

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

26 | in certain circumstances; creating s. 252.3591, F.S.;

27 | requiring local emergency management agencies to

28 | establish a procedure for authorizing employees of

29 | health care facilities to enter and remain in curfew

30 | areas during a declared emergency or disaster;

31 | authorizing a law enforcement officer to specify a

32 | permissible route of ingress or egress for an

33 | authorized person; amending s. 381.0303, F.S.;

34 | directing the department to recruit faculty and

35 | students from state university and college health care

36 | programs to staff special needs shelters; authorizing

37 | certain employees of state agencies, universities, and

38 | colleges to staff local special needs shelters;

39 | requiring the department to reimburse a state agency,

40 | university, or college employee who staffs a special

41 | needs shelters at the request of the department;

42 | deleting a provision specifying that the submission of

43 | emergency management plans to county health

44 | departments is contingent upon a specified

45 | appropriation by the department; amending s. 393.0651,

46 | F.S.; requiring the Agency for Persons with

47 | Disabilities to develop a personal disaster plan for

48 | each client receiving services under the home and

49 | community-based services Medicaid waiver program and

50 | update such plan annually; amending s. 393.067, F.S.;

51 requiring the agency to determine compliance with
52 specified requirements by entities licensed by the
53 agency; directing the agency to require facilities
54 licensed under ch. 393, F.S., to include additional
55 components in their comprehensive emergency management
56 plans; requiring a facility to provide information
57 regarding its plan and any changes thereto to
58 designated individuals, the agency, and the local
59 emergency management agency within a specified
60 timeframe; requiring a facility to conduct specified
61 staff training on the policies and procedures for
62 implementing the plan; requiring the agency to
63 communicate before the disaster impacts the area which
64 service provision requirements may be waived during
65 the emergency; amending s. 393.0673, F.S.; authorizing
66 the agency to discipline or refuse to issue or renew a
67 facility's license for failure to comply with the
68 requirements of the comprehensive emergency management
69 plan or to follow the policies or procedures in the
70 plan during a disaster; amending s. 393.0675, F.S.;
71 authorizing the agency to pursue injunctive
72 proceedings against a facility for failure to comply
73 with the requirements of the comprehensive emergency
74 management plan or to follow the policies or
75 procedures in the plan during a disaster; amending s.

76 | 400.102, F.S.; providing additional grounds for action
77 | by the agency against a licensee; amending s. 400.19,
78 | F.S.; requiring the Agency for Health Care
79 | Administration to conduct certain unannounced
80 | inspections of any facility licensed under part II of
81 | ch. 400, F.S., a district nursing home unit in a
82 | hospital, and certain freestanding facilities licensed
83 | under ch. 395, F.S., to determine compliance with
84 | comprehensive emergency management plan requirements;
85 | amending s. 400.23, F.S.; directing the agency to
86 | require facilities licensed under part II of ch. 400,
87 | F.S., to include additional components in their
88 | comprehensive emergency management plans; requiring a
89 | facility to provide information regarding its plan and
90 | any changes thereto to designated individuals, the
91 | agency, and the local emergency management agency
92 | within a specified timeframe; amending s. 400.492,
93 | F.S.; revising requirements with respect to the
94 | comprehensive emergency management plans of home
95 | health agencies to include the means by which
96 | continuing services will be provided to patients in
97 | private residences, assisted living facilities, or
98 | adult family care homes and patients who evacuate to
99 | special needs shelters; providing requirements for
100 | notification of patients and designated interested

101 parties; requiring the list of patients needing
102 continued home health agency care to include certain
103 patients; requiring home health agencies to
104 demonstrate a good faith effort to attempt to provide
105 services by documenting staff attempts to follow
106 procedures outlined in the comprehensive emergency
107 management plan; amending s. 400.497, F.S.; providing
108 deadlines for submission and approval of a home health
109 agency's comprehensive emergency management plan;
110 authorizing the Agency for Health Care Administration
111 to impose a fine on a home health agency for failure
112 to comply with plan requirements and submission
113 deadlines; amending s. 400.506, F.S.; revising
114 requirements with respect to the comprehensive
115 emergency management plans of nurse registries to
116 include the means by which continuing services will be
117 provided to certain patients who remain at home or in
118 an assisted living facility or adult family care home
119 or who evacuate to a special needs shelter; requiring
120 a nurse registry to document efforts to comply with
121 plan requirements; providing requirements for
122 notification of patients and designated interested
123 parties; requiring the list of patients needing
124 continued care to include certain patients; providing
125 additional responsibilities of a nurse registry;

126 providing deadlines for plan submission and approval;
127 amending s. 408.813, F.S.; authorizing the agency to
128 impose a fine on a health care provider regulated
129 under part II of ch. 408, F.S., for failure to have an
130 approved comprehensive emergency management plan and
131 for failure to have certain agreements after a certain
132 date; amending s. 408.821, F.S.; requiring licensees
133 required by authorizing statutes to have a
134 comprehensive emergency management plan to conduct
135 annual staff training on the policies and procedures
136 for implementing the plan within a specified
137 timeframe; providing for agency action for failure to
138 comply; amending s. 429.14, F.S.; authorizing the
139 agency to deny or revoke the license of an assisted
140 living facility for failure to comply with
141 comprehensive emergency management plan requirements;
142 amending s. 429.19, F.S.; conforming a reference;
143 amending s. 429.28, F.S.; revising the assisted living
144 facility resident bill of rights to include a
145 requirement that the agency determine compliance with
146 the facility's comprehensive emergency management
147 plan; deleting a requirement that the agency conduct
148 at least one monitoring visit under certain
149 circumstances; deleting provisions authorizing the
150 agency to conduct periodic followup inspections and

151 complaint investigations under certain circumstances;
152 amending s. 429.34, F.S.; authorizing the agency to
153 inspect and investigate assisted living facilities as
154 necessary to determine compliance with certain laws;
155 removing a provision requiring the agency to inspect
156 each licensed assisted living facility at least
157 biennially; authorizing the agency to conduct
158 monitoring visits of each facility cited for prior
159 violations under certain circumstances; requiring the
160 agency to conduct followup inspections to monitor
161 compliance with requirements for the comprehensive
162 emergency management plan under certain circumstances;
163 amending s. 429.41, F.S.; directing the agency to
164 require facilities licensed under ch. 429, F.S., to
165 include additional components in their comprehensive
166 emergency management plans; requiring a facility to
167 provide information regarding its plan and any changes
168 thereto to designated individuals, the agency, and the
169 local emergency management agency within a specified
170 timeframe; providing an appropriation to the Agency
171 for Health Care Administration and the Department of
172 Health; providing an effective date.

173
174 Be It Enacted by the Legislature of the State of Florida:
175

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

178 252.355 Registry of persons with special needs; notice;
179 registration program.—

180 (1) In order to meet the special needs of persons who
181 would need assistance during evacuations and sheltering because
182 of physical, mental, cognitive impairment, or sensory
183 disabilities, the Department of Health ~~division~~, in coordination
184 with the division and each local emergency management agency in
185 the state, shall maintain a statewide registry of persons with
186 special needs ~~located within the jurisdiction of the local~~
187 ~~agency. The registration shall identify those persons in need of~~
188 ~~assistance and plan for resource allocation to meet those~~
189 ~~identified needs.~~

190 (2) ~~In order to ensure that all persons with special needs~~
191 ~~may register,~~ The Department of Health ~~division~~ shall develop
192 and maintain a statewide special needs shelter registration
193 program. ~~The registration program must be developed by January~~
194 ~~1, 2015, and fully implemented by March 1, 2015.~~

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

197 1. Identify those persons in need of assistance and plan
198 for resource allocation to meet those identified needs.

199 2. Include, at a minimum, a uniform registration form and
200 a database for uploading and storing submitted registration

201 forms that may be accessed by the Department of Health, the
202 division, and local emergency management agencies.

203 (b) The registration program must be developed by January
204 1, 2019, and fully implemented by March 1, 2019.

205 ~~(a) The registration program shall include, at a minimum,~~
206 ~~a uniform electronic registration form and a database for~~
207 ~~uploading and storing submitted registration forms that may be~~
208 ~~accessed by the appropriate local emergency management agency.~~
209 ~~The link to the registration form shall be easily accessible on~~
210 ~~each local emergency management agency's website. Upon receipt~~
211 ~~of a paper registration form, the local emergency management~~
212 ~~agency shall enter the person's registration information into~~
213 ~~the database.~~

214 (3) The Department of Health shall develop the uniform
215 registration form based upon recommendations of the Special
216 Needs Shelter Registry Work Group.

217 (a) The Special Needs Shelter Registry Work Group is
218 created within the Department of Health for the purpose of
219 making recommendations for the development of the uniform
220 registration form. The Department of Health shall use existing
221 and available resources to administer and support the activities
222 of the work group. Members of the work group shall serve without
223 compensation and are not entitled to reimbursement for per diem
224 or travel expenses. Meetings may be conducted in person, by
225 teleconference, or by other electronic means.

- 226 (b) The work group shall consist of 12 members:
- 227 1. The State Surgeon General or a designee, who shall
- 228 serve as the chair of the work group.
- 229 2. The Director of the Division of Emergency Management or
- 230 a designee.
- 231 3. The Secretary of the Agency for Health Care
- 232 Administration or a designee.
- 233 4. The Secretary of the Department of Children and
- 234 Families or a designee.
- 235 5. The Secretary of the Department of Elder Affairs or a
- 236 designee.
- 237 6. The Director of the Agency for Persons with
- 238 Disabilities or a designee.
- 239 7. Five representatives of local emergency management
- 240 agencies appointed by the Florida Association of Counties.
- 241 8. The Chief Executive Officer of the Arc of Florida or a
- 242 designee.
- 243 (c) The Special Needs Shelter Registry Work Group shall
- 244 submit its recommendations to the Department of Health on or
- 245 before October 31, 2018.
- 246 (d) This subsection expires January 1, 2019.
- 247 (4) Each local emergency management agency shall
- 248 exclusively use the statewide special needs shelter registry to
- 249 register individuals for special needs shelters and may not use
- 250 local special needs registries. Each local emergency management

251 agency, in coordination with its local county health department,
252 shall establish eligibility requirements for sheltering in a
253 local special needs shelter and publish these requirements and a
254 link to the uniform registration form for the statewide special
255 needs shelter registry on its website. Each local emergency
256 management agency shall also make paper registration forms
257 available and establish procedures for submitting a paper
258 registration form and entering into the statewide special needs
259 shelter registry.

260 (a) A local emergency management agency shall notify a
261 registrant in writing within 30 days after submission of a
262 registration form whether he or she is eligible to shelter in a
263 local special needs shelter and designate his or her eligibility
264 status in the registry.

265 (b) The Department of Health shall assist local emergency
266 management agencies with developing alternative sheltering
267 options for any ineligible registrant. Each local emergency
268 management agency and each general hospital licensed under
269 chapter 395 located within the local emergency management
270 agency's jurisdiction shall enter into agreements to shelter
271 individuals during a declared emergency, whose medical
272 complexity or reliance on life support devices or other medical
273 equipment exceeds the capabilities of special needs shelters. A
274 local emergency management agency may coordinate with the Agency
275 for Health Care Administration to facilitate placement in a

276 health care facility for any individual who registers during a
277 declared emergency or disaster and is deemed ineligible to
278 shelter in a local special needs shelter.

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

289 (6) ~~(b)~~ To assist in identifying persons with special
290 needs, home health agencies, hospices, nurse registries, home
291 medical equipment providers, the Department of Children and
292 Families, the Department of Health, the Agency for Health Care
293 Administration, the Department of Education, the Agency for
294 Persons with Disabilities, the Department of Elderly Affairs,
295 and memory disorder clinics shall, and any physician or
296 physician assistant licensed under chapter 458 or chapter 459,
297 any advanced registered nurse practitioner licensed under
298 chapter 464, and any pharmacy licensed under chapter 465 may,
299 annually provide registration information to all of their
300 special needs clients or their caregivers. ~~The division shall~~

301 ~~develop a brochure that provides information regarding special~~
302 ~~needs shelter registration procedures. The brochure must be~~
303 ~~easily accessible on the division's website.~~ All appropriate
304 agencies and community-based service providers, including aging
305 and disability resource centers, memory disorder clinics, home
306 health care providers, hospices, nurse registries, and home
307 medical equipment providers, shall, and any physician or
308 physician assistant licensed under chapter 458 or chapter 459
309 and any advanced registered nurse practitioner licensed under
310 chapter 464 may, assist emergency management agencies by
311 annually registering persons with special needs for special
312 needs shelters, collecting registration information for persons
313 with special needs as part of the program intake process, and
314 establishing programs to educate clients about the registration
315 process and disaster preparedness safety procedures. A client of
316 a state-funded or federally funded service program who has a
317 physical, mental, or cognitive impairment or sensory disability
318 and who needs assistance in evacuating, or when in a shelter,
319 must register as a person with special needs. The registration
320 program shall give persons with special needs the option of
321 preauthorizing emergency response personnel to enter their homes
322 during search and rescue operations if necessary to ensure their
323 safety and welfare following disasters.

324 ~~(c) The division shall be the designated lead agency~~
325 ~~responsible for community education and outreach to the public,~~

326 ~~including special needs clients, regarding registration and~~
327 ~~special needs shelters and general information regarding shelter~~
328 ~~stays.~~

329 (7)~~(d)~~ On or before May 31 of each year, each electric
330 utility in the state shall annually notify residential customers
331 in its service area of the availability of the registration
332 program available through their local emergency management
333 agency by:

334 (a)~~1.~~ An initial notification upon the activation of new
335 residential service with the electric utility, followed by one
336 annual notification between January 1 and May 31; or

337 (b)~~2.~~ Two separate annual notifications between January 1
338 and May 31.

339
340 The notification may be made by any available means, including,
341 but not limited to, written, electronic, or verbal notification,
342 and may be made concurrently with any other notification to
343 residential customers required by law or rule.

344 (8)~~(3)~~ A local emergency management agency shall allow a
345 person with special needs ~~must be allowed~~ to bring his or her
346 service animal into a special needs shelter in accordance with
347 s. 413.08.

348 (9)~~(4)~~ All records, data, information, correspondence, and
349 communications relating to the registration of persons with
350 special needs as provided in subsection (1) are confidential and

351 exempt from s. 119.07(1), except that such information shall be
352 available to other emergency response agencies, as determined by
353 the local emergency management director and the Department of
354 Health. Local law enforcement agencies shall be given complete
355 shelter roster information upon request.

356 Section 2. Section 252.3591, Florida Statutes, is created
357 to read:

358 252.3591 Ensuring access to care.—

359 (1) Each local emergency management agency shall establish
360 a procedure for authorizing employees of a facility licensed
361 under chapter 393 or subject to part II of chapter 408 to enter
362 and remain in a curfew area during a declared emergency or
363 disaster.

364 (2) Notwithstanding any curfew, a person authorized under
365 subsection (1) may enter or remain in a curfew area for the
366 limited purpose of implementing a licensed facility's emergency
367 management plan and providing services authorized under chapter
368 393 or chapter 408.

369 (3) This section does not prohibit a law enforcement
370 officer from specifying the permissible route of ingress or
371 egress for a person authorized under this section.

372 Section 3. Section 381.0303, Florida Statutes, is amended
373 to read:

374 381.0303 Special needs shelters.—

375 (1) PURPOSE.—The purpose of this section is to provide for

376 | the operation and closure of special needs shelters and to
377 | designate the Department of Health, through its county health
378 | departments, as the lead agency for coordination of the
379 | recruitment of health care practitioners, as defined in s.
380 | 456.001(4), to staff special needs shelters in times of
381 | emergency or disaster and to provide resources to the department
382 | to carry out this responsibility. However, nothing in this
383 | section prohibits a county health department from entering into
384 | an agreement with a local emergency management agency to assume
385 | the lead responsibility for recruiting health care
386 | practitioners.

387 | (2) SPECIAL NEEDS SHELTER PLAN; STAFFING; STATE AGENCY
388 | ASSISTANCE. ~~If funds have been appropriated to support disaster~~
389 | ~~coordinator positions in county health departments:~~

390 | (a) The department shall assume lead responsibility for
391 | the coordination of local medical and health care providers, the
392 | American Red Cross, and other interested parties in developing a
393 | plan for the staffing and medical management of special needs
394 | shelters. The local Children's Medical Services offices shall
395 | assume lead responsibility for the coordination of local medical
396 | and health care providers, the American Red Cross, and other
397 | interested parties in developing a plan for the staffing and
398 | medical management of pediatric special needs shelters. Plans
399 | must conform to the local comprehensive emergency management
400 | plan.

401 (b) County health departments shall, in conjunction with
402 the local emergency management agencies, have the lead
403 responsibility for coordination of the recruitment of health
404 care practitioners, including faculty and students from state
405 university and college health care programs, to staff local
406 special needs shelters. ~~County health departments shall assign~~
407 ~~their employees to work in special needs shelters when those~~
408 ~~employees are needed to protect the health and safety of persons~~
409 ~~with special needs. County governments shall assist the~~
410 ~~department with nonmedical staffing and the operation of special~~
411 ~~needs shelters. The local health department and emergency~~
412 ~~management agency shall coordinate these efforts to ensure~~
413 ~~appropriate staffing in special needs shelters, including a~~
414 ~~staff member who is familiar with the needs of persons with~~
415 ~~Alzheimer's disease.~~

416 (c) State agencies, universities, and colleges shall
417 authorize employees that are health care practitioners as
418 defined in s. 456.001(4) to staff local special needs shelters,
419 unless such employees have a designated emergency duty for their
420 agency, university, or college. Each state agency, university,
421 and college shall submit a roster of such employees to the
422 department by January 31 of each year and submit an amended
423 roster, if necessary, by May 31 of each year ~~The appropriate~~
424 ~~county health department, Children's Medical Services office,~~
425 ~~and local emergency management agency shall jointly decide who~~

426 ~~has responsibility for medical supervision in each special needs~~
427 ~~shelter.~~

428 (d) County health departments shall assign their
429 employees, and state employees pursuant to paragraph (c), to
430 work in special needs shelters when such employees are needed to
431 protect the health and safety of persons with special needs.
432 County governments shall assist the department with nonmedical
433 staffing and the operation of special needs shelters. The local
434 health department and emergency management agency shall
435 coordinate these efforts to ensure appropriate staffing in
436 special needs shelters, including a staff member who is familiar
437 with the needs of persons with Alzheimer's disease.

438 (e) The appropriate county health department and local
439 emergency management agency shall jointly decide who has
440 responsibility for medical supervision in each special needs
441 shelter.

442 (f)~~(d)~~ Local emergency management agencies shall be
443 responsible for the designation and operation of special needs
444 shelters during times of emergency or disaster and the closure
445 of the facilities following an emergency or disaster. The local
446 health department and emergency management agency shall
447 coordinate these efforts to ensure the appropriate designation
448 and operation of special needs shelters. County health
449 departments shall assist the local emergency management agency
450 with regard to the management of medical services in special

451 needs shelters.

452 (g)~~(e)~~ The Secretary of Elderly Affairs, or his or her
453 designee, shall convene, at any time that he or she deems
454 appropriate and necessary, a multiagency special needs shelter
455 discharge planning team to assist local areas that are severely
456 impacted by a natural or manmade disaster that requires the use
457 of special needs shelters. Multiagency special needs shelter
458 discharge planning teams shall include the Surgeon General, or
459 his or her designee, and shall provide assistance to local
460 emergency management agencies with the continued operation or
461 closure of the shelters, as well as with the discharge of
462 special needs clients to alternate facilities if necessary.
463 Local emergency management agencies may request the assistance
464 of a multiagency special needs shelter discharge planning team
465 by alerting statewide emergency management officials of the
466 necessity for additional assistance in their area. The Secretary
467 of Elderly Affairs shall ~~is encouraged to proactively~~ work with
468 other state agencies prior to any natural disasters for which
469 warnings are provided to ensure that multiagency special needs
470 shelter discharge planning teams are ready to assemble and
471 deploy rapidly upon a determination by state emergency
472 management officials that a disaster area requires additional
473 assistance. The Secretary of Elderly Affairs may call upon any
474 state agency or office to provide staff to assist a multiagency
475 special needs shelter discharge planning team. Unless the

476 secretary determines that the nature or circumstances
 477 surrounding the disaster do not warrant participation from a
 478 particular agency's staff, each multiagency special needs
 479 shelter discharge planning team shall include at least one
 480 representative from each of the following state agencies:

- 481 1. Department of Elderly Affairs.
- 482 ~~2. Department of Health.~~
- 483 2.3. Department of Children and Families.
- 484 3.4. Department of Veterans' Affairs.
- 485 4.5. Division of Emergency Management.
- 486 5.6. Agency for Health Care Administration.
- 487 6.7. Agency for Persons with Disabilities.

488 (h) The Department of Health shall collect intake and
 489 discharge information from each person who shelters in a special
 490 needs shelter during an emergency or disaster, including
 491 information regarding whether a person is a patient or resident
 492 of a licensee under chapter 393, chapter 400, or chapter 429.
 493 The Department of Health shall use a form adopted by department
 494 rule to collect this information.

495 (3) SPECIAL CARE FOR PERSONS WITH ALZHEIMER'S DISEASE OR
 496 RELATED FORMS OF DEMENTIA.—All special needs shelters must
 497 establish designated shelter areas for persons with Alzheimer's
 498 disease or related forms of dementia to enable those persons to
 499 maintain their normal habits and routines to the greatest extent
 500 possible.

501 (4) REIMBURSEMENT TO HEALTH CARE PRACTITIONERS AND
502 FACILITIES.—

503 (a) The department shall, upon request, reimburse in
504 accordance with paragraph (b):

505 1. Health care practitioners, as defined in s. 456.001,
506 provided the practitioner is not providing care to a patient
507 under an existing contract, and emergency medical technicians
508 and paramedics licensed under chapter 401 for medical care
509 provided at the request of the department in special needs
510 shelters or at other locations during times of emergency or a
511 declared disaster. Reimbursement for health care practitioners,
512 except for physicians licensed under chapter 458 or chapter 459,
513 shall be based on the average hourly rate that such
514 practitioners were paid according to the most recent survey of
515 Florida hospitals conducted by the Florida Hospital Association
516 or other nationally recognized or state-recognized data source.

517 2. Health care facilities, such as hospitals, nursing
518 homes, assisted living facilities, and community residential
519 homes, if, upon closure of a special needs shelter, a
520 multiagency special needs shelter discharge planning team
521 determines that it is necessary to discharge persons with
522 special needs to other health care facilities. The receiving
523 facilities are eligible for reimbursement for services provided
524 to the individuals for up to 90 days. A facility must show proof
525 of a written request from a representative of an agency serving

526 on the multiagency special needs shelter discharge planning team
527 that the individual for whom the facility is seeking
528 reimbursement for services rendered was referred to that
529 facility from a special needs shelter. The department shall
530 specify by rule which expenses are reimbursable and the rate of
531 reimbursement for each service.

532 (b) Reimbursement is subject to the availability of
533 federal funds and shall be requested on forms prepared by the
534 department. If a Presidential Disaster Declaration has been
535 issued, the department shall request federal reimbursement of
536 eligible expenditures. The department may not provide
537 reimbursement to facilities under this subsection for services
538 provided to a person with special needs if, during the period of
539 time in which the services were provided, the individual was
540 enrolled in another state-funded program, such as Medicaid or
541 another similar program, was covered under a policy of health
542 insurance as defined in s. 624.603, or was a member of a health
543 maintenance organization or prepaid health clinic as defined in
544 chapter 641, which would otherwise pay for the same services.
545 Travel expense and per diem costs shall be reimbursed pursuant
546 to s. 112.061.

547 (5) HEALTH CARE PRACTITIONER REGISTRY.—The department may
548 use the registries established in ss. 401.273 and 456.38 when
549 health care practitioners are needed to staff special needs
550 shelters or to assist with other disaster-related activities.

551 (6) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.—The State
552 Surgeon General may establish a special needs shelter
553 interagency committee and serve as, or appoint a designee to
554 serve as, the committee's chair. The department shall provide
555 any necessary staff and resources to support the committee in
556 the performance of its duties. The committee shall address and
557 resolve problems related to special needs shelters not addressed
558 in the state comprehensive emergency medical plan and shall
559 consult on the planning and operation of special needs shelters.

560 (a) The committee shall develop, negotiate, and regularly
561 review any necessary interagency agreements, and undertake other
562 such activities as the department deems necessary to facilitate
563 the implementation of this section.

564 (b) The special needs shelter interagency committee shall
565 be composed of representatives of emergency management, health,
566 medical, and social services organizations. Membership shall
567 include, but shall not be limited to, representatives of the
568 Departments of Health, Children and Families, Elderly Affairs,
569 and Education; the Agency for Health Care Administration; the
570 Division of Emergency Management; the Florida Medical
571 Association; the Florida Osteopathic Medical Association;
572 Associated Home Health Industries of Florida, Inc.; the Florida
573 Nurses Association; the Florida Health Care Association; the
574 Florida Assisted Living Affiliation; the Florida Hospital
575 Association; the Florida Statutory Teaching Hospital Council;

576 the Florida Association of Homes for the Aging; the Florida
577 Emergency Preparedness Association; the American Red Cross;
578 Florida Hospices and Palliative Care, Inc.; the Association of
579 Community Hospitals and Health Systems; the Florida Association
580 of Health Maintenance Organizations; the Florida League of
581 Health Systems; the Private Care Association; the Salvation
582 Army; the Florida Association of Aging Services Providers; the
583 AARP; and the Florida Renal Coalition.

584 (c) Meetings of the committee shall be held in
585 Tallahassee, and members of the committee shall serve at the
586 expense of the agencies or organizations they represent. The
587 committee shall make every effort to use teleconference or
588 videoconference capabilities in order to ensure statewide input
589 and participation.

590 (7) RULES.—The department, in coordination with the
591 Division of Emergency Management, has the authority to adopt
592 rules necessary to implement this section. Rules shall include:

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

598 (b) The process for special needs shelter health care
599 practitioners and facility reimbursement for services provided
600 in a disaster.

601 (c) Guidelines for special needs shelter staffing levels
602 to provide services.

603 (d) The definition of and standards for special needs
604 shelter supplies and equipment, including durable medical
605 equipment.

606 (e) Standards for the special needs shelter registration
607 program, including all necessary forms and guidelines for
608 addressing the needs of unregistered persons in need of a
609 special needs shelter.

610 (f) Standards for addressing the needs of families where
611 only one dependent is eligible for admission to a special needs
612 shelter and the needs of adults with special needs who are
613 caregivers for individuals without special needs.

614 (g) The requirement of the county health departments to
615 seek the participation of hospitals, nursing homes, assisted
616 living facilities, home health agencies, hospice providers,
617 nurse registries, home medical equipment providers, dialysis
618 centers, and other health and medical emergency preparedness
619 stakeholders in pre-event planning activities.

620 ~~(8) EMERGENCY MANAGEMENT PLANS. The submission of~~
621 ~~emergency management plans to county health departments by home~~
622 ~~health agencies, nurse registries, hospice programs, and home~~
623 ~~medical equipment providers is conditional upon receipt of an~~
624 ~~appropriation by the department to establish disaster~~
625 ~~coordinator positions in county health departments unless the~~

626 ~~State Surgeon General and a local county commission jointly~~
627 ~~determine to require that such plans be submitted based on a~~
628 ~~determination that there is a special need to protect public~~
629 ~~health in the local area during an emergency.~~

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

632 393.0651 Family or individual support plan.—The agency
633 shall provide directly or contract for the development of a
634 family support plan for children ages 3 to 18 years of age and
635 an individual support plan for each client. The client, if
636 competent, the client's parent or guardian, or, when
637 appropriate, the client advocate, shall be consulted in the
638 development of the plan and shall receive a copy of the plan.
639 Each plan must include the most appropriate, least restrictive,
640 and most cost-beneficial environment for accomplishment of the
641 objectives for client progress and a specification of all
642 services authorized. The plan must include provisions for the
643 most appropriate level of care for the client. Within the
644 specification of needs and services for each client, when
645 residential care is necessary, the agency shall move toward
646 placement of clients in residential facilities based within the
647 client's community. The ultimate goal of each plan, whenever
648 possible, shall be to enable the client to live a dignified life
649 in the least restrictive setting, be that in the home or in the
650 community. For children under 6 years of age, the family support

651 plan shall be developed within the 45-day application period as
652 specified in s. 393.065(1); for all applicants 6 years of age or
653 older, the family or individual support plan shall be developed
654 within the 60-day period as specified in that subsection.

655 (9) A personal disaster plan should be completed for each
656 client enrolled in any home and community-based services
657 Medicaid waiver program administered by the agency and updated
658 annually, to include, at a minimum:

659 (a) Evacuation shelter selection as appropriate.

660 (b) Documented special needs shelter registration as
661 appropriate.

662 (c) A staffing plan for the client in the shelter, if
663 necessary.

664 Section 5. Subsections (2), (8) and (9) of section
665 393.067, Florida Statutes, are amended to read:

666 393.067 Facility licensure.—

667 (2) The agency shall conduct annual inspections and
668 reviews of facilities and programs licensed under this section.
669 The agency shall determine compliance by foster care facilities,
670 group home facilities, residential habilitation centers, and
671 comprehensive transitional education programs with the
672 applicable provisions of this chapter and rules adopted pursuant
673 hereto, including the requirements for the comprehensive
674 emergency management plan.

675 (8) (a) The agency, after consultation with the Division of

676 Emergency Management, shall adopt rules for foster care
677 facilities, group home facilities, and residential habilitation
678 centers which establish minimum standards for the preparation
679 and annual update of a comprehensive emergency management plan.

680 1. At a minimum, the rules must provide for plan
681 components that address:

682 a. Emergency evacuation transportation;

683 b. Adequate sheltering arrangements;

684 c. Postdisaster activities, including emergency power,
685 food, and water;

686 d. Postdisaster transportation;

687 e. Supplies;

688 f. Hardening;

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

693 h. Emergency equipment;

694 i. Individual identification of residents and transfer of
695 records; and

696 j. Responding to family inquiries.

697 2. Facilities must include information in their plans
698 about:

699 a. Whether the facility is located in an evacuation zone;

700 b. Whether the facility intends to shelter in place or

701 relocate to another facility;
702 c. Whether the facility has an emergency power source;
703 d. How the facility will inform residents and the
704 resident's designated family member, legal representative, or
705 guardian when the emergency management plan has been activated;
706 and
707 e. A working phone number for the facility for use by the
708 resident's designated family member, legal representative, or
709 guardian to make contact postdisaster.

710 3. A facility must provide to the agency, its residents,
711 and the resident's designated family member, legal
712 representative, or guardian the information specified in
713 subparagraph 2., an overview of the facility's comprehensive
714 emergency management plan, and a description of the evacuation
715 plan, if appropriate. Any changes to this information must be
716 provided to the agency, the facility's residents, and the
717 resident's designated family member, legal representative, or
718 guardian within 30 days after the change takes effect.

719 (b) The comprehensive emergency management plan for all
720 comprehensive transitional education programs and for homes
721 servicing individuals who have complex medical conditions is
722 subject to review and approval by the local emergency management
723 agency.

724 1. A facility must submit its plan to the local emergency
725 management agency within 90 days after licensure or change of

726 ownership and must notify the agency within 30 days after
727 submission of the plan.

728 2. Such plan must be submitted annually and within 30 days
729 after any significant modification, as defined by agency rule,
730 to a previously approved plan.

731 3. During its review, the local emergency management
732 agency shall ensure that the agency and the Division of
733 Emergency Management, at a minimum, are given the opportunity to
734 review the plan. Also, appropriate volunteer organizations must
735 be given the opportunity to review the plan.

736 4. The local emergency management agency shall complete
737 its review within 60 days and either approve the plan or advise
738 the facility of necessary revisions. A facility must submit the
739 requested revisions to the local emergency management agency
740 within 30 days after receiving written notification from the
741 local emergency management agency.

742 5. A facility must notify the agency within 30 days after
743 approval of its plan by the local emergency management agency.

744 (c) A facility must conduct annual staff training on the
745 policies and procedures for implementing the emergency
746 management plan within 2 months before the start of the
747 hurricane season, including testing of the implementation of the
748 plan, either in a planned drill or in response to a disaster or
749 an emergency. New staff must receive such training within 30
750 days after commencement of employment. Such training for new

751 staff is not required to include testing of the implementation
752 of the plan if testing is impracticable. Documentation of the
753 training and testing, including evaluation of the outcome of the
754 training and testing and modifications to the plan to address
755 inadequacies must be provided to the agency within 30 days after
756 the training and testing is finished. The evaluation must
757 include a survey of staff to determine their familiarity with
758 the plan.

759 (d) In the event of a declared emergency, the agency shall
760 communicate before the disaster impacts the area which
761 requirements for providing services to clients in shelters and
762 other facilities may be waived during the emergency. The agency
763 may waive additional requirements following the initial impact
764 of the disaster, if appropriate.

765 (9) The agency may conduct unannounced inspections to
766 determine compliance by foster care facilities, group home
767 facilities, residential habilitation centers, and comprehensive
768 transitional education programs with the applicable provisions
769 of this chapter and the rules adopted pursuant hereto, including
770 the requirements for the comprehensive emergency management plan
771 and the rules adopted for training staff of a facility or a
772 program to detect, report, and prevent sexual abuse, abuse,
773 neglect, exploitation, and abandonment, as defined in ss. 39.01
774 and 415.102, of residents and clients. The agency shall conduct
775 periodic followup inspections as necessary to monitor facility

776 compliance with the requirements for the comprehensive emergency
 777 management plan. The facility or program shall make copies of
 778 inspection reports available to the public upon request.

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

782 393.0673 Denial, suspension, or revocation of license;
 783 moratorium on admissions; administrative fines; procedures.—

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

787 (a) The licensee has:

788 1. Falsely represented or omitted a material fact in its
 789 license application submitted under s. 393.067;

790 2. Had prior action taken against it under the Medicaid or
 791 Medicare program; ~~or~~

792 3. Failed to comply with the applicable requirements of
 793 this chapter or rules applicable to the licensee; ~~or~~

794 4. Failed to comply with the requirements for the
 795 comprehensive emergency management plan under this part; or

796 5. Failed to follow the policies and procedures in the
 797 comprehensive emergency management plan. However, the agency
 798 shall consider the facility's efforts to follow the plan and
 799 circumstances beyond the facility's control that caused the
 800 failure. In determining the penalty, the agency shall evaluate

801 the potential or actual harm to the client's health, safety, and
802 security caused by the failure.

803 (2) The agency may deny an application for licensure
804 submitted under s. 393.067 if:

805 (a) The applicant has:

806 1. Falsely represented or omitted a material fact in its
807 license application submitted under s. 393.067;

808 2. Had prior action taken against it under the Medicaid or
809 Medicare program;

810 3. Failed to comply with the applicable requirements of
811 this chapter or rules applicable to the applicant; ~~or~~

812 4. Failed to comply with the requirements for the
813 comprehensive emergency management plan under this chapter;

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

821 ~~6.4.~~ Previously had a license to operate a residential
822 facility revoked by the agency, the Department of Children and
823 Families, or the Agency for Health Care Administration; or

824 (b) The Department of Children and Families has verified
825 that the applicant is responsible for the abuse, neglect, or

826 abandonment of a child or the abuse, neglect, or exploitation of
827 a vulnerable adult.

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

830 393.0675 Injunctive proceedings authorized.—

831 (1) The agency may institute injunctive proceedings in a
832 court of competent jurisdiction to:

833 (a) Enforce the provisions of this chapter or any minimum
834 standard, rule, regulation, or order issued or entered pursuant
835 thereto; or

836 (b) Terminate the operation of facilities licensed
837 pursuant to this chapter when any of the following conditions
838 exist:

839 1. Failure by the facility to take preventive or
840 corrective measures in accordance with any order of the agency.

841 2. Failure by the facility to abide by any final order of
842 the agency once it has become effective and binding.

843 3. Any violation by the facility constituting an emergency
844 requiring immediate action as provided in s. 393.0673.

845 4. Failed to comply with the requirements for the
846 comprehensive emergency management plan under this chapter.

847 5. Failed to follow the policies and procedures in the
848 comprehensive emergency management plan. However, the agency
849 shall consider the facility's efforts to follow the plan and
850 circumstances beyond the facility's control that caused the

851 failure. In determining the penalty, the agency shall evaluate
852 the potential or actual harm to the client's health, safety, and
853 security caused by the failure.

854 Section 8. Section 400.102, Florida Statutes, is amended
855 to read:

856 400.102 Action by agency against licensee; grounds.—In
857 addition to the grounds listed in part II of chapter 408, any of
858 the following conditions shall be grounds for action by the
859 agency against a licensee:

860 (1) An intentional or negligent act materially affecting
861 the health or safety of residents of the facility;

862 (2) Misappropriation or conversion of the property of a
863 resident of the facility;

864 (3) Failure to follow the criteria and procedures provided
865 under part I of chapter 394 relating to the transportation,
866 voluntary admission, and involuntary examination of a nursing
867 home resident; ~~or~~

868 (4) Fraudulent altering, defacing, or falsifying any
869 medical or nursing home records, or causing or procuring any of
870 these offenses to be committed; or

871 (5) Failure to comply with the requirements for the
872 comprehensive emergency management plan under this part or s.
873 408.821.

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

876 400.19 Right of entry and inspection.—

877 (3) The agency shall every 15 months conduct at least one
878 unannounced inspection to determine compliance by the licensee
879 with statutes, and with rules promulgated under the provisions
880 of those statutes, governing minimum standards of construction,
881 requirements for the comprehensive emergency management plan,
882 quality and adequacy of care, and rights of residents. The
883 survey shall be conducted every 6 months for the next 2-year
884 period if the facility has been cited for a class I deficiency,
885 has been cited for two or more class II deficiencies arising
886 from separate surveys or investigations within a 60-day period,
887 or has had three or more substantiated complaints within a 6-
888 month period, each resulting in at least one class I or class II
889 deficiency. In addition to any other fees or fines in this part,
890 the agency shall assess a fine for each facility that is subject
891 to the 6-month survey cycle. The fine for the 2-year period
892 shall be \$6,000, one-half to be paid at the completion of each
893 survey. The agency may adjust this fine by the change in the
894 Consumer Price Index, based on the 12 months immediately
895 preceding the increase, to cover the cost of the additional
896 surveys. The agency shall verify through subsequent inspection
897 that any deficiency identified during inspection is corrected.
898 However, the agency may verify the correction of a class III or
899 class IV deficiency unrelated to resident rights or resident
900 care without reinspecting the facility if adequate written

901 documentation has been received from the facility, which
902 provides assurance that the deficiency has been corrected. The
903 giving or causing to be given of advance notice of such
904 unannounced inspections by an employee of the agency to any
905 unauthorized person shall constitute cause for suspension of not
906 fewer than 5 working days according to the provisions of chapter
907 110.

908 Section 10. Paragraph (g) of subsection (2) of section
909 400.23, Florida Statutes, is amended to read:

910 400.23 Rules; evaluation and deficiencies; licensure
911 status.—

912 (2) Pursuant to the intention of the Legislature, the
913 agency, in consultation with the Department of Health and the
914 Department of Elderly Affairs, shall adopt and enforce rules to
915 implement this part and part II of chapter 408, which shall
916 include reasonable and fair criteria in relation to:

917 (g) The preparation and annual update of a comprehensive
918 emergency management plan. The agency shall adopt rules
919 establishing minimum criteria for the plan after consultation
920 with the Division of Emergency Management.

921 1. At a minimum, the rules must provide for plan
922 components that address:

923 a. Emergency evacuation transportation;

924 b. Adequate sheltering arrangements;

925 c. Postdisaster activities, including emergency power,

926 food, and water;

927 d. Postdisaster transportation;

928 e. Supplies;

929 f. Hardening;

930 g. Staffing, including which staff are responsible for

931 implementing each element of the plan, how the facility will

932 maintain staffing during emergencies, and whether and how the

933 facility will accommodate family members of staff;

934 h. Emergency equipment;

935 i. Individual identification of residents and transfer of

936 records; and

937 j. Responding to family inquiries.

938 2. Facilities must include information in their plans

939 about:

940 a. Whether the facility is located in an evacuation zone;

941 b. Whether the facility intends to shelter in place or

942 relocate to another facility;

943 c. Whether the facility has an emergency power source;

944 d. How the facility will inform residents and the

945 resident's designated family member, legal representative, or

946 guardian when the emergency management plan has been activated;

947 and

948 e. A working phone number for the facility for use by the

949 resident's designated family member, legal representative, or

950 guardian to make contact postdisaster.

951 3. A facility must provide to the agency, its residents,
952 and the resident's designated family member, legal
953 representative, or guardian the information in subparagraph 2.
954 and an overview of the facility's comprehensive emergency
955 management plan and, if appropriate, a description of the
956 evacuation plan. The agency must post this information on its
957 consumer information website. Any changes to this information
958 must be provided to the agency, the facility's residents, and
959 the resident's designated family member, legal representative,
960 or guardian within 30 days after the change takes effect.

961 4. The comprehensive emergency management plan is subject
962 to review and approval by the local emergency management agency.

963 a. A facility must submit its plan to the local emergency
964 management agency within 90 days after licensure or change of
965 ownership and must notify the agency within 30 days after
966 submission of the plan.

967 b. Such plan must be submitted annually or within 30 days
968 after any significant modification, as defined by agency rule,
969 to a previously approved plan.

970 c. During its review, the local emergency management
971 agency shall ensure that the following agencies, at a minimum,
972 are given the opportunity to review the plan: the Department of
973 Elderly Affairs, the Department of Health, the Agency for Health
974 Care Administration, and the Division of Emergency Management.
975 Also, appropriate volunteer organizations must be given the

976 opportunity to review the plan.

977 d. The local emergency management agency shall complete
 978 its review within 60 days and either approve the plan or advise
 979 the facility of necessary revisions. A facility must submit the
 980 requested revisions to the local emergency management agency
 981 within 30 days after receiving written notification from the
 982 local emergency management agency.

983 e. A facility must notify the agency within 30 days after
 984 approval of its plan by the local emergency management agency.

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

987 400.492 Provision of services during an emergency.—Each
 988 home health agency shall prepare and maintain a comprehensive
 989 emergency management plan that is consistent with the standards
 990 adopted by national or state accreditation organizations, the
 991 requirements set forth in this section, and ~~consistent with the~~
 992 local special needs plan. The home health agency plan shall be
 993 submit the plan to the county health department for review and
 994 approval within 90 days after the home health agency is licensed
 995 or there is a change of ownership. The plan must be submitted
 996 updated annually or within 30 days after any significant
 997 modification, as defined by agency rule, to a previously
 998 approved plan. The plan and shall document how the agency will
 999 continue to provide for continuing home health services during
 1000 an emergency that interrupts patient care or services in the

1001 patient's private residence, assisted living facility, or adult
 1002 family care home. The plan shall include identification of the
 1003 staff ~~the means by which~~ the home health agency will ~~continue to~~
 1004 provide in the special needs shelter ~~staff~~ to perform the same
 1005 type and quantity of services for ~~to~~ their patients who evacuate
 1006 to special needs shelters as ~~that~~ were being provided to those
 1007 patients before ~~prior to~~ evacuation. The plan shall describe how
 1008 the home health agency establishes and maintains an effective
 1009 response to emergencies and disasters, including, but not
 1010 limited to, ~~+~~ notifying staff when emergency response measures
 1011 are initiated; providing for communication between staff
 1012 members, county health departments, and local emergency
 1013 management agencies, including a backup system; identifying
 1014 resources necessary to continue essential care or services or
 1015 referrals to other organizations, subject to written agreement;
 1016 ~~and~~ prioritizing and contacting patients who need continued care
 1017 or services that are provided by agency staff or by designated
 1018 family members or other nonhome health agency caregivers; and
 1019 how services will be provided to patients in the event the home
 1020 health agency cannot continue to provide services or ceases
 1021 operation due to the emergency.

1022 (1) The home health agency shall inform each patient and
 1023 the patient's legal representative, designated family member, or
 1024 guardian of the special needs registry established pursuant to
 1025 s. 252.355 and how to register the patient. The home health

1026 agency shall collect and submit to the local emergency
1027 management office a list of registered patients who will need
1028 continuing care or services during an emergency. Each ~~patient~~
1029 record for a patient who is registered under ~~patients who are~~
1030 ~~listed in the registry established pursuant to s. 252.355~~ shall
1031 include a description of how care or services will be continued
1032 in the event of an emergency or disaster and identify designated
1033 staff who will provide such services. The home health agency
1034 shall discuss with the patient and the patient's legal
1035 representative, designated family member, guardian, or nonhome
1036 health agency caregiver and document in his or her record how
1037 the home health agency will continue to provide the same type
1038 and quantity of services, including staffing, to the patient in
1039 his or her private residence, assisted living facility, or adult
1040 family care home, or in the special needs shelter if the patient
1041 evacuates to the special needs shelter, which were being
1042 provided before the emergency or evacuation. The patient's
1043 record shall contain ~~the emergency provisions with the patient~~
1044 ~~and the patient's caregivers, including where and how the~~
1045 ~~patient is to evacuate,~~ procedures for notifying the home health
1046 agency in the event that the patient evacuates to a location
1047 other than the shelter identified in the patient record, and a
1048 list of medications and equipment which must either accompany
1049 the patient or will be needed by the patient in the event of an
1050 evacuation.

1051 (2) If the home health agency's patient is a resident of
 1052 an assisted living facility or an adult family care home, the
 1053 home health agency must contact the assisted living facility or
 1054 adult family care home administrator to determine the plans for
 1055 evacuation and document the resident's plans in his or her
 1056 record.

1057 (3)~~(2)~~ Each home health agency shall create and maintain a
 1058 current ~~prioritized~~ list of patients who need continued agency
 1059 services during an emergency. The list shall include patients to
 1060 be evacuated to a shelter, in private residences, assisted
 1061 living facilities, and adult family care homes who require
 1062 continued home health agency services. The list shall indicate
 1063 how services will ~~shall~~ be continued in the event of an
 1064 emergency or disaster for each patient, ~~and~~ if the patient is
 1065 remaining in the home or is to be transported to a special needs
 1066 shelter, if the patient is listed in the registry established
 1067 pursuant to s. 252.355, and shall indicate if the patient is
 1068 receiving skilled nursing services, and the patient's medication
 1069 and equipment needs. The list shall be furnished to county
 1070 health departments and to local emergency management agencies as
 1071 part of the home health agency's comprehensive emergency
 1072 management plan, upon request. The list shall be updated
 1073 annually or each time a patient is identified as needing
 1074 services during an emergency.

1075 (4)~~(3)~~ A home health agency is ~~agencies~~ shall not be

1076 required to continue to provide care to patients in emergency
 1077 situations that are beyond its ~~their~~ control and that make it
 1078 impossible to provide services, such as when roads are
 1079 impassable or when the patient does ~~patients do~~ not go to the
 1080 location specified in the patient's record ~~their patient~~
 1081 ~~records~~. If a home health agency is unable to continue to
 1082 provide services or ceases operation due to situations beyond
 1083 its control, the home health agency must notify the patient
 1084 whose services will be discontinued during the emergency and the
 1085 local emergency operations center as soon as possible. If the
 1086 home health agency is providing services to residents of
 1087 assisted living facilities and adult family care homes, the home
 1088 health agency must make arrangements for continuation of
 1089 services and notify the local emergency operations center of
 1090 such arrangements. Home health agencies shall ~~may~~ establish
 1091 links to local emergency operations centers to determine a
 1092 mechanism by which to approach specific areas within a disaster
 1093 area in order for the agency to reach its clients. When a home
 1094 health agency is unable to continue providing services during an
 1095 emergency, the home health agency agencies shall document its
 1096 efforts ~~demonstrate a good faith effort~~ to comply with the
 1097 requirements of its comprehensive emergency management plan and
 1098 this subsection, including ~~by documenting~~ attempts by ~~of~~ staff
 1099 to contact the patient and the patient's designated family
 1100 member, legal representative, guardian, or nonhome health agency

1101 caregiver, if applicable; contact the resident's assisted living
1102 facility or adult family care home, if applicable; contact the
1103 local emergency operations centers to obtain assistance in
1104 contacting patients; and contact other agencies that may be able
1105 to provide temporary services. The home health agency must also
1106 document attempts by staff to follow procedures outlined in the
1107 home health agency's comprehensive emergency management plan,
1108 and in by the patient's record, which support a finding that the
1109 provision of continuing care has been attempted for those
1110 patients who have been identified as needing care by the home
1111 health agency in his or her private residence, assisted living
1112 facility, or adult family care home and the patients who are
1113 registered under s. 252.355, in the event of an emergency or
1114 disaster under subsection (1). The agency shall review the
1115 documentation required by this section during any inspection
1116 conducted under part II of this chapter to determine the home
1117 health agency's compliance with its emergency plan.

1118 (5)(4) Notwithstanding the provisions of s. 400.464(2) or
1119 any other provision of law to the contrary, a home health agency
1120 may provide services in a special needs shelter located in any
1121 county.

1122 Section 12. Subsection (10) of section 400.497, Florida
1123 Statutes, is amended to read:

1124 400.497 Rules establishing minimum standards.—The agency
1125 shall adopt, publish, and enforce rules to implement part II of

1126 chapter 408 and this part, including, as applicable, ss. 400.506
 1127 and 400.509, which must provide reasonable and fair minimum
 1128 standards relating to:

1129 (10) Preparation of and compliance with a comprehensive
 1130 emergency management plan pursuant to s. 400.492.

1131 (a) The Agency for Health Care Administration shall adopt
 1132 rules establishing minimum criteria for the plan and plan
 1133 updates, with the concurrence of the Department of Health and in
 1134 consultation with the Division of Emergency Management.

1135 (b) The rules must address the requirements in s. 400.492.
 1136 In addition, the rules shall provide for the maintenance of
 1137 patient-specific medication lists that can accompany patients
 1138 who are transported from their private residence, assisted
 1139 living facility, or adult family care home ~~homes~~.

1140 (c) The plan is subject to review and approval by the
 1141 county health department. During its review, the county health
 1142 department shall contact state and local health and medical
 1143 stakeholders when necessary. The county health department shall
 1144 complete its review to ensure that the plan is in accordance
 1145 with the criteria in the Agency for Health Care Administration
 1146 rules within 90 days after receipt of the plan and shall approve
 1147 the plan or advise the home health agency of necessary
 1148 revisions. If the home health agency fails to submit a plan or
 1149 fails to submit the requested information or revisions to the
 1150 county health department within 30 days after written

1151 notification from the county health department, the county
1152 health department shall, within 10 days after the home health
1153 agency's failure to comply, notify the Agency for Health Care
1154 Administration. The agency shall notify the home health agency
1155 that its failure constitutes a deficiency, subject to a fine of
1156 \$5,000 per occurrence. If either the initial or annual ~~the~~ plan
1157 is not submitted, information is not provided, or revisions are
1158 not made as requested, the agency may impose the fine. If the
1159 fine is not imposed against the home health agency, the agency
1160 must document in the home health agency's file the reason the
1161 fine was not imposed.

1162 (d) For any home health agency that operates in more than
1163 one county, the home health agency must submit its plan to the
1164 Department of Health. The department shall review the plan,
1165 after consulting with state and local health and medical
1166 stakeholders when necessary. The department shall complete its
1167 review within 90 days after receipt of the plan and shall
1168 approve the plan or advise the home health agency of necessary
1169 revisions. The department shall make every effort to avoid
1170 imposing differing requirements on a home health agency that
1171 operates in more than one county as a result of differing or
1172 conflicting comprehensive plan requirements of the counties in
1173 which the home health agency operates. If the home health agency
1174 fails to submit a plan or fails to submit requested information
1175 or revisions to the Department of Health within 30 days after

1176 written notification from the department, the department must
 1177 notify the Agency for Health Care Administration within 10 days
 1178 after the home health agency's failure to comply. The agency
 1179 shall notify the home health agency that its failure constitutes
 1180 a deficiency, subject to a fine of \$5,000 per occurrence. If the
 1181 plan is not submitted, information is not provided, or revisions
 1182 are not made as requested, the agency may impose the fine. If
 1183 the fine is not imposed against the home health agency, the
 1184 agency must document in the home health agency's file the reason
 1185 the fine was not imposed.

1186 (e) The requirements in this subsection do not apply to:

1187 1. A facility that is certified under chapter 651 and has
 1188 a licensed home health agency used exclusively by residents of
 1189 the facility; or

1190 2. A retirement community that consists of residential
 1191 units for independent living and either a licensed nursing home
 1192 or an assisted living facility, and has a licensed home health
 1193 agency used exclusively by the residents of the retirement
 1194 community, provided the comprehensive emergency management plan
 1195 for the facility or retirement community provides for continuous
 1196 care of all residents with special needs during an emergency.

1197 Section 13. Subsection (12) of section 400.506, Florida
 1198 Statutes, is amended to read:

1199 400.506 Licensure of nurse registries; requirements;
 1200 penalties.—

1201 (12) Each nurse registry shall prepare and maintain a
 1202 comprehensive emergency management plan that is consistent with
 1203 the criteria in this subsection and with the local special needs
 1204 plan. The plan shall be submitted to the county health
 1205 department for review and approval within 90 days after the
 1206 nurse registry is licensed or there is a change of ownership.
 1207 The plan must be updated annually or within 30 days after any
 1208 significant modification, as defined by agency rule, to a
 1209 previously approved plan. The plan shall document how ~~include~~
 1210 ~~the means by which~~ the nurse registry will facilitate the
 1211 provision of ~~continue to provide~~ the same type and quantity of
 1212 services by persons referred for contract to each patient who
 1213 remains in his or her private residence, assisted living
 1214 facility, or adult family care home or who evacuates ~~to its~~
 1215 ~~patients who evacuate~~ to special needs shelters which were being
 1216 provided to ~~those patients~~ before the emergency ~~prior to~~
 1217 evacuation. ~~The plan shall specify how the nurse registry shall~~
 1218 ~~facilitate the provision of continuous care by persons referred~~
 1219 ~~for contract to persons who are registered pursuant to s.~~
 1220 ~~252.355 during an emergency that interrupts the provision of~~
 1221 ~~care or services in private residences.~~ Nurse registries shall
 1222 ~~may~~ establish links to local emergency operations centers to
 1223 determine a mechanism by which to approach specific areas within
 1224 a disaster area in order for a provider to reach its clients. A
 1225 nurse registry shall document its efforts ~~registries shall~~

1226 ~~demonstrate a good faith effort~~ to comply with the requirements
1227 of its comprehensive emergency management plan and this
1228 subsection in the patient's records, including ~~by documenting~~
1229 attempts ~~by~~ ~~of~~ staff to contact the patient and the patient's
1230 designated family member, legal representative, guardian, or
1231 other person who provides care; contact the resident's assisted
1232 living facility or adult family care home, if applicable;
1233 contact the local emergency operations centers to obtain
1234 assistance in contacting patients; and contact other agencies
1235 that may be able to provide temporary services. The nurse
1236 registry must also document attempts by staff to follow
1237 procedures outlined in the nurse registry's comprehensive
1238 emergency management plan which support a finding that the
1239 provision of continuing care has been attempted for patients
1240 identified as needing care by the nurse registry either in home
1241 or in a special needs shelter ~~and registered under s. 252.355~~ in
1242 the event of an emergency under this subsection.

1243 (a) All persons referred for contract who care for
1244 patients ~~persons~~ registered pursuant to s. 252.355 must include
1245 in the patient record a description of how the person referred
1246 for contract will continue to provide the same type and quantity
1247 of services to the patient ~~care will be continued~~ during a
1248 disaster or emergency that interrupts the provision of care ~~in~~
1249 ~~the patient's home~~. It shall be the responsibility of the person

1250 referred for contract to ensure that continuous care is
 1251 provided.

1252 (b) A ~~Each~~ nurse registry shall create and maintain a
 1253 current ~~prioritized~~ list of patients in private residences,
 1254 assisted living facilities, or adult family care homes who are
 1255 registered pursuant to s. 252.355 and are under the care of
 1256 persons referred for contract and who need continued services
 1257 during an emergency. This list shall indicate, for each patient,
 1258 if the client is to be transported to a special needs shelter
 1259 and if the patient is receiving skilled nursing services. A
 1260 nurse registry ~~registries~~ shall make this list available to
 1261 county health departments and to local emergency management
 1262 agencies as part of its comprehensive emergency management plan
 1263 ~~upon request~~. The list shall be updated annually or each time a
 1264 patient is identified as needing services during an emergency.

1265 (c) A ~~Each~~ person referred for contract who is caring for
 1266 a patient who is registered pursuant to s. 252.355 shall provide
 1267 a list of the patient's medication and equipment needs to the
 1268 nurse registry. Each nurse registry ~~person referred for contract~~
 1269 shall make this information available to county health
 1270 departments and to local emergency management agencies ~~upon~~
 1271 ~~request~~.

1272 (d) A ~~Each~~ person referred for contract is ~~shall not be~~
 1273 required to continue to provide care to patients in emergency
 1274 situations that are beyond the person's control and that make it

1275 impossible to provide services, such as when roads are
1276 impassable or when patients do not go to the location specified
1277 in their patient records. It is the responsibility of the nurse
1278 registry to contact another person available for referral to
1279 provide care for the patient. If the nurse registry is unable to
1280 continue to provide services or ceases operation due to
1281 situations beyond its control, the nurse registry must notify
1282 the patient whose services will be discontinued during the
1283 emergency and the local emergency management operations center
1284 as soon as possible. If the nurse registry is providing services
1285 to residents of assisted living facilities or adult family care
1286 homes, it must make arrangements for continuation of services
1287 and notify the local emergency operations center of such
1288 arrangement. When a nurse registry is unable to continue to
1289 provide services during the emergency, the nurse registry shall
1290 document its efforts to comply with the requirements of its
1291 comprehensive emergency management plan and this subsection by
1292 documenting attempts of the registry or its staff to contact the
1293 patient and the patient's designated family member, legal
1294 representative, guardian, or other caregiver, if applicable;
1295 contact the resident's assisted living facility or adult family
1296 care home, if applicable; contact the local emergency operations
1297 centers to obtain assistance in contacting patients and contact
1298 other agencies that may be able to provide temporary services.
1299 The agency shall review the documentation required by this

1300 section during any inspection conducted pursuant to part II of
1301 this chapter to determine the nurse registry's compliance with
1302 its emergency plan.

1303 (e) The comprehensive emergency management plan required
1304 by this subsection is subject to review and approval by the
1305 county health department. During its review, the county health
1306 department shall contact state and local health and medical
1307 stakeholders when necessary. The county health department shall
1308 complete its review to ensure that the plan complies with the
1309 criteria in this section and the Agency for Health Care
1310 Administration rules within 90 days after receipt of the plan
1311 and shall either approve the plan or advise the nurse registry
1312 of necessary revisions. If a nurse registry fails to submit a
1313 plan or fails to submit requested information or revisions to
1314 the county health department within 30 days after written
1315 notification from the county health department, the county
1316 health department shall, within 10 days after the nurse
1317 registry's failure to comply, notify the Agency for Health Care
1318 Administration. The agency shall notify the nurse registry that
1319 its failure constitutes a deficiency, subject to a fine of
1320 \$5,000 per occurrence. If either the initial or annual plan is
1321 not submitted, information is not provided, or revisions are not
1322 made as requested, the agency may impose the fine. If the fine
1323 is not imposed against the nurse registry, the agency must

1324 document in the nurse registry's file the reason the fine was
 1325 not imposed.

1326 (f) The Agency for Health Care Administration shall adopt
 1327 rules establishing minimum criteria for the comprehensive
 1328 emergency management plan and plan updates required by this
 1329 subsection, with the concurrence of the Department of Health and
 1330 in consultation with the Division of Emergency Management.

1331 Section 14. Subsection (3) of section 408.813, Florida
 1332 Statutes, is amended to read:

1333 408.813 Administrative fines; violations.—As a penalty for
 1334 any violation of this part, authorizing statutes, or applicable
 1335 rules, the agency may impose an administrative fine.

1336 (3) The agency may impose an administrative fine for a
 1337 violation that is not designated as a class I, class II, class
 1338 III, or class IV violation. Unless otherwise specified by law,
 1339 the amount of the fine may not exceed \$500 for each violation.

1340 Unclassified violations include:

- 1341 (a) Violating any term or condition of a license.
- 1342 (b) Violating any provision of this part, authorizing
 1343 statutes, or applicable rules.
- 1344 (c) Exceeding licensed capacity.
- 1345 (d) Providing services beyond the scope of the license.
- 1346 (e) Violating a moratorium imposed pursuant to s. 408.814.
- 1347 (f) Failure to have an approved comprehensive emergency
 1348 management plan as required by authorizing statutes.

1349 (g) Failure to enter into and maintain agreements required
1350 by s. 252.355(4)(b) by July 1, 2019.

1351 Section 15. Section 408.821, Florida Statutes, is amended
1352 to read:

1353 408.821 Emergency management planning; emergency
1354 operations; inactive license.—

1355 (1) A licensee required by authorizing statutes to have a
1356 an comprehensive emergency management operations plan must
1357 designate a safety liaison to serve as the primary contact for
1358 emergency operations.

1359 (2) A licensee required by authorizing statutes to have a
1360 comprehensive emergency management plan must conduct annual
1361 staff training on the policies and procedures for implementing
1362 the emergency operations plan within 2 months before the start
1363 of hurricane season, including testing of the implementation of
1364 the plan, either in a planned drill or in response to a disaster
1365 or an emergency. New staff must receive such training within 30
1366 days after commencement of employment. Such training for new
1367 staff is not required to include testing of the implementation
1368 of the plan if testing is impracticable. Documentation of the
1369 training and testing, including evaluation of the outcome of the
1370 training and testing and modifications to the plan to address
1371 inadequacies must be provided to the agency and the local
1372 emergency management agency within 30 days after the training
1373 and testing is finished. The evaluation must include a survey of

1374 staff to determine their familiarity with the plan.

1375 (3) Failure to follow the policies and procedures in the
 1376 licensee's comprehensive emergency management plan is grounds
 1377 for action by the agency against a licensee. The agency shall
 1378 consider the licensee's efforts to follow the plan and
 1379 circumstances beyond the licensee's control that caused the
 1380 failure. In determining the penalty, the agency shall evaluate
 1381 the potential or actual harm to the client's health, safety, and
 1382 security caused by the failure.

1383 (4)~~(2)~~ An entity subject to this part may temporarily
 1384 exceed its licensed capacity to act as a receiving provider in
 1385 accordance with an approved comprehensive emergency management
 1386 ~~operations~~ plan for up to 15 days. While in an overcapacity
 1387 status, each provider must furnish or arrange for appropriate
 1388 care and services to all clients. In addition, the agency may
 1389 approve requests for overcapacity in excess of 15 days, which
 1390 approvals may be based upon satisfactory justification and need
 1391 as provided by the receiving and sending providers.

1392 (5)~~(3)~~(a) An inactive license may be issued to a licensee
 1393 subject to this section when the provider is located in a
 1394 geographic area in which a state of emergency was declared by
 1395 the Governor if the provider:

- 1396 1. Suffered damage to its operation during the state of
 1397 emergency.
- 1398 2. Is currently licensed.

1399 3. Does not have a provisional license.

1400 4. Will be temporarily unable to provide services but is
1401 reasonably expected to resume services within 12 months.

1402 (b) An inactive license may be issued for a period not to
1403 exceed 12 months but may be renewed by the agency for up to 12
1404 additional months upon demonstration to the agency of progress
1405 toward reopening. A request by a licensee for an inactive
1406 license or to extend the previously approved inactive period
1407 must be submitted in writing to the agency, accompanied by
1408 written justification for the inactive license, which states the
1409 beginning and ending dates of inactivity and includes a plan for
1410 the transfer of any clients to other providers and appropriate
1411 licensure fees. Upon agency approval, the licensee shall notify
1412 clients of any necessary discharge or transfer as required by
1413 authorizing statutes or applicable rules. The beginning of the
1414 inactive licensure period shall be the date the provider ceases
1415 operations. The end of the inactive period shall become the
1416 license expiration date, and all licensure fees must be current,
1417 must be paid in full, and may be prorated. Reactivation of an
1418 inactive license requires the prior approval by the agency of a
1419 renewal application, including payment of licensure fees and
1420 agency inspections indicating compliance with all requirements
1421 of this part and applicable rules and statutes.

1422 (6)~~(4)~~ The agency may adopt rules relating to emergency
1423 management planning, communications, and operations. Licensees

1424 providing residential or inpatient services must utilize an
1425 online database established and maintained ~~approved~~ by the
1426 agency to report information to the agency regarding the
1427 provider's emergency status, planning, or operations. The agency
1428 shall provide the Department of Health with direct access to the
1429 online database. The agency may adopt rules requiring other
1430 providers to use the online database for reporting the
1431 provider's emergency status, planning, or operations.

1432 Section 16. Paragraph (1) is added to subsection (1) of
1433 section 429.14, Florida Statutes, to read:

1434 429.14 Administrative penalties.—

1435 (1) In addition to the requirements of part II of chapter
1436 408, the agency may deny, revoke, and suspend any license issued
1437 under this part and impose an administrative fine in the manner
1438 provided in chapter 120 against a licensee for a violation of
1439 any provision of this part, part II of chapter 408, or
1440 applicable rules, or for any of the following actions by a
1441 licensee, any person subject to level 2 background screening
1442 under s. 408.809, or any facility staff:

1443 (1) Failure to comply with the requirements for the
1444 comprehensive emergency management plan under this part or s.
1445 408.821.

1446 Section 17. Subsection (7) of section 429.19, Florida
1447 Statutes, is amended to read:

1448 429.19 Violations; imposition of administrative fines;

1449 grounds.-

1450 (7) In addition to any administrative fines imposed, the
 1451 agency may assess a survey fee, equal to the lesser of one half
 1452 of the facility's biennial license and bed fee or \$500, to cover
 1453 the cost of conducting initial complaint investigations that
 1454 result in the finding of a violation that was the subject of the
 1455 complaint or monitoring visits conducted under s. 429.34(2)(b)
 1456 ~~s. 429.28(3)(e)~~ to verify the correction of the violations.

1457 Section 18. Subsection (3) of section 429.28, Florida
 1458 Statutes, is amended to read:

1459 429.28 Resident bill of rights.-

1460 (3)(a) The agency shall conduct a survey to determine
 1461 general compliance with facility standards, requirements for the
 1462 comprehensive emergency management plan, and ~~compliance with~~
 1463 residents' rights as a prerequisite to initial licensure or
 1464 licensure renewal. The agency shall adopt rules for uniform
 1465 standards and criteria that will be used to determine compliance
 1466 with facility standards, requirements for the comprehensive
 1467 emergency management plan, and ~~compliance with~~ residents'
 1468 rights.

1469 (b) In order to determine whether the facility is
 1470 adequately protecting residents' rights, the biennial survey
 1471 shall include private informal conversations with a sample of
 1472 residents and consultation with the ombudsman council in the
 1473 district in which the facility is located to discuss residents'

1474 experiences within the facility.

1475 ~~(c) During any calendar year in which no survey is~~
1476 ~~conducted, the agency shall conduct at least one monitoring~~
1477 ~~visit of each facility cited in the previous year for a class I~~
1478 ~~or class II violation, or more than three uncorrected class III~~
1479 ~~violations.~~

1480 ~~(d) The agency may conduct periodic followup inspections~~
1481 ~~as necessary to monitor the compliance of facilities with a~~
1482 ~~history of any class I, class II, or class III violations that~~
1483 ~~threaten the health, safety, or security of residents.~~

1484 ~~(e) The agency may conduct complaint investigations as~~
1485 ~~warranted to investigate any allegations of noncompliance with~~
1486 ~~requirements required under this part or rules adopted under~~
1487 ~~this part.~~

1488 Section 19. Subsection (2) of section 429.34, Florida
1489 Statutes, is amended to read:

1490 429.34 Right of entry and inspection.—

1491 (2)(a) In addition to the requirements of s. 408.811, the
1492 agency may inspect and investigate facilities as necessary to
1493 determine compliance with this part, part II of chapter 408, and
1494 rules adopted thereunder ~~The agency shall inspect each licensed~~
1495 ~~assisted living facility at least once every 24 months to~~
1496 ~~determine compliance with this chapter and related rules. If an~~
1497 ~~assisted living facility is cited for a class I violation or~~
1498 ~~three or more class II violations arising from separate surveys~~

1499 within a 60-day period or due to unrelated circumstances during
1500 the same survey, the agency must conduct an additional licensure
1501 inspection within 6 months.

1502 (b) During any calendar year in which a survey is not
1503 conducted, the agency may conduct monitoring visits of each
1504 facility cited in the previous year for a class I or class II
1505 violation or for more than three uncorrected class III
1506 violations.

1507 (c) The agency shall conduct periodic followup inspections
1508 as necessary to monitor the compliance of facilities with a
1509 history of any violation related to the requirements for the
1510 comprehensive emergency management plan.

1511 Section 20. Paragraph (b) of subsection (1) of section
1512 429.41, Florida Statutes, is amended to read:

1513 429.41 Rules establishing standards.—

1514 (1) It is the intent of the Legislature that rules
1515 published and enforced pursuant to this section shall include
1516 criteria by which a reasonable and consistent quality of
1517 resident care and quality of life may be ensured and the results
1518 of such resident care may be demonstrated. Such rules shall also
1519 ensure a safe and sanitary environment that is residential and
1520 noninstitutional in design or nature. It is further intended
1521 that reasonable efforts be made to accommodate the needs and
1522 preferences of residents to enhance the quality of life in a
1523 facility. Uniform firesafety standards for assisted living

1524 facilities shall be established by the State Fire Marshal
 1525 pursuant to s. 633.206. The agency, in consultation with the
 1526 department, may adopt rules to administer the requirements of
 1527 part II of chapter 408. In order to provide safe and sanitary
 1528 facilities and the highest quality of resident care
 1529 accommodating the needs and preferences of residents, the
 1530 department, in consultation with the agency, the Department of
 1531 Children and Families, and the Department of Health, shall adopt
 1532 rules, policies, and procedures to administer this part, which
 1533 must include reasonable and fair minimum standards in relation
 1534 to:

1535 (b) The preparation and annual update of a comprehensive
 1536 emergency management plan. Such standards must be included in
 1537 the rules adopted by the department after consultation with the
 1538 Division of Emergency Management.

1539 1. At a minimum, the rules must provide for plan
 1540 components that address:

- 1541 a. Emergency evacuation transportation;
- 1542 b. Adequate sheltering arrangements;
- 1543 c. Postdisaster activities, including provision of
 1544 emergency power, food, and water;
- 1545 d. Postdisaster transportation;
- 1546 e. Supplies;
- 1547 f. Hardening;
- 1548 g. Staffing, including which staff are responsible for

1549 implementing each element of the plan, how the facility will
1550 maintain staffing during emergencies, and whether and how the
1551 facility will accommodate family members of staff;
1552 h. Emergency equipment;
1553 i. Individual identification of residents and transfer of
1554 records;
1555 j. Communication with families; and
1556 k. Responses to family inquiries.
1557 2. Facilities must include information in their plans
1558 about:
1559 a. Whether the facility is located in an evacuation zone;
1560 b. Whether the facility intends to shelter in place or
1561 relocate to another facility;
1562 c. Whether the facility has an emergency power source;
1563 d. How the facility will inform residents and the
1564 resident's designated family member, legal representative, or
1565 guardian when the emergency management plan has been activated;
1566 and
1567 e. A working phone number for the facility for use by the
1568 resident's designated family member, legal representative, or
1569 guardian to make contact postdisaster.
1570 3. A facility must provide to the agency, its residents,
1571 and the resident's designated family member, legal
1572 representative, or guardian the information in subparagraph 2.
1573 and an overview of the facility's comprehensive emergency

1574 management plan and, if appropriate, a description of the
1575 evacuation plan. The agency must post this information on its
1576 consumer information website. Any changes to this information
1577 must be provided to the agency, the facility's residents, and
1578 the resident's designated family member, legal representative,
1579 or guardian within 30 days after the change takes effect.

1580 4. The comprehensive emergency management plan is subject
1581 to review and approval by the local emergency management agency.

1582 a. A facility must submit its plan to the local emergency
1583 management agency within 90 days after licensure and change of
1584 ownership and must notify the agency within 30 days after
1585 submission of the plan.

1586 b. Such plan must be submitted annually or within 30 days
1587 after any significant modification, as defined by agency rule,
1588 to a previously approved plan.

1589 c. During its review, the local emergency management
1590 agency shall ensure that the following agencies, at a minimum,
1591 are given the opportunity to review the plan: the Department of
1592 Elderly Affairs, the Department of Health, the Agency for Health
1593 Care Administration, and the Division of Emergency Management.
1594 Also, appropriate volunteer organizations must be given the
1595 opportunity to review the plan.

1596 d. The local emergency management agency shall complete
1597 its review within 60 days and either approve the plan or advise
1598 the facility of necessary revisions. A facility must submit the

1599 requested revisions to the local emergency management agency
1600 within 30 days after receiving written notification from the
1601 local emergency management agency.

1602 e. A facility must notify the agency within 30 days after
1603 approval of its plan by the local emergency management agency.

1604 Section 21. (1) For the 2018-2019 fiscal year, 11 full-
1605 time equivalent positions, with associated salary rate of
1606 458,789, are authorized, and the sums of \$81,095 in recurring
1607 funds from the Administrative Trust Fund, \$706,525 in recurring
1608 funds from the Health Care Trust Fund, and \$60,134 in
1609 nonrecurring funds from the Health Care Trust Fund are
1610 appropriated to the Agency for Health Care Administration for
1611 the purpose of implementing the oversight and enforcement
1612 requirements of this act.

1613 (2) For the 2018-2019 fiscal year, \$300,000 in recurring
1614 funds from the Health Care Trust Fund are appropriated to the
1615 Agency for Health Care Administration for the purpose of
1616 implementing technology changes necessary to implement this act.

1617 (3) For the 2018-2019 fiscal year, 10 full-time equivalent
1618 positions with associated salary rate of 407,212 are authorized,
1619 and the sums of \$744,289 in recurring funds from the General
1620 Revenue Fund, \$562,140 in recurring funds from the County Health
1621 Department Trust Fund, \$44,740 in nonrecurring funds from the
1622 General Revenue Fund, and \$35,792 in nonrecurring funds from the
1623 County Health Department Trust Fund are appropriated to the

CS/HB 7085

2018

1624 Department of Health for the purpose of implementing the special
1625 needs registry and comprehensive emergency management plan
1626 requirements of this act.

1627 (4) For the 2018-2019 fiscal year, \$879,955 in recurring
1628 funds from the General Revenue Fund and \$169,480 in nonrecurring
1629 funds from the General Revenue Fund are appropriated to the
1630 Department of Health for the purpose of implementing technology
1631 changes necessary to implement this act.

1632 Section 22. This act shall take effect July 1, 2018.