1 A bill to be entitled 2 An act relating to persons with developmental 3 disabilities; amending s. 393.063, F.S.; revising the definition of the term "comprehensive transitional 4 5 education program"; amending s. 393.18, F.S.; 6 prohibiting the granting of new licenses or the 7 renewal of existing licenses for comprehensive 8 transitional education programs after a specified 9 date; amending s. 393.506, F.S.; revising competency 10 assessment and validation requirements for direct service providers who administer or supervise the 11 12 self-administration of medication; providing an effective date. 13 14 Be It Enacted by the Legislature of the State of Florida: 15 16 17 Section 1. Subsection (10) of section 393.063, Florida Statutes, is amended to read: 18 19 393.063 Definitions.-For the purposes of this chapter, the 20 term: 21 (10)"Comprehensive transitional education program" means 22 the program established in s. 393.18. After July 1, 2018, new

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licensed. After December 31, 2020, the license for any existing

comprehensive transitional education programs may not be

comprehensive transitional education programs may not be

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renewed.

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Section 2. Section 393.18, Florida Statutes, is amended to read:

393.18 Comprehensive transitional education program.-A comprehensive transitional education program serves individuals who have developmental disabilities, severe maladaptive behaviors, severe maladaptive behaviors and co-occurring complex medical conditions, or a dual diagnosis of developmental disability and mental illness. Services provided by the program must be temporary in nature and delivered in a manner designed to achieve the primary goal of incorporating the principles of self-determination and person-centered planning to transition individuals to the most appropriate, least restrictive community living option of their choice which is not operated as a comprehensive transitional education program. The supervisor of the clinical director of the program licensee must hold a doctorate degree with a primary focus in behavior analysis from an accredited university, be a certified behavior analyst pursuant to s. 393.17, and have at least 1 year of experience in providing behavior analysis services for individuals in developmental disabilities. The staff must include behavior analysts and teachers, as appropriate, who must be available to provide services in each component center or unit of the program. A behavior analyst must be certified pursuant to s. 393.17.

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(1) Comprehensive transitional education programs must include the following components:

- (a) Intensive treatment and education.—This component provides intensive behavioral and educational programming for individuals whose conditions preclude placement in a less restrictive environment due to the threat of danger or injury to themselves or others. Continuous-shift staff are required for this component.
- (b) Intensive training and education.—This component provides concentrated psychological and educational programming that emphasizes a transition toward a less restrictive environment. Continuous-shift staff are required for this component.
- (c) Transition.—This component provides educational programs and any support services, training, and care that are needed to avoid regression to more restrictive environments while preparing individuals for more independent living. Continuous-shift staff are required for this component.
- (2) Components of a comprehensive transitional education program are subject to the license issued under s. 393.067 to a comprehensive transitional education program and may be located on a single site or multiple sites as long as such components are located within the same agency region.
- (3) Comprehensive transitional education programs shall develop individual education plans for each school-aged person

with maladaptive behaviors, severe maladaptive behaviors and cooccurring complex medical conditions, or a dual diagnosis of
developmental disability and mental illness who receives
services from the program. Each individual education plan shall
be developed in accordance with the criteria specified in 20
U.S.C. ss. 401 et seq., and 34 C.F.R. part 300. Educational
components of the program, including individual education plans,
to the extent possible, must be integrated with the programs of
the referring school district of each school-aged resident.

- (4) The total number of persons in a comprehensive transitional education program who are being provided with services may not exceed 120 residents, and each residential unit within the component centers of a program authorized under this section may not exceed 15 residents. However, a program that was authorized to operate residential units with more than 15 residents before July 1, 2015, may continue to operate such units.
- (5) Any licensee that has executed a settlement agreement with the agency that is enforceable by the court must comply with the terms of the settlement agreement or be subject to discipline as provided by law or rule.
- (6) The agency may approve the proposed admission or readmission of individuals into a comprehensive transitional education program for up to 2 years subject to a specific review process. The agency may allow an individual to reside in this

setting for a longer period of time if, after a clinical review is conducted by the agency, it is determined that remaining in the program for a longer period of time is in the best interest of the individual.

- (7) After July 1, 2018, new comprehensive transitional education programs may not be licensed. After December 31, 2020, the license for any existing comprehensive transitional education programs may not be renewed.
- Section 3. Section 393.506, Florida Statutes, is amended to read:
 - 393.506 Administration of medication.-

- (1) A direct service provider who is not currently licensed to administer medication may supervise the self-administration of medication or may administer oral, transdermal, ophthalmic, otic, rectal, inhaled, enteral, or topical prescription medications to a client as provided in this section.
- (2) In order to supervise the self-administration of medication or to administer medications as provided in subsection (1), a direct service provider must satisfactorily complete a training course of not less than 4 hours in medication administration and be found competent to supervise the self-administration of medication by a client or to administer medication to a client in a safe and sanitary manner.
 - (a) Competency must be assessed and validated at least

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126	annually if oral or enteral medication administration is
127	performed in the an onsite setting with an actual client and
128	must include personally observing the direct service provider
129	satisfactorily:
130	1(a) Supervising the oral or enteral self-administration
131	of medication by a client; and
132	$2{ ext{(b)}}$ Orally or enterally administering medication to a
133	client.
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135	As a prerequisite to revalidation, a direct service provider
136	must annually and satisfactorily complete a 2-hour course in
137	medication administration and error prevention provided by the
138	agency or its designee.
139	(b) Competency must be assessed and validated during the
140	initial medication administration training course if otic,
141	transdermal, or topical medication administration is performed
142	in the onsite setting. The competency assessment must include
143	personally observing the direct service provider satisfactorily
144	simulating otic, transdermal, or topical medication
145	administration.
146	(c) Competency must be assessed and validated and need not
147	be revalidated if ophthalmic, rectal, or inhaled medication

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ophthalmic, rectal, or inhaled medication administration on an

administration is performed in the onsite setting. The

competency assessment must include the performance of

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actual client in the onsite setting.

- (3) A direct service provider may supervise the self-administration of medication by a client or may administer medication to a client only if the client, or the client's guardian or legal representative, has given his or her informed consent to self-administering medication under the supervision of an unlicensed direct service provider or to receiving medication administered by an unlicensed direct service provider. Such informed consent must be based on a description of the medication routes and procedures that the direct service provider is authorized to supervise or administer. Only a provider who has received appropriate training and has been validated as competent may supervise the self-administration of medication by a client or may administer medication to a client.
- (4) The determination of competency and annual validation described required in this section shall be conducted by a registered nurse licensed pursuant to chapter 464 or a physician licensed pursuant to chapter 458 or chapter 459.
- (5) The agency shall establish by rule standards and procedures that a direct service provider must follow when supervising the self-administration of medication by a client and when administering medication to a client. Such rules must, at a minimum, address requirements for labeling medication, documentation and recordkeeping, the storage and disposal of medication, instructions concerning the safe administration of

medication or supervision of self-administered medication, informed-consent requirements and records, and the training curriculum and validation procedures.

Section 4. This act shall take effect July 1, 2018.

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