

FLORIDA

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH): Florida regulates two types of residential mental health treatment facilities:

- *Short-term residential treatment programs (SRTs) and crisis stabilization units (CSUs):*
 - SRTs are a state-supported acute care residential alternative service that operates 24 hours per day, 7 days per week and is typically of 90 days or less in duration, and which is an integrated part of a designated public receiving facility and receiving state mental health funds.
 - CSUs are a program that provides an alternative to inpatient hospitalization and that provides brief, intensive services 24 hours a day, 7 days a week, for mentally ill individuals who are in an acutely disturbed state.

- *Longer-term mental health residential treatment facilities:* Any facility licensed as a residential treatment facility must sustain a 60-day average or greater length of stay.
 - *Level IA/IB:* A Level IA facility provides a structured group treatment setting with 24 hours per day, 7 days per week supervision for residents who have major skill deficits in activities of daily living and independent living, and are in need of intensive staff supervision, support and assistance. Nursing services are provided on this level but are limited to medication administration, monitoring vital signs, first aid, and individual assistance with ambulation, bathing, dressing, eating and grooming.
 - *Level II:* A Level II facility provides a structured group treatment setting with 24 hour per day, 7 days per week supervision for five or more residents who range from those who have significant deficits in independent living skills and need extensive supervision, support and assistance to those who have achieved a limited capacity for independent living, but who require frequent supervision, support and assistance.
 - *Level III:* A Level III facility consists of collocated apartment units with an apartment or office for staff who provide on-site assistance 24 hours per day, 7 days per week.
 - *Level IV:* A Level IV facility provides a semi-independent, minimally structured group setting for 4 or more residents who have attained most of the skills required for independent living and require minimal staff support.

- *Level V*: A Level V facility provides a semi-independent, minimally structured apartment setting for 1 to 4 residents who have attained adequate independent living skills and require minimal staff support. The apartments in this setting are owned or leased by the service provider and rented to residents.

Substance Use Disorder (SUD): Florida regulates two types of residential substance use disorder treatment facilities: (1) residential treatment facilities as Levels 1-4; and (2) addictions receiving facilities.

- *Level 1* programs include those that provide services on a short-term basis. This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require inpatient treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. Typically, clients have a job and a home to support their recovery upon completion of this level of care. The emphasis is clearly on an intensive regimen of clinical services using a multidisciplinary team approach. Services may include some medical services based on the needs of the client.
- *Level 2* programs include those that are referred to as therapeutic communities or some variation of therapeutic communities and are longer term than Level 1. This level is appropriate for persons characterized as having chaotic and often abusive interpersonal relationships, extensive criminal justice histories, prior treatment episodes in less restrictive levels of care, inconsistent work histories and educational experiences, and anti-social behavior. In addition to clinical services, considerable emphasis is placed on services that address the client's educational and vocational needs, socially dysfunctional behavior, and need for stable housing upon discharge. It also includes services that assist the client in remaining abstinent upon returning to the community.
- *Level 3* programs include those that are referred to as domiciliary care and are generally longer term than Level 2. This level is appropriate for persons whose cognitive functioning has been severely impaired from the chronic use of substances, either temporarily or permanently. This would include persons who have varying degrees of organic brain disorder or brain injury or other problems that require extended care. The emphasis is on providing services that work on cognitive problems and activities of daily living, socialization, and specific skills to restore and maintain independent living. The services are typically slower paced, more concrete and repetitive. There is considerable emphasis on relapse prevention and reintegration into the community. This involves considerable use of case management and networking residents into ancillary or wrap-around services such as housing, vocational services, transportation, and self-help meetings.
- *Level 4* programs include those that are referred to as transitional care and are generally short-term. This level is appropriate for persons who have completed other levels of residential treatment, particularly Levels 2 and 3. This includes clients who have demonstrated problems in applying recovery skills, a lack of personal responsibility, or a

lack of connection to the world of work, education, or family life. Although clinical services are provided, the main emphasis is on services that are low-intensity and typically emphasize a supportive environment. This would include services that would focus on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the worlds of work, education, and family life.

- *Addictions Receiving Facilities:* A secure, acute-care, residential facility operated 24 hours-per-day, 7 days-per-week, designated by the department to serve persons found to be substance abuse impaired as described in Section 397.675, F.S. (involuntary commitment), and who meet the placement criteria for this component. Detoxification may be provided.

Unregulated Facilities: For residential mental health treatment facilities, SRTs (90 days or less) and CSUs that are not publicly funded are not regulated, although state staff indicate that all CSUs and SRTs are publicly funded for all or a portion of their beds. Longer-term residential facilities that are not treating those with serious and persistent mental illness are not regulated. This includes any longer-term facilities providing treatment for eating disorders and weight loss programs.

For residential substance use disorder treatment facilities, unregulated entities include hospital or hospital-based component licensed under Chapter 395, F.S., a facility or institution operated by the Federal Government, and a legally cognizable church or nonprofit religious organization or denomination providing substance abuse services, including prevention services, which are solely religious, spiritual, or ecclesiastical in nature. We exclude from this summary hospitals. Detoxification is identified as either inpatient or outpatient, although it may be offered in addiction receiving facilities. We exclude all inpatient or outpatient detoxification.

Approach

Mental Health (MH): Florida's Agency for Health Care Administration has two sets of licensure requirements for residential mental health facilities: (1) those applicable to public mental health crisis stabilization units (CSUs) and state-supported short-term residential treatment (SRTs) programs, and (2) those applicable to a mental health residential treatment facility, regardless of funding source, for adults with a serious and persistent major mental illness who do not have another primary residence.

Substance Use Disorder (SUD): Florida's Department of Children and Families (DCF) licenses substance use components including the following: (1) residential treatment facilities as Levels 1-4; and (2) addictions receiving facilities. All entities operating the two substance use components listed above must be licensed, except for a facility or institution operated by the Federal Government or a legally cognizable church or nonprofit religious organization or denomination providing substance abuse services, which are solely religious, spiritual, or

ecclesiastical in nature. DCF has the authority to exempt state government-operated programs from specific licensure provisions, including, but not limited to, licensure fees and personnel background checks.

Processes of Licensure or Certification and Accreditation

Mental Health (MH): Licensure by the Agency for Health Care Administration is required for all mental health facility types described in 1a.

- Licensure duration is one year for residential treatment facilities, at which time a renewal application must be submitted. In certain circumstances, an interim 90 day license may be issued. An inspection is required for licensure and renewal.
- Accreditation is not required but is recognized. CSUs and SRTs which are accredited must provide proof of accreditation and accreditation does not preclude monitoring by the department, the agency and fire marshal, and compliance with regulatory requirements. Accredited Level I-V programs may ask the Agency to accept their accreditation in lieu of receiving routine on-site licensure surveys, by submitting the required documentation from a recognized or approved accreditation organization.
- SRTs and CSUs require a Certification of Authorized Beds: The agency shall issue a license certifying the number of authorized beds and available appropriation for each facility as determined by the department based upon existing need, geographic considerations, and available resources. The department formula, ten CSU beds per 100,000 general population, may be used as a guideline.

Substance Use Disorder (SUD): Licensure by DCF is required for all substance use facility types.

- The process for licensure is as follows: A provider is first awarded a probationary license, which lasts 90 days. A regular license's duration is one year, by which time a renewal application must be submitted. In certain circumstances, up to two interim 90 day licenses may be issued to give a provider time to reach compliance with statute and/or administrative rule. An inspection is required for licensure and renewal.
- According to state staff, accreditation is required by The Joint Commission, COA, CARF, or another department-recognized entity, allowing the license applicant to be inspected only every three years under normal circumstances.
- There are no Certificate of Need requirements for residential SUD facilities in Florida.

Cause-Based Monitoring

Mental Health (MH): SRTs, CSUs, and Level I-V programs have standards related to monitoring including: (a) the department will provide consultation and conduct annual reviews and evaluations, or more as necessary, to determine compliance with rules and standards; and (b) department representatives may access the facility and documentation necessary for conducting the reviews required to determine compliance with all applicable rules and statutes.

Substance Use Disorder (SUD): The Office of Substance Abuse and Mental Health monitors implementation of the licensing process from a statewide perspective and analyzes provider performance relative to the results of licensing reviews. Where warranted, DCF may conduct inspections more often than every three years for accredited facilities.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): Addiction receiving facilities and CSUs must be able to screen and admit 24 hours a day, 7 days a week and no person may be detained for more than 12 hours without being admitted or released.

Staffing

Mental Health (MH): CSUs and SRTs have standards for the program administrator, including that facilities must have a psychiatrist as primary medical coverage, with a physician if back-up is needed, on-call 24 hours a day, 7 days a week and must make daily rounds. Sparsely populated areas are allowed exceptions. At least one RN must be on duty around the clock. There are other staffing requirements, some of which rely on facility policies and procedures for definition. Staffing ratios for nurses and mental health treatment staff depend on number of beds. Training requirements are included.

Level I-V programs have staffing level and training requirements. They shall have direct or telephone access to at least one professional 24 hours a day, 7 days a week. If the professional is not a psychiatrist, the facility shall also arrange for the regular, consultative and emergency services of a psychiatrist licensed to practice in Florida. The staffing ratio requirements vary by level.

Substance Use Disorder (SUD): Staffing requirements applicable to licensed substance use facilities generally include those regarding the Chief Executive Officer, the Medical Director, Clinical Supervisor, and staff known as “qualified professionals.” Documentation to confirm the requirements have been met include personnel policies and personnel records, staff screening, standards of conduct, staff development and training for clinical and direct care staff, and clinical supervision records.

Addiction receiving facilities must have a physician, P.A., or advanced practice registered nurse (A.P.R.N.) who makes daily visits to the facility and a full-time RN must be the supervisor of nursing services, with an RN on-site at all times. At least one qualified professional must be on staff and at least one member of the clinical staff must be available on-site at all times. Staffing ratios for nurses and nurse support vary by bed capacity.

Level 1-4 facilities must have awake, paid staff coverage 24 hours-per-day, 7 days per week and no primary counselor may have a caseload that exceeds 15 currently participating clients.

Placement

Mental Health (MH): CSUs are intended for mentally ill individuals who are in an acutely disturbed state. Potential admittees must be assessed by the CSU or by the emergency services unit of the public receiving facility. Each receiving facility shall provide emergency screening services on a 24-hours-a-day, 7-days-a-week basis and shall have policies and procedures for identifying individuals at high risk. Everyone for whom involuntary examination is initiated must receive a face-to-face examination by a physician or clinical psychologist prior to release. The examination shall include a psychiatric evaluation, including a mental status examination, or a psychological status report. Upon admission, all persons shall be given a nursing assessment and a physical examination within 24 hours of admission. All individuals must also have an emotional and behavioral assessment within 72 hours. The assessment shall be made by a mental health professional or other unit staff under the supervision of a mental health professional, with a psychiatric evaluation included.

People may be admitted to an SRT only following a psychiatric or psychological evaluation and referral from a CSU, inpatient unit, or another designated public or private receiving facility. Admission is only on the order of a physician or psychiatrist. Requirements for immediate post-admission assessment are the same as for CSUs.

Minimum admission criteria for RTFs are:

- Level I requires: (a) Diagnosed as having mental illness; (b) Age 18 or older; (c) Ambulatory or capable of self-transfer; (d) Able to participate in treatment programming and services; (e) Free of major medical conditions requiring ongoing 24 hours per day, 7 days per week nursing services; (f) Assessed as having the potential, with staff supervision, to self-administer medication, maintain personal hygiene, and participate in social interaction; and, (g) Does not exhibit chronic inappropriate behavior which disrupts the facility's activities or is harmful to self or others.
- Level II requires: (a) Self-administers medication with staff supervision; (b) Maintains personal hygiene and grooming with staff supervision; (c) Initiates and participates in

social interaction with staff supervision; (d) Performs assigned household chores with staff supervision; and, (e) Is capable of self-preservation.

- Level III requires: (a) Self-administers and monitors own medication with minimal prompting; (b) Performs household chores with minimal prompting; (c) Maintains personal hygiene and grooming with minimal prompting; (d) Utilizes recreational and social resources with staff encouragement; (e) Utilizes community transportation systems; (f) Manages income with assistance; and, (g) Expresses problems and concerns to appropriate persons.
- Level IV requires: (a) Self-administers and monitors own medications; (b) Performs household chores and activities; (c) Maintains personal hygiene and grooming; (d) Manages income; (e) Utilizes recreational and social resources; (f) Procures food and other items necessary to maintain a household; (g) Prepares meals either individually or cooperatively; and (h) Utilizes community transportation systems.
- Level V requires: (a) Self-administers and monitors own medications; (b) Performs household chores and activities; (c) Maintains personal hygiene and grooming; (d) Manages income; (e) Utilizes recreational and social resources; (f) Procures food and other items necessary to maintain a household; (g) Prepares meals either individually or cooperatively; and, (h) Utilizes community transportation system.

RTF staff or the treatment team shall begin within 72 hours of admission and complete within 30 days of admission a functional assessment and individual treatment plan for each resident. Interventions which are needed to remedy serious deficits shall not be delayed until the assessment and individual treatment plan are completed. The functional assessment shall determine the resident's ability to utilize the skills needed to function successfully in the RTF environment and shall identify any obstacles to the resident's learning or using such skills.

Researchers did not find reference to LOCUS.

Substance Use Disorder (SUD): Placement in an addictions receiving facility requires that the person be unable to be placed in another component and must also fall into one of the following categories: (a) A voluntary client who has a substance abuse problem to the extent that the person displays behaviors that indicate potential harm to self or others or who meets diagnostic or medical criteria justifying placement in an addictions receiving facility; or (b) An involuntary client who meets statutory criteria; or (c) An adult or juvenile offender who is ordered for assessment or treatment and who meets diagnostic or medical criteria justifying placement in an addictions receiving facility; or (d) Juveniles found in contempt. Following the nursing physical screen, the client shall be screened to determine the person's eligibility or ineligibility for placement. The decision to place or not to place shall be made by a physician, a qualified professional, or an RN, and shall be based upon the results of screening information and face-to-face consultation with the person to be admitted.

Residential Level 1-4 services shall include a schedule of services provided within a positive environment that reinforce the client's recovery, and clients will be placed in a level of residential treatment that is based upon their treatment needs and circumstances. Assessment is required to determine appropriateness and eligibility for placement. The condition and needs of the client dictate the urgency and timing of screening. Clients shall undergo an assessment of the nature and severity of their substance abuse problem. The assessment shall include a physical health assessment and a psychosocial assessment to determine appropriateness and eligibility for placement or other disposition. For residential treatment, the history must be completed within 30 calendar days prior to placement, or within 1 calendar day of placement.

According to state staff, DCF-funded providers must utilize ASAM placement criteria.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): For CSUs, a service implementation plan is required with documented input from the person receiving services within 24 hours of admission. The service implementation plan must have objectives and action steps written for the person in behavioral terms. The plan shall be fully developed within 5 days of admission and must contain short-term treatment objectives stated in behavioral terms relative to the long-term view and goals in the comprehensive service plan, if there is one, an aftercare plan, and a description of the type and frequency of services to be provided in relation to treatment objectives. Prior to discharge or departure from the CSU, the staff with the consent of the person receiving services works with the individual's support system, as appropriate, to assure that all efforts are made to prepare the individual for returning to a less restrictive setting. The CSU shall have access to a hospital inpatient unit to assure that individuals being referred are admitted as soon as necessary.

Upon admission to an SRT, the person's previously completed comprehensive service plan is reviewed and revised as needed with the person's service plan manager. The SRT shall develop a service implementation plan which has objectives and action steps written for the person in behavioral terms. The service implementation plan shall be initiated with documented input from the person receiving services within 24 hours of admission. The service implementation plan shall be fully developed within 5 days of admission and must contain short-term treatment objectives stated in behavioral terms, relative to the long-term view and goals in the comprehensive service plan, and a description of the type and frequency of services to be provided in relation to treatment objectives. The plan shall be reviewed and updated at least every 30 days. A new aftercare plan shall be developed prior to discharge from the SRT.

For Level I-V programs, service plans must be developed by the case manager and resident which depict service and resource attainment goals and objectives to guide service delivery. A treatment plan focused on skill attainment is included. These are updated monthly. Discharge planning is required.

Substance Use Disorder (SUD): For all licensed SUD facilities, the client must have an opportunity to participate in developing a treatment plan. The treatment plan must include goals and related measurable behavioral objectives to be achieved by the client, the tasks involved in achieving those objectives, the type and frequency of services to be provided, and the expected dates of completion. If the treatment plan is completed by other than a qualified professional, the treatment plan shall be reviewed, countersigned, and dated by a qualified professional within 10 calendar days of completion. For residential treatment Level 1, the treatment plan shall be completed prior to, or within 7 calendar days of placement. For residential treatment Levels 2, 3, and 4, the treatment plan shall be completed prior to or within 15 calendar days of placement. For addictions receiving facilities, an abbreviated treatment plan is completed upon placement. The abbreviated treatment plan shall contain a medical plan for stabilization and detoxification, provision for education, therapeutic activities and discharge planning, and in the case of addictions receiving facilities, a psychosocial assessment. Treatment plan reviews must occur every 30 days for residential treatment Levels 1, 2, and 3; and every 90 days for Level 4. An aftercare plan shall be developed for each client and the plan shall provide an outline of the goals to be accomplished during aftercare including regular counseling sessions and the need for ancillary services. Providers shall refer clients for other services that are needed by the client as specified in the aftercare plan. This shall include follow-up on all referrals.

Treatment Services

Mental Health (MH): CSUs must provide the following services on a 24-hour-a-day, 7-days-a-week basis: (1) Emergency reception; (2) Evaluation; (3) Observation; (4) Crisis counseling; (5) Therapeutic activities, including recreational, educational, and social, whose intent is to involve the individual in reality-oriented events and interpersonal interactions shall be provided 3-hours-a-day, 7-days-a-week; and, (6) Referral to other service components of a mental health agency, a private care facility, or another appropriate care agency. Basic routine activities for persons admitted to a CSU shall be delineated in program policies and procedures which shall be available to all personnel. The daily activities shall be planned to provide a consistent, well structured, yet flexible, framework for daily living and shall be periodically reviewed and revised as the needs of individuals or the group change. Basic daily routine shall be coordinated with special requirements of the service implementation plan.

Each SRT shall provide the following services on a 24-hour-a-day, 7-day-a-week basis: (1) Twenty-four hour supervision; (2) Individual, group, and family counseling services directed toward alleviating the crisis or symptomatic behavior which required admission to an SRT; (3) Medical or psychiatric treatment; (4) Social and recreational activities, inside and outside the context of the facility; (5) Referral to other less restrictive, nonresidential treatment services, when appropriate. Each SRT shall have access to the CSU, if one exists in the area, and to hospital emergency services in the event of a crisis that cannot be managed within the facility; and, (6) Each SRT shall provide or have access to transportation in order to accomplish emergency transfers and to meet the service needs of persons served. Basic routine activities

for persons admitted to an SRT shall be delineated in program policies and procedures which shall be available to all personnel. Basic daily routine shall be coordinated with special requirements of each service implementation plan.

Level I-V RTFs must provide services and activities which are adaptable to the individual needs of residents, promote personal growth and development, and prevent deterioration or loss of ability. Each RTF shall have a policy and procedures manual which guides its services and activities. RTFs shall provide or refer residents to recreational and social activities during the hours they are not involved in other planned or structured activities. Opportunity shall be provided for all residents to participate in religious services and other religious activities within the framework of their individual and family interests. A resident may be assigned tasks related to facility operation, including but not limited to cooking, laundering, housekeeping and maintenance, only if such tasks are in accordance with the treatment plan and are done with staff supervision. A facility shall have available, whether within its organizational structure or by written agreements, procedures or contracts with outside health care clinicians or facilities, a full range of services for the treatment of illnesses and maintenance of general health.

Substance Use Disorder (SUD): For addiction receiving facilities, services must include stabilization and, where necessary, detoxification (as part of which methadone may be offered); supportive counseling on a daily basis, unless a client is not sufficiently stabilized. Supportive counseling sessions shall be of sufficient duration to enable staff to make reasonable decisions regarding the client's need for other services. Services shall be directed toward assuring that the client's most immediate needs are addressed, and that the client is encouraged to remain engaged in treatment and to follow up on referrals after discharge. The provider shall develop a daily schedule that shall include recreational and educational activities.

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

For Level 1, each client shall receive services each week, including at least 14 hours of counseling. For Level 2, each client shall receive services each week, including at least 10 hours of counseling. For Level 3, each client shall receive services each week, including at least 4 hours of counseling. For Level 4, each client shall receive services each week, including at least 2 hours of counseling. Each provider shall arrange for or provide transportation services to clients who are involved in activities or in need of services that are provided at other facilities.

Patient Rights and Safety Standards

Mental Health (MH): Statutory provisions regarding patients' rights include, among others, the right to dignity, the right to treatment, the right to communicate and have visits, requirements regarding informed consent, restraint and seclusion, critical incident investigation and reporting, managing complaints, and abuse reporting.

In addition, CSUs and SRTs must be operated in a manner that protects the individual's rights, life, and physical safety while receiving evaluation and treatment. Individuals receiving services have protections regarding searches and seizures and retaliation. Critical incidents must be reported to the state within one day. CSUs and SRTs must report all seclusion and restraints. There are requirements related to suicide precautions with additional requirements for CSUs.

Level I-V RFTs, CSUs, and SRTs require a complaint/grievance process available to the patient and the reporting of critical incidents to the state. Other than prescribed bed rails, restraints may not be used; nor may seclusion.

Substance Use Disorder (SUD): Statutory provisions regarding patients' rights for all substance use treatment include, among others, the right to dignity, nondiscrimination, quality services, communication, confidentiality, and requirements regarding restraint and seclusion. Addiction receiving facilities have additional requirements regulating restraint and seclusion. Level 1-4 programs also require a complaints/grievance process available to patients and the reporting of critical incidents to the state.

Quality Assurance or Improvement

Mental Health (MH): Every CSU and SRT shall have, or be an active part of, an established multidisciplinary quality assurance program and develop a written plan which addresses the minimum guidelines to ensure a comprehensive integrated review of all programs, practices, and facility services. The quality assurance program must include: (1) Composition of quality assurance review committees and subcommittees, purpose, scope, and objectives of the quality assurance committee and each subcommittee, frequency of meetings, minutes of meetings, and documentation of meetings; (2) Procedures to ensure selection of both difficult and randomly selected cases for review; (3) Procedures to be followed in reviewing cases and

incident reports; (4) Criteria and standards used in the review process and procedures for their development; (5) Procedures to be followed to assure dissemination of the results and verification of corrective action; (6) Tracking capability of incident reports, pertinent issues and actions; and, (7) Procedures for measuring and documenting progress and outcome of individuals receiving services.

Level I-V RTFs shall have or be part of an established quality assurance program with written policies and procedures that include the following: (a) Composition of review committees; (b) Case review procedures; (c) Criteria and standards used in the review process and procedures for their development; and, (d) Procedures to assure dissemination of the results and corrective action.

Each quarter a peer review and a utilization review shall be conducted which ensure at a minimum that: (a) Resident admissions are appropriate; (b) Services are delivered in the least restrictive environment possible; (c) Resident rights are protected; (d) When permitted by the resident, the resident's family or significant others are involved in resident assessment, treatment planning and discharge planning; (e) Service plans are comprehensive and relevant to residents' needs; (f) Minimum standards for resident records are met; (g) Minimum therapeutic dosages of medication are prescribed and appropriately administered; (h) Medical emergencies are handled appropriately; (i) Specialty cases such as suicides, death, violence, staff abuse, and resident abuse are reviewed; (j) All major incident reports are reviewed; (k) The length of stay for each resident is appropriate; (l) Supportive services are ordered and obtained as needed; (m) Continuity of care is provided; and, (n) Delay in receiving services is minimal.

The program shall conduct an annual review of program effectiveness, program goals, policies, procedures and service treatment provision.

Substance Use Disorder (SUD): Providers shall have a quality assurance program to ensure that services are rendered consistent with prevailing professional standards, and to identify and resolve problems. For each service provider, a written plan must be developed with a copy made available upon request to the department which addresses the minimum guidelines for the provider's quality improvement program, including, but not limited to; (a) Individual care and services standards; (b) Individual records maintenance procedures; (c) Staff development policies and procedures; (d) Service-environment safety and maintenance standards; (e) Peer review and utilization management review procedures; and (f) Incident reporting policies and procedures that include verification of corrective action, provision for reporting to the department within a time period prescribed by rule, documentation that incident reporting is the affirmative duty of all staff, and a provision that specifies that a person who files an incident report may not be subjected to any civil action by virtue of that incident report.

Governance

Mental Health (MH): CSUs and SRTs must have either a formally constituted advisory or governing board or operate under a provider board which has ultimate authority for establishing policy and overseeing the operation of the CSU or SRT. Regulations include requirements for governing documents, board members, and records.

For Level I-V RTFs, the governing board is responsible for policies, by-laws, operations and standards of service.

Substance Use Disorder (SUD): Any provider that applies for a license must be a legally constituted entity. Providers that are government-based and providers that are for-profit and not-for-profit shall have a governing body that shall set policy for the provider. Regulations include requirements regarding meetings, insurance, and leadership. Inmate Substance Abuse Programs operated by the Department of Corrections and Juvenile Justice Commitment Programs and detention facilities operated by the Department of Juvenile Justice are exempt from the requirements of this paragraph.

Special Populations

Mental Health (MH): The priority populations for adult mental health services include: (1) Adults who have severe and persistent mental illness, as designated by the department using criteria that include severity of diagnosis, duration of the mental illness, ability to independently perform activities of daily living, and receipt of disability income for a psychiatric condition. Included within this group are: (a) Older adults in crisis; (b) Older adults who are at risk of being placed in a more restrictive environment because of their mental illness; (c) Persons deemed incompetent to proceed or not guilty by reason of insanity under chapter 916; (d) Other persons involved in the criminal justice system; or (e) Persons diagnosed as having co-occurring mental illness and substance abuse disorders; and/or (2) Persons who are experiencing an acute mental or emotional crisis.

Substance Use Disorder (SUD): Providers shall develop and implement operating procedures for serving or arranging services for persons with dual diagnosis disorders. The priority populations for substance abuse treatment services include: (1) Adults who have substance abuse disorders and a history of intravenous drug use; (2) Persons diagnosed as having co-occurring substance abuse and mental health disorders; (3) Parents who put children at risk due to a substance abuse disorder; (4) Persons who have a substance abuse disorder and have been ordered by the court to receive treatment; and (5) Persons identified as being part of a priority population as a condition for receiving services funded through the Center for Mental Health Services and Substance Abuse Prevention and Treatment Block Grants.

Location of Regulatory and Licensing Requirements

MH: Level I-5 RTFs¹; CSUs and SRTs²; Patient Rights³; Health Care Licensing⁴

SU: Substance Abuse Services⁵ and Patient Rights⁶. Regulatory data collected May 10, 2019.

Other Information Sources

C. Weller, C McGillen, U.Gazioch, W. Hardin (FL DCF); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

¹ See

<https://www.flrules.org/gateway/RuleNo.asp?title=COMMUNITY%20MENTAL%20HEALTH%20REGULATION&ID=65E-4.016>.

² See <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65E-12>.

³ See http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/Sections/0394.459.html.

⁴ See <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=59A-35>.

⁵ See <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65D-30>.

⁶ See http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0397/Sections/0397.501.html.

FLORIDA MEDICAID

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Approach

Mental Health (MH) and Substance Use Disorder (SUD): The Florida Agency for Health Care Administration (AHCA) oversees the state Medicaid program. Services to individuals in IMDs are not covered by Florida Medicaid, except in cases where Florida relies on the in lieu of provision and Disproportionate Share Hospital (DSH) payments for certain services in an IMD. Researchers did not locate evidence of Florida Medicaid coverage of non-IMD adult residential behavioral health treatment. The state does not have a relevant Section 1115 waiver.

Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): Evidence of Medicaid coverage of adult residential MH or SUD treatment facilities was not found.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD):

- In Florida, enrollment as a provider in the state Medicaid program is required to receive reimbursements. To enroll, a provider must submit an application, be actively licensed to practice, and sign the provider agreement, among other things. Institutional, DME, Medicare Crossover-Only, ORPs, and out-of-state providers must renew every three years; non-institutional providers must renew every five years. Providers may be sanctioned.
- Requirements regarding residential services were not explicitly described in the state Medicaid regulations.
- See companion summary to this document for licensure-related standards for adult residential behavioral health in Florida.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations.

Location of Medicaid Requirements

Florida Agency for Health Care Administration Medicaid Rules and Regulations⁷; Medicaid Manuals⁸. Regulatory data collected January 4, 2020.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019. <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report **“State Residential Treatment for Behavioral Health Conditions: Regulation and Policy”**. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

⁷ See <https://www.flrules.org/gateway/Division.asp?DivID=192>.

⁸ See https://ahca.myflorida.com/medicaid/review/specific_policy.shtml.