) Categories of Residential Treatment. For the purpose of this rule, there are five levels of residential treatment. In each level, treatment shall be structured to serve clients who need a safe and stable living environment in order to develop sufficient recovery skills for the transition to a less restrictive level of care or reintegration into the general community in accordance with placement criteria. Treatment shall also include a schedule of services provided within a positive environment that reinforce the client's recovery, and clients will be placed in a level of residential treatment that is based upon their treatment needs and circumstances.

(a) Level 1 programs include those that provide services on a short-term basis. This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require inpatient treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. Typically, clients have a job and a home to support their recovery upon completion of this level of care. The emphasis is clearly on an intensive regimen of clinical services using a multidisciplinary team approach. Services may include some medical services based on the needs of the client.

(b) Level 2 programs include those that are referred to as therapeutic communities or some variation of therapeutic communities and are longer term than level 1. This level is appropriate for persons characterized as having chaotic and often abusive interpersonal relationships, extensive criminal justice histories, prior treatment episodes in less restrictive levels of care, inconsistent work histories and educational experiences, and anti-social behavior. In addition to clinical services, considerable emphasis is placed on services that address the client's educational and vocational needs, socially dysfunctional behavior, and need for stable housing upon discharge. It also includes services that assist the client in remaining abstinent upon returning to the community.

(c) Level 3 programs include those that are referred to as domiciliary care and are generally longer term than level 2. This level is appropriate for persons whose cognitive functioning has been severely impaired from the chronic use of substances, either temporarily or permanently. This would include persons who have varying degrees of organic brain disorder or brain injury or other problems that require extended care. The emphasis is on providing services that work on cognitive problems and activities of daily living, socialization, and specific skills to restore and maintain independent living. The services are typically slower paced, more concrete and repetitive. There is considerable emphasis on relapse prevention and reintegration into the community. This involves considerable use of case management and networking residents into ancillary or wrap-around services such as housing, vocational services, transportation, and self-help meetings.

(d) Level 4 programs include those that are referred to as transitional care and are generally short-term. This level is appropriate for persons who have completed other levels of residential treatment, particularly levels 2 and 3. This includes clients who have demonstrated problems in applying recovery skills, a lack of personal responsibility, or a lack of connection to the world of work, education, or family life. Although clinical services are provided, the main emphasis is on services that are low-intensity and typically emphasize a supportive environment. This would include services that would focus on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the worlds of work, education, and family life.

(e) Level 5 programs are those that provide only housing and meals to clients who are mandated to receive services at alternate locations in facilities that are owned and operated by the same provider. This level is appropriate for persons who need room and board while undergoing treatment. This level would utilize clinical services and other services that would be largely oriented and directed toward the client's lifestyle and the client's attitudinal and behavioral issues.

(3) Services. Each client shall receive services each week. The services shall include a specified number of hours of counseling as provided for in subsection 65D-30.007(4), F.A.C. Clinical staff shall provide those services. Each provider shall be capable of

providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed below be provided. Services shall be provided in accordance with the needs of the client as identified in the treatment plan as follows:

- (a) Individual counseling;
- (b) Group counseling;
- (c) Counseling with families;
- (d) Substance abuse education, such as strategies for avoiding substance abuse or relapse, health problems related to substance abuse, and motivational enhancement and strategies for achieving a substance-free lifestyle;
- (e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management;
- (f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the client with alternative means of self expression and problem resolution;
- (g) Training or advising in health and medical issues;
- (h) Employment or educational support services to assist clients in becoming financially independent; and,
- (i) Mental health services for the purpose of:
 - 1. Managing clients with disorders who are stabilized,
 - 2. Evaluating clients' needs for in-depth mental health assessment,
 - 3. Training clients to manage symptoms; and,
 - 4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems.

For clients participating under subsections 65D-30.003(16) and 65D-30.004(35), F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.

(4) Required Hours of Services.

- (a) For level 1, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 14 hours of counseling.
- (b) For level 2, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 10 hours of counseling.
- (c) For level 3, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 4 hours of counseling.
- (d) For level 4, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 2 hours of counseling.
- (e) For level 5, each client shall receive services each week in accordance with the requirements of the licensed component service in which the client is required to participate.

In those instances in which it is determined that a client requires fewer hours of counseling in any of the levels of residential treatment, this shall be described and justified in the client's treatment plan and approved by the qualified professional.

- (5) Transportation. Each provider shall arrange for or provide transportation services to clients who are involved in activities or in need of services that are provided at other facilities.
- (6) Staff Coverage. Providers shall maintain awake, paid staff coverage 24 hours-per-day, 7 days per week.
- (7) Caseload. No primary counselor may have a caseload that exceeds 15 currently participating clients.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(18)(d), 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03.

65D-30.008 Standards for Day or Night Treatment with Host Homes.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(18)(d), (e), 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03, Repealed 5-21-12.

65D-30.0081 Standards for Day or Night Treatment with Community Housing.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to day or night treatment with community housing.

(1) Description. Day or night treatment with community housing is appropriate for clients who do not require structured, 24-hours-a-day, 7-days-a-week residential treatment. This component allows clients to live in a supportive, community housing location while participating in treatment. This means that no treatment takes place in the housing where the clients live and that the housing is utilized solely for the purpose of assisting clients in making a transition to independent living. Clients who are considered appropriate for this level of care:

- (a) Would not have active suicidal or homicidal ideation or present a danger to self or others;
- (b) Are able to demonstrate motivation to work toward independence;
- (c) Are able to demonstrate a willingness to live in supportive community housing;
- (d) Are able to demonstrate commitment to comply with rules established by the provider;
- (e) Are not in need of detoxification or residential treatment; and,
- (f) Typically need ancillary services such as transportation, assistance with shopping, or assistance with medical referrals and may need to attend and participate in certain social and recovery oriented activities in addition to other required clinical services.

(2) Services. Services shall include counseling as provided for in subsection 65D-30.0081(3), F.A.C. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling and life skills training, it is not intended that all services listed be provided. For clients participating under subsection 65D-30.004(35), F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the client as identified in the treatment plan, as follows:

- (a) Individual counseling;
- (b) Group counseling;
- (c) Counseling with families;
- (d) Substance abuse education, such as strategies for avoiding substance abuse or relapse, information on health problems related to substance abuse, motivational enhancement, and strategies for achieving a substance-free lifestyle;
- (e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery management, decision-making, relationship skills, symptom management, and food purchase and preparation;
- (f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the client with alternative means of self expression and problem resolution;
- (g) Training or advising in health and medical issues;
- (h) Employment or educational support services to assist clients in becoming financially independent;
- (i) Nutrition education;
- (j) Mental health services for the purpose of:
 1. Managing clients with disorders who are stabilized,
 2. Evaluating clients' needs for in-depth mental health assessment,
 3. Training clients to manage symptoms; and,
 4. Timely referral to an appropriate provider for mental health crises or for the emergence of a primary mental health disorder if the provider is not staffed to address primary mental health problems that may arise during treatment.

(3) Required Hours of Services. Each client shall receive a minimum of 25 hours of services per week in accordance with subsection 65D-30.0081(2), F.A.C. This shall include individual counseling, group counseling, or counseling with families. In those instances where a provider requires fewer hours of participation in the latter stages of the client's treatment process, this shall be clearly described and justified as essential to the provider's objectives relative to service delivery.

(4) Staff Coverage. Each provider shall have an awake, paid employee on the premises at all times at the treatment location when one or more clients are present. In addition, the provider shall have a paid employee on call during the time when clients are at the community housing location.

(5) Caseload. No primary counselor may have a caseload that exceeds 15 clients.

(6) Transportation. Each provider shall arrange for or provide transportation services, if needed and as appropriate, to clients who reside in community housing.

(7) Inspection. Providers shall have evidence that the community housing complies with fire and safety and health codes as required at the local level.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(18)(e), 397.321(1), 397.419 FS. History—New 12-12-05.

65D-30.009 Standards for Day or Night Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to day or night treatment.

(1) Services. Each client shall receive services each week. The services shall include counseling as provided for in subsection 65D-30.009(2), F.A.C. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed be provided. For clients participating under subsections 65D-30.003(16) and 65D-30.004(35), F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the client as identified in the treatment plan, as follows:

- (a) Individual counseling;
- (b) Group counseling;
- (c) Counseling with families;
- (d) Substance abuse education, such as strategies for avoiding substance abuse or relapse, health problems related to substance abuse, and motivational enhancement and strategies for achieving a substance-free lifestyle;
- (e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management;
- (f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the client with alternative means of self expression and problem resolution;
- (g) Training or advising in health and medical issues;
- (h) Employment or educational support services to assist clients in becoming financially independent; and,
- (i) Mental health services for the purpose of:
 - 1. Managing clients with disorders who are stabilized,
 - 2. Evaluating clients' needs for in-depth mental health assessment,
 - 3. Training clients to manage symptoms; and,
 - 4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems.

(2) Required Hours of Services. For day or night treatment, each client shall receive a minimum of 12 hours of services per week in accordance with subsection 65D-30.009(1), F.A.C. This shall include individual counseling, group counseling, or counseling with families. In those instances where a provider requires fewer hours of client participation in the latter stages of the treatment process, this shall be clearly described and justified as essential to the provider's objectives relative to service delivery.

(3) Staff Coverage. Each facility shall have an awake, paid employee on the premises at all times when one or more clients are present.

(4) Caseload. No primary counselor may have a caseload that exceeds 15 clients.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(18)(e), 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03.

65D-30.0091 Standards for Intensive Outpatient Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to intensive outpatient treatment.

(1) Services. Each client shall receive services each week. The services shall include counseling as provided for in subsection 65D-30.0091(2), F.A.C. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed be provided. For clients participating under subsections 65D-30.003(16) and 65D-30.004(35), F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the client as identified in the treatment plan, as follows:

- (a) Individual counseling;
- (b) Group counseling;
- (c) Counseling with families;
- (d) Substance abuse education, such as strategies for avoiding substance abuse or relapse, health problems related to substance abuse, and motivational enhancement and strategies for achieving a substance-free lifestyle;
- (e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management;

- (f) Training or advising in health and medical issues;
- (g) Employment or educational support services to assist clients in becoming financially independent; and,
- (h) Mental health services for the purpose of:
 - 1. Managing clients with disorders who are stabilized,
 - 2. Evaluating clients' needs for in-depth mental health assessment,
 - 3. Training clients to manage symptoms; and,
 - 4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems.

(2) Required Hours of Services. For intensive outpatient treatment, each client shall receive at least nine hours of services per week, in accordance with subsection 65D-30.0091(1), F.A.C., including counseling.

(3) Psychiatric and Medical Services. The need for psychiatric and medical services shall be addressed through consultation or referral arrangements. Providers shall develop formal agreements with health and mental health professionals for provision of such services, and shall accommodate the needs of clients on a case-by-case basis. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection.

(4) Caseload. No full-time counselor shall have a caseload that exceeds 50 clients participating in individual counseling at any given time.

(5) Hours of Operation. Providers shall post their hours of operation and this information shall be visible to the public. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(18)(f), 397.321(1), 397.419 FS. History—New 4-3-03.

65D-30.010 Standards for Outpatient Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to outpatient treatment.

(1) Services. Each client shall receive services each week. The services shall include counseling as provided for in subsection 65D-30.010(2), F.A.C. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed be provided. For clients participating under subsections 65D-30.003(16) and 65D-30.004(35), F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the client as identified in the treatment plan, as follows:

- (a) Individual counseling;
- (b) Group counseling;
- (c) Counseling with families; and,
- (d) Substance abuse education, such as strategies for avoiding substance abuse or relapse, health problems related to substance abuse, and motivational enhancement and strategies for achieving a substance-free lifestyle.

(2) Required Hours of Services. For outpatient treatment, each client shall receive services each week in accordance with subsection 65D-30.010(1), F.A.C., including a minimum of one counseling session. If fewer sessions are indicated, clinical justification must be documented in the client record.

(3) Caseload. No full-time counselor shall have a caseload that exceeds 50 clients participating in individual counseling at any given time.

(4) Hours of Operation. Providers shall post their hours of operation and this information shall be visible to the public. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(18)(f), 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03.

65D-30.011 Standards for Aftercare.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to aftercare.

(1) Client Eligibility. Clients who have successfully completed intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, or medication and methadone maintenance treatment are eligible for aftercare services.

(2) Services. For clients participating under subsections 65D-30.003(16) and 65D-30.004(35), F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, the following services shall be provided.

(a) Relapse Prevention. Providers shall specify the type, frequency, and duration of counseling services to be provided to clients who are eligible for aftercare. Special care shall be taken to ensure that the provider has flexible hours in order to meet the needs of clients.

(b) Aftercare Plan. An aftercare plan shall be developed for each client and the plan shall provide an outline of the goals to be accomplished during aftercare including regular counseling sessions and the need for ancillary services.

(c) Monitoring Progress. Providers shall monitor and document the progress of clients involved in aftercare and shall review and update the aftercare plan to determine the need for additional services. Clients shall be monitored with respect to attending appointments, potential for relapse, and results of counseling sessions and other contacts.

(d) Referral. Providers shall refer clients for other services that are needed by the client as specified in the aftercare plan. This shall include follow-up on all referrals.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(18)(f), 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03, 12-12-05.

65D-30.012 Standards for Intervention.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to intervention.

(1) General Intervention.

(a) Target Group, Outcomes, and Strategies. Providers shall have current information which:

1. Describes services to be provided, including target groups,
2. Identifies specific client outcomes to be achieved; and,
3. Describes strategies for these groups or individuals to access needed services.

(b) Supportive Counseling. In those instances where supportive counseling is provided, the number of sessions or contacts shall be determined through the intervention plan. In those instances where an intervention plan is not completed, all contacts with the client shall be recorded in the client record.

(c) Referral. Providers must have the capability of referring clients to other needed services within 48 hours, or immediately in the case of an emergency.

(2) Requirements for Treatment Alternatives for Safer Communities (TASC). In addition to the requirements in subsection 65D-30.012(1), F.A.C., the following requirements apply to Treatment Alternatives for Safer Communities.

(a) Client Eligibility. TASC providers shall establish eligibility standards requiring that individuals considered for intake shall be at-risk for criminal involvement, substance abuse, or have been arrested or convicted of a crime, or referred by the criminal or juvenile justice system.

(b) Services.

1. Court Liaison. Providers shall establish liaison activities with the court that shall specify procedures for the release of prospective clients from custody by the criminal or juvenile justice system for referral to a provider. Special care shall be taken to ensure that the provider has flexible operating hours in order to meet the needs of the criminal and juvenile justice systems. This may require operating nights and weekends and in a mobile or an in-home environment.

2. Monitoring. Providers shall monitor and report the progress of each client according to the consent agreement with the client. Reports of client progress shall be provided to the criminal or juvenile justice system or other referral source as required, and in accordance with Sections 397.501(1)-(10), F.S.

3. Intervention Plan. The intervention plan shall include additional information regarding clients involved in a TASC program. The plan shall include requirements the client is expected to fulfill and consequences should the client fail to adhere to the prescribed plan, including provisions for reporting information regarding the client to the criminal or juvenile justice system or other referral source. The plan shall be signed and dated by both parties.

4. Referral. Providers shall refer clients to publicly funded providers within the court's or criminal justice authority's area of

jurisdiction, and shall establish written referral agreements with other providers.

5. Discharge/Transfer or Termination Notification. Providers shall report any pending discharge/transfer or termination of a client to the criminal justice or juvenile justice authority or other referral source.

(3) Requirements for Employee Assistance Programs. In addition to the requirements in subsection 65D-30.012(1), F.A.C., the following requirements apply to Employee Assistance Programs.

(a) Consultation and Technical Assistance. Consultation and technical assistance shall be provided by Employee Assistance Programs which includes the following:

1. Policy and procedure formulation and implementation,
2. Training and orientation programs for management, labor union representatives, employees, and families of employees; and,
3. Linkage to community services.

(b) Employee Services. Employee Assistance Programs shall provide services which include linking the client to a provider, motivating the client to accept assistance, and assessing the service needs of the client. The principal services include:

1. Supportive counseling to motivate clients toward recovery; and,
2. Monitoring.

(c) Resource Directory. Providers shall maintain a current directory of substance abuse, mental health, and ancillary services. This shall include information on Alcoholics Anonymous, Narcotics Anonymous, public assistance services, and health care services.

(4) Requirements for Case Management. In addition to the requirements in subsection 65D-30.012(1), F.A.C., the following requirements apply to case management in those instances where case management is provided as a licensable sub-component of intervention.

(a) Case Managers. Providers shall identify an individual or individuals responsible for carrying out case management services.

(b) Priority Clients. Priority clients shall include persons receiving substance abuse services who have multiple problems and needs and require multiple services or resources to meet those needs.

(c) Case Management Requirements. Case management shall include the following:

1. On-going assessment and monitoring of the client's condition and progress,
2. Linking and brokering for services as dictated by client needs,
3. Follow-up on all referrals for other services; and,
4. Advocacy on behalf of clients.

(d) Contacts. Each case manager shall meet face-to-face with each client at least monthly unless otherwise justified in the client record.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(18)(i), 397.321(1), 397.419 FS. History--New 5-25-00, Amended 4-3-03.

65D-30.013 Standards for Prevention.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to prevention.

(1) Categories of Prevention. For the purpose of these rules, prevention is provided under the categories entitled level 1 and level 2.

(a) Level 1. Level 1 prevention services are typically directed at the general population or specific sub-populations. Level 1 services offer one or more of the services listed in paragraphs 65D-30.013(2)(a)-(f), F.A.C., at an intensity and duration appropriate to the strategy and target population.

(b) Level 2. Level 2 prevention services are typically directed toward individuals who are manifesting behavioral effects of specific risk factors for substance abuse. Level 2 services offer one or more of the strategies listed in paragraphs 65D-30.013(2)(a)-(g), F.A.C., at an intensity and duration appropriate to the strategy and the risk and protective factors of the participants. This level offers counseling for non-drug treatment issues, geared at reducing risk factors and increasing protective factors. Each participant has a prevention plan in this level of prevention.

(2) Specific Prevention Strategies. The following is a description of the specific prevention strategies that are provided as specified in subsection 65D-30.013(1), F.A.C., regarding levels 1 and 2 prevention services.

(a) Information Dissemination. The intent of this strategy is to increase awareness and knowledge of the risks of substance abuse and available prevention services.

(b) Education. The intent of this strategy is to improve skills and to reduce negative behavior and improve responsible behavior.

(c) Alternatives. The intent of this strategy is to provide constructive activities that exclude substance abuse and reduce anti-social behavior.

(d) Problem Identification and Referral Services. The intent of this strategy is to identify children and youth who have indulged in the use of tobacco or alcohol and those who have indulged in the first use of illicit drugs, in order to assess whether prevention services are indicated or referral to treatment is necessary.

(e) Community-Based Process. The intent of this strategy is to enhance the ability of the community to more effectively provide prevention and treatment services.

(f) Environmental. The intent of this strategy is to establish or change local laws, regulations, or rules to strengthen the general community regarding the initiation and support of prevention services.

(g) Prevention Counseling. The intent of this strategy is to provide problem-focused counseling approaches toward the resolution of risk factors for substance abuse. Such factors include conduct problems, association with antisocial peers, and problematic family relations. The goal is to enhance the protection of the client from identified risks. This strategy does not involve treatment for substance abuse.

(3) General Requirements.

(a) Program Description. Providers shall describe generally accepted prevention practices that will be available to groups or individuals. For all prevention programs offered, this description shall include:

1. The target population, including relevant demographic factors,
2. The risk and protective factors to be addressed,
3. The specific prevention strategies identified in subsection 65D-30.013(2), F.A.C., to be utilized,
4. The appropriateness of these services to address the identified risk and protective factors for the group or individuals to be served; and,
5. How the effectiveness of the services will be evaluated.

(b) Staffing Patterns. Providers shall delineate reporting relationships and staff supervision. This shall include a description of staff qualifications, including educational background and experience regarding the prevention field.

(c) Referral. Providers shall have a plan for assessing the appropriateness of prevention services and conditions for referral to other services. The plan shall include a current directory of locally available substance abuse services and other human services for referral of prevention program participants, or prospective participants.

(d) Evaluation. Providers shall evaluate the effectiveness of all prevention services described in subsection 65D-30.013(2), F.A.C., at least annually. The department shall review the results of providers' program evaluation efforts annually and all technical materials used by providers to ensure consistency with current research in the prevention field.

(4) Activity Logs for Level 1 Prevention. Providers shall maintain records of all Level 1 prevention activities, including the following:

- (a) A description of the characteristics of the target population;
- (b) The risk and protective factors to be addressed;
- (c) A description of the activities;
- (d) The duration of the activities;
- (e) The number of participants;
- (f) The location of service delivery; and,
- (g) Tracking of individual participant attendance when a course or series of sessions are required by the prevention curriculum or strategy.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(18)(h), 397.321(1), 397.419 FS. History—New 5-25-00, Amended 4-3-03.

65D-30.014 Standards for Medication and Methadone Maintenance Treatment.

In addition to Rule 65D-30.004, F.A.C., the following standards apply to Medication and Methadone Maintenance Treatment.

- (1) State Authority. The state authority is the department's Substance Abuse Program Office.
- (2) Federal Authority. The federal authority is the Center for Substance Abuse Treatment.
- (3) Determination of Need.
 - (a) Criteria. New providers shall be established only in response to the department's determination of need, which shall occur annually. The determination of need shall only apply to medication and methadone maintenance treatment programs. In its effort to

determine need, the department shall examine information on treatment, the consequences of the use of opioids (e.g., arrests, deaths, emergency room mentions, other incidence and prevalence data that may have relevance at the time, etc.), and data on treatment accessibility.

(b) Procedure. The department shall publish the results of the assessment in the Florida Administrative Weekly by June 30. The publication shall direct interested parties to submit applications for licensure to the department's district office where need has been demonstrated and shall provide a closing date for submission of applications. The district office shall conduct a formal rating of applicants on a form titled MEDICATION AND METHADONE MAINTENANCE TREATMENT NEEDS ASSESSMENT, September 6, 2001, incorporated herein by reference. The form may be obtained from the Department of Children and Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700. Should the number of responses to the publication for a new provider exceed the determined need, the selection of a provider shall be based on the following criteria:

1. The number of years the respondent has been licensed to provide substance abuse services,
2. The organizational capability of the respondent to provide medication and methadone maintenance treatment in compliance with these rules; and,
3. History of substantial noncompliance by the respondent with departmental rules.

(4) General Requirements.

(a) Medication or Methadone Maintenance Sponsor. The sponsor of a new provider shall be a licensed health professional and shall have worked in the field of substance abuse at least 5 years.

(b) Medical Director. The medical director of a provider shall have a minimum of 2 years experience in the field of substance abuse.

(c) Special Permit and Consultant Pharmacist.

1. Special Permit.

a. All facilities that distribute methadone or other medication shall obtain a special pharmacy permit from the State of Florida Board of Pharmacy. New applicants shall be required to obtain a special pharmacy permit prior to licensure by the department.

b. Providers obtaining a special pharmacy permit shall hire a consultant pharmacist licensed by the state of Florida.

2. Consultant Pharmacist. The responsibilities of the consultant pharmacist include the following:

a. Develop operating procedures relative to the supervision of the compounding and dispensing of all drugs dispensed in the clinic,

b. Provide pharmaceutical consultation,

c. Develop operating procedures for maintaining all drug records and security in the area within the facility in which the compounding, storing, and dispensing of medicinal drugs will occur,

d. Meet face-to-face, at least quarterly, with the medical director to review the provider's pharmacy practices. Meetings shall be documented in writing and signed and dated by both the consultant pharmacist and the medical director,

e. Prepare written reports regarding the provider's level of compliance with established pharmaceutical procedures. Reports shall be prepared at least semi-annually and submitted, signed and dated to the medical director; and,

f. Visit the facility at least every 2 weeks to ensure that established procedures are being followed, unless otherwise stipulated by the state Board of Pharmacy. A log of such visits shall be maintained and signed and dated by the consultant pharmacist at each visit.

3. Change of Consultant Pharmacist. The provider's medical director shall notify the Board of Pharmacy within 10 days of any change of consultant pharmacists.

(d) Pregnancy and Medication and Methadone Maintenance.

1. Use of Methadone. Prior to the initial dose, each female client shall be fully informed of the possible risks from the use of methadone during pregnancy and shall be told that safe use in pregnancy has not been established in relation to possible adverse effects on fetal development. The client shall sign and date a statement acknowledging this information. Pregnant clients shall be informed of the opportunity for prenatal care either by the provider or by referral to other publicly or privately funded health care providers. In any event, the provider shall establish a system for referring clients to prenatal care. If there are no publicly funded prenatal referral resources to serve those who are indigent, or if the provider cannot provide such services, or if the client refuses the services, the provider shall offer her basic prenatal instruction on maternal, physical, and dietary care as part of its counseling service. The nature of prenatal support shall be documented in the client record. If the client is referred for prenatal services, the

practitioner to whom she is referred shall be notified that she is undergoing methadone maintenance treatment. If a pregnant client refuses prenatal care or referral, the provider shall obtain a signed statement from the client acknowledging that she had the opportunity for the prenatal care but refused it. The physician shall sign or countersign and date all entries related to prenatal care.

2. Use of Other Medication. Providers shall adhere to the prevailing federal and state requirements regarding the use of medication other than methadone in the maintenance treatment of clients who are or become pregnant.

(e) Minimum Responsibilities of the Physician. The responsibilities of the physician include the following:

1. To ensure that evidence of current physiological addiction, history of addiction, and exemptions from criteria for admission are documented in the client record before the client receives the initial dose of methadone or other medication,

2. To sign or countersign and date all medical orders, including the initial prescription, all subsequent prescription changes, all changes in the frequency of take-home methadone, and the prescription of additional take-home doses of methadone in cases involving the need for exemptions,

3. To ensure that justification is recorded in the client record for reducing the frequency of visits to the provider for observed drug ingesting, providing additional take-home methadone in cases involving the need for exemptions, or when prescribing medication for physical or emotional problems; and,

4. To review, sign or countersign, and date treatment plans at least annually.

5. To ensure that a face-to-face assessment is conducted with each client at least annually, including evaluation of the client's progress in treatment, and justification for continued maintenance or medical clearance for voluntary withdrawal or a dosage reduction protocol. The assessment shall be conducted by a physician or a P.A. or A.R.N.P. under the supervision of a physician. If conducted by other than a physician, the assessment shall be reviewed and signed by a physician in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. The protocol shall include criteria and the conditions under which the assessment would be conducted more frequently.

(f) Client Registry.

1. Providers shall participate in regional registry activities for the purpose of sharing client identifying information with other providers located within a 100-mile radius, to prevent the multiple enrollment of clients in more than one provider. Each regional registry shall be conducted through an automated system where this capability exists. In those instances where the development and implementation of an automated system would require additional technology, an alternative method shall be used on an interim basis, as long as the alternative is implemented in compliance with 42 Code of Federal Regulations, Part 2, and approved by the state authority shall designate a provider.

2. Providers may volunteer to coordinate the registry activities or, in the event that no provider volunteers, the state authority shall designate a provider.

3. Providers shall submit, with the application for licensure, written plans for participating in registry activities.

4. Methadone or other medication shall not be administered or dispensed to a client who is known to be currently participating in another provider.

5. The client shall always report to the same provider unless prior approval is obtained from the original provider for treatment at another provider. Permission to report for treatment at the facility of another provider shall be granted only in exceptional circumstances and shall be noted in the client record.

6. Individuals applying for maintenance treatment shall be informed of the registry procedures and shall be required to sign a consent form before receiving services. Individuals who apply for services and do not consent to the procedures will not be placed in maintenance treatment.

7. If an individual is found trying to secure or has succeeded in obtaining duplicate doses of methadone or other medication, the client shall be referred back to the original provider. A written statement documenting the incident shall be forwarded to the original provider. The physician of the original provider shall evaluate the client as soon as medically feasible for continuation of treatment. In addition, a record of violations by individual clients shall become part of the record maintained in an automated system and permit access by all participating providers.

(g) Operating Hours and Holidays. Providers shall post operating hours in a conspicuous place within the facility. This information shall include hours for counseling and medicating clients. All providers shall be open Monday through Saturday. Providers shall have medicating hours and counseling hours that accommodate clients, including 2 hours of medicating time accessible daily outside the hours of 9:00 a.m. to 5:00 p.m. Providers are required to medicate on Sundays according to client needs. This would include clients on Phase 1, clients on a 30 to 180-day detoxification regimen, and clients who need daily observation.

The provider shall develop operating procedures for Sunday coverage. When holidays are observed, all clients shall be given a minimum of a 7-day notice. When applying for a license, providers shall inform the respective district offices of their intended holidays. In no case shall two or more holidays occur in immediate succession unless the provider is granted an exemption by the federal authority. Take-out privileges shall be available to all methadone clients during holidays, but only if clinically advisable. On those days during which the provider is closed, services shall be accessible to clients for whom take out methadone is not clinically advisable. Clients who fall into this category shall receive adequate notification regarding the exact hours of operation.

(5) Maintenance Treatment Standards.

(a) Standards for Placement.

1. A person aged 18 or over shall be placed in treatment as a client only if the physician determines that the person is currently physiologically addicted to opioid drugs and became physiologically addicted at least 1 year before placement in maintenance treatment. A 1-year history of addiction means that an applicant for placement in maintenance treatment was physiologically addicted to opioid drugs at least 1 year before placement and was addicted continuously or episodically for most of the year immediately prior to placement in a provider. In the event the exact date of physiological addiction cannot be determined, the physician may admit the person to maintenance treatment if, by the evidence presented and observed, it is reasonable to conclude that the person was physiologically addicted during the year prior to placement. Such observations shall be recorded in the client record by the physician. Participation in treatment must be voluntary.

2. A person under 18 is required to have had two documented unsuccessful attempts at short-term detoxification or drug-free treatment within the last year to be eligible for maintenance treatment. The physician shall document in the client's record that the client continues to be or is again physiologically dependent on opioid drugs. No person under 18 years of age shall be placed in maintenance treatment unless a parent, legal guardian, or responsible adult provides written consent.

3. In determining the current physiological addiction of the client, the physician shall consider signs and symptoms of drug intoxication, evidence of use of drugs through a urine drug screen, and needle marks. Other evidence of current physiological dependence shall be considered by noting early signs of withdrawal such as lachrymation, rhinorrhea, pupillary dilation, pilo erection, body temperature, pulse rate, blood pressure, and respiratory rate.

(b) Exemption from Minimum Standards for Placement.

1. A person who has resided in a penal or chronic-care institution for 1 month or longer may be placed in maintenance treatment within 14 days before release or within 6 months after release from such institution. This can occur without documented evidence to support findings of physiological addiction, providing the person would have been eligible for placement before incarceration or institutionalization, and in the reasonable clinical judgment of the physician, treatment is medically justified. Documented evidence of prior residence in a penal or chronic-care institution, evidence of all other findings, and the criteria used to determine the findings shall be recorded by the physician in the client record. The physician shall sign and date these recordings before the initial dose is administered.

2. Pregnant clients, regardless of age, who have had a documented addiction to opioid drugs in the past and who may be in direct jeopardy of returning to opioid drugs with all its attendant dangers during pregnancy, may be placed in maintenance treatment. For such clients, evidence of current physiological addiction to opioid drugs is not needed if a physician certifies the pregnancy and, in utilizing reasonable clinical judgment, finds treatment to be medically justified. Pregnant clients may be placed on a maintenance regimen using a medication other than methadone only upon the written order of a physician who determines this to be the best choice of therapy for that client. Documented evidence of current or prior addiction and criteria used to determine such findings shall be recorded in the client record by the admitting physician. The physician shall sign and date these recordings prior to administering the initial dose.

3. Up to 2 years after discharge or detoxification, a client who has been previously involved in maintenance treatment may be readmitted without evidence to support findings of current physiological addiction. This can occur if the provider is able to document prior maintenance treatment of 6 months or more and the physician, utilizing reasonable clinical judgment, finds readmission to maintenance treatment to be medically justified. Evidence of prior treatment and the criteria used to determine such findings shall be recorded in the client record by the physician. The physician shall sign and date the information recorded in the client record. The provider shall not place a client on a maintenance schedule unless the physician has determined that the client is unable to be admitted for services other than maintenance treatment.

(c) Denying a Client Treatment. If a client will not benefit from a treatment regimen that includes the use of methadone or other medication, or if treating the client would pose a danger to other clients, staff, or other individuals, the client may be refused

treatment. This is permitted even if the client meets the standards for placement. The physician shall make this determination and shall document the basis for the decision to refuse treatment.

(d) Take-home Privileges.

1. Take-home doses are permitted only for clients participating on a methadone maintenance regimen.
2. Take-home doses of methadone may be granted if the client meets the following conditions:
 - a. Absence of recent abuse of drugs as evidenced by drug screening,
 - b. Regularity of attendance at the provider,
 - c. Absence of serious behavioral problems at the provider,
 - d. Absence of recent criminal activity of which the program is aware, including illicit drug sales or possession,
 - e. Client's home environment and social relationships are stable,
 - f. Length of time in methadone maintenance treatment meets the requirements of paragraph (e),
 - g. Assurance that take-home medication can be safely stored within the client's home or will be maintained in a locked box if traveling away from home,
 - h. The client has demonstrated satisfactory progress in treatment to warrant decreasing the frequency of attendance; and,
 - i. The client has a verifiable source of legitimate income.
3. When considering client responsibility in handling methadone, the physician shall consider the recommendations of other staff members who are most familiar with the relevant facts regarding the client.
4. The requirement of time in treatment is a minimum reference point after which a client may be eligible for take-home privileges. The time reference is not intended to mean that a client in treatment for a particular length of time has a right to take-home methadone. Thus, regardless of time in treatment, the physician, with cause, may deny or rescind the take-home methadone privileges of a client.

(e) Take-home Phases. To be considered for take-home privileges, clients shall be in compliance with subparagraph (d)2. No take-homes shall be permitted during the first 30 days following placement unless approved by the state authority.

1. Phase I. Following 30 consecutive days in treatment, the client may be eligible for 1 take-home per week from day 31 through day 90, provided that the client has had negative drug screens for the preceding 30 days.
2. Phase II. Following 90 consecutive days in treatment, the client may be eligible for 2 take-homes per week from day 91 through day 180, provided that the client has had negative drug screens for the preceding 60 days.
3. Phase III. Following 180 consecutive days in treatment, the client may be eligible for 3 take-homes per week with no more than a 2-day supply at any one time from day 181 through 1 year, provided that the client has had negative drug screens for the preceding 90 days.
4. Phase IV. Following 1 year in treatment, the client may be eligible for 4 take-homes per week with no more than a 2-day supply at any one time through the second year of treatment, provided that the client has had negative drug screens for the preceding 90 days.
5. Phase V. Following 2 years in treatment, the client may be eligible for 5 take-homes per week with no more than a 3-day supply at any one time, provided that the client has had negative drug screens for the preceding 90 days.
6. Phase VI. Following 3 years in treatment, the client may be eligible for 6 take-homes per week provided that the client has passed all negative drug screens for the past year.

(f) Medical Maintenance. Providers must receive prior approval in writing from the State Authority to use the medical maintenance protocol. The provider may place a client on medical maintenance in those cases where it can be demonstrated that the potential benefits of medical maintenance to the client far exceed the potential risks. Only a physician may authorize placement of a client on medical maintenance. The physician shall provide justification in the client record regarding the decision to place a client on medical maintenance. The following conditions shall apply to medical maintenance.

1. To qualify for partial medical maintenance a client may receive no more than 13 take homes and must have been in treatment with the same clinic for four years with at least two years of negative drug screens.
2. To qualify for full medical maintenance a client may receive no more than 27 take homes and must have been in treatment with the same clinic for five years with at least three years of negative drug screens.
3. All clients in medical maintenance will receive their medication in tablet form only.
4. All clients will participate in a "call back" program by reporting back to the provider upon notice.
5. All criteria for take homes as listed under paragraph (d) shall continue to be met.

The provider shall develop operating procedures for medical maintenance.

(g) Transfer Clients and Take Home Privileges. Any client who transfers from one provider to another within the state of Florida shall be eligible for placement on the same phase provided that verification of enrollment is received from the previous provider within two weeks of placement. The physician at the previous provider shall also document that the client met all criteria for their current phase and are at least on Phase I.

Any client who transfers from out-of-state is required to meet the requirements of subparagraph (d)2., and with verification of previous client records, the physician shall determine the phase level based on the client's history.

(h) Transfer Information. When a client transfers from one provider to another, the referring provider shall release the following information:

1. Results of the latest physical examination,
2. Results of the latest laboratory tests on blood and urine,
3. Results of drug screens for the past 12 months,
4. Medical history,
5. Current dosage level and dosage regimen for the past 12 months,
6. Documentation of the conditions which precipitated the referral; and,
7. A written summary of the client's last 3 months of treatment.

This information shall be released prior to the client's arrival at the provider to which he or she is transferred. Providers shall not withhold a client's records when requested by the client for any reason, including client debt. The referring provider shall forward the records directly to the provider of the client's choice.

(i) Exemptions from Take Home Privileges and Phasing Requirements for Methadone Maintained Clients.

1. If a client is found to have a physical disability which interferes with the client's ability to conform to the applicable mandatory schedule, the client may be permitted a temporarily or permanently reduced schedule by the physician, provided the client is also found to be responsible in handling methadone. Providers shall obtain medical records and other relevant information as needed to verify the physical disability. Justification for the reduced schedule shall be documented in the client record by the physician who shall sign and date these entries.

2. A client may be permitted a temporarily reduced schedule of attendance because of exceptional circumstances such as illness, personal or family crises, and travel or other hardship which causes the client to become unable to conform to the applicable mandatory schedule. This is permitted only if the client is also found to be responsible in handling methadone. The necessity for an exemption from a mandatory schedule is to be based on the reasonable clinical judgment of the physician and such determination of necessity shall be recorded in the client record by the physician who shall sign and date these entries. A client shall not be given more than a 14-day supply of methadone at any one time unless an exemption is granted by the state methadone authority and by the federal government.

3. In those instances where client access to a provider is limited because of travel distance, the physician is authorized to reduce the frequency of a client's attendance. This is permitted if the client is currently employed or attending a regionally approved educational or vocational program or the client has regular child-caring responsibilities that preclude daily trips to the provider. The reason for reducing the frequency of attendance shall be documented in the client record by the physician who shall sign and date these entries.

4. Any exemption that is granted to a client regarding travel shall be documented in the client's record. Such documentation shall include tickets prior to a trip, copies of boarding passes, copies of gas or lodging receipts, or other verification of the client's arrival at the approved destination. Clients who receive exemptions for travel shall be required to submit to a drug test on the day of return to the facility.

(j) Random Drug Screening.

1. At least one drug screen, random and monitored, shall be performed on each client each month. The drug screen shall be conducted so as to reduce the risk of falsification of results. This shall be accomplished by direct observation or by another accurate method of monitoring.

2. Clients who are on Phase VI shall be required to submit to one random drug screen at least every 90 days.

3. Each specimen shall be analyzed for methadone, benzodiazepines, opiates, cocaine, and marijuana.

4. The physician shall review all positive drug screens in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.

(k) Employment of Persons on a Maintenance Protocol. No staff member, either full-time, part-time or volunteer, shall be on a maintenance protocol unless a request to maintain or hire staff undergoing treatment is submitted with justification to and approved by the federal and state authorities. Any approved personnel on a maintenance regimen shall not be allowed access to or responsibility for handling methadone or other medication.

(l) Caseload. No full-time counselor shall have a caseload that exceeds the equivalent of 32 currently participating clients. Participating client equivalents are determined in the following manner. A client seen once per week would count as 1.0 client equivalent. A client seen bi-weekly would count as a .5 client equivalent. A client seen monthly or less would count as a .25 client equivalent. As an example, a counselor has 15 clients that are seen weekly (counts as 15 equivalent clients), 30 clients seen biweekly (counts as 15 equivalent clients), and 8 clients seen monthly (counts as 2 equivalent clients). The counselor would have a total caseload of 53 individual clients equaling 32 equivalent clients.

(m) Termination from Treatment.

1. There will be occasions when clients will need to be terminated from maintenance treatment. Clients who fall into this category are those who:

- a. Attempt to sell or deliver their prescribed drugs,
- b. Become or continue to be actively involved in criminal behavior,
- c. Consistently fail to adhere to the requirements of the provider,
- d. Persistently use drugs other than methadone, or
- e. Do not effectively participate in treatment programs to which they are referred.

Such clients shall be withdrawn in accordance with a dosage reduction schedule prescribed by the physician and referred to other treatment, as clinically indicated. This action shall be documented in the client record by the physician.

2. Providers shall establish criteria for involuntary termination from treatment that describe the rights of clients as well as the responsibilities and rights of the provider. All clients shall be given a copy of these criteria upon placement and shall sign and date a statement that they have received the criteria.

(n) Withdrawal from Maintenance.

1. The physician shall ensure that all clients in maintenance treatment receive an annual assessment. This assessment may coincide with the annual assessment of the treatment plan and shall include an evaluation of the client's progress in treatment and the justification for continued maintenance. The assessment and recommendations shall be recorded in the client record.

2. A client being withdrawn from maintenance treatment shall be closely supervised during withdrawal. A dosage reduction schedule shall be established by the physician.

(o) Services.

1. Comprehensive Services. A comprehensive range of services shall be available to each client. The type of services to be provided shall be determined by client needs, the characteristics of clients served, and the available community resources.

2. Counseling.

a. Each client on maintenance shall receive regular counseling. A minimum of one counseling session per week shall be provided to new clients through the first 90 days. A minimum of two counseling sessions per month shall be provided to clients who have been in treatment for at least 91 days and up to one year. A minimum of one counseling session per month shall be provided to clients who have been in treatment for longer than one year.

b. If fewer sessions are clinically indicated for a client, this shall be justified and documented in the client record. In no case shall sessions be scheduled less frequently than every 90 days. This would apply to those clients who have been with the program longer than three years and have demonstrated the need for less frequent counseling in accordance with documentation in the treatment plan.

c. A counseling session shall be at least 30 minutes in duration and shall be documented in the client record.

(6) Satellite Maintenance.

(a) A satellite maintenance dosing station must be operated by a primary, licensed comprehensive maintenance provider and must meet all applicable regulations in Rule 65D-30.004, and subsection 65D-30.014(4), F.A.C.

(b) In addition to the application for licensure for satellite maintenance, the comprehensive maintenance provider must submit a written protocol containing, at a minimum, a detailed service plan, a staffing pattern, a written agreement with any other organization providing facility or staff, operating procedures, and client eligibility and termination criteria.

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