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STORAGE NAME. pcb6.ap  
Date. May 19, 1988

*As Reported to Clerk*

HOUSE OF REPRESENTATIVES  
COMMITTEE ON APPROPRIATIONS  
STAFF ANALYSIS & ECONOMIC IMPACT STATEMENT

**HB 1718**

BILL #: PCB 6  
RELATING TO: Alzheimer's Disease  
SPONSOR(S): Representative Gordon  
EFFECTIVE DATE: July 1, 1988, or upon becoming law, whichever occurs later.  
COMPANION BILL(S): \_\_\_\_\_  
OTHER COMMITTEES OF REFERENCE: (1) \_\_\_\_\_  
(2) \_\_\_\_\_

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I. SUMMARY:

A. PRESENT SITUATION:

The Legislature is currently required to fund a memory disorder clinic at each of the three medical schools in the state, a major private nonprofit, research-oriented hospital, and/or any other affiliated teaching hospitals. The purpose of these clinics is to conduct research and training in a diagnostic and therapeutic setting for persons suffering from Alzheimer's disease and related memory disorders.

The Department of Health and Rehabilitative Services is also required to contract for the provision of three specialized model day care programs in conjunction with each memory disorder clinic. The purpose of each of these programs is the delivery of services to persons suffering from Alzheimer's Disease and related memory disorders as well as the training of health care and social service personnel in the care of persons with Alzheimer's disease and related memory disorders.

Additionally, the department is required to contract for the provision of respite care, and these respite care programs are to be used as a resource for research and statistical data by the state's three medical schools and/or teaching hospitals. The department, in consultation with medical schools, stipulates the information to be provided by the respite care programs for research purposes.

The department is directed to include completion and reporting requirements for research conducted pursuant to the contracts mentioned above.

B. EFFECT OF PROPOSED CHANGES:

This bill requires the Department of Health and Rehabilitative Services to develop an allocation formula for the distribution of funds for respite care programs and specifies criteria for developing the formula.

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**MAY 30 1988**

C. SECTION-BY-SECTION ANALYSIS:

**Section 1** - Subsection (3) of section 410.402, Florida Statutes is amended to require that funds appropriated for the provision of respite care are distributed annually by the Department of Health and Rehabilitative Services to selected districts according to an allocation formula. The criteria for this formula shall consider the following:

- 1) The number and proportion of the district population of persons 75 years of age and older.
- 2) The number and proportion of the district population of couples 75 years of age and older.
- 3) The number and proportion of district households in which at least one member is 75 years of age or older.

**Section 2** - Provides an effective date of July 1, 1988 or upon the bill becoming law, whichever occurs later.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring or First Year Start-Up Effects:

None

2. Recurring or Annualized Continuation Effects:

None

3. Long Run Effects Other Than Normal Growth:

None

4. Appropriations Consequences:

None

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring or First Year Start-Up Effects:

None

2. Recurring or Annualized Continuation Effects:

None

3. Long Run Effects Other Than Normal Growth:

None

1619

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

None

2. Direct Private Sector Benefits:

None

3. Effects on Competition, Private Enterprise, and Employment Markets:

None

D. FISCAL COMMENTS:

This bill simply provides for allocation of existing respite care funds according to the formula described in section I. C.

III. LONG RANGE CONSEQUENCES:

IV. COMMENTS:

V. AMENDMENTS:

VI. SIGNATURES:

APPROPRIATIONS:

Prepared by:

Kathleen Ockay  
Kathleen Ockay

Staff Director:

James A. Zingale  
Dr. James A. Zingale

1620



STORAGE NAME: H1587a.ap  
Date: May 26, 1988

*as reported to clerk*

HOUSE OF REPRESENTATIVES  
COMMITTEE ON HEALTH & REHABILITATIVE SERVICES  
(As Revised by the Committee on Appropriations)  
STAFF ANALYSIS & ECONOMIC IMPACT STATEMENT

HB 1587

BILL #: HB 1587 (As Amended)  
RELATING TO: Developmental Disabilities  
SPONSOR(S): Committee on Health and Rehabilitative Services  
EFFECTIVE DATE: October 1, 1988  
COMPANION BILLS: SB 1372  
OTHER COMMITTEES OF REFERENCE: (1) Appropriations  
(2) \_\_\_\_\_

\*\*\*\*\*

I. SUMMARY:

A. Present Situation:

Chapter 393, Florida Statutes, is the statutory basis for the provision of services to persons with developmental disabilities. Developmental disability as defined in s. 393.063(6), F.S., means a disorder or syndrome which is attributed to retardation, cerebral palsy, autism, epilepsy or spina bifida and which constitutes a substantial handicap which is expected to continue indefinitely.

Currently, applications for services are made in the Health and Rehabilitative Services (HRS) district where the applicant resides. The department reviews each application for eligibility. In making the determination for eligibility, domicile is not a statutory criterion for receiving services. Therefore, residents of other states or countries may compete with Florida residents for services. Applicants are determined to be in need of services through screening or the diagnostic evaluation process prior to being accepted as a client.

An individual habilitation plan is developed for each client. This plan sets out the most cost-beneficial, least restrictive environment for the accomplishment of client-centered objectives and specifies authorized services. Programs or services are provided to clients regardless of the type of residential setting in which the client lives. To the extent of available resources, community-based services which are provided include: day care services, respite care services, medical care services, recreation, physical therapy, training, including developmental training, social services and parent training.

Clients of the Developmental Services Program may receive services while placed in a variety of residential placements. In order from the least to most restrictive, they are:

- o Client's own home or the home of a caretaker
- o Foster care facility (0-3 clients)
- o Group home facility (4-16 clients)

1827

STANDARD FORM 3/88

MAY 31 1988

MAY 31 1988

- o Residential habilitation center (17 or more clients)
- o Intermediate care facility for the mentally retarded (ICF/MR) (up to 120 clients)
- o Nursing home facility
- o Major state retardation facility

B. Effect of Proposed Changes:

HB 1587 provides substantive changes to Chapter 393, Florida Statutes, which include changing "retardation" to "developmental disability" and renaming "intermediate care facilities for the mentally retarded" to "intermediate care facilities for the developmentally disabled"; creating a program for the prevention and treatment of severe self-injurious behavior; revising the procedures for intake and the development of the client's habilitation plan; establishing the family care program; requiring liability insurance for certain foster care or group home operators; revising the procedures to discharge persons from residential care; and revising the clients' rights section.

C. Section by Section Analysis:

Section 1. Amends s. 381.702, F.S., correcting a cross-reference to an intermediate care facility for the mentally retarded to an intermediate care facility for the developmentally disabled.

Section 2. Amends s. 381.715, F.S., correcting a cross reference to an intermediate facility for the mentally retarded to an intermediate care facility for the developmentally disabled.

Section 3. Creates s. 385.207, F.S., establishing a program for the care and assistance of persons with epilepsy within the State Health Office of the Department of Health and Rehabilitative Services. Provides legislative intent which recognizes epilepsy as a developmental disability and a handicapping condition and prohibits the discrimination against persons with epilepsy. Specifies responsibilities of the epilepsy program, which include the development of eligibility standards.

Section 4. Creates s. 385.208, F.S., establishing the Epilepsy Services Task Force. Enumerates duties and responsibilities of the task force. Specifies the membership and allows the member to receive reimbursement for expenses under certain circumstances. Requires the task force to submit to the Legislature by March 1, 1990, a report which specifies services provided, services needed, and the funding necessary for services to persons with epilepsy. Requires that the task force be terminated by June 30, 1990.

Section 5. Creates s. 385.209, F.S., establishing the Epilepsy Services Trust Fund which shall provide funding for the support of public education and prevention programs. Requires a \$5.00 surcharge on citations for non-use of seat belts or child restraints. Requires that all funds collected from citations get deposited into the Epilepsy Services Trust Fund.

Section 6. Amends s. 393.001, F.S., providing legislative intent that recognizes the Florida Developmental Disabilities Planning Council as an independent council which should advocate for all persons with developmental disabilities. Designates the council as an independent council and allows the administrative operations of the council to be performed by the council or an agency as designated by the Governor. Allows the council to be housed in the designated agency, but requires

1828

that it function independently. Requires that the council develop and submit its budget request directly to the Governor.

Section 7. Amends s. 393.061, F.S., revising the title of the act to the Developmental Disabilities Prevention and Community Services Act.

Section 8. Amends s. 393.062, F.S., providing legislative intent that recognizes the need for a family living environment for persons with developmental disabilities which would be comparable to that for other Floridians. Deletes the reference to retarded. Adds reference to individuals who are developmentally disabled.

Section 9. Amends s. 393.063, F.S., providing definitions for the following terms: active treatment, autism, cerebral palsy, client advocate, developmental services institution, enclave, epilepsy, extended employee, extended employment, guardian advocate, follow-along services, high-risk child, job coach, licensed community home, medical/dental services, mobile work crew, rehabilitation workshop facility, respite service, severe self-injurious behavior, specialized therapies, spina bifida, supported employee, supported employment, and training. Deletes the definition for an intermediate care facility for the mentally retarded and defines an intermediate care facility for the developmentally disabled.

Section 10. Amends s. 393.064, F.S., directing an interdepartmental and interprogram effort for the continued development of a plan and program for prevention. Introduces the concept of correcting or curing developmental disabilities. Requires that prevention services provided by the Developmental Services Program must include individual evaluations and may include early intervention and support services. Deletes the requirement for the five year plan; however, requires compliance with Chapter 411.

Amends s. 393.20, F.S., expanding the client population eligible for diagnosis at the Raymond C. Philips Research and Education Unit to include community clients and limiting the authority for the department to contract for the supervision and management of this unit to be within available resources.

Section 11. Creates s. 393.0641, F.S., establishing a program for research, diagnosis and treatment of clients with severe self-injurious behaviors. Specifies that the program shall serve as a resource center, develop methods of prevention and treatment, disseminate findings and collect data. Mandates that the program comply with all rights enumerated in the clients' rights section of this act and the provisions relating to District Human Rights Advocacy Committees. Allows the department to contract for the provision of this program and requires the licensure of the program and the promulgation of rules by HRS to implement the program.

Section 12. Amends s. 393.065, F.S., requiring the review of applications for eligibility within 45 days for children under the age of six and within 60 days for all other applicants. Requires a diagnostic evaluation for applicants when more definitive information is needed; requires the use of existing professional reports when available. Provides for the emergency eligibility determination for persons needing crisis intervention with a full review to be done in 45 days of the emergency determination. Requires that the department notify applicants in writing of the eligibility decision, and provides that clients who are deemed ineligible for services shall have the right to an appeal pursuant to the administrative appeals process in Chapter 120, F.S.

1829

Creates s. 393.0651, F.S., allowing the use of one or more habilitation plan forms; requiring the integration of the habilitation plan and the individual education plan for school aged clients; requiring the development of a written transitional living and training plan for the clients who are exiting the public schools. Specifies that the 45 day time period for children and the 60 day time period for other applicants applies to the intake process and the development of the habilitation plan. Requires the establishment of a case management system to advance the individual needs of the client. Requires the appointment of a client advocate when the client is a minor or incompetent and when the parent or guardian cannot be identified or located, or when the state is the client's only legal representative. Combines foster care facilities and group homes into one category of licensed community homes for purposes of the continuum of placement alternatives. Deletes nursing homes in the listing of placements and considers it under other facilities licensed by HRS and renames "major state retardation facility" to "developmental services institution."

Section 13. Amends s. 393.066, F.S., requiring that all elements of the community based services be made available in each district and that eligibility for the services be consistent across districts. Adds family care services, guardianship and guardian advocate services, medical/dental, residential services, specialized therapies, supported employment and transportation to the list of existing community based services. Deletes the provision authorizing the department to receive funds under P.L. 95-602. Deletes the clause prohibiting the development of programs for persons with spina bifida if these programs will reduce or dilute programs and services to persons with retardation, cerebral palsy, autism or epilepsy.

Section 14. Amends s. 393.067, F.S., requiring the licensure of residential care facilities. Requires annual reviews and inspections of residential facilities to be licensed. Requires that rules promulgated, which establish standards, also address the rate and location of facility development, facility proximity and the client population the facility will serve. Requires that all facilities licensed by the department in accordance with this section adhere to the clients' rights section of this act. Prohibits unlicensed facilities from receiving state funds. Excludes from the HRS licensing requirements, as specified in this section, those private educational facilities which receive P.L. 94-142 funds, which provide services to non-HRS clients, which are registered with and surveyed by the Department of Education and which are under contract to a local educational agency. Requires that these public educational facilities comply with federal, state and local educational policies and register with HRS. Requires DOE and HRS to jointly promulgate rules to address standards for the residential component of these facilities. Requires on-site monitoring of these standards by HRS personnel. Requires the registration of these facilities with HRS. Specifies the contents of the registration.

Section 15. Amends s. 393.0675, F.S., renaming intermediate care facility for the mentally retarded to intermediate care facility for the developmentally disabled.

Section 16. Amends s. 393.0678, F.S., renaming intermediate care facility for the mentally retarded to intermediate care facility for the developmentally disabled.

Section 17. Amends s. 393.068, F.S., changing the title of the Family Placement Program to the Family Care Program; authorizes the services of the Family Care Program to include, but not be limited to, attendant care, respite care, in-home subsidy, low-interest loans, parent training, barrier free modifications, agency home visitations and other like support services. Deletes obsolete language

relating to the program as a demonstration project. Deletes the requirement for a five year plan and requires the evaluation of the program as a part of the biennial plan which is submitted to the Legislature.

Section 18. Creates s. 393.075, F.S., providing for liability coverage for individuals who own or operate licensed foster care facilities or licensed group homes for the care of children in the owners' or operators' own place of residence; defines children for purposes of this section; limits the coverage.

Section 19. Amends s. 393.11, F.S., clarifying the process for involuntary admission to residential services. Provides for procedures for the filing of a petition and requires notice. Requires the appointment of the diagnosis and evaluation team and an examining committee for persons who are being considered for involuntary admission; specifies the composition of the examining committee. Requires a report by the examining committee and specifies the contents of the report. Requires the appointment of counsel and allows for the appointment of a guardian ad litem. Specifies the procedures for a hearing for involuntary admission. Requires an order of involuntary admission be entered by the court and specifies the contents of the order. Requires that a separate and distinct proceeding be held to address the issue of competency. Allows parties to the proceedings to appeal the decision.

Section 20. Amends s. 393.115, F.S., requiring HRS to give clients who are 18 years old the option of continued residential services or discharge. Requires the department to file a petition to determine the appropriateness of continued placement if it appears that the resident meets criteria for involuntary admission.

Section 21. Amends s. 393.12, F.S., allowing for the petitioning to the court for the appointment of a guardian advocate. Requires that a separate and distinct proceeding be held to determine competency. States the contents of the petition and requires that notice be given of the filing of the petition. Requires the appointment of counsel for persons who are the subject of the petition. Requires a hearing on the petition and specifies the procedures for the hearing. Requires that an order be entered for those persons who may need a guardian advocate. Prohibits the charging of court costs against the department for proceedings under this section.

Section 22. Amends s. 393.122, F.S., deleting the reference to the continued residential placement for those persons who are 18 years of age. Deletes the prohibition against the development of programs for the nonretarded disabled population if such programs will reduce or dilute the state's commitment for programs and services for the mentally retarded.

Section 23. Creates s. 393.125, F.S., allowing applicants for services or clients the right to request an administrative hearing regarding the department's decision. Requires HRS to promulgate rules to establish guidelines for the reduction, termination, or suspension of client services by the service provider.

Section 24. Amends s. 393.13, F.S., changing the title from the "The Bill of Rights of Retarded Persons" to "The Bill of Rights of Persons who are Developmentally Disabled"; providing legislative intent. Provides rights for all persons who are developmentally disabled whether a client or not. Rights enumerated include:

1. Right to dignity, privacy, and humane care.
2. Right to religious freedom and practice.

1831

3. Right to treatment and habilitation in the least restrictive environment and which fosters developmental potential.
4. Right to public, quality education and training programs.
5. Right to social interaction.
6. Right to physical exercise and recreational activities.
7. Right to freedom from harm, including the unnecessary use of physical, chemical or mechanical restraints, isolation, medication, abuse or neglect.
8. Right to refuse treatment.
9. Right to participate in any publicly funded program or activity.

Provides rights for all clients who are served in facilities licensed in accordance with this act. Rights enumerated include:

1. Right to uncensored correspondence.
2. Right to communication, including confidential phone calls.
3. Right to unrestricted visitations; right to own personal effects except under certain circumstances.
4. Right to immediate and quality medical care for physical and mental illnesses; prohibiting the use of medication as punishment or as a substitute for habilitation or behavior programming.
5. Right to individual storage space.
6. Right to physical exercise.
7. Right to receive humane discipline.
8. Right to an examination by a physician prior to any treatment program to eliminate bizarre or unusual behaviors; prohibiting the use of painful or noxious stimuli.
9. Right to minimum wage for clients in work programs.
10. Right to freedom from physical, chemical or mechanical restraints.
11. Right to a central record.

Requires the department to promulgate rules which provide a system of guidelines and procedures governing the design and implementation of behavioral programs involving clients. Allows the review of programs by the Human Rights Advocacy Committees.

Provides liability for persons who violate the rights of persons who are developmentally disabled; requires notice of this act by HRS and the Department of Education in the language of the client. Requires residential facilities to provide resident government for those clients who are desirous and capable of participating in such government.

Section 25. Amends s. 393.14, F.S., requiring the department to submit by January 31, 1989, and every 2 years thereafter, a plan to the Legislature; specifies the contents of the plan, including a description of the needs of the persons on the waiting lists and the cost to the state if services are not provided during that fiscal year.

Section 26. Amends s. 393.15, F.S., modifying the group living trust fund to include foster care and developmental training facilities which are not for profit; allows those eligible facilities to receive start up loans from the Foster Care, Group Home and Developmental Training Facilities Trust Fund; specifies the amount and terms of the loan.

1832

Section 27. Amends s. 393.16, F.S., allowing the intermediate care facilities trust fund to provide loans for intermediate care facilities for the developmentally disabled serving up to 15 developmentally disabled persons.

Section 28. Creates s. 393.17, F.S., establishing a certification program for persons who oversee the design and implementation of behavioral programs for the developmentally disabled; requires fees; requires procedures for certification and renewal be set in rule.

Section 29. Amends s. 393.21, F.S., changing major state retardation facility to developmental services institution and making conforming changes.

Section 30. Creates s. 393.22, F.S., prohibiting the transfer of funds according to s. 216.292, F.S., unless there is a finding by the secretary. Requires the department to review and identify programs which have barriers to clients because of categorical disabilities and requires that a plan, including a fiscal impact statement, be developed to eliminate those barriers. Requires that the plan be submitted to the Legislature by March 1, 1989. Provides that the development of programs for other disabilities shall not reduce or dilute the state's ongoing financial commitment to programs and services for persons with mental retardation, cerebral palsy, autism, or spina bifida.

Section 31. Amends s. 402.22, F.S., making the conforming change from "major state retardation facilities" to "developmental services institutions."

Section 32. Renumbers s. 413.50, F.S., as s. 393.50, F.S., and amends it to specify the purpose of extended employment. Requires rules to implement the extended employment program.

Section 33. Creates s. 393.501, F.S., providing rulemaking authority and requiring rules to be promulgated by January 1, 1990.

Section 34. Amends s. 948.031, F.S., making conforming changes from "major state retardation facility" to "developmental services institution."

Section 35. Repeals sections 413.501, 413.502, 413.503 and 413.504, F.S.

Section 36. Amends s. 27.51, F.S., making conforming changes and deleting obsolete language.

Section 37. Provides severability if any provisions are found to be invalid.

Section 38. Provides an effective date of October 1, 1988, except for Section 14 providing for liability coverage which is effective July 1, 1988.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:      FY 88-89      FY 89-90      FY 90-91  
(As Amended)

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring or First Year Start-Up Effects:

Expenditures:

DHRS

Notification Costs

\$ 50,000

1833

STANDARD FORM 3/88

Facility for Self-Injurious Behavior		\$ 17,369
Facility Licensure	38,117	
Developmental Services Staffing	1,372	
Epilepsy Services	<u>3,339</u>	<u>0</u>
TOTAL NON-RECURRING COSTS	\$91,456	\$17,369

2. Recurring or Annualized Continuation Effects:

## Expenditures:

## DHRS

ICF/MR to ICF/DD	\$ 0	\$ 0	\$1,058,498
Facil. for Self-Injurious Behavior	0	398,662	797,323
Facility Licensure	486,337	648,449	648,449
Liability Coverage: Group/Foster Homes	45,238	45,238	45,238
Start-Up Loans	20,000	20,000	20,000
Epilepsy Services	51,661	68,881	68,881
Developmental Services Staffing	31,233	41,644	41,644
Rule Promulgation	<u>75,000</u>	<u>150,000</u>	<u>0</u>
TOTAL RECURRING EXPENDITURES:	\$709,469	\$1,372,874	\$2,680,033

3. Long Run Effects Other Than Normal Growth:

None

4. Appropriations Consequences:

## Expenditures:

## DHRS

General Revenue Fund	\$800,925	\$ 794,490	\$1,494,527
Medicaid	<u>0</u>	<u>592,753</u>	<u>1,185,506</u>
TOTAL EXPENDITURES:	\$800,925	\$1,390,243	\$2,680,033

## B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring or First Year Start-Up Effects:

Involuntary Admission \$1,750,000

2. Recurring or Annualized Continuation Effects:

None

3. Long Run Effects Other Than Normal Growth:

None

1834



C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

None

2. Direct Private Sector Benefits:

None

3. Effects on Competition, Private Enterprise, and Employment Markets:

None

D. FISCAL COMMENTS:

An amendment adopted by the Committee on Appropriations provides procedures concerning involuntary placement of persons with developmental disabilities and recognizes epilepsy as a developmental disability. Language in the bill is altered to conform with that of the Senate companion. Fiscal impact is reduced from \$12,072,793 to \$800,925. The amendment, however, delays the implementation of several programs, resulting in a fiscal impact of \$10,238,511 in FY 1991-92. Section II shows the fiscal impact of the bill as amended.

III. LONG RANGE CONSEQUENCES:

This bill will assist many persons with developmental disabilities by establishing in law, programs and services which foster independence and community living, and by continuing to address issues which decrease the number of persons residing in large institutions.

IV. COMMENTS:

None

V. AMENDMENTS:

Amendment I - Strikes everything after the enacting clause and substitutes a substantially similar bill with the following changes:

1. The addition of a definition of resident for purposes of the capacity of residential facilities.
2. The delayed implementation of some of the provisions which will reduce the fiscal impact of the bill.
3. The requirement that domicile be established before a person is eligible for services.
4. The revised maximum capacity from 15 to 9 for group homes.
5. Removal of the surcharge on citations for seat belt violations to fund epilepsy services.

1835

6. Removal of the definition of licensed community homes and reinsertion of foster care and group homes in the list of placement options.

Amendment II - Title Amendment

Amendment I to Amendment I: Clarifies that the Department of Health and Rehabilitative Services shall conduct on-site monitoring and program review of private educational facilities annually.

Amendment II to Amendment I: Requires private educational centers to comply with the rights enumerated in the bill and requires the Department of Health and Rehabilitative Services to monitor for compliance with the rights section.

Amendment IIA to Amendment I: Title Amendment

Amendment III to Amendment I: Allows the District Human Rights Advocacy Peer Review Committee access to review the private educational centers.

Amendment IV to Amendment I: Requires that one member of the center's peer review committee be appointed from the membership of the Department of Health and Rehabilitative Services Peer Review Committee.

VI. SIGNATURES:

SUBSTANTIVE COMMITTEE:

Prepared by:

Lillie Bogan/tc

Staff Director:

Tom Batchelor, Ph.D.

FINANCE & TAXATION:

Prepared by:

Staff Director:

APPROPRIATIONS:

Prepared by:

Kathleen Ockay  
Kathleen Ockay

Staff Director:

James A. Zingale  
Dr. James A. Zingale

1836

## SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

<u>ANALYST</u>	<u>STAFF DIRECTOR</u>	<u>REFERENCE</u>	<u>ACTION</u>
1. <u>Goltry</u> <i>KG</i>	<u>Wilson</u> <i>QW</i>	1. <u>HRS</u>	<u>Fav/CS</u>
2. _____	_____	2. <u>AP</u>	_____
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____

SUBJECT: Epilepsy

BILL NO. AND SPONSOR:  
CS/SB 1068 by HRS Committee and Senator Grant

I. SUMMARY:

## A. Present Situation:

Chapter 393, Florida Statutes, is the statutory basis for the provision of services to persons with developmental disabilities. Developmental disability as defined in s. 393.063(6), F.S., means a disorder or syndrome which is attributed to retardation, cerebral palsy, autism, epilepsy or spina bifida and which constitutes a substantial handicap which is expected to last indefinitely.

Currently, applications for services are made in the Health and Rehabilitative Services (HRS) district where the applicant resides. The department reviews each application for eligibility and applicants are determined to be in need of services through screening or the diagnostic evaluation process, prior to being accepted as a client.

To be eligible for epilepsy services under the Developmental Services Program, a person must be non-retarded and have a diagnosis or medical evaluation indicating the presence of a chronic brain disorder characterized by recurring seizures. An individual habilitation plan is developed for each client. This plan sets out the most cost-beneficial, least restrictive environment for the accomplishment of the client-centered objectives and specifies the authorized services.

The 1987 Legislature transferred the funding for epilepsy services from the Developmental Services Program Office to the State Health Office, however no statutory change was enacted to conform with the transfer of funds.

## B. Effect of Proposed Changes:

Committee Substitute for Senate Bill 1068 creates s. 385.207, F.S., providing legislative intent regarding epilepsy, and establishing in the Office of the Deputy Assistant Secretary for Health a program for the care and assistance of persons with epilepsy. It creates s. 385.208, F.S., which establishes an epilepsy services task force to assist HRS in the development of a comprehensive epilepsy program. The bill amends s. 393.063, F.S., removing epilepsy from the definition of developmental disability, and providing a separate definition for epilepsy; allowing clients with epilepsy in addition to another disability to be eligible for services under the developmental services program. Finally, the bill establishes two positions in HRS and appropriates \$60,000 to provide initial support for the positions.

**Sectional Analysis**

Section 1. Creates s. 385.207, F.S., establishing a program for the care and assistance of persons with epilepsy within the Office of the Deputy Assistant Secretary for Health of HRS. Provides legislative intent which recognizes epilepsy as a developmental disability and a handicapping condition and prohibits the discrimination against persons with epilepsy. Specifies responsibilities of the epilepsy program, which include the development of eligibility standards.

Section 2. Creates s. 385.208, F.S., establishing the Epilepsy Services Task Force and enumerating duties and responsibilities of the task force. Specifies the membership and allows the members to receive reimbursement for expenses. Requires the task force to submit to the Legislature by March 1, 1990, a report which specifies services provided, services needed, and the funding necessary for services to persons with epilepsy. Requires that the task force be terminated by June 30, 1990.

Section 3. Amends s. 393.063, F.S., removing epilepsy from the definition of a developmental disability, and providing a separate definition of epilepsy.

Section 4. Establishes two full-time positions within the Office of the Deputy Assistant Secretary for Health to administer the epilepsy program, and appropriates \$60,000 from General Revenue to provide initial funding for the positions and program.

Section 5. Provides an effective date.

**II. ECONOMIC IMPACT AND FISCAL NOTE:****A. Public:**

Unknown.

**B. Government:**

	Y 1	Y 2	Y 3
Salaries	\$35,629	\$49,928	\$52,474
Expenses staff	\$10,509	\$14,688	\$15,437
Expenses (other)	\$ 7,394	\$ 7,516	\$ 2,644
OCO (non-recurring)	<u>\$ 3,508</u>	<u>-0-</u>	<u>-0-</u>
TOTAL	\$57,040	\$72,132	\$70,555

(Calculations for FY 88-89 are for nine months.)

**III. COMMENTS:**

None.

**IV. AMENDMENTS:**

None.

88-398

Florida Information Associates Florida Legislature Staff Analyses 1988 Sessions		<u>LAWS OF FLORIDA CHAPTER NO.</u>  88-0398
<u>PRIME BILL NUMBER</u>  88/S1068 *	<u>TYPE OF BILL</u>  general	<u>SPONSOR</u>  Grant
<u>PRIME BILL TITLE (short title)</u>  Epilepsy Program / H.R.S.		
<u>SIMILAR/IDENTICAL BILL SUBSTITUTED BY PRIME BILL:</u> n/a		
<u>DOCUMENTATION REPRODUCED</u>		<u>Analysis</u>
PRIME SENATE COMMITTEE:      Health & Rehabilitative Services		(    )
----- FINAL SENATE COMMITTEE:      Health & Rehabilitative Services		( X )
----- PRIME HOUSE COMMITTEE:      n/a		(    )
----- FINAL HOUSE COMMITTEE:      n/a		(    )
----- SUBSTITUTED BILL:      (n/a)		(    )
----- OTHER:		(    )
<p>NOTE: Consult the <u>Final Legislative Bill Information</u> (from Joint Legislative Management Committee, Division of Legislative Information, 1988) for more detailed bill history data. If prime bill number above is followed by an asterisk (*), it was amended on the floor, and the staff analysis for that bill may not be in accordance with the enacted law. The analyses reproduced here were supplied by the appropriate committee, who is solely responsible for their accuracy and completeness.</p>		
<u>ADDITIONAL INFORMATION:</u>		

Senator Myers

This publication was produced at an average cost of 1.5 cents per page for the information of members of the Legislature and the public.

1 A bill to be entitled  
2 An act relating to community alcohol, drug  
3 abuse, and mental health services; amending s.  
4 394.75, F.S.; requiring the district alcohol,  
5 drug abuse, and mental health planning council  
6 to include a summary budget request in the  
7 biennial plan it files with the district  
8 administrator; requiring the district  
9 administrator to report to the planning council  
10 regarding funding for the plan; amending s.  
11 394.76, F.S.; authorizing the Department of  
12 Health and Rehabilitative Services to develop  
13 alternative financing systems for district  
14 alcohol, drug abuse, and mental health  
15 services; amending s. 394.79, F.S.; requiring  
16 the alcohol, drug abuse, and mental health  
17 program office within the department to submit  
18 biennially the state alcohol, drug abuse, and  
19 mental health plan and a summary budget request  
20 and summary statement of priorities from each  
21 service district to the Legislature; providing  
22 an effective date.

23  
24 Be It Enacted by the Legislature of the State of Florida:

25  
26 Section 1. Section 394.75, Florida Statutes, is  
27 amended to read:

28 394.75 District alcohol, drug abuse, and mental health  
29 plans.--

30 (1)(a) The district planning council shall prepare a  
31 combined district alcohol, drug abuse, and mental health plan.

1 The plan shall be prepared on a biennial basis and shall be  
2 reviewed annually and shall reflect both the program  
3 priorities established by the department and the needs of the  
4 district. The plan shall include a program description and  
5 line-item budget by program service component for alcohol,  
6 drug abuse, and mental health service providers that will  
7 receive state funds. The entire proposed operating budget for  
8 each service provider shall be displayed. A schedule, format,  
9 and procedure for development and review of the plan shall be  
10 promulgated by the department.

11 (b) The plan shall be submitted by the district  
12 planning council to the district administrator and to the  
13 governing bodies for review, comment, and approval, as  
14 provided in subsection (8).

15 (2) The plan shall:

16 (a) Provide a projection of district program and  
17 fiscal needs for the next biennium, provide for the orderly  
18 and economical development of needed services, and indicate  
19 priorities and anticipated expenditures and revenues.

20 (b) Include a summary budget request for the total  
21 district alcohol, drug abuse, and mental health program, which  
22 shall include the funding priorities established by the  
23 district planning process.

24 (c)†b† Provide a basis for the district legislative  
25 budget request.

26 (d)†c† Include a policy and procedure for allocation  
27 of funds.

28 (e)†d† Include a procedure for securing local matching  
29 funds. Such a procedure shall be developed in consultation  
30 with governing bodies and service providers.  
31



1           (f)~~te~~ Provide for the integration of alcohol, drug  
2 abuse, and mental health services with the other departmental  
3 programs and with the criminal justice system within the  
4 district.

5           (g)~~tf~~ Provide a plan for the coordination of services  
6 in such manner as to ensure effectiveness and avoid  
7 duplication, fragmentation of services, and unnecessary  
8 expenditures.

9           (h)~~tg~~ Provide for continuity of client care between  
10 state treatment facilities and community programs.

11           (i)~~th~~ Provide for the most appropriate and economical  
12 use of all existing public and private agencies and personnel.

13           (j)~~tz~~ Provide for the fullest possible and most  
14 appropriate participation by existing programs; state  
15 hospitals and other hospitals; city, county, and state health  
16 and family service agencies; drug abuse and alcoholism  
17 programs; probation departments; physicians; psychologists;  
18 social workers; public health nurses; school systems; and all  
19 other public and private agencies and personnel which are  
20 required to, or may agree to, participate in the plan.

21           (k)~~tz~~ Include an inventory of all public and private  
22 alcohol, drug abuse, and mental health resources within the  
23 district.

24           (3) The plan shall address how primary care services  
25 will be provided and how a continuum of services will be  
26 provided given the resources available in the service  
27 district.

28           (4) The plan shall provide the means by which the  
29 needs of the following population groups having priority will  
30 be addressed in the district:

31           (a) Chronic public inebriates;

- 1 (b) Marginally functional alcoholics;
- 2 (c) Chronic opiate abusers;
- 3 (d) Poly-drug abusers;
- 4 (e) Chronically mentally ill individuals;
- 5 (f) Acutely mentally ill individuals;
- 6 (g) Severely emotionally disturbed children and
- 7 adolescents;
- 8 (h) Elderly persons at high risk of
- 9 institutionalization; and
- 10 (i) Individuals returned to the community from a state
- 11 mental health treatment facility.
- 12 (5) In developing the plan, optimum use shall be made
- 13 of any federal, state, and local funds that may be available
- 14 for alcohol, drug abuse, and mental health service planning.
- 15 (6) All departments of state government and all local
- 16 public agencies shall cooperate with officials to assist them
- 17 in service planning. Each district administrator shall, upon
- 18 request and the availability of staff, provide consultative
- 19 services to the local agency directors and governing bodies.
- 20 (7) The district administrator shall ensure that the
- 21 district plan:
- 22 (a) Conforms to the priorities in the state plan, the
- 23 requirements of this part, and the standards adopted under
- 24 this part;
- 25 (b) Ensures that the most effective and economical use
- 26 will be made of available public and private alcohol, drug
- 27 abuse, and mental health resources in the service district;
- 28 and
- 29 (c) Has adequate provisions made for review and
- 30 evaluation of the services provided in the service district.
- 31

1 (8) The district administrator shall require such  
2 modifications in the district plan as he deems necessary to  
3 bring the plan into conformance with the provisions of this  
4 part. If the district planning council and the district  
5 administrator cannot agree on the plan, including the  
6 projected budget, the issues under dispute shall be submitted  
7 directly to the secretary of the department for immediate  
8 resolution.

9 (9) The district administrator shall report annually  
10 to the district planning council the status of funding for  
11 priorities established in the district plan. Each such report  
12 must include:

13 (a) A description of the district plan priorities that  
14 were included in the district legislative budget request;

15 (b) A description of the district plan priorities that  
16 were included in the departmental budget request prepared  
17 pursuant to s. 20.19(10);

18 (c) A description of the programs and services  
19 included in the district plan priorities that were  
20 appropriated funds by the Legislature in the legislative  
21 session that preceded the report.

22 (10)†9† Each governing body that provides local funds  
23 has the authority to require necessary modification to only  
24 that portion of the district plan which affects alcohol, drug  
25 abuse, and mental health programs and services within the  
26 jurisdiction of that governing body.

27 Section 2. Section 394.76, Florida Statutes, is  
28 amended to read:

29 394.76 Financing of district programs and services.--

30 (1) The district administrator shall ensure that, to  
31 the extent possible within available resources, a continuum of

1 integrated and comprehensive services will be available within  
2 the district.

3 (2) If in any fiscal year the approved state  
4 appropriation is insufficient to finance the programs and  
5 services specified by this part, the department shall have the  
6 authority to determine the amount of state funds available to  
7 each service district for such purposes in accordance with the  
8 priorities in both the state and district plans. The district  
9 administrator shall consult with the planning council to  
10 ensure that the summary operating budget conforms to the  
11 approved plan.

12 (3) The state share of financial participation shall  
13 be determined by the following formula:

14 (a) The state share of approved program costs shall be  
15 a percentage of the net balance determined by deducting from  
16 the total operating cost of services and programs, as  
17 specified in s. 394.675(1), those expenditures which are  
18 ineligible for state participation as provided in subsection  
19 (7) ~~(6)~~ and those ineligible expenditures established by rule  
20 of the department pursuant to s. 394.78.

21 (b) Residential and case management services which are  
22 funded as part of a deinstitutionalization project shall not  
23 require local matching funds and shall not be used as local  
24 matching funds. The state and federal financial participation  
25 portions of Medicaid earnings pursuant to Title XIX of the  
26 Social Security Act, except for the amount of general revenue  
27 equal to the amount appropriated in 1985-1986 plus all other  
28 general revenue that is shifted from any other alcohol, drug  
29 abuse, and mental health appropriation category after fiscal  
30 year 1986-1987, shall not require local matching funds and  
31 shall not be used as local matching funds. All other

1 contracted community alcohol and mental health services and  
2 programs, except as identified in s. 394.457(3), shall require  
3 local participation on a 75-to-25 state-to-local ratio.

4 (c) The expenditure of 100 percent of all third-party  
5 payments and fees shall be considered as eligible for state  
6 financial participation if such expenditures are in accordance  
7 with subsection (7) ~~(6)~~ and the approved district plan.

8 (d) Fees generated by residential and case management  
9 services which are funded as part of a deinstitutionalization  
10 program and do not require local matching funds shall be used  
11 to support program costs approved in the district plan.

12 (e) Any earnings pursuant to Title XIX of the Social  
13 Security Act in excess of the amount appropriated shall be  
used to support program costs approved in the district plan.

14 (4) Notwithstanding the provisions of subsection (3),  
15 the department is authorized to develop and demonstrate  
16 alternative financing systems for alcohol, drug abuse, and  
17 mental health services. Proposals for demonstration projects  
18 conducted pursuant to this subsection shall be reviewed by the  
19 substantive and appropriations committees of the Senate and  
20 the House of Representatives prior to implementation of the  
21 projects.

22 (5)~~(4)~~ The department is authorized to make  
23 investigations and to require audits of expenditures. The  
24 department may authorize the use of private certified public  
25 accountants for such audits. Audits shall follow department  
26 guidelines.

27 (6)~~(5)~~ Claims for state payment shall be made in such  
28 form and in such manner as the department determines.

29 (7)~~(6)~~ The expenditures which are subject to state  
30 payment include expenditures that are approved in the district

1 plan for: salaries of personnel; approved facilities and  
2 services provided through contract; operation, maintenance,  
3 and service cost; depreciation of facilities; and such other  
4 expenditures as may be approved by the district administrator.  
5 Such expenditures do not include expenditures for compensation  
6 to members of a community agency board, except the actual and  
7 necessary expenses incurred in the performance of official  
8 duties, or expenditures for a purpose for which state payment  
9 is claimed under any other provision of law.

10 (8)~~(7)~~ Expenditures for capital improvements relating  
11 to construction of, addition to, purchase of, or renovation of  
12 a community alcohol, drug abuse, or mental health facility may  
13 be made by the state, provided such expenditures or capital  
14 improvements are part and parcel of an approved district plan.  
15 Nothing shall prohibit the use of such expenditures for the  
16 construction of, addition to, renovation of, or purchase of  
17 facilities owned by a county, city, or other governmental  
18 agency of the state or a nonprofit entity. Such expenditures  
19 are subject to the provisions of subsection (6)~~(5)~~.

20 (9)~~(8)~~(a) State funds for community alcohol and mental  
21 health services shall be matched by local matching funds as  
22 provided in paragraph (3)(b). The governing bodies within a  
23 district or subdistrict shall be required to participate in  
24 the funding of alcohol and mental health services under the  
25 jurisdiction of such governing bodies. The amount of the  
26 participation shall be at least that amount which, when added  
27 to other available local matching funds, is necessary to match  
28 state funds.

29 (b) The provisions of paragraph (a) to the contrary  
30 notwithstanding, no additional matching funds may be required  
31 solely due to the addition in the General Appropriations Act

1 of Alcohol, Drug Abuse, and Mental Health Block Grant Funds  
2 for local community mental health centers and alcohol project  
3 grants.

4       (10)+9+ A local governing body is authorized to  
5 appropriate moneys, in lump sum or otherwise, from its public  
6 funds for the purpose of carrying out the provisions of this  
7 part. In addition to the payment of claims upon submission of  
8 proper vouchers, such moneys may also, at the option of the  
9 governing body, be disbursed in the form of a lump-sum or  
10 advance payment for services for expenditure, in turn, by the  
11 recipient of the disbursement without prior audit by the  
12 auditor of the governing body. Such funds shall be expended  
13 only for alcohol, drug abuse, or mental health purposes as  
14 provided in the approved district plan. Each governing body  
15 appropriating and disbursing moneys pursuant to this  
16 subsection shall require the expenditure of such moneys by the  
17 recipient of the disbursement to be audited annually, either  
18 in conjunction with an audit of other expenditures or by a  
19 separate audit. Such annual audits shall be furnished to the  
20 governing bodies of each participating county and municipality  
21 for their examination.

22       (11)+10+--Beginning-in-fiscal-year-1984-1985, No  
23 additional local matching funds shall be required solely due  
24 to the addition in the General Appropriations Act of alcohol,  
25 drug abuse, and mental health block grant funds for local  
26 community mental health centers, drug abuse programs, and  
27 alcohol project grants.

28       Section 3. Section 394.79, Florida Statutes, is  
29 amended to read:

30       394.79 State alcohol, drug abuse, and mental health  
plan.--

- 1 (1) The program office shall prepare a biennial  
2 alcohol, drug abuse, and mental health state plan. The plan  
3 shall:
- 4 (a) Consider both community and state treatment  
5 facility needs;
- 6 (b) Consider the unmet needs set forth in the previous  
7 year's district plans;
- 8 (c) Conform to the service priorities established in  
9 s. 394.75(4);
- 10 (d) Address future trends, directions, and innovations  
11 to enhance the alcohol, drug abuse, and mental health service  
12 delivery system;
- 13 (e) Establish guidelines for the designation of  
14 service areas within each district and the services to be  
15 provided in the service area; and
- 16 (f) Establish guidelines and formats for district  
17 plans.
- 18 (2) The program office shall consult with the district  
19 administrators, state treatment facility administrators, and  
20 district planning councils in developing the state plan.
- 21 (3) The program office shall submit the plan to the  
22 Legislature biennially, beginning December 1, 1988. A summary  
23 budget request and summary statement of priorities from each  
24 service district must be attached to the state plan.

25 Section 4. This act shall take effect July 1, 1988, or  
26 upon becoming a law, whichever occurs later.  
27  
28  
29  
30  
31



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## SENATE SUMMARY

Requires the planning council of each district alcohol, drug abuse, and mental health plan to include a summary budget request in the biennial plan it files with the district administrator for the plan. Requires each district administrator to annually report certain information regarding funding of the district plan to the district planning council. Authorizes the Department of Health and Rehabilitative Services to develop alternative financing systems for alcohol, drug abuse, and mental health services. Requires the alcohol, drug abuse, and mental health program office of the Department of Health and Rehabilitative Services to submit biennially the state alcohol, drug abuse, and mental health plan and a summary budget request and summary statement of priorities from each service district to the Legislature.

By the Committee on Health and Rehabilitative Services and Senator Myers

This publication was produced at an average cost of 1.5 cents per page for the information of members of the Legislature and the public.

1 A bill to be entitled  
2 An act relating to community alcohol, drug  
3 abuse, and mental health services; amending s.  
4 20.19, F.S.; providing for the reassignment of  
5 children's mental health programs and services  
6 within the Department of Health and  
7 Rehabilitative Services; amending s. 394.75,  
8 F.S.; requiring the district alcohol, drug  
9 abuse, and mental health planning council to  
10 include a summary budget request in the  
11 biennial plan it files with the district  
12 administrator; requiring the district  
13 administrator to report to the planning council  
14 regarding funding for the plan; amending s.  
15 394.76, F.S.; authorizing the Department of  
16 Health and Rehabilitative Services to develop  
17 alternative financing systems for district  
18 alcohol, drug abuse, and mental health  
19 services; amending s. 394.79, F.S.; requiring  
20 the alcohol, drug abuse, and mental health  
21 program office within the department to submit  
22 biennially the state alcohol, drug abuse, and  
23 mental health plan and a summary budget request  
24 and summary statement of priorities from each  
25 service district to the Legislature; creating  
26 ss. 394.907, 396.180, 397.0961, F.S.; requiring  
27 quality assurance programs in licensed alcohol,  
28 drug abuse, and mental health facilities;  
29 providing for a written plan which establishes  
30 minimum guidelines; providing access to records  
31 by the department; exempting records from civil

1 or administrative action; providing rulemaking  
2 authority; amending s. 768.40, F.S.; including  
3 quality assurance programs in certain alcohol,  
4 drug abuse, and mental health treatment  
5 facilities in the definition of a medical  
6 review committee; providing an effective date.

7  
8 Be It Enacted by the Legislature of the State of Florida:

9  
10 Section 1. Paragraph (a) of subsection (4) of section  
11 20.19, Florida Statutes, is amended to read:

12 20.19 Department of Health and Rehabilitative  
13 Services.--There is created a Department of Health and  
14 Rehabilitative Services.

15 (4) ASSISTANT SECRETARIES.--The secretary shall  
16 appoint an Assistant Secretary for Programs and an Assistant  
17 Secretary for Administration, each of whom shall serve at the  
18 pleasure of, and be directly responsible to, the secretary.  
19 The secretary shall appoint a Deputy Assistant Secretary for  
20 Programs, a Deputy Assistant Secretary for Regulation and  
21 Health Facilities, a Deputy Assistant Secretary for Medicaid,  
22 and a Deputy Assistant Secretary for Health, each of whom  
23 shall serve at the pleasure of the secretary and shall be  
24 directly responsible to the Assistant Secretary for Programs.

25 (a) The Assistant Secretary for Programs shall have  
26 responsibility for general statewide supervision of the  
27 administration of service programs operated by the department  
28 and such other program development and planning duties as are  
29 assigned to him by the secretary. "General statewide  
30 supervision of the administration of service programs" means  
31 service program development and planning; program research;

1 identifying client needs and recommending solutions and  
2 priorities; developing client service programs, including the  
3 policies and standards therefor; providing technical  
4 assistance to the district administrators; assisting the  
5 district administrators in staff development and training;  
6 reviewing and monitoring district-level program operations;  
7 assuring compliance with statewide program standards and  
8 performance criteria; monitoring uniform program quality among  
9 districts; developing funding sources external to state  
10 government; and obtaining, approving, monitoring, and  
11 coordinating research and program development grants; but does  
12 not involve line authority over any health or human services  
13 program operation of the department, including the management  
14 of institutions and residential treatment programs.

15 1. Program offices shall operate in a staff capacity  
16 to the Assistant Secretary for Programs. Each program office  
17 shall be headed by a program staff director who shall be  
18 appointed by, and serve at the pleasure of, the secretary and  
19 be directly responsible to the Assistant Secretary for  
20 Programs. The Assistant Secretary for Programs shall delegate  
21 to the program offices the following responsibilities, which  
22 shall include, but are not limited to:

- 23 a. Identification of client needs.  
24 b. Intraprogram policy development.  
25 c. Short-term and long-term intraprogram planning.  
26 d. Intraprogram standards setting, monitoring, and  
27 quality control.  
28 e. Intraprogram staff development, training, and  
29 technical assistance programs.

30  
31

- 1           f. Advising the Assistant Secretary for Programs and  
2 others within the department, upon request, on issues within  
3 their areas of substantive expertise.
- 4           g. Acting as liaison, when assigned by the Assistant  
5 Secretary for Programs, to other governmental agencies and the  
6 public on programmatic issues.
- 7           h. Developing state program plans.
- 8           i. Developing resource forecasts and working within  
9 the state on community resource development.
- 10          j. Quality control.
- 11          k. General statewide supervision of the administration  
12 of service programs.
- 13          1. Any other program planning and development duties  
14 assigned by the secretary.
- 15          2. The following program offices are established and  
16 may be consolidated, restructured, or rearranged by the  
17 secretary; provided any such consolidation, restructuring, or  
18 rearranging shall be for the purpose of encouraging service  
19 integration through more effective and efficient performance  
20 of the program offices or parts thereof:
- 21          a. Children's Medical Services Program Office.--The  
22 responsibilities of this office encompass all children's  
23 medical services programs operated by the department.
- 24          b. Economic Services Program Office.--The  
25 responsibilities of this office encompass all income support  
26 programs within the department, such as aid to families with  
27 dependent children (AFDC), food stamps, and state  
28 supplementation of the supplemental security income (SSI)  
29 program.
- 30          c. Developmental Services Program Office.--The  
31 responsibilities of this office encompass programs operated by

1 the department for developmentally disabled persons.  
2 Developmental disabilities include any disability defined in  
3 s. 393.063.

4 d. Aging and Adult Services Program Office.--The  
5 responsibilities of this office encompass all aging and adult  
6 programs operated by the department.

7 e. Children, Youth, and Families Program Office.--The  
8 responsibilities of this program office encompass intake  
9 services for dependent and delinquent children; children's  
10 protective services; adoption; child care; foster care  
11 programs; specialized services to families; and all programs  
12 operated by the department relating to delinquent children;  
13 ~~and-related-mental-health-services-for-children-and-youth-in~~  
14 ~~coordination-with-the-Alcohol-Drug-Abuse-and-Mental-Health~~  
15 ~~Program-Office.~~

16 f. Alcohol, Drug Abuse, and Mental Health Program  
17 Office.--The responsibilities of this office encompass all  
18 alcohol, drug abuse, and mental health programs operated by  
19 the department except those programs for children and youth  
20 which shall be handled in coordination with the Children,  
21 Youth, and Families Program Office. In addition, the  
22 responsibility for adult forensic programs and children's  
23 mental health programs and services shall be located within  
24 this office.

25 3.a. The secretary may appoint only one advisory  
26 council for the purpose of acting as the advisory body to each  
27 respective program office in the performance of functions  
28 assigned to program offices in subparagraph 1. Not fewer than  
29 8 members or more than 14 members may be appointed to each  
30 program office advisory council. Representation on each  
31 program office advisory council shall include persons with

1 expertise in each of the major service responsibilities of the  
2 respective program office; at least one *consumer*  
3 representative who shall be a client of, or parent, guardian,  
4 or spouse of, a client of the respective program office; and,  
5 to the extent possible, representation from the various  
6 geographic areas of the state. Representatives of provider  
7 groups whose principal source of support is funds from the  
8 department shall not comprise more than 25 percent of any  
9 council advisory to the Department of Health and  
10 Rehabilitative Services. Unless otherwise required by law or  
11 federal regulation, in no case shall an employee of the  
12 Department of Health and Rehabilitative Services serve as a  
13 member of any council advisory to the Department of Health and  
14 Rehabilitative Services. Whenever feasible, priority shall be  
15 given to the appointment of district advisory council members  
16 to program office advisory councils. Initially, the secretary  
17 shall appoint one-half of the members for terms of 2 years  
18 each, and one-half of the members for terms of 1 year each.  
19 Thereafter, members shall be appointed for 2-year terms.  
20 Vacancies shall be filled for the remainder of unexpired terms  
21 in the same manner as the original appointments. A member may  
22 be reappointed to only one subsequent term.

23       b. Each program office advisory council shall meet no  
24 more frequently than quarterly. Minutes shall be recorded for  
25 all meetings of such councils and shall be kept on file in the  
26 respective program office.

27       c. Members and their attendants, or interpreters for  
28 the deaf or handicapped when necessary, shall receive no  
29 compensation but shall be reimbursed for per diem and travel  
30 expenses in accordance with the provisions of s. 112.061.

31

1 d. The department shall make a separate and distinct  
2 request for an appropriation for such expenses for each  
3 advisory council. Such requests may be combined into a  
4 specific appropriation for advisory council expenses or  
5 included in a specific appropriation with other expenses in  
6 the Governor's recommended budget or in the appropriations  
7 acts. If a legislative appropriation for such expenses is  
8 made, the department shall reimburse expenses for individual  
9 advisory councils in strict accordance with the appropriations  
10 and intent of the Legislature. The provisions of s. 216.292  
11 notwithstanding, no transfer of appropriations shall be made  
12 which increases the appropriation made by the Legislature for  
13 advisory council expenses; and the department is prohibited  
14 from using any other appropriation for supporting the  
15 activities of groups advisory to program offices.

16 e. The Department of Health and Rehabilitative  
17 Services shall adopt rules to implement this act, which rules  
18 shall serve as formal operating procedures for each program  
19 office advisory council.

20 4. Individual program office advisory councils as  
21 described in subparagraph 3. shall be the only councils  
22 advisory to the Department of Health and Rehabilitative  
23 Services unless other such advisory councils to the department  
24 are established by law; except that advisory committees as  
25 defined in s. 20.03(8), or any advisory bodies not  
26 specifically created by law, may be established and receive  
27 funds for a period not to exceed 1 year if the department has  
28 provided the following information to the Speaker of the House  
29 of Representatives, the President of the Senate, and the  
30 Comptroller:

31 a. The date of creation of the advisory body.



1           b. The purpose of the advisory body and the program  
2 office to which it is to furnish advice.

3           c. The termination date of the advisory body.

4           d. The estimated frequency of meetings and estimated  
5 costs associated with the advisory body.

6           5. All program offices within the Department of Health  
7 and Rehabilitative Services which serve children and youth  
8 shall work together to identify the needs of children in the  
9 state; to establish priorities and goals in meeting these  
10 needs; and to participate in interprogram standards setting,  
11 monitoring, and quality control. As a result of such  
12 cooperative planning, the Department of Health and  
13 Rehabilitative Services shall establish an annual plan for  
14 financial management and services delivery and integration  
15 designed to meet the comprehensive needs of the children and  
16 youth served by the department. The plan shall become the  
17 document used by all department staff in planning, budgeting,  
18 implementing, monitoring, and evaluating all service delivery  
19 for children and youth. All other documents developed at any  
20 level within the department relating to services for children  
21 and youth shall be consistent with this plan. In addition, a  
22 5-year state plan shall be developed to be submitted with the  
23 annual plan to the Governor and the Legislature by January 1,  
24 1981. The plan shall be reviewed annually and updated at  
25 least once every 5 years.

26           6. The responsibilities of the Deputy Assistant  
27 Secretary for Regulation and Health Facilities shall include,  
28 but are not limited to, certificate-of-need determinations,  
29 Hill-Burton programs and licensure and certification of  
30 programs external to the department for which the department  
31 has a major regulatory responsibility, as well as those

1 functions authorized by law in conformance with Pub. L. No.  
2 93-641. The assistant secretary may assign or delegate other  
3 responsibilities of this office in keeping with the intent of  
4 this act. The functions of this office relating to Pub. L.  
5 No. 93-641 shall not be decentralized to the districts.

6 7. The responsibilities of the Deputy Assistant  
7 Secretary for Medicaid shall encompass all Medicaid planning  
8 and development functions, including, but not limited to,  
9 policy and program development, program monitoring, provider  
10 relations, interprogram planning, and program surveillance and  
11 utilization review. In addition, the secretary shall appoint  
12 a Medicaid Advisory Council in accordance with the provisions  
13 of federal regulations relating to Medicaid and with those  
14 provisions relating to program office advisory councils which  
15 are not in conflict with the regulations.

16 8.a. The Deputy Assistant Secretary for Health shall  
17 be the State Health Officer. The State Health Officer shall  
18 be a physician licensed under chapter 458 or chapter 459,  
19 shall have a master's degree in public health, and shall be  
20 responsible for all health programs operated by the  
21 department. The State Health Officer shall provide medical  
22 supervision to the employees of all county public health units  
23 established pursuant to part I of chapter 154, and shall  
24 coordinate all health activities under the Assistant Secretary  
25 for Programs and the Deputy Secretary for Operations.  
26 "Medical supervision" means medical advice, consultation, and  
27 direction given to county public health unit employees during  
28 the management of a public health emergency. The term does  
29 not include supervision or line authority in the performance  
30 of routine public health duties.

31

1           b. The secretary shall appoint an Assistant Health  
2 Officer for Public Health and Primary Care, an Assistant  
3 Health Officer for Disease Control, and an Assistant Health  
4 Officer for Interprogram Development and Technical Assistance,  
5 each of whom shall serve at the pleasure of the secretary and  
6 be directly responsible to the Deputy Assistant Secretary for  
7 Health.

8           c. The secretary may appoint an advisory council for  
9 public health and primary care.

10           (b) The Assistant Secretary for Administration shall  
11 be responsible for:

12           1. Supervising all of the budget management activities  
13 of the department and serving as the chief budget officer of  
14 the department.

15           2. Providing administrative and management support  
16 services above the district level.

17           3. Monitoring administrative and management support  
18 services in the districts.

19           4. Developing and implementing uniform policies,  
20 procedures, and guidelines with respect to personnel  
21 administration, finance and accounting, budget, grants  
22 management and disbursement, procurement, information and  
23 communications systems, management evaluation and improvement,  
24 and general services, including housekeeping, maintenance, and  
25 leasing of facilities.

26           5. Performing such other administrative duties as are  
27 assigned to him by the secretary.

28           Section 2. Section 394.75, Florida Statutes, is  
29 amended to read:

30           394.75 District alcohol, drug abuse, and mental health  
31 plans.--

1           (1)(a) The district planning council shall prepare a  
2 combined district alcohol, drug abuse, and mental health plan.  
3 The plan shall be prepared on a biennial basis and shall be  
4 reviewed annually and shall reflect both the program  
5 priorities established by the department and the needs of the  
6 district. The plan shall include a program description and  
7 line-item budget by program service component for alcohol,  
8 drug abuse, and mental health service providers that will  
9 receive state funds. The entire proposed operating budget for  
10 each service provider shall be displayed. A schedule, format,  
11 and procedure for development and review of the plan shall be  
12 promulgated by the department.

13           (b) The plan shall be submitted by the district  
14 planning council to the district administrator and to the  
15 governing bodies for review, comment, and approval, as  
16 provided in subsection (8).

17           (2) The plan shall:

18           (a) Provide a projection of district program and  
19 fiscal needs for the next biennium, provide for the orderly  
20 and economical development of needed services, and indicate  
21 priorities and anticipated expenditures and revenues.

22           **(b) Include a summary budget request for the total**  
23 **district alcohol, drug abuse, and mental health program, which**  
24 **shall include the funding priorities established by the**  
25 **district planning process.**

26           **(c)(b)** Provide a basis for the district legislative  
27 budget request.

28           **(d)(c)** Include a policy and procedure for allocation  
29 of funds.  
30  
31

1           (e)~~fd~~ Include a procedure for securing local matching  
2 funds. Such a procedure shall be developed in consultation  
3 with governing bodies and service providers.

4           (f)~~fe~~ Provide for the integration of alcohol, drug  
5 abuse, and mental health services with the other departmental  
6 programs and with the criminal justice system within the  
7 district.

8           (g)~~ff~~ Provide a plan for the coordination of services  
9 in such manner as to ensure effectiveness and avoid  
10 duplication, fragmentation of services, and unnecessary  
11 expenditures.

12           (h)~~fg~~ Provide for continuity of client care between  
13 state treatment facilities and community programs.

14           (i)~~th~~ Provide for the most appropriate and economical  
15 use of all existing public and private agencies and personnel.

16           (j)~~tz~~ Provide for the fullest possible and most  
17 appropriate participation by existing programs; state  
18 hospitals and other hospitals; city, county, and state health  
19 and family service agencies; drug abuse and alcoholism  
20 programs; probation departments; physicians; psychologists;  
21 social workers; public health nurses; school systems; and all  
22 other public and private agencies and personnel which are  
23 required to, or may agree to, participate in the plan.

24           (k)~~tz~~ Include an inventory of all public and private  
25 alcohol, drug abuse, and mental health resources within the  
26 district.

27           (3) The plan shall address how primary care services  
28 will be provided and how a continuum of services will be  
29 provided given the resources available in the service  
30 district.

31

- 1           (4) The plan shall provide the means by which the  
2 needs of the following population groups having priority will  
3 be addressed in the district:
- 4           (a) Chronic public inebriates;  
5           (b) Marginally functional alcoholics;  
6           (c) Chronic opiate abusers;  
7           (d) Poly-drug abusers;  
8           (e) Chronically mentally ill individuals;  
9           (f) Acutely mentally ill individuals;  
10          (g) Severely emotionally disturbed children and  
11 adolescents;  
12          (h) Elderly persons at high risk of  
13 institutionalization; and  
14          (i) Individuals returned to the community from a state  
15 mental health treatment facility.
- 16          (5) In developing the plan, optimum use shall be made  
17 of any federal, state, and local funds that may be available  
18 for alcohol, drug abuse, and mental health service planning.
- 19          (6) All departments of state government and all local  
20 public agencies shall cooperate with officials to assist them  
21 in service planning. Each district administrator shall, upon  
22 request and the availability of staff, provide consultative  
23 services to the local agency directors and governing bodies.
- 24          (7) The district administrator shall ensure that the  
25 district plan:
- 26          (a) Conforms to the priorities in the state plan, the  
27 requirements of this part, and the standards adopted under  
28 this part;  
29          (b) Ensures that the most effective and economical use  
30 will be made of available public and private alcohol, drug  
31

1 abuse, and mental health resources in the service district;  
2 and

3 (c) Has adequate provisions made for review and  
4 evaluation of the services provided in the service district.

5 (8) The district administrator shall require such  
6 modifications in the district plan as he deems necessary to  
7 bring the plan into conformance with the provisions of this  
8 part. If the district planning council and the district  
9 administrator cannot agree on the plan, including the  
10 projected budget, the issues under dispute shall be submitted  
11 directly to the secretary of the department for immediate  
12 resolution.

13 (9) The district administrator shall report annually  
14 to the district planning council the status of funding for  
15 priorities established in the district plan. Each such report  
16 must include:

17 (a) A description of the district plan priorities that  
18 were included in the district legislative budget request;

19 (b) A description of the district plan priorities that  
20 were included in the departmental budget request prepared  
21 pursuant to s. 20.19(10);

22 (c) A description of the programs and services  
23 included in the district plan priorities that were  
24 appropriated funds by the Legislature in the legislative  
25 session that preceded the report.

26 (10)†9† Each governing body that provides local funds  
27 has the authority to require necessary modification to only  
28 that portion of the district plan which affects alcohol, drug  
29 abuse, and mental health programs and services within the  
30 jurisdiction of that governing body.  
31

1           Section 3. Section 394.76, Florida Statutes, is  
2 amended to read:

3           394.76 Financing of district programs and services.--

4           (1) The district administrator shall ensure that, to  
5 the extent possible within available resources, a continuum of  
6 integrated and comprehensive services will be available within  
7 the district.

8           (2) If in any fiscal year the approved state  
9 appropriation is insufficient to finance the programs and  
10 services specified by this part, the department shall have the  
11 authority to determine the amount of state funds available to  
12 each service district for such purposes in accordance with the  
13 priorities in both the state and district plans. The district  
14 administrator shall consult with the planning council to  
15 ensure that the summary operating budget conforms to the  
16 approved plan.

17           (3) The state share of financial participation shall  
18 be determined by the following formula:

19           (a) The state share of approved program costs shall be  
20 a percentage of the net balance determined by deducting from  
21 the total operating cost of services and programs, as  
22 specified in s. 394.675(1), those expenditures which are  
23 ineligible for state participation as provided in subsection  
24 ~~(7)(f)~~ and those ineligible expenditures established by rule  
25 of the department pursuant to s. 394.78.

26           (b) Residential and case management services which are  
27 funded as part of a deinstitutionalization project shall not  
28 require local matching funds and shall not be used as local  
29 matching funds. The state and federal financial participation  
30 portions of Medicaid earnings pursuant to Title XIX of the  
31 Social Security Act, except for the amount of general revenue



1 equal to the amount appropriated in 1985-1986 plus all other  
2 general revenue that is shifted from any other alcohol, drug  
3 abuse, and mental health appropriation category after fiscal  
4 year 1986-1987, shall not require local matching funds and  
5 shall not be used as local matching funds. Local matching  
6 funds are not required for general revenue transferred by the  
7 department into alcohol, drug abuse, and mental health  
8 appropriations categories during a fiscal year, to match  
9 federal funds earned from Medicaid services provided for  
10 mental health clients in excess of the amounts initially  
11 appropriated. All other contracted community alcohol and  
12 mental health services and programs, except as identified in  
13 s. 394.457(3), shall require local participation on a 75-to-25  
14 state-to-local ratio.

15 (c) The expenditure of 100 percent of all third-party  
16 payments and fees shall be considered as eligible for state  
17 financial participation if such expenditures are in accordance  
18 with subsection ~~(7)(6)~~ and the approved district plan.

19 (d) Fees generated by residential and case management  
20 services which are funded as part of a deinstitutionalization  
21 program and do not require local matching funds shall be used  
22 to support program costs approved in the district plan.

23 (e) Any earnings pursuant to Title XIX of the Social  
24 Security Act in excess of the amount appropriated shall be  
25 used to support program costs approved in the district plan.

26 (4) Notwithstanding the provisions of subsection (3),  
27 the department is authorized to develop and demonstrate  
28 alternative financing systems for alcohol, drug abuse, and  
29 mental health services. Proposals for demonstration projects  
30 conducted pursuant to this subsection shall be reviewed by the  
31 substantive and appropriations committees of the Senate and

1 the House of Representatives prior to implementation of the  
2 projects.

3       ~~(5)~~~~(4)~~ The department is authorized to make  
4 investigations and to require audits of expenditures. The  
5 department may authorize the use of private certified public  
6 accountants for such audits. Audits shall follow department  
7 guidelines.

8       ~~(6)~~~~(5)~~ Claims for state payment shall be made in such  
9 form and in such manner as the department determines.

10       ~~(7)~~~~(6)~~ The expenditures which are subject to state  
11 payment include expenditures that are approved in the district  
12 plan for: salaries of personnel; approved facilities and  
13 services provided through contract; operation, maintenance,  
14 and service cost; depreciation of facilities; and such other  
15 expenditures as may be approved by the district administrator.  
16 Such expenditures do not include expenditures for compensation  
17 to members of a community agency board, except the actual and  
18 necessary expenses incurred in the performance of official  
19 duties, or expenditures for a purpose for which state payment  
20 is claimed under any other provision of law.

21       ~~(8)~~~~(7)~~ Expenditures for capital improvements relating  
22 to construction of, addition to, purchase of, or renovation of  
23 a community alcohol, drug abuse, or mental health facility may  
24 be made by the state, provided such expenditures or capital  
25 improvements are part and parcel of an approved district plan.  
26 Nothing shall prohibit the use of such expenditures for the  
27 construction of, addition to, renovation of, or purchase of  
28 facilities owned by a county, city, or other governmental  
29 agency of the state or a nonprofit entity. Such expenditures  
30 are subject to the provisions of subsection ~~(6)~~~~(5)~~.

31

1           ~~(9)~~(8)(a) State funds for community alcohol and mental  
2 health services shall be matched by local matching funds as  
3 provided in paragraph (3)(b). The governing bodies within a  
4 district or subdistrict shall be required to participate in  
5 the funding of alcohol and mental health services under the  
6 jurisdiction of such governing bodies. The amount of the  
7 participation shall be at least that amount which, when added  
8 to other available local matching funds, is necessary to match  
9 state funds.

10           (b) The provisions of paragraph (a) to the contrary  
11 notwithstanding, no additional matching funds may be required  
12 solely due to the addition in the General Appropriations Act  
13 of Alcohol, Drug Abuse, and Mental Health Block Grant Funds  
14 for local community mental health centers and alcohol project  
15 grants.

16           ~~(10)~~(9) A local governing body is authorized to  
17 appropriate moneys, in lump sum or otherwise, from its public  
18 funds for the purpose of carrying out the provisions of this  
19 part. In addition to the payment of claims upon submission of  
20 proper vouchers, such moneys may also, at the option of the  
21 governing body, be disbursed in the form of a lump-sum or  
22 advance payment for services for expenditure, in turn, by the  
23 recipient of the disbursement without prior audit by the  
24 auditor of the governing body. Such funds shall be expended  
25 only for alcohol, drug abuse, or mental health purposes as  
26 provided in the approved district plan. Each governing body  
27 appropriating and disbursing moneys pursuant to this  
28 subsection shall require the expenditure of such moneys by the  
29 recipient of the disbursement to be audited annually, either  
30 in conjunction with an audit of other expenditures or by a  
31 separate audit. Such annual audits shall be furnished to the

1 governing bodies of each participating county and municipality  
2 for their examination.

3 ~~(11)(f)0)--Beginning in fiscal year 1984-1985, No~~  
4 additional local matching funds shall be required solely due  
5 to the addition in the General Appropriations Act of alcohol,  
6 drug abuse, and mental health block grant funds for local  
7 community mental health centers, drug abuse programs, and  
8 alcohol project grants.

9 Section 4. Section 394.79, Florida Statutes, is  
10 amended to read:

11 (Substantial rewording of section. See  
12 s. 394.79, F.S., for present text.)

13 394.79 State alcohol, drug abuse, and mental health  
14 plan.--

15 (1) The department shall prepare a biennial plan for  
16 the delivery and financing of a system of alcohol, drug abuse,  
17 and mental health services. The plan must include:

18 (a) The current and projected need for alcohol, drug  
19 abuse, and mental health services, displayed statewide and by  
20 district, and the extent to which the need is being addressed  
21 by existing services;

22 (b) A proposal for the development of a data system  
23 that will evaluate the effectiveness of programs and services  
24 provided to clients of the alcohol, drug abuse, and mental  
25 health service system;

26 (c) A methodology for the allocation of resources  
27 available from federal, state, and local sources and a  
28 description of the current level of funding available from  
29 each source;

30  
31

1 (d) A description of the statewide priorities for  
2 clients and services and each district's priorities for  
3 clients and services;

4 (e) Recommendations for methods of enhancing local  
5 participation in the planning, organization, and financing of  
6 alcohol, drug abuse, and mental health services;

7 (f) A description of the current methods of  
8 contracting for services, an assessment of the efficiency of  
9 these methods in providing accountability for contracted  
10 funds, and recommendations for improvements to the system of  
11 contracting;

12 (g) Recommendations for improving access to services  
13 for clients and their families;

14 (h) Guidelines and formats for developing district  
15 plans; and

16 (i) Recommendations for future directions for the  
17 alcohol, drug abuse, and mental health service delivery  
18 system.

19 (2) The department shall prepare the state plan in  
20 consultation with district administrators, state treatment  
21 facility administrators, and district planning councils.

22 (3) A copy of the state plan shall be submitted to the  
23 Legislature and each district planning council. A summary  
24 budget request and a summary statement of priorities from each  
25 service district shall be attached to the plan.

26 Section 5. Section 394.907, Florida Statutes, is  
27 created to read:

28 394.907 Quality assurance program required.--

29 (1) Effective April 1, 1989, each facility licensed  
30 pursuant to s. 394.875 must have an ongoing quality assurance  
31 program. The purpose of the quality assurance program is to

1 objectively and systematically monitor and evaluate the  
2 appropriateness and quality of client care; to ensure that  
3 services are rendered consistent with reasonable, prevailing  
4 professional standards; and to resolve identified problems.

5 (2) Each facility must develop a written plan which  
6 addresses the minimum guidelines for the quality assurance  
7 program. Such guidelines must include, but are not limited  
8 to:

9 (a) Standards for providing client care and treatment  
10 practices;

11 (b) Procedures for maintaining client records;

12 (c) Policies and procedures for staff development;

13 (d) Standards for facility safety and maintenance;

14 (e) Procedures for peer review and resource  
15 utilization; and

16 (f) Policies and procedures for adverse incident  
17 reporting, to include verification of corrective action to  
18 remediate or minimize incidents, and for reporting such  
19 incidents to the department within the time prescribed by  
20 rule.

21  
22 Such plan must be submitted to the governing board for  
23 approval, and a copy must be provided to the department.

24 (3) The quality assurance program shall be directly  
25 responsible to the executive director of the facility and  
26 shall be subject to review by the governing board of the  
27 agency.

28 (4) Each facility must designate a quality assurance  
29 manager who is an employee of the agency or under contract  
30 with the agency.

31

1 (5) Incident reporting is the affirmative duty of all  
2 staff. Any person who files an incident report shall not be  
3 subject to any civil action by virtue of such incident report.

4 (6) The department is entitled to access to all  
5 records necessary to determine agency compliance with the  
6 provisions of this section. Such records obtained by the  
7 department shall not be subject to the provisions of s.  
8 119.07. Such records are not admissible in any civil or  
9 administrative action, except in disciplinary proceedings by  
10 the Department of Professional Regulation and the appropriate  
11 regulatory board.

12 (7) The department shall adopt rules to administer  
13 this section.

14 Section 6. Section 396.180, Florida Statutes, is  
15 created to read:

16 396.180 Quality assurance program required.--

17 (1) Effective April 1, 1989, each facility licensed  
18 pursuant to s. 396.172 must have an ongoing quality assurance  
19 program. The purpose of the quality assurance program is to  
20 objectively and systematically monitor and evaluate the  
21 appropriateness and quality of client care; to ensure that  
22 services are rendered consistent with reasonable, prevailing  
23 professional standards; and to resolve identified problems.

24 (2) Each facility must develop a written plan which  
25 addresses the minimum guidelines for the quality assurance  
26 program. Such guidelines must include, but are not limited  
27 to:

28 (a) Standards for the provision of client care and  
29 treatment practices;

30 (b) Procedures for the maintenance of client records;

31 (c) Policies and procedures for staff development;

- 1 (d) Standards for facility safety and maintenance;  
2 (e) Procedures for peer review and resource  
3 utilization; and  
4 (f) Policies and procedures for adverse incident  
5 reporting, to include verification of corrective action to  
6 remediate or minimize incidents and for reporting such  
7 incidents to the department within the time prescribed by  
8 rule.  
9  
10 Such plan must be submitted to the governing board for  
11 approval, and a copy must be provided to the department.  
12 (3) The quality assurance program shall be directly  
13 responsible to the executive director of the facility and  
14 shall be subject to review by the governing board of the  
15 agency.  
16 (4) Each facility must designate a quality assurance  
17 manager who is an employee of the agency or under contract  
18 with the agency.  
19 (5) Incident reporting is the affirmative duty of all  
20 staff. Any person who files an incident report shall not be  
21 subject to any civil action by virtue of such incident report.  
22 (6) The department is entitled to access to all  
23 records necessary to determine agency compliance with the  
24 provisions of this section. Such records obtained by the  
25 department shall not be subject to the provisions of s.  
26 119.07. Such records are not admissible in any civil or  
27 administrative action, except in disciplinary proceedings by  
28 the Department of Professional Regulation and the appropriate  
29 regulatory board.  
30 (7) The department shall adopt rules to administer  
31 this section.



1           Section 7. Section 397.0961, Florida Statutes, is  
2 created to read:

3           397.0961 Quality assurance program required.--

4           (1) Effective April 1, 1989, each facility licensed  
5 pursuant to s. 397.081 must have an ongoing quality assurance  
6 program. The purpose of the quality assurance program is to  
7 objectively and systematically monitor and evaluate the  
8 appropriateness and quality of client care; to ensure that  
9 services are rendered consistent with reasonable, prevailing  
10 professional standards; and to resolve identified problems.

11           (2) Each facility must develop a written plan which  
12 addresses the minimum guidelines for the quality assurance  
13 program. Such guidelines must include, but are not limited  
14 to:

15           (a) Standards for the provision of client care and  
16 treatment practices;

17           (b) *Procedures for the maintenance of client records;*

18           (c) Policies and procedures for staff development;

19           (d) Standards for facility safety and maintenance;

20           (e) Procedures for peer review and resource

21 utilization; and

22           (f) Policies and procedures for adverse incident  
23 reporting, to include verification of corrective action to  
24 remediate or minimize incidents and for reporting such  
25 incidents to the department within the time prescribed by  
26 rule.

27  
28 Such plan must be submitted to the governing board for  
29 approval, and a copy must be provided to the department.

30           (3) The quality assurance program shall be directly  
31 responsible to the executive director of the facility and

1 shall be subject to review by the governing board of the  
2 agency.

3 (4) Each facility must designate a quality assurance  
4 manager who is an employee of the agency or under contract  
5 with the agency.

6 (5) Incident reporting is the affirmative duty of all  
7 staff. Any person who files an incident report shall not be  
8 subject to any civil action by virtue of such incident report.

9 (6) The department is entitled to access to all  
10 records necessary to determine agency compliance with the  
11 provisions of this section. Such records obtained by the  
12 department shall not be subject to the provisions of s.  
13 119.07. Such records are not admissible in any civil or  
14 administrative action, except in disciplinary proceedings by  
15 the Department of Professional Regulation and the appropriate  
16 regulatory board.

17 (7) The department shall adopt rules to administer  
18 this section.

19 Section 8. Subsection (1) of section 768.40, Florida  
20 Statutes, is amended to read:

21 768.40 Medical review committee, immunity from  
22 liability.--

23 (1) As used in this section:

24 (a) The term "medical review committee" or "committee"  
25 means:

26 1. A committee:

27 a. Of a hospital or ambulatory surgical center  
28 licensed under chapter 395 or a health maintenance  
29 organization certificated under part II of chapter 641,

30 b. Of a state or local professional society of health  
31 care providers,

1 c. Of a medical staff of a licensed hospital or  
2 nursing home, provided the medical staff operates pursuant to  
3 written bylaws that have been approved by the governing board  
4 of the hospital or nursing home, ~~or~~

5 d. Of the Department of Corrections or the  
6 Correctional Medical Authority as created under s. 945.602, or  
7 employees, agents, or consultants of either the department or  
8 the authority or both,

9 e. Of a mental health treatment facility licensed  
10 under chapter 394, provided the quality assurance program  
11 operates pursuant to the guidelines which have been approved  
12 by the governing board of the agency.

13 f. Of an alcohol treatment and prevention resource  
14 licensed under chapter 396 provided the quality assurance  
15 program operates pursuant to the guidelines which have been  
16 approved by the governing board of the agency, or

17 g. Of a drug abuse treatment and education prevention  
18 program licensed under chapter 397 provided the quality  
19 assurance program operates pursuant to the guidelines which  
20 have been approved by the governing board of the agency.

21  
22 which committee is formed to evaluate and improve the quality  
23 of health care rendered by providers of health service or to  
24 determine that health services rendered were professionally  
25 indicated or were performed in compliance with the applicable  
26 standard of care or that the cost of health care rendered was  
27 considered reasonable by the providers of professional health  
28 services in the area; or

29 2. A committee of an insurer, self-insurer, or joint  
30 underwriting association of medical malpractice insurance, or  
31

1 other persons conducting review pursuant to the provisions of  
2 s. 768.57.

3 (b) The term "health care providers" means physicians  
4 licensed under chapter 458, osteopaths licensed under chapter  
5 459, podiatrists licensed under chapter 461, dentists licensed  
6 under chapter 466, chiropractors licensed under chapter 460,  
7 pharmacists licensed under chapter 465, or hospitals or  
8 ambulatory surgical centers licensed under chapter 395.

9 Section 9. The Department of Health and Rehabilitative  
10 Services shall submit the plan, as specified in section  
11 394.79, Florida Statutes, for the biennium 1989-1991 to the  
12 Legislature by December 1, 1988.

13 Section 10. All funding and personnel for children's  
14 mental health programs and services of the Department of  
15 Health and Rehabilitative Services are hereby reassigned to  
16 the Alcohol, Drug Abuse and Mental Health Program Office as  
17 specified in section 20.19(4)(a)2.f., Florida Statutes.

18 Section 11. This act shall take effect July 1, 1988,  
19 or upon becoming a law, whichever occurs later.

STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN  
COMMITTEE SUBSTITUTE FOR  
Senate Bill 1147

1. Transfers the responsibility for children's mental health services within HRS from the Children, Youth and Families Program Office to the Alcohol, Drug Abuse and Mental Health Program Office.
2. Amends s. 394.76, F.S., to provide exemption from local matching requirements for Medicaid overearnings.
3. Substantially amends s. 394.79, F.S., to require additional information in the state alcohol, drug abuse and mental health plan.
4. Creates ss. 394.907, F.S., 396.180, F.S., and 397.0961, F.S., to require licensed community alcohol, drug abuse and mental health facilities to have quality assurance programs.
5. Amends s. 768.40, F.S. to include quality assurance, programs of alcohol, drug abuse and mental health facilities in the definition of a medical review committee for the purpose of immunity from liability and protection of records.

Senator Grant

This publication was produced at an average cost of 1.5 cents per page for the information of members of the Senate and the public.

1                   A bill to be entitled  
2           An act relating to epilepsy; creating s.  
3           393.054, F.S.; providing legislative intent;  
4           requiring the Department of Health and  
5           Rehabilitative Services to establish a program  
6           to assist persons with epilepsy and to help  
7           with other programs for such persons;  
8           establishing additional duties of the  
9           department; establishing the Epilepsy Services  
10          Task Force; providing for task force duties and  
11          membership; providing for travel expenses;  
12          requiring the task force to report to the  
13          Governor and the Legislature; providing for the  
14          abolition of the task force; requiring the  
15          department to develop programs for epilepsy  
16          prevention and education; creating an Epilepsy  
17          Services Trust Fund; providing for the purpose  
18          of the trust fund; imposing an additional  
19          charge for certain traffic citations to fund  
20          such programs; providing an effective date.

21  
22   Be It Enacted by the Legislature of the State of Florida:

23  
24           Section 1. Section 393.054, Florida Statutes, is  
25   created to read:

26           393.054 Care and assistance of persons with epilepsy;  
27   establishment of programs in epilepsy control.--

28           (1) The Legislature finds that epilepsy should be  
29   recognized as a developmental disability and a significantly  
30   handicapping condition. The Legislature further declares that  
31   persons with epilepsy are entitled to the protection and

1 benefits available to all persons through the equal and  
2 nondiscriminatory application and implementation of statutes,  
3 regulations, programs, and services.

4 (2) The Department of Health and Rehabilitative  
5 Services shall:

6 (a) Establish within the State Health Office a program  
7 for the care and assistance of persons with epilepsy and  
8 promote and assist in the continued development and expansion  
9 of programs for the case management, diagnosis, care, and  
10 treatment of such persons, including required pharmaceuticals,  
11 medical procedures, and techniques which will have a positive  
12 effect in the care and treatment of persons with epilepsy.

13 (b) Develop standards for determining eligibility for  
14 care and treatment under this program.

15 (c) Assist in the development of programs for the  
16 prevention of and early intervention in epilepsy.

17 (d) Assist in the establishment of screening programs  
18 and early diagnosis facilities.

19 (e) Institute and carry on an educational program  
20 among physicians, hospitals, county public health units, and  
21 the public concerning epilepsy, including the dissemination of  
22 information and the conducting of educational programs  
23 concerning the prevention of epilepsy and the methods  
24 developed and used for the care and treatment of persons with  
25 epilepsy.

26 (f) Contract for the provision of care as outlined.

27 (g) Continue current programs and develop cooperative  
28 programs and services designed to enhance the vocational  
29 rehabilitation of clients who have epilepsy, including the  
30 current job programs. The department shall keep and make  
31 available to the Governor and the Legislature information

1 regarding the number of clients served, the results, and the  
2 expense incurred by these programs and services.

3 (h) Monitor participating facilities or agencies for  
4 compliance with the terms contained in service contracts.

5 (3) Nothing in this section may be construed to commit  
6 the state to provide direct financial assistance to clients  
7 who require epilepsy therapy.

8 Section 2. Epilepsy Services Task Force.--

9 (1) There is established the Epilepsy Services Task  
10 Force which shall assist the Department of Health and  
11 Rehabilitative Services in the development of a comprehensive  
12 epilepsy program.

13 (2) The task force shall comprise not fewer than 5 nor  
14 more than 9 members who shall be appointed by the Governor.

5 The membership shall include:

16 (a) No more than 3 representatives from voluntary  
17 agencies that have a direct involvement in the provision of  
18 services to persons with epilepsy.

19 (b) No more than 3 representatives from medical  
20 schools or clinical facilities that have a direct involvement  
21 in the provision of services to persons with epilepsy.

22 (c) One-third, but no fewer than 2 representatives of  
23 consumers of departmental services to persons with epilepsy.

24 (3) Task force members are not entitled to  
25 compensation for their services under this section, but they  
26 are entitled to be reimbursed for their travel expenses  
27 according to applicable provisions of state law and  
28 departmental regulations.

29 (4) The task force shall submit to the department, the  
30 Governor, and the Legislature, no later than March 1, 1990, a  
31 report which delineates current service levels, additional



1 service needs or improvements, recommendations for improved or  
2 enhanced services of the department, and the level of funding  
3 support necessary to implement the recommendations of the task  
4 force. The report must also include recommendations regarding  
5 any necessary changes to statutes which are applicable to  
6 persons with epilepsy or services provided to such persons.

7 (5) The task force is abolished upon the completion of  
8 its duties under this section, but no later than June 30,  
9 1990.

10 Section 3. Programs in epilepsy prevention and  
11 education.--

12 (1) The Department of Health and Rehabilitative  
13 Services shall develop and implement statewide programs for  
14 epilepsy prevention and education.

15 (2) For purposes of implementing this section, there  
16 is created within the department the Epilepsy Services Trust  
17 Fund to provide funding support for the statewide public  
18 education and prevention programs.

19 (3) Revenue for epilepsy prevention and education  
20 shall be derived from a \$5 surcharge levied against all  
21 citations issued in all jurisdictions for failure to use  
22 seatbelts or child restraints. This revenue shall be  
23 deposited in the Epilepsy Services Trust Fund.

24 Section 4. Epilepsy Services Program administrative  
25 support.--

26 (1) There are established two full-time positions  
27 within the office of the Deputy Assistant Secretary for Health  
28 for the purpose of establishing and administering the Epilepsy  
29 Services Program.

30 (2) The sum of \$60,000 is appropriated from the  
31 General Revenue Fund to the Department of Health and

1 Rehabilitative Services to provide initial support for these  
2 positions and the administrative responsibilities associated  
3 with the program and the activities of the Epilepsy Services  
4 Task Force.

5 Section 5. This act shall take effect October 1, 1988.  
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#### 16 SENATE SUMMARY

17  
18 Requires the Department of Health and Rehabilitative  
19 Services to establish a program to assist persons with  
20 epilepsy and to help with other programs for such  
persons. Provides for additional duties of the  
department in the care and assistance of persons with  
epilepsy.

21 Establishes a temporary Epilepsy Services Task Force.  
22 Provides for task force duties and membership.

23 Requires the department to develop and implement epilepsy  
24 prevention and education pforams. Creates an Epilepsy  
25 Services Trust Fund. Provides for the purpose of the  
trust fund. Provides that it is to be funded by a  
surcharge to be levied against citations for failure to  
use seatbelts or child restraints.

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## Florida House of Representatives - 1988

By the Committee on Health & Rehabilitative Services and  
Representatives Tobin, Metcalf, Diaz-Balart, Crady, Northam

1                                   A bill to be entitled  
2       An act relating to community alcohol, drug  
3       abuse, and mental health services; amending s.  
4       20.19, F.S.; transferring children's mental  
5       health programs and services to the Alcohol,  
6       Drug Abuse, and Mental Health Program Office  
7       and providing requirements with respect  
8       thereto; amending s. 394.75, F.S.; requiring  
9       the district alcohol, drug abuse, and mental  
10      health planning councils to include a summary  
11      budget request in the biennial plan they file  
12      with the district administrator; requiring the  
13      district administrators to report to the  
14      planning councils regarding funding for the  
15      plan; amending s. 394.76, F.S.; authorizing the  
16      Department of Health and Rehabilitative  
17      Services to develop alternative financing  
18      systems for district alcohol, drug abuse, and  
19      mental health services; providing that local  
20      matching funds are not required under certain  
21      circumstances; amending s. 394.79, F.S.;  
22      requiring the department to prepare biennially  
23      the state alcohol, drug abuse, and mental  
24      health plan and providing requirements with  
25      respect thereto; providing for submission of  
26      such plans and certain other information to the  
27      Legislature and the district planning councils;  
28      providing an effective date.  
29  
30 Be It Enacted by the Legislature of the State of Florida:  
31

1 Section 1. Paragraph (a) of subsection (4) of section  
2 20.19, Florida Statutes, is amended to read:

3 20.19 Department of Health and Rehabilitative  
4 Services.--There is created a Department of Health and  
5 Rehabilitative Services.

6 (4) ASSISTANT SECRETARIES.--The secretary shall  
7 appoint an Assistant Secretary for Programs and an Assistant  
8 Secretary for Administration, each of whom shall serve at the  
9 pleasure of, and be directly responsible to, the secretary.  
10 The secretary shall appoint a Deputy Assistant Secretary for  
11 Programs, a Deputy Assistant Secretary for Regulation and  
12 Health Facilities, a Deputy Assistant Secretary for Medicaid,  
13 and a Deputy Assistant Secretary for Health, each of whom  
14 shall serve at the pleasure of the secretary and shall be  
15 directly responsible to the Assistant Secretary for Programs.

16 (a) The Assistant Secretary for Programs shall have  
17 responsibility for general statewide supervision of the  
18 administration of service programs operated by the department  
19 and such other program development and planning duties as are  
20 assigned to him by the secretary. "General statewide  
21 supervision of the administration of service programs" means  
22 service program development and planning; program research;  
23 identifying client needs and recommending solutions and  
24 priorities; developing client service programs, including the  
25 policies and standards therefor; providing technical  
26 assistance to the district administrators; assisting the  
27 district administrators in staff development and training;  
28 reviewing and monitoring district-level program operations;  
29 assuring compliance with statewide program standards and  
30 performance criteria; monitoring uniform program quality among  
31 districts; developing funding sources external to state

- 1 government; and obtaining, approving, monitoring, and  
2 coordinating research and program development grants; but does  
3 not involve line authority over any health or human services  
4 program operation of the department, including the management  
5 of institutions and residential treatment programs.
- 6 1. Program offices shall operate in a staff capacity  
7 to the Assistant Secretary for Programs. Each program office  
8 shall be headed by a program staff director who shall be  
9 appointed by, and serve at the pleasure of, the secretary and  
10 be directly responsible to the Assistant Secretary for  
11 Programs. The Assistant Secretary for Programs shall delegate  
12 to the program offices the following responsibilities, which  
13 shall include, but are not limited to:
- 14 a. Identification of client needs.
  - 15 b. Intraprogram policy development.
  - 16 c. Short-term and long-term intraprogram planning.
  - 17 d. Intraprogram standards setting, monitoring, and  
18 quality control.
  - 19 e. Intraprogram staff development, training, and  
20 technical assistance programs.
  - 21 f. Advising the Assistant Secretary for Programs and  
22 others within the department, upon request, on issues within  
23 their areas of substantive expertise.
  - 24 g. Acting as liaison, when assigned by the Assistant  
25 Secretary for Programs, to other governmental agencies and the  
26 public on programmatic issues.
  - 27 h. Developing state program plans.
    - 28 i. Developing resource forecasts and working within  
29 the state on community resource development.
  - 30 j. Quality control.
- 31

1 k. General statewide supervision of the administration  
2 of service programs.

3 1. Any other program planning and development duties  
4 assigned by the secretary.

5 2. The following program offices are established and  
6 may be consolidated, restructured, or rearranged by the  
7 secretary; provided any such consolidation, restructuring, or  
8 rearranging shall be for the purpose of encouraging service  
9 integration through more effective and efficient performance  
10 of the program offices or parts thereof:

11 a. Children's Medical Services Program Office.--The  
12 responsibilities of this office encompass all children's  
13 medical services programs operated by the department.

14 b. Economic Services Program Office.--The  
15 responsibilities of this office encompass all income support  
16 programs within the department, such as aid to families with  
17 dependent children (AFDC), food stamps, and state  
18 supplementation of the supplemental security income (SSI)  
19 program.

20 c. Developmental Services Program Office.--The  
21 responsibilities of this office encompass programs operated by  
22 the department for developmentally disabled persons.  
23 Developmental disabilities include any disability defined in  
24 s. 393.063.

25 d. Aging and Adult Services Program Office.--The  
26 responsibilities of this office encompass all aging and adult  
27 programs operated by the department.

28 e. Children, Youth, and Families Program Office.--The  
29 responsibilities of this program office encompass intake  
30 services for dependent and delinquent children; children's  
31 protective services; adoption; child care; foster care

1 programs; specialized services to families; and all programs  
2 operated by the department relating to delinquent children;  
3 ~~and-related-mental-health-services-for-children-and-youth-in~~  
4 ~~coordination-with-the-Alcohol,-Drug-Abuse,-and-Mental-Health~~  
5 ~~Program-Office.~~

6 f. Alcohol, Drug Abuse, and Mental Health Program  
7 Office.--The responsibilities of this office encompass all  
8 alcohol, drug abuse, and mental health programs operated by  
9 the department ~~except-those-programs-for-children-and-youth~~  
10 ~~which-shall-be-handled-in-coordination-with-the-Children,~~  
11 ~~Youth,-and-Families-Program-Office.~~ In addition, the  
12 responsibility for adult forensic programs and children's  
13 mental health shall be located within this office. The  
14 Alcohol, Drug Abuse, and Mental Health Program Office shall  
15 establish a system to annually measure and report client  
16 outcome and program effectiveness for children's mental health  
17 programs.

18 3.a. The secretary may appoint only one advisory  
19 council for the purpose of acting as the advisory body to each  
20 respective program office in the performance of functions  
21 assigned to program offices in subparagraph 1. Not fewer than  
22 8 members or more than 14 members may be appointed to each  
23 program office advisory council. Representation on each  
24 program office advisory council shall include persons with  
25 expertise in each of the major service responsibilities of the  
26 respective program office; at least one consumer  
27 representative who shall be a client of, or parent, guardian,  
28 or spouse of, a client of the respective program office; and,  
29 to the extent possible, representation from the various  
30 geographic areas of the state. Representatives of provider  
31 groups whose principal source of support is funds from the

1 department shall not comprise more than 25 percent of any  
2 council advisory to the Department of Health and  
3 Rehabilitative Services. Unless otherwise required by law or  
4 federal regulation, in no case shall an employee of the  
5 Department of Health and Rehabilitative Services serve as a  
6 member of any council advisory to the Department of Health and  
7 Rehabilitative Services. Whenever feasible, priority shall be  
8 given to the appointment of district advisory council members  
9 to program office advisory councils. Initially, the secretary  
10 shall appoint one-half of the members for terms of 2 years  
11 each, and one-half of the members for terms of 1 year each.  
12 Thereafter, members shall be appointed for 2-year terms.  
13 Vacancies shall be filled for the remainder of unexpired terms  
14 in the same manner as the original appointments. A member may  
15 be reappointed to only one subsequent term.

16       b. Each program office advisory council shall meet no  
17 more frequently than quarterly. Minutes shall be recorded for  
18 all meetings of such councils and shall be kept on file in the  
19 respective program office.

20       c. Members and their attendants, or interpreters for  
21 the deaf or handicapped when necessary, shall receive no  
22 compensation but shall be reimbursed for per diem and travel  
23 expenses in accordance with the provisions of s. 112.061.

24       d. The department shall make a separate and distinct  
25 request for an appropriation for such expenses for each  
26 advisory council. Such requests may be combined into a  
27 specific appropriation for advisory council expenses or  
28 included in a specific appropriation with other expenses in  
29 the Governor's recommended budget or in the appropriations  
30 acts. If a legislative appropriation for such expenses is  
31 made, the department shall reimburse expenses for individual



1 advisory councils in strict accordance with the appropriations  
2 and intent of the Legislature. The provisions of s. 216.292  
3 notwithstanding, no transfer of appropriations shall be made  
4 which increases the appropriation made by the Legislature for  
5 advisory council expenses; and the department is prohibited  
6 from using any other appropriation for supporting the  
7 activities of groups advisory to program offices.

8 e. The Department of Health and Rehabilitative  
9 Services shall adopt rules to implement this act, which rules  
10 shall serve as formal operating procedures for each program  
11 office advisory council.

12 4. Individual program office advisory councils as  
13 described in subparagraph 3. shall be the only councils  
14 advisory to the Department of Health and Rehabilitative  
15 Services unless other such advisory councils to the department  
16 are established by law; except that advisory committees as  
17 defined in s. 20.03(8), or any advisory bodies not  
18 specifically created by law, may be established and receive  
19 funds for a period not to exceed 1 year if the department has  
20 provided the following information to the Speaker of the House  
21 of Representatives, the President of the Senate, and the  
22 Comptroller:

- 23 a. The date of creation of the advisory body.  
24 b. The purpose of the advisory body and the program  
25 office to which it is to furnish advice.  
26 c. The termination date of the advisory body.  
27 d. The estimated frequency of meetings and estimated  
28 costs associated with the advisory body.

29 5. All program offices within the Department of Health  
30 and Rehabilitative Services which serve children and youth  
31 shall work together to identify the needs of children in the

1 state; to establish priorities and goals in meeting these  
2 needs; and to participate in interprogram standards setting,  
3 monitoring, and quality control. As a result of such  
4 cooperative planning, the Department of Health and  
5 Rehabilitative Services shall establish an annual plan for  
6 financial management and services delivery and integration  
7 designed to meet the comprehensive needs of the children and  
8 youth served by the department. The plan shall become the  
9 document used by all department staff in planning, budgeting,  
10 implementing, monitoring, and evaluating all service delivery  
11 for children and youth. All other documents developed at any  
12 level within the department relating to services for children  
13 and youth shall be consistent with this plan. In addition, a  
14 5-year state plan shall be developed to be submitted with the  
15 annual plan to the Governor and the Legislature by January 1,  
16 1981. The plan shall be reviewed annually and updated at  
17 least once every 5 years.

18         6. The responsibilities of the Deputy Assistant  
19 Secretary for Regulation and Health Facilities shall include,  
20 but are not limited to, certificate-of-need determinations,  
21 Hill-Burton programs and licensure and certification of  
22 programs external to the department for which the department  
23 has a major regulatory responsibility, as well as those  
24 functions authorized by law in conformance with Pub. L. No.  
25 93-641. The assistant secretary may assign or delegate other  
26 responsibilities of this office in keeping with the intent of  
27 this act. The functions of this office relating to Pub. L.  
28 No. 93-641 shall not be decentralized to the districts.

29         7. The responsibilities of the Deputy Assistant  
30 Secretary for Medicaid shall encompass all Medicaid planning  
31 and development functions, including, but not limited to,

1 policy and program development, program monitoring, provider  
2 relations, interprogram planning, and program surveillance and  
3 utilization review. In addition, the secretary shall appoint  
4 a Medicaid Advisory Council in accordance with the provisions  
5 of federal regulations relating to Medicaid and with those  
6 provisions relating to program office advisory councils which  
7 are not in conflict with the regulations.

8       8.a. The Deputy Assistant Secretary for Health shall  
9 be the State Health Officer. The State Health Officer shall  
10 be a physician licensed under chapter 458 or chapter 459,  
11 shall have a master's degree in public health, and shall be  
12 responsible for all health programs operated by the  
13 department. The State Health Officer shall provide medical  
14 supervision to the employees of all county public health units  
15 established pursuant to part I of chapter 154, and shall  
16 coordinate all health activities under the Assistant Secretary  
17 for Programs and the Deputy Secretary for Operations.  
18 "Medical supervision" means medical advice, consultation, and  
19 direction given to county public health unit employees during  
20 the management of a public health emergency. The term does  
21 not include supervision or line authority in the performance  
22 of routine public health duties.

23       b. The secretary shall appoint an Assistant Health  
24 Officer for Public Health and Primary Care, an Assistant  
25 Health Officer for Disease Control, and an Assistant Health  
26 Officer for Interprogram Development and Technical Assistance,  
27 each of whom shall serve at the pleasure of the secretary and  
28 be directly responsible to the Deputy Assistant Secretary for  
29 Health.

30       c. The secretary may appoint an advisory council for  
31 public health and primary care.

1           Section 2. Subsection (2) of section 394.75, Florida  
2 Statutes, is amended, subsection (9) is renumbered as  
3 subsection (10), and a new subsection (9) is added to said  
4 section, to read:

5           394.75 District alcohol, drug abuse, and mental health  
6 plans.--

7           (2) The plan shall:

8           (a) Provide a projection of district program and  
9 fiscal needs for the next biennium, provide for the orderly  
10 and economical development of needed services, and indicate  
11 priorities and anticipated expenditures and revenues.

12           **(b) Include a summary budget request for the total**  
13 **district alcohol, drug abuse, and mental health program, which**  
14 **shall include the funding priorities established by the**  
15 **district planning process.**

16           **(c)**~~(b)~~ Provide a basis for the district legislative  
17 budget request.

18           **(d)**~~(c)~~ Include a policy and procedure for allocation  
19 of funds.

20           **(e)**~~(d)~~ Include a procedure for securing local matching  
21 funds. Such a procedure shall be developed in consultation  
22 with governing bodies and service providers.

23           **(f)**~~(e)~~ Provide for the integration of alcohol, drug  
24 abuse, and mental health services with the other departmental  
25 programs and with the criminal justice system within the  
26 district.

27           **(g)**~~(f)~~ Provide a plan for the coordination of services  
28 in such manner as to ensure effectiveness and avoid  
29 duplication, fragmentation of services, and unnecessary  
30 expenditures.

31

1       ~~(h)(g)~~ Provide for continuity of client care between  
2 state treatment facilities and community programs.

3       ~~(i)(h)~~ Provide for the most appropriate and economical  
4 use of all existing public and private agencies and personnel.

5       ~~(j)(i)~~ Provide for the fullest possible and most  
6 appropriate participation by existing programs; state  
7 hospitals and other hospitals; city, county, and state health  
8 and family service agencies; drug abuse and alcoholism  
9 programs; probation departments; physicians; psychologists;  
10 social workers; public health nurses; school systems; and all  
11 other public and private agencies and personnel which are  
12 required to, or may agree to, participate in the plan.

13       ~~(k)(j)~~ Include an inventory of all public and private  
14 alcohol, drug abuse, and mental health resources within the  
15 district.

16       (9) The district administrator shall report annually  
17 to the district planning council the status of funding for  
18 priorities established in the district plan. Each such report  
19 must include:

20       (a) A description of the district plan priorities that  
21 were included in the district legislative budget request;

22       (b) A description of the district plan priorities that  
23 were included in the departmental budget request prepared  
24 pursuant to s. 20.19(10);

25       (c) A description of the programs and services  
26 included in the district plan priorities that were  
27 appropriated funds by the Legislature in the legislative  
28 session that preceded the report.

29       Section 3. Subsection (3) of section 394.76, Florida  
30 Statutes, is amended, subsections (7) and (10) are renumbered  
31 and amended, subsections (4), (5), (6), (8), and (9) are

1 renumbered as subsections (5), (6), (7), (9), and (10)  
2 respectively, and a new subsection (4) is added to said  
3 section, to read:

4       394.76 Financing of district programs and services.--

5       (3) The state share of financial participation shall  
6 be determined by the following formula:

7       (a) The state share of approved program costs shall be  
8 a percentage of the net balance determined by deducting from  
9 the total operating cost of services and programs, as  
10 specified in s. 394.675(1), those expenditures which are  
11 ineligible for state participation as provided in subsection  
12 ~~(7)~~ ~~(6)~~ and those ineligible expenditures established by rule  
13 of the department pursuant to s. 394.78.

14       (b) Residential and case management services which are  
15 funded as part of a deinstitutionalization project shall not  
16 require local matching funds and shall not be used as local  
17 matching funds. The state and federal financial participation  
18 portions of Medicaid earnings pursuant to Title XIX of the  
19 Social Security Act, except for the amount of general revenue  
20 equal to the amount appropriated in 1985-1986 plus all other  
21 general revenue that is shifted from any other alcohol, drug  
22 abuse, and mental health appropriation category after fiscal  
23 year 1986-1987, shall not require local matching funds and  
24 shall not be used as local matching funds. Local matching  
25 funds are not required for general revenue transferred by the  
26 department into alcohol, drug abuse, and mental health  
27 appropriations categories during a fiscal year to match  
28 federal funds earned from Medicaid services provided for  
29 mental health clients in excess of the amounts initially  
30 appropriated. All other contracted community alcohol and  
31 mental health services and programs, except as identified in

1 s. 394.457(3), shall require local participation on a 75-to-25  
2 state-to-local ratio.

3 (c) The expenditure of 100 percent of all third-party  
4 payments and fees shall be considered as eligible for state  
5 financial participation if such expenditures are in accordance  
6 with subsection (7) ~~(6)~~ and the approved district plan.

7 (d) Fees generated by residential and case management  
8 services which are funded as part of a deinstitutionalization  
9 program and do not require local matching funds shall be used  
10 to support program costs approved in the district plan.

11 (e) Any earnings pursuant to Title XIX of the Social  
12 Security Act in excess of the amount appropriated shall be  
13 used to support program costs approved in the district plan.

14 (4) Notwithstanding the provisions of subsection (3),  
15 the department is authorized to develop and demonstrate  
16 alternative financing systems for alcohol, drug abuse, and  
17 mental health services. Proposals for demonstration projects  
18 conducted pursuant to this subsection shall be reviewed by the  
19 substantive and appropriations committees of the Senate and  
20 the House of Representatives prior to implementation of the  
21 projects.

22 (8)(7) Expenditures for capital improvements relating  
23 to construction of, addition to, purchase of, or renovation of  
24 a community alcohol, drug abuse, or mental health facility may  
25 be made by the state, provided such expenditures or capital  
26 improvements are part and parcel of an approved district plan.  
27 Nothing shall prohibit the use of such expenditures for the  
28 construction of, addition to, renovation of, or purchase of  
29 facilities owned by a county, city, or other governmental  
30 agency of the state or a nonprofit entity. Such expenditures  
31 are subject to the provisions of subsection (6)(5).

1       ~~(11)(18)--Beginning in fiscal year 1984-1985, No~~  
2 additional local matching funds shall be required solely due  
3 to the addition in the General Appropriations Act of alcohol,  
4 drug abuse, and mental health block grant funds for local  
5 community mental health centers, drug abuse programs, and  
6 alcohol project grants.

7       Section 4. Section 394.79, Florida Statutes, is  
8 amended to read:

9       (Substantial rewording of section. See  
10       s. 394.79, F.S., for present text.)  
11       394.79 State alcohol, drug abuse, and mental health  
12 plan.--

13       (1) The department shall prepare a biennial plan for  
14 the delivery and financing of a system of alcohol, drug abuse,  
15 and mental health services. The plan shall include:

16       (a) The current and projected need for alcohol, drug  
17 abuse, and mental health services, displayed statewide and by  
18 district, and the extent to which the need is being addressed  
19 by existing services.

20       (b) A proposal for the development of a data system  
21 that will evaluate the effectiveness of programs and services  
22 provided to clients of the alcohol, drug abuse, and mental  
23 health service system.

24       (c) A proposal to resolve the funding discrepancies  
25 between districts.

26       (d) A methodology for the allocation of resources  
27 available from federal, state, and local sources and a  
28 description of the current level of funding available from  
29 each source.  
30  
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1       (e) A description of the statewide priorities for  
2 clients and services and each district's priorities for  
3 clients and services.

4       (f) Recommendations for methods of enhancing local  
5 participation in the planning, organization, and financing of  
6 alcohol, drug abuse, and mental health services.

7       (g) A description of the current methods of  
8 contracting for services, an assessment of the efficiency of  
9 these methods in providing accountability for contracted  
10 funds, and recommendations for improvements to the system of  
11 contracting.

12       (h) Recommendations for improving access to services  
13 by clients and their families.

14       (i) Guidelines and formats for the development of  
15 district plans.

16       (j) Recommendations for future directions for the  
17 alcohol, drug abuse, and mental health service delivery  
18 system.

19       (2) The department shall prepare the state plan in  
20 consultation with district administrators, state treatment  
21 facility administrators, and district planning councils.

22       (3) A copy of the state plan shall be submitted to the  
23 Legislature and each district planning council. A summary  
24 budget request and a summary statement of priorities from each  
25 service district shall be attached to the plan.

26       Section 5. The department shall submit the plan as  
27 specified in s. 394.79, Florida Statutes, for the biennium  
3 1989-1991 to the Legislature by December 1, 1988.

29       Section 6. All funding and personnel for children's  
30 mental health are hereby transferred from the Children, Youth,  
31 and Families Program Office to the Alcohol, Drug Abuse, and

1 Mental Health Program Office as specified in s.  
2 20.19(4)(a)2.f., Florida Statutes.

3 Section 7. This act shall take effect July 1, 1988, or  
4 upon becoming a law, whichever occurs later.

5  
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7 HOUSE SUMMARY

8 Transfers children's mental health programs and services  
9 under the Department of Health and Rehabilitative  
10 Services to the Alcohol, Drug Abuse, and Mental Health  
Program Office and provides requirements with respect  
thereto.

11 Requires the district alcohol, drug abuse, and mental  
12 health planning councils to include a summary budget  
13 request in the biennial plan they file with the district  
14 administrator. Requires the district administrators to  
15 report to the planning councils regarding funding for the  
16 plan. Authorizes the department to develop alternative  
17 financing systems for district alcohol, drug abuse, and  
18 mental health services. Provides that local matching  
19 funds are not required under certain circumstances.  
20 Requires the department to prepare biennially the state  
21 alcohol, drug abuse, and mental health plan and provides  
22 requirements with respect thereto. Provides for  
23 submission of such plans and certain other information to  
24 the Legislature and the district planning councils.

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## Florida House of Representatives - 1988

By the Committee on Health & Rehabilitative Services and  
Representatives Tobin, Metcalf

1 A bill to be entitled  
2 An act relating to alcohol, drug abuse, and  
3 mental health; creating ss. 394.907, 396.181,  
4 and 397.0961, F.S.; requiring quality assurance  
5 programs in certain alcohol, drug abuse, and  
6 mental health facilities; providing for a  
7 written plan which establishes minimum  
8 guidelines; providing access to records by the  
9 department; exempting certain records from  
10 civil or administrative action; providing  
11 rulemaking authority; exempting hospitals  
12 licensed under chapter 395, F.S.; amending s.  
13 768.40, F.S.; including certain alcohol, drug  
14 abuse, and mental health treatment facilities  
15 in the definition of a medical review  
16 committee; providing for review and repeal;  
17 providing an effective date.

18  
19 Be It Enacted by the Legislature of the State of Florida:

20  
21 Section 1. Section 394.907, Florida Statutes, is  
22 created to read:

23 394.907 Community mental health centers; quality  
24 assurance programs.--

25 (1) As used in this section, "community mental health  
26 center" means a publicly funded, not-for-profit center which  
27 contracts with the department for the provision of inpatient,  
28 outpatient, day treatment, or emergency services.

29 (2) Effective April 1, 1989, any community mental  
30 health center and any facility licensed pursuant to s. 394.875  
31 shall have an ongoing quality assurance program. The purpose

1 of the quality assurance program shall be to objectively and  
2 systematically monitor and evaluate the appropriateness and  
3 quality of client care, to ensure that services are rendered  
4 consistent with reasonable, prevailing professional standards  
5 and to resolve identified problems.

6 (3) Each facility shall develop a written plan which  
7 addresses the minimum guidelines for the quality assurance  
8 program. Such guidelines shall include, but are not limited  
9 to:

10 (a) Standards for the provision of client care and  
11 treatment practices;

12 (b) Procedures for the maintenance of client records;

13 (c) Policies and procedures for staff development;

14 (d) Standards for facility safety and maintenance;

15 (e) Procedures for peer review and resource  
16 utilization;

17 (f) Policies and procedures for adverse incident  
18 reporting to include verification of corrective action to  
19 remediate or minimize incidents and for reporting such  
20 incidents to the department by a timeframe as prescribed by  
21 rule.

22  
23 Such plan shall be submitted to the governing board for  
24 approval and a copy provided to the department.

25 (4) The quality assurance program shall be directly  
26 responsible to the executive director of the facility and  
27 shall be subject to review by the governing board of the  
28 agency.

29 (5) Each facility shall designate a quality assurance  
30 manager who is an employee of the agency or under contract  
31 with the agency.

1       (6) Incident reporting shall be the affirmative duty  
2 of all staff. Any person filing an incident report shall not  
3 be subject to any civil action by virtue of such incident  
4 report.

5       (7) The department shall have access to all records  
6 necessary to determine agency compliance with the provisions  
7 of this section. Such records obtained by the department  
8 shall not be subject to the provisions of s. 119.07, nor shall  
9 such records be admissible in any civil or administrative  
10 action, except in disciplinary proceedings by the Department  
11 of Professional Regulation and the appropriate regulatory  
12 board. This exemption is subject to the Open Government  
13 Sunset Review Act in accordance with s. 119.14.

14       (8) The department shall promulgate rules to carry out  
15 the provisions of this section.

16       (9) The provisions of this section shall not apply to  
17 hospitals licensed pursuant to chapter 395 or programs  
18 operated within such hospitals.

19       Section 2. Section 396.181, Florida Statutes, is  
20 created to read:

21       396.181 Treatment and prevention resources; quality  
22 assurance programs.--

23       (1) Effective April 1, 1989, each facility licensed  
24 pursuant to s. 396.172 shall have an ongoing quality assurance  
25 program. The purpose of the quality assurance program shall  
26 be to objectively and systematically monitor and evaluate the  
27 appropriateness and quality of client care, to ensure that  
28 services are rendered consistent with reasonable, prevailing  
29 professional standards and to resolve identified problems.

30       (2) Each facility shall develop a written plan which  
31 addresses the minimum guidelines for the quality assurance

- 1 program. Such guidelines shall include, but are not limited  
2 to:
- 3 (a) Standards for the provision of client care and  
4 treatment practices;
- 5 (b) Procedures for the maintenance of client records;  
6 (c) Policies and procedures for staff development;  
7 (d) Standards for facility safety and maintenance;  
8 (e) Procedures for peer review and resource  
9 utilization;
- 10 (f) Policies and procedures for adverse incident  
11 reporting to include verification of corrective action to  
12 remediate or minimize incidents and for reporting such  
13 incidents to the department in a timeframe as prescribed by  
14 rule.
- 15
- 16 Such plan shall be submitted to the governing board for  
17 approval and a copy provided to the department.
- 18 (3) The quality assurance program shall be directly  
19 responsible to the executive director of the facility and  
20 shall be subject to review by the governing board of the  
21 agency.
- 22 (4) Each facility shall designate a quality assurance  
23 manager who is an employee of the agency or under contract  
24 with the agency.
- 25 (5) Incident reporting shall be the affirmative duty  
26 of all staff. Any person filing an incident report shall not  
27 be subject to any civil action by virtue of such incident  
28 report.
- 29 (6) The department shall have access to all records  
30 necessary to determine agency compliance with the provisions  
31 of this section. Such records obtained by the department

1 shall not be subject to the provisions of s. 119.07, nor shall  
2 such records be admissible in any civil or administrative  
3 action, except in disciplinary proceedings by the department  
4 or the appropriate regulatory board. This exemption is  
5 subject to the Open Government Sunset Review Act in accordance  
6 with s. 119.14.

7 (7) The department shall promulgate rules to carry out  
8 the provisions of this section.

9 (8) The provisions of this section shall not apply to  
10 hospitals licensed pursuant to chapter 395 or programs  
11 operated within such hospitals.

12 Section 3. Section 397.0961, Florida Statutes, is  
13 created to read:

14 397.0961 DATAP program; quality assurance program.--

15 (1) Effective April 1, 1989, each facility licensed  
16 pursuant to s. 397.081 shall have an ongoing quality assurance  
17 program. The purpose of the quality assurance program shall  
18 be to objectively and systematically monitor and evaluate the  
19 appropriateness and quality of client care, to ensure that  
20 services are rendered consistent with reasonable, prevailing  
21 professional standards and to resolve identified problems.

22 (2) Each facility shall develop a written plan which  
23 addresses the minimum guidelines for the quality assurance  
24 program. Such guidelines shall include, but are not limited  
25 to:

26 (a) Standards for the provision of client care and  
27 treatment practices;

28 (b) Procedures for the maintenance of client records;

29 (c) Policies and procedures for staff development;

30 (d) Standards for facility safety and maintenance;  
31

- 1           (e) Procedures for peer review and resource  
2 utilization;
- 3           (f) Policies and procedures for adverse incident  
4 reporting to include verification of corrective action to  
5 remediate or minimize incidents and for reporting such  
6 incidents to the department in a timeframe as prescribed by  
7 rule.
- 8
- 9 Such plan shall be submitted to the governing board for  
10 approval and a copy provided to the department.
- 11           (3) The quality assurance program shall be directly  
12 responsible to the executive director of the facility and  
13 shall be subject to review by the governing board of the  
14 agency.
- 15           (4) Each facility shall designate a quality assurance  
16 manager who is an employee of the agency or under contract  
17 with the agency.
- 18           (5) Incident reporting shall be the affirmative duty  
19 of all staff. Any person filing an incident report shall not  
20 be subject to any civil action by virtue of such incident  
21 report.
- 22           (6) The department shall have access to all records  
23 necessary to determine agency compliance with the provisions  
24 of this section. Such records obtained by the department  
25 shall not be subject to the provisions of s. 119.07, nor shall  
26 such records be admissible in any civil or administrative  
27 action, except in disciplinary proceedings by the department  
28 or the appropriate regulatory board. This exemption is  
29 subject to the Open Government Sunset Review Act in accordance  
30 with s. 119.14.
- 31



1       (7) The department shall promulgate rules to carry out  
2 the provisions of this section.

3       (8) The provisions of this section shall not apply to  
4 hospitals licensed pursuant to chapter 395 or programs  
5 operated within such hospitals.

6       Section 4. Subsection (1) of section 768.40, Florida  
7 Statutes, is amended to read:

8       768.40 Medical review committee, immunity from  
9 liability.--

10       (1) As used in this section:

11       (a) The term "medical review committee" or "committee"  
12 means:

13       1. A committee:

14       a. Of a hospital or ambulatory surgical center  
15 licensed under chapter 395 or a health maintenance

16 organization certificated under part II of chapter 641,

17       b. Of a state or local professional society of health  
18 care providers,

19       c. Of a medical staff of a licensed hospital or  
20 nursing home, provided the medical staff operates pursuant to  
21 written bylaws that have been approved by the governing board  
22 of the hospital or nursing home, or

23       d. Of the Department of Corrections or the  
24 Correctional Medical Authority as created under s. 945.602, or  
25 employees, agents, or consultants of either the department or  
26 the authority or both,

27       e. Of a mental health treatment facility licensed  
28 under chapter 394 or a community mental health center as  
29 defined in s. 394.907 provided the quality assurance program  
30 operates pursuant to the guidelines which have been approved  
31 by the governing board of the agency,

1        f. Of an alcohol treatment and prevention resource  
2 licensed under chapter 396 provided the quality assurance  
3 program operates pursuant to the guidelines which have been  
4 approved by the governing board of the agency, or

5        g. Of a drug abuse treatment and education prevention  
6 program licensed under chapter 397 provided the quality  
7 assurance Program operates pursuant to the guidelines which  
8 have been approved by the governing board of the agency,

9  
10 which committee is formed to evaluate and improve the quality  
11 of health care rendered by providers of health service or to  
12 determine that health services rendered were professionally  
13 indicated or were performed in compliance with the applicable  
14 standard of care or that the cost of health care rendered was  
15 considered reasonable by the providers of professional health  
16 services in the area; or

17        2. A committee of an insurer, self-insurer, or joint  
18 underwriting association of medical malpractice insurance, or  
19 other persons conducting review pursuant to the provisions of  
20 s. 768.57.

21        (b) The term "health care providers" means physicians  
22 licensed under chapter 458, osteopaths licensed under chapter  
23 459, podiatrists licensed under chapter 461, dentists licensed  
24 under chapter 466, chiropractors licensed under chapter 460,  
25 pharmacists licensed under chapter 465, or hospitals or  
26 ambulatory surgical centers licensed under chapter 395.

27        Section 5. Each section which is added to chapters 394  
28 and 396, Florida Statutes, by this act is repealed on October  
29 1, 1995, and shall be reviewed by the Legislature pursuant to  
30 s. 11.61, Florida Statutes.

31

1           Section 6. Each section which is added to chapter 397,  
2 Florida Statutes, by this act is repealed on October 1, 1993,  
3 and shall be reviewed by the Legislature pursuant to s. 11.61,  
4 Florida Statutes.

5           Section 7. This act shall take effect July 1, 1988, or  
6 upon becoming a law, whichever occurs later.

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9           HOUSE SUMMARY

10          Requires defined community mental health centers,  
11          alcoholism treatment centers, and drug abuse treatment  
12          facilities to have an ongoing quality assurance program,  
13          to monitor and evaluate the quality of client care and to  
14          ensure that services are rendered in accordance with  
15          professional standards. Provides that the Department of  
16          Health and Rehabilitative Services shall promulgate rules  
17          to carry out the provisions of such programs. Provides  
18          that such programs are included in the definition of  
19          "medical review committee" for purposes of the medical  
20          malpractice law. See bill for details.

21          This publication was produced at an average cost of 1.12 cents  
22          per single page in compliance with the Rules and for  
23          the information of members of the Legislature and the public.