

from one site to another via electronic communication. Telehealth does not include the provision of health services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. mail or other parcel service, or any combination thereof.

(83) “Transfer Summary” means a written justification of the circumstances of the transfer of an individual from one (1) component to another or from one (1) provider to another.

(84) “Treatment” or “Clinical Treatment” as defined in paragraph 397.311(26)(a), F.S.

(85) “Treatment Plan” as defined in subsection 397.311(49), F.S.

(86) “Universal Direct Prevention Services” has the same meaning as provided for the same term in subparagraph 65E-14.021(4)(x)1., F.A.C.

(87) “Universal Indirect Prevention Services” has the same meaning as provided for the same term in subparagraph 65E-14.021(4)(y)1., F.A.C.

(88) “Verbal De-escalation” means approved non-physical techniques and procedures used to manage a potentially aggressive situation and prevent it from escalating into physical aggression.

(89) “Written Communication” or “In Writing” means a form of either electronic or postal communication.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311, 397.321(1), 397.410 FS. History—New 5-25-00, Amended 4-3-03, 12-12-05, 8-29-19.

65D-30.003 Department Licensing and Regulatory Standards.

(1) Licensing.

(a) License Required. All substance use abuse components, as defined in subsection 65D-30.002(17), F.A.C., must be provided by persons or entities that are licensed by the Department pursuant to section 397.401, F.S., unless otherwise exempt from licensing under section 397.4012, F.S., prior to initiating the provision of services.

(b) Licenses Issued by Component. The Department shall electronically issue one license for each service component offered by a provider. A separate license is not required for the same component. A license is valid only for the specific service component listed for each specific location identified on the license. Each location listed on the license shall reflect the license type for that component. The provider shall print the most recent version of the license and display a copy in each facility providing the licensed service component. One (1) license is required where all facilities are maintained on the same premises and operated under the same management. If there are multiple buildings on the same premises, the buildings must appear as part of one (1) entity.

For the purposes of paragraph (b), living arrangements utilized for individuals of day or night treatment with community housing do not constitute facilities or separate premises.

(2) Mandatory Accreditation.

(a) In accordance with section 397.403(3), F.S., providers shall achieve accreditation by an accrediting organization recognized by the Department, as discussed in rule 65D-30.0031, F.A.C. Accreditation is required for all clinical treatment services and for each location services are offered. Accreditation cannot be attained without a Department issued license for substance abuse treatment services.

(b) Applicants for licensure and licensed service providers must meet current best practice standards related to the licensable service components of the accrediting organization. When a provider who has attained accreditation is in noncompliance with accrediting standards, the provider must notify the Department within 10 days. A copy of the Quality Assurance plan and proof of corrected areas must be submitted to the Department upon request.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), 397.403, 397.410 FS. History—New 5-25-00, Amended 4-3-03, 12-12-05, 8-29-19.

65D-30.0031 Certifications and Recognitions Required by Statute.

(1) Department Recognition of Accrediting Organizations.

(a) The Department shall recognize one (1) or more professional credentialing entities as an accrediting organization for persons providing substance use treatment, prevention, and recovery support services. A list of Department recognized accrediting organizations can be found at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse>.

(b) Accrediting organizations that desire Department recognition shall submit a request in writing to the Director for the Office of Substance Abuse and Mental Health. The Director for the Office of Substance Abuse and Mental Health shall respond in writing

to the organization's chief executive officer denying or granting recognition. An organization must meet the following criteria in order to be granted recognition by the Department.

1. The accrediting organization shall have fees and practice standards which apply to substance use services. These standards shall incorporate administrative, clinical, medical, support, and environmental management standards.

2. The accrediting organization shall have written procedures detailing the survey and accreditation process.

3. The accrediting organization shall submit evidence of three (3) years of experience functioning as an accreditation organization for substance use services.

4. For the purposes of this rule, a service provider must hold a valid license for each service component type prior to seeking accreditation for substance use treatment services, as defined in subsection 65D-30.002(17), F.A.C.

5. The provider must submit the accrediting survey report to the Department.

(2) Department Recognition of Credentialing Entities.

(a) The Department shall recognize one (1) or more professional credentialing entities as a certifying organization for addiction professionals. A list of Department recognized credentialing organizations can be found at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>. An organization that desires recognition by the Department as a certifying organization for addiction professionals shall request such approval in writing from the Department. Organizations seeking approval shall be:

1. A non-profit and governed by a Board of Directors representative of the population it intends to certify;

2. Include specific requirements which applicants must meet to become certified and to maintain certification;

3. Establish core competencies, certification standards, and examination instruments according to nationally recognized certification and psychometric standards;

4. Require annual continuing education units to ensure addiction treatment, prevention, or recovery support subject matter content is current;

5. Require applicants and certificants to adhere to a professional code of ethics and disciplinary process;

6. Conduct investigations into allegations of professional misconduct; and

7. Maintain a web-based public-access database of certificants' status, including ethical violation history.

(b) The Department shall recognize one (1) or more credentialing entities as a certifying organization for recovery residences who meets all requirements of section 397.487, F.S. A list of Department recognized credentialing entities can be found at the following link: <http://www.myflfamilies.com/service-programs/samh/recovery-residence>. An organization that desires recognition by the Department as a certifying organization for recovery residences shall request such approval in writing from the Department.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), (15), 397.403, 397.4871 FS. History--New 8-29-19.

65D-30.0032 Display of Licenses.

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

(2) A license is valid only for the provider, location(s), service component, and type for which the license is issued.

(3) Licenses shall exhibit the name under which the provider conducts business.

(4) Marketing or advertising materials shall use the legal entity's name registered with the Division of Corporations, and any reference to a service component must use the name of the licensed service component as defined in subsection 397.311(26), F.S. and subsection 65D-30.002(17), F.A.C.

(5) Special Information Displayed on Licenses. In the case of addictions receiving facilities, inpatient detoxification, intensive inpatient treatment, and residential treatment, each license shall include the licensed bed capacity. The Department shall identify on the license all component(s) accredited by an accrediting organization recognized by the Department, which may be found at the following link: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>. In the case of providers or components of providers that are accredited, licenses shall also include the following statement, "THIS LICENSE WAS ISSUED BASED, IN PART, ON THE SURVEY REPORT OF A DEPARTMENT RECOGNIZED ACCREDITING ORGANIZATION." This statement will not be included on the license when issuance is also based on the results of the Department's licensing inspections.

(6) All licenses, certifications, or recognitions of any entity pursuant to this chapter shall also include the following statement, "The issuance of a license, certification, or recognition pursuant to chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a

substance use disorder treatment or prevention provider in the state of Florida.”

(7) Failure to properly display a license is a Class IV violation as defined in rule 65D-30.0038, F.A.C., and must be corrected within five (5) calendar days.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), 397.407, 397.410 FS. History—New 8-29-19.

65D-30.0033 License Types.

(1) Probationary License.

(a) Conditions Permitting Issuance. A probationary license is issued to a new applicant upon completion of all applicable requirements. For providers licensed for the same component at multiple locations, the license will display which service component locations are probationary and which provider locations have a current regular license for that service component.

(b) If all licensure requirements are not met after issuing of a probationary license, a regular license will not be issued. If the applicant continues to pursue licensure, a new application including the applicable fees must be submitted.

(c) Special Requirements Regarding Probationary Licenses. The following special requirements apply regarding new applicants:

1. A new applicant shall refrain from providing non-exempt services until a probationary license is issued;
2. New applicants that lease or purchase any real property during the application process do so at their own risk. Such lease or purchase does not obligate the Department to approve the applicant for licensing; and
3. In instances where an applicant fails to admit individuals for services during the initial probationary period, the Department shall not issue a regular license, even where other standards have been met. If an applicant continues to pursue licensure, the applicant must reapply and pay the associated fees.
4. The Department shall not issue a probationary license when doing so would place the health, safety, or welfare of individuals at risk.

(d) Issuing New Licenses. All licenses issued to a provider shall have the same expiration dates; any additional licenses that are issued to the provider will carry the same expiration date as provider’s existing regular licenses.

(2) Regular License.

(a) A regular license is valid for a period of 12 months from the date of issuance.

(b) If a regular license replaces a probationary license, the regular license shall be valid for a period of 12 months from the date the probationary license was issued if there are no other licenses issued to the provider.

(c) When a provider has an existing regular license, the regular license replacing a probationary license will carry the same expiration date as the provider’s existing license.

(d) When a regular license replaces an interim license, the anniversary date of the regular license shall not change.

(3) Interim License.

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

1. A facility or component of the provider is in substantial noncompliance with licensing standards. A provider is considered in substantial noncompliance if it is in compliance with less than 80 percent of the licensing standards.
2. The provider has failed to provide proof of compliance with local fire, safety, or health requirements.
3. The provider is involved in license suspension or revocation proceedings.

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

(b) Reissuing an Interim License. The Department may reissue an interim license for an additional 90 days at the end of the initial 90-day period in the case of extreme hardship. Extreme hardship is defined as an inability to reach full compliance that cannot be attributed to the provider.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), 397.407, 397.410 FS. History—New 8-29-19.

65D-30.0034 Change in Status of License.

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

(a) If adding a new site to an existing licensed component, the Department will issue a license which shall indicate a probationary license type for the specific location. Once the provider has satisfied the requirements for a regular license, the Department shall reissue an amended license to reflect the license type as regular. The provider will print the most recent version of the license and display it in a conspicuous, publicly accessible place within each facility;

(b) If a component operating under a regular license is found to be in substantial noncompliance, the Department will amend the license to reflect an interim type at that site. Once the provider has satisfied the requirements of a regular license for that component at the specific site, the Department will reissue a license to reflect a regular license type for that location. For each time the license is issued or reissued by the Department, the provider will print the most recent version of the license and display it in a conspicuous place, publicly accessible within each facility;

(c) A provider's current license shall be amended when a component at a specific site is discontinued. In such cases, the provider shall destroy its current license only after receipt of an amended license. Locations not affected by this provision shall be permitted to continue operation;

(d) Whenever there is a change in a provider's licensed bed capacity equal to or greater than 10 percent, the provider shall notify the Department within 24 hours of the change. The Department shall issue an amended license to the provider within 30 business days of receipt of notice;

(e) When there is a change in a provider's status regarding accreditation, the provider shall notify the Department in writing within five (5) business days of such change. In instances, where the change in status will adversely affect the provider's license or requires other sanctions, the Department shall notify the provider within 30 business days of receipt of the notice of the Department's pending action; and

(f) Any change in the name of a facility that remains under the same ownership and management shall be submitted in writing to the regional office within 30 days prior to the effective date of the change. Upon receipt of the notification, the regional office will issue a letter confirming receipt of the notification along with a replacement license listing the correct facility name. Following failure to provide such notification to the regional office, the Department shall issue the administrative penalty as established in subsection 65D-30.0038(6), F.A.C.

(2) License Non-transferable. In addition to section 397.407(6), F.S., an acquisition of a majority of ownership shall require the submission of a new application for each component affected. A change in ownership of less than a majority of the ownership interest in a licensed entity only requires submittal of a local and Level 2 background check. All owners shall be screened according to the level 2 screening requirements of chapter 435, F.S.

(a) Licenses are not transferable:

1. Where an individual, a legal entity or an organizational entity, acquires an already licensed provider or site as described herein; or

2. Where a provider relocates or a component of a provider is relocated or the address where services are rendered changes.

(b) Submitting Applications. A completed "Application for Licensure to Provide Substance Use Services," CF-MH Form 4024, July 2019, incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-10903>, shall be submitted to the Department at least 30 days prior to acquisition or relocation. In lieu of the paper "Application for Licensure to Provide Substance Use Services," the applicant may complete an on-line process through the Department's statewide electronic system specific to licensure, which can be accessed at <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>. The online application, CF-MH Form 4024a, July 2019, is incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-10902>. The "Treatment Resource Attestation," CF-MH 4055, July 2019, which is referenced in form CF-MH 4024, is incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-10905>.

1. Acquisition. An entity shall submit an Application for Licensing to Provide Substance Abuse Treatment Services to the Department 30 days prior to a change in controlling ownership as defined in this rule of the licensed provider or of the contractual management entity. Failure to register the provider and submit an application 30 days prior to a change will result in the invalidation of the provider's license or site, provided that the change in ownership occurs, effective the date of the action changing the control of ownership or management. In addition to the application, online application or C&F-SA Form 4024, Nov 2017, the applicant shall be required to submit all items as required in subsection 65D-30.0036(1), F.A.C. When the application is considered complete, the Department shall issue a probationary license.

2. Relocation. In addition to an Application for Licensing to Provide Substance Abuse Treatment Services, if there is no change in the provider's services, the provider shall only be required to provide proof of general liability insurance coverage and compliance with local fire and safety standards established by the State Fire Marshal, health codes, appropriate zoning, and occupational license/business tax receipt. If there is a change in the provider's services, the provider shall be required to submit all items as required in subsection 65D-30.0036(1), F.A.C. In this latter case, when the Department determines the application to be complete,

11-15	20%
16-20	25%
20+	30%
Privately-Funded Providers	
Service Component	Fee (\$)
Addictions Receiving Facility	375
Detoxification	375
Intensive Inpatient Treatment	350
Residential Treatment	350
Day or Night Treatment with Community Housing	300
Day or Night Treatment	300
Intensive Outpatient Treatment	300
Outpatient Treatment	300
Methadone Medication-Assisted Treatment for Opioid Addiction	400
Aftercare	250
Intervention	250
Prevention	250
Applications to provide overlay services should be accompanied by the fee equal to the amount of the licensure fee for the relative service component(s).	
Relocation Fee – The relocation fee is based on the fee charged for the component(s) being relocated. The relocation fee will be waived if due to a natural disaster.	

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

(2) The licensure fee must be included with all applications. Applications will not be processed if the fee is not received within 30 business days of the submission of the application.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), 397.407 FS. History—New 8-29-19.

65D-30.0036 Licensure Application and Renewal.

(1) Application for Licensing. Applications for licensing shall be submitted initially and annually thereafter to the Department along with the required licensing fee. An application for renewal of a regular license must be submitted to the Department at least 60 business days prior to the expiration of the regular license. Applications for renewal submitted less than 60 business days, but at least 30 business days before the license expires, will be processed and late fees will be applied. If the application for renewal is not received by the Department 30 business days prior to the expiration of the regular license, the application will be denied and returned to the applicant, including any fees. In addition to requirements pursuant to section 397.403, F.S., and unless otherwise specified, all applications for licensure shall include the following:

(a) A standard application for licensing, using CF-MH Form 4024, Feb 2018, titled “Application for Licensing to Provide Substance Abuse Treatment Services,” incorporated herein by reference in rule 65D-30.0034, F.A.C. In lieu of a standard application, the applicant may complete an on-line process through the Department’s statewide electronic system specific to licensure, which can be accessed at <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>;

(b) Written proof of compliance for all licensed facilities, including community housing, with local health, fire and safety inspections;

(c) A copy of the provider's valid occupational license/business tax receipt, and zoning. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement);

(d) A copy of the individual service fee schedule and policy regarding an individual's financial responsibility. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement);

(e) A comprehensive outline of the services to be provided, including the licensed bed capacity for addictions receiving facilities, inpatient detoxification, intensive inpatient treatment, residential treatment, and day or night treatment with community housing. The outline must be submitted with the initial application, with the addition of each new service component, or when there is a change of ownership, and it must provide sufficient detail to ensure consistency with clinical best practices;

(f) Information that establishes the name and address of the applicant, its chief executive officer, the chief financial officer, clinical supervisor and, if a corporation or legal entity, the name of each member of the applicant's board, the name of the owner, the names of any officers of the corporation, and the names of any shareholders or persons who hold an equitable interest;

(g) Information on the competency and ability of the applicant, chief executive officer, chief financial officers, and clinical supervisors to carry out the requirements of these rules, including education, previous employment history, and list of references. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services are exempt from this requirement);

(h) Proof of the applicant's financial ability and organizational capability to operate in accordance with these rules, such as a financial audit or review conducted by a certified accountant within the last 12 months of the calendar year. The fiscal infrastructure should demonstrate an understanding of generally accepted accounting principles to ensure program stability. (Providers that are accredited by a Department recognized accrediting organizations and Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement);

(i) Proof of professional liability and general liability coverage. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement) Professional liability insurance coverage shall be in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000;

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

(k) A current organizational chart;

(l) Demonstration of organizational capability through a written, indexed system of policies and procedures that are descriptive of services and the population served. If delivering services through telehealth, detailed procedures outlining the equipment and implementation plan for services shall be included. Providers utilizing telehealth must implement technical written policies and procedures for telehealth systems that comply with the Health Insurance Portability and Accountability Act privacy regulations, as well as applicable state and federal laws that pertain to patient privacy. Policies and procedures must also address the technical safeguards required by Title 45, Code of Federal Regulations, section 164.312, where applicable. All staff shall have a working knowledge of the substance use operating procedures;

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

(n) Proof of a valid medical license for the medical director. The medical license must be free of administrative action(s), and be accompanied by the following documentation:

1. A copy of photo identification matching that of the physician named on the medical license; and

2. A letter from the physician attesting that he or she is:

a. Employed or contracted by the provider as a medical director, and specifying in which component he or she is acting (addictions receiving facility, detoxification, intensive inpatient treatment, residential treatment, or methadone medication-assisted treatment); and

b. Knowledgeable of the limitations to acting as medical director;

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

(p) A state of Florida pharmacy permit for methadone medication-assisted treatment for opioid addiction and detoxification and any applicant with a pharmacy;

(q) Verification of the services of a consultant pharmacist for addictions receiving facility, detoxification, intensive inpatient,

residential and methadone medication-assisted treatment for opioid addiction;

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

(s) Verification that fingerprinting and background checks, including local law enforcement checks, have been completed as required by chapters 397 and 435, F.S.;

(t) Proof of the availability and provision of meals for addictions receiving facilities, inpatient detoxification, intensive inpatient treatment, residential treatment, day or night treatment with community housing, and day or night treatment, if applicable in the case of the two (2) latter components. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections or the Department of Management Services are exempt from this requirement);

(u) Proof of accreditation or application for accreditation by a Department recognized accrediting organization for each location and clinical service component offered.

(2) Items listed in paragraphs (1)(a)-(n) must accompany the application for a license and shall be maintained. Renewal applicants shall submit item (1)(u) along with the licensure application. However, regarding items in paragraph (1)(g), only new applicants or where there is a change in chief executive officer, chief financial officers, or clinical supervisors shall submit this information with the application. Items listed in paragraphs (1)(o)-(t), including items in paragraph (1)(l) for renewal applicants, shall be made available for review at the provider facility. In addition, documents listed in paragraphs (1)(a)-(u) that expire during the period the license is in effect shall be renewed by the provider prior to expiration. The Department shall be notified by the provider in writing within 24 hours upon renewal or in the event renewal does not occur. Accreditation is required for all clinical treatment components. Applications for licensure renewal shall submit proof of application for accreditation by a Department approved accrediting entity and proof of obtained accreditation for any subsequent renewals.

(3) In addition to the requirements outlined in paragraphs (1)(a)-(u) of this rule, methadone medication-assisted treatment for opioid addiction providers must submit the following:

(a) Verification of certification from the Substance Abuse and Mental Health Administration relating to methadone medication-assisted treatment for opioid addiction, submitted with the initial application and documented approval from the Substance Abuse and Mental Health Administration, and where there is a change in the owner of record, sponsor, or physician; and

(b) The Drug Enforcement Administration registration for methadone medication-assisted maintenance treatment for opioid addiction.

(4) In addition to the requirements outlined in paragraphs (1)(a)-(v) of this rule, day or night treatment with community housing providers shall submit information regarding location and the number of beds available in community housing with the application for licensure.

(5) An applicant, provider, or legal entity is required to register or file with the Florida Secretary of State, Division of Corporations. The principal name and mailing addresses submitted with the licensure application for the applicant, provider or controlling interests must be the same as the information registered with the Division of Corporations. (Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, or the Department of Management Services are exempt from this requirement).

(6) Nonresponsive applicant. If certified mail sent to the provider's address of record, mailing address if applicable, is returned as unclaimed or undeliverable, the Department will send a copy of the letter by regular mail to the provider's address of record, or mailing address if applicable, with a copy to the applicant's address if different from the provider. The applicant must respond to the request within 21 days of the date of the letter sent by regular mail. If timely response is not received, the application will be denied

(7) Accredited Providers. This subsection implements sections 397.403, and 394.741(4), F.S. and applies to licensing inspections of providers or components of providers that are accredited by Department approved accrediting organizations. A list of Department approved accrediting agencies may be obtained from the Department of Children and Families, Office of Substance Abuse and Mental Health: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>. For accredited providers or components of providers, the Department shall conduct a licensing inspection once every three (3) years.

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

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

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

4. In cases where the request to provide overlay services is approved, the Department shall clearly specify the licensed component that will be provided as overlay.

(c) Special Requirements.

1. Services delivered at the alternate site must correspond directly to those permitted under the provider's current license.

2. Information on each individual involved in an overlay service must be maintained in a manner that complies with current licensing requirements.

3. Overlay services are subject to all requirements of the corresponding level of licensure and are subject to inspection by the Department.

4. Overlay services may only be provided at the locations specified by the Department in the approval letter.

(4) Licensing of Department of Juvenile Justice Commitment Programs and Detention Facilities. In instances where substance use services are provided within Juvenile Justice Commitment Programs and detention facilities, such services may be provided in accordance with any one (1) of the four (4) conditions described below:

(a) The services must be provided for the appropriate licensable service component as defined in subsection 65D-30.002(17), F.A.C.;

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

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

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

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

Rulemaking Authority 397.321(5) FS. Law Implemented 397.321(6), 397.4014, 397.403, 397.407, 397.410 FS. History—New 8-29-19.

65D-30.0038 Violations; Imposition of Administrative Fines; Grounds.

This rule establishes the grounds under which the Department shall issue an administrative fine, as well as the uniform system of procedures to impose disciplinary sanctions.

(1) The Department shall impose an administrative fine for the violation of any provision of rule chapter 65D-30, F.A.C. or of chapter 397, F.S., by a licensed service provider, as described in the Substance Use Treatment Facility Licensing Standards Classification of Violations, CF-MH Form 4039, June 2019, which is incorporated by reference. A copy of the Substance Use Treatment Facility Licensing Standards Classification of Violations may be obtained from the Department's website at <http://www.myflfamilies.com/general-information/publications-forms> or from the following links: <http://www.myflfamilies.com/service-programs/substance-abuse/licensure-regulation>, or <http://www.flrules.org/Gateway/reference.asp?No=Ref-10904>. Each standard violation has an assigned classification based on the nature or severity of the violation(s) as identified in CF-MH Form 4039.

(2) The Department shall indicate the classification on the written notice of the violation. The aggregate amount for all fines shall not exceed \$20,000 per inspection.

(3) Definitions.

(a) "Day" means a calendar day in which the program is operating for business.

(b) "Standards" are requirements for the operation of a licensed facility, as provided in statute or in rule.

(c) "Violation" means a finding of noncompliance by the Department of a licensing standard.

(d) Class "I" violations are defined in section 397.411, F.S., and include all instances where the Department has verified that the licensee is responsible for abuse, neglect, or abandonment of a child or abuse, neglect, or exploitation of a vulnerable adult. "Class I violations" are incidents of noncompliance with a Class I standard as described in CF-MH Form 4039.

(e) Class "II" violations are defined in section 397.411, F.S. "Class II Violations" are incidents of noncompliance with a Class II standard as described in CF-MH Form 4039.

(f) Class "III" violations are defined in section 397.411, F.S. "Class III Violations" are incidents of noncompliance with a Class

65D-30.013 Standards for Prevention.

Prevention includes activities and strategies that are used to preclude the development of substance use problems. In addition to rule 65D-30.004, F.A.C., the following standards apply to prevention.

(1) Categories of Prevention. For the purpose of these rules, prevention services are categorized as indicated, selective, universal direct, or universal indirect, as defined in paragraphs 65E-14.021(4)(v)-(y), F.A.C., incorporated by reference, and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-10900>.

(2) Specific Prevention Strategies. The following is a description of the specific prevention strategies that are provided through prevention services.

(a) Information Dissemination. This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two.

(b) Education. This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy.

(c) Alternatives. This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities, and to discourage the use of alcohol and drugs through these activities.

(d) Problem Identification and Referral Services. This strategy aims to identify those who have engaged in illegal/age-inappropriate use of tobacco or alcohol and individuals who have engaged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

(e) Community-Based Process. This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.

(f) Environmental. This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population.

(3) General Requirements.

(a) Staffing Patterns. Providers shall delineate reporting relationships and staff supervision. This shall include a description of staff qualifications, including educational background and experience regarding the substance use prevention field. Providers shall have at least one (1) qualified professional on staff.

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

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

(4) Requirements for Providers of Universal Direct and Universal Indirect Prevention Services.

(a) Program Description. Providers of universal direct and universal indirect prevention services shall describe the prevention services that will be available. This description shall include:

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

(b) Activity Logs for Providers of Universal Direct and Universal Indirect Prevention Services. Providers shall collect and

maintain records of all universal direct and universal indirect prevention services, including the following:

1. A description of the characteristics of the target population;
2. The risk and protective factors to be addressed (if known);
3. A description of the activities, including the specific prevention strategies used;
4. The duration of the activities;
5. The number of participants;
6. The location of service delivery; and,
7. The date of the activity.

(5) Requirements for Providers of Selective Prevention Services.

(a) Program Description. Providers of selective prevention services shall describe the prevention services that will be available.

This description shall include:

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

(b) Activity Logs for Providers of Selective Prevention Services. Providers shall collect and maintain records of all universal direct and universal indirect prevention services, including the following:

1. A description of the characteristics of the target population;
2. The risk and protective factors to be addressed;
3. A description of the activities, including the specific prevention strategies used;
4. The duration of the activities;
5. The number of participants;
6. The location of service delivery; and
7. The date of the activity.

(6) Requirements for Providers of Indicated Prevention Services.

(a) Program Description. Providers of indicated prevention services shall describe the prevention services that will be available.

(b) This description of indicated prevention services shall include:

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

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321, 397.410 FS. History—New 5-25-00, Amended 4-3-03, 8-29-19.

65D-30.014 Standards for Medication-Assisted Treatment for Opioid Use Disorders.

In addition to rule 65D-30.004, F.A.C., subsections (1) through (7) of this rule apply to methadone medication-assisted treatment. Subsection (8) of this rule applies to all other medication-assisted treatments.

(1) State Authority. The state authority is the Department's Office of Substance Abuse and Mental Health. The State Opioid Treatment Authority (SOTA) is the individual designated by the Office of Substance Abuse and Mental Health to exercise the state's authority and responsibilities in governing opiate treatment by opioid treatment programs. The SOTA acts as the state's coordinator for the development and regulatory monitoring of opioid treatment programs and serves as a liaison with the appropriate federal, state and local agencies.

(2) Federal Authority. The federal authority is the Center for Substance Abuse Treatment.

(3) Determination of Need.

(a) The Department shall annually perform the assessment detailed in the "Methodology of Determination of Need Methadone Medication-Assisted Treatment," CF-MH 4038, May 2019, incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-10669>. The Department shall publish the results of the assessment in the Florida Administrative Register by June 30. Facilities owned and operated by the Florida Department of Corrections are exempt

from the needs assessment process. However, these facilities must apply for a license to deliver this service.

(b) The publication shall direct interested parties to submit a letter of intent to apply for licensure to provide medication-assisted treatment for opioid use disorders to the Regional Office of Substance Abuse and Mental Health where need has been demonstrated.

1. The publication shall provide a closing date for submission of letters of intent.

2. Interested parties must identify the fiscal year of the needs assessment to which they are responding and the number of awards they are applying for per county identified in the assessment in their letter of intent.

(c) Within seven (7) business days of the closing date, the Regional Office shall notify parties who submitted a letter of intent on how to proceed.

1. If the number of letters of intent equals or is less than the determined need, parties shall be awarded the opportunity to proceed to licensure by completing an "Application for Licensure to Provide Substance Abuse Services" form, C&F-SA Form 4024, May 2019, incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-10668>.

2. If the number of letters of intent exceeds the determined need, parties shall be invited to submit a "Methadone Medication-Assisted Treatment (MAT) Application to Proceed to Licensure Application" form, CF-MH 4041, May 2019, incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-10671>. Applications may not be rolled over for consideration in response to a needs assessment published in a different year and may only be submitted for a current fiscal year needs assessment.

a. The Department shall utilize an evaluation team made up of industry experts to conduct a formal rating of applications as stipulated in the "Methadone Medication-Assisted Treatment (MAT) Application Evaluation" form, CF-MH 4040, May 2019, incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-10670>. The evaluation team members shall not be affiliated with the Department, current methadone medication-assisted treatment providers operating in Florida, or the applicants.

b. The selection of a provider shall be based on the following criteria:

(I) Capability to Serve Selected Area(s) of Need and Priority Populations. Area(s) of Need are the counties identified as having a need for additional clinics. Priority Populations are pregnant women, women with young children, and individuals with financial hardships;

(II) Patient Safety and Quality Assurance/Improvement;

(III) Scope of Methadone Medication-Assisted Treatment Services;

(IV) Capability and Experience; and

(V) Revenue Sources.

c. Applicants with the highest-scored applications in each county shall be awarded the opportunity to apply for licensure for the number of programs specified in their letter of intent to meet the need of that county. If there is unmet need, the next highest scored applicant(s) will receive an award(s) based on the remaining need and the number of programs specified in their letter of intent. This process will continue until the stated need is met. Regional offices shall inform the highest-scoring applicant(s) in writing of the award.

d. All awarded applicants must submit a letter of intent to apply for licensure to the appropriate regional office within 30 calendar days after the award. If an applicant declines an award or fails to submit the letter of intent within the specified time, the Department shall rescind the award. After the Department rescinds the original award for that selected area of need, the applicant with the next highest score shall receive the award.

(d) Awarded applicants must receive at least a probationary license within two (2) years of the published needs assessment connected to their application. See rule 65D-30.0036, F.A.C. for licensure application requirements. Applicants may submit a request to the State Authority and Substance Abuse and Mental Health Program Office for an exception if unable to meet timeframes due to a natural disaster that causes physical damage to the applicant's building(s). Proof of natural disaster and impact on physical property must accompany the request. Upon receipt of the request for exception and accompanying proof, a one-time extension shall be granted for six (6) months. Providers who are delayed for a reason other than a natural disaster may petition the Department for a rule waiver pursuant to section 120.542, F.S.

(4) General Requirements.

(a) Methadone Medication-Assisted Treatment Program Sponsor. The methadone medication-assisted treatment sponsor, as defined in subsection 65D-30.002(42), F.A.C., of a new provider shall be a licensed health professional and shall have worked in the field of substance use treatment at least five (5) years. The sponsor is responsible for the program operation and assumes

4. Required qualifications and job description for Medical Director, clinical on-site Director or Manager, and proposed staffing for the medication unit;

5. Implementation plan, including timeframes for securing federal approvals for a medication unit and anticipated start date of services;

6. Plans to secure proper zoning before medication unit opening; and

7. Plans on how medication unit will ensure individuals receive comprehensive support services such as counseling.

8. An affirmative statement that the primary full-service program agrees to retain responsibility for care;

9. An affirmative statement that the medication unit is limited to administering and dispensing the narcotic treatment medications and collecting samples for drug screening or analysis.

(d) Medication units must open within two (2) years of receiving approval. Providers who are delayed for a reason other than a natural disaster may petition the Department for a rule waiver pursuant to section 120.542, F.S.

(7) Best Practices. All licensed providers shall comply with best practices as defined in paragraph (4)(e) of this rule.

(8) Other Medications.

(a) Buprenorphine Products. Qualified medical personnel licensed to practice in the state of Florida and meeting all federal requirements can prescribe buprenorphine to individuals under their license. Medical personnel shall comply with federal regulations related to buprenorphine products.

(b) Naltrexone Products. Naltrexone can be prescribed by any healthcare provider who is licensed to prescribe medications. Healthcare providers must meet all federal requirements and shall conform to federal regulations related to naltrexone products.

(c) Providers shall adhere to the prevailing federal and state requirements regarding the use of opioid treatment medications in the maintenance treatment of individuals who are or become pregnant during the course of treatment.

Rulemaking Authority 397.321(5) FS. Law Implemented 397.311(26), 397.321, 397.410, 397.427, 427 FS. History—New 5-25-00, Amended 4-3-03, 6-25-19.