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 by a certain date; requiring local emergency 13 14 management agencies to exclusively use the statewide registry to register persons for special needs 15 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 management agencies with developing alternative 20 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

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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.; directing the department to recruit faculty and 34 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 colleges to staff local special needs shelters; 38 39 requiring the department to reimburse a state agency, university, or college employee who staffs a special 40 needs shelters at the request of the department; 41 42 deleting a provision specifying that the submission of 43 emergency management plans to county health 44 departments is contingent upon a specified appropriation by the department; amending s. 393.0651, 45 F.S.; requiring the Agency for Persons with 46 Disabilities to develop a personal disaster plan for 47 each client receiving services under the home and 48 community-based services Medicaid waiver program and 49 50 update such plan annually; amending s. 393.067, F.S.;

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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 staff training on the policies and procedures for 61 62 implementing the plan; requiring the agency to communicate before the disaster impacts the area which 63 64 service provision requirements may be waived during the emergency; amending s. 393.0673, F.S.; authorizing 65 the agency to discipline or refuse to issue or renew a 66 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.

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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 ch. 400, F.S., a district nursing home unit in a 81 82 hospital, and certain freestanding facilities licensed 83 under ch. 395, F.S., to determine compliance with comprehensive emergency management plan requirements; 84 amending s. 400.23, F.S.; directing the agency to 85 require facilities licensed under part II of ch. 400, 86 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 any changes thereto to designated individuals, the 90 agency, and the local emergency management agency 91 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 private residences, assisted living facilities, or 97 adult family care homes and patients who evacuate to 98 special needs shelters; providing requirements for 99 100 notification of patients and designated interested

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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 deadlines; amending s. 400.506, F.S.; revising 113 114 requirements with respect to the comprehensive 115 emergency management plans of nurse registries to include the means by which continuing services will be 116 provided to certain patients who remain at home or in 117 118 an assisted living facility or adult family care home 119 or who evacuate to a special needs shelter; requiring a nurse registry to document efforts to comply with 120 121 plan requirements; providing requirements for 122 notification of patients and designated interested 123 parties; requiring the list of patients needing continued care to include certain patients; providing 124 125 additional responsibilities of a nurse registry;

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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 an emergency 134 operations plan to conduct annual staff training on 135 the policies and procedures for implementing the emergency operations plan within a specified 136 137 timeframe; providing for agency action for failure to comply; amending s. 429.14, F.S.; authorizing the 138 139 agency to deny or revoke the license of an assisted 140 living facility for failure to comply with comprehensive emergency management plan requirements; 141 142 amending s. 429.28, F.S.; revising the assisted living 143 facility resident bill of rights to include a 144 requirement that the agency determine compliance with the facility's comprehensive emergency management plan 145 146 and conduct followup inspections to monitor compliance 147 under certain circumstances; amending s. 429.41, F.S.; directing the agency to require facilities licensed 148 under ch. 429, F.S., to include additional components 149 150 in their comprehensive emergency management plans;

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151 requiring a facility to provide information regarding 152 its plan and any changes thereto to designated 153 individuals, the agency, and the local emergency 154 management agency within a specified timeframe; 155 providing an effective date. 156 157 Be It Enacted by the Legislature of the State of Florida: 158 159 Section 1. Section 252.355, Florida Statutes, is amended to 160 read: 252.355 Registry of persons with special needs; notice; 161 162 registration program.-163 In order to meet the special needs of persons who (1)164 would need assistance during evacuations and sheltering because 165 of physical, mental, cognitive impairment, or sensory 166 disabilities, the Department of Health division, in coordination 167 with the division and each local emergency management agency in the state, shall maintain a statewide registry of persons with 168 169 special needs located within the jurisdiction of the local 170 agency. The registration shall identify those persons in need of 171 assistance and plan for resource allocation to meet those 172 identified needs. In order to ensure that all persons with special needs 173 (2)may register, The Department of Health division shall develop 174 and maintain a statewide special needs shelter registration 175 Page 7 of 62

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176	program. The registration program must be developed by January
177	1, 2015, and fully implemented by March 1, 2015.
178	(a) The statewide special needs shelter registration
179	program shall:
180	1. Identify those persons in need of assistance and plan
181	for resource allocation to meet those identified needs.
182	2. Include, at a minimum, a uniform registration form and
183	a database for uploading and storing submitted registration
184	forms that may be accessed by the Department of Health, the
185	division, and local emergency management agencies.
186	(b) The registration program must be developed by January
187	1, 2019, and fully implemented by March 1, 2019.
188	(a) The registration program shall include, at a minimum,
189	a uniform electronic registration form and a database for
190	uploading and storing submitted registration forms that may be
191	accessed by the appropriate local emergency management agency.
192	The link to the registration form shall be easily accessible on
193	each local emergency management agency's website. Upon receipt
194	of a paper registration form, the local emergency management
195	agency shall enter the person's registration information into
196	the database.
197	(3) The Department of Health shall develop the uniform
198	registration form based upon recommendations of the Special
199	Needs Shelter Registry Work Group.
200	(a) The Special Needs Shelter Registry Work Group is
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201	created within the Department of Health for the purpose of
202	making recommendations for the development of the uniform
203	registration form. The Department of Health shall use existing
204	and available resources to administer and support the activities
205	of the work group. Members of the work group shall serve without
206	compensation and are not entitled to reimbursement for per diem
207	or travel expenses. Meetings may be conducted in person, by
208	teleconference, or by other electronic means.
209	(b) The work group shall consist of 12 members:
210	1. The State Surgeon General or a designee, who shall
211	serve as the chair of the work group.
212	2. The Director of the Division of Emergency Management or
213	a_designee.
214	3. The Secretary of the Agency for Health Care
215	Administration or a designee.
216	4. The Secretary of the Department of Children and
217	Families or a designee.
218	5. The Secretary of the Department of Elder Affairs or a
219	designee.
220	6. The Director of the Agency for Persons with
221	Disabilities or a designee.
222	7. Five representatives of local emergency management
223	agencies appointed by the Florida Association of Counties.
224	8. The Chief Executive Officer of the Arc of Florida or a
225	designee.
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226	(c) The Special Needs Shelter Registry Work Group shall
227	submit its recommendations to the Department of Health on or
228	before October 31, 2018.
229	(d) This subsection expires January 1, 2019.
230	(4) Each local emergency management agency shall
231	exclusively use the statewide special needs shelter registry to
232	register individuals for special needs shelters and may not use
233	local special needs registries. Each local emergency management
234	agency, in coordination with its local county health department,
235	shall establish eligibility requirements for sheltering in a
236	local special needs shelter and publish these requirements and a
237	link to the uniform registration form for the statewide special
238	needs shelter registry on its website. Each local emergency
239	management agency shall also make paper registration forms
240	available and establish procedures for submitting a paper
241	registration form and entering into the statewide special needs
242	shelter registry.
243	(a) A local emergency management agency shall notify a
244	registrant in writing within 10 days after submission of a
245	registration form whether he or she is eligible to shelter in a
246	local special needs shelter and designate his or her eligibility
247	status in the registry.
248	(b) The Department of Health shall assist local emergency
249	management agencies with developing alternative sheltering
250	options for any ineligible registrant. Each local emergency
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251	management agency and each general hospital licensed under
252	chapter 395 located within the local emergency management
253	agency's jurisdiction shall enter into agreements to shelter
254	individuals during a declared emergency, whose medical
255	complexity or reliance on life support devices or other medical
256	equipment exceeds the capabilities of special needs shelters. A
257	local emergency management agency may coordinate with the Agency
258	for Health Care Administration to facilitate placement in a
259	health care facility for any individual who registers during a
260	declared emergency or disaster and is deemed ineligible to
261	shelter in a local special needs shelter.
262	(5) The Department of Health, in conjunction with the
263	division, shall be the designated lead agency responsible for
264	community education and outreach to the public, including
265	special needs clients, regarding registration and special needs
266	shelters and general information regarding shelter stays. The
267	Department of Health shall develop a brochure that provides
268	information regarding special needs shelter registration
269	procedures. The Department of Health, the division, and each
270	local management agency shall make the brochure easily
271	accessible on their websites.
272	<u>(6)</u> To assist in identifying persons with special
273	needs, home health agencies, hospices, nurse registries, home
274	medical equipment providers, the Department of Children and
275	Families, the Department of Health, the Agency for Health Care
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276 Administration, the Department of Education, the Agency for 277 Persons with Disabilities, the Department of Elderly Affairs, 278 and memory disorder clinics shall, and any physician or physician assistant licensed under chapter 458 or chapter 459, 279 280 any advanced registered nurse practitioner licensed under 281 chapter 464, and any pharmacy licensed under chapter 465 may, 282 annually provide registration information to all of their 283 special needs clients or their caregivers. The division shall develop a brochure that provides information regarding special 284 285 needs shelter registration procedures. The brochure must be 286 easily accessible on the division's website. All appropriate 287 agencies and community-based service providers, including aging and disability resource centers, memory disorder clinics, home 288 health care providers, hospices, nurse registries, and home 289 290 medical equipment providers, shall, and any physician or 291 physician assistant licensed under chapter 458 or chapter 459 292 and any advanced registered nurse practitioner licensed under 293 chapter 464 may, assist emergency management agencies by 294 annually registering persons with special needs for special 295 needs shelters, collecting registration information for persons 296 with special needs as part of the program intake process, and 297 establishing programs to educate clients about the registration process and disaster preparedness safety procedures. A client of 298 a state-funded or federally funded service program who has a 299 physical, mental, or cognitive impairment or sensory disability 300

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301 and who needs assistance in evacuating, or when in a shelter, 302 must register as a person with special needs. The registration 303 program shall give persons with special needs the option of 304 preauthorizing emergency response personnel to enter their homes 305 during search and rescue operations if necessary to ensure their 306 safety and welfare following disasters.

307 (c) The division shall be the designated lead agency 308 responsible for community education and outreach to the public, 309 including special needs clients, regarding registration and 310 special needs shelters and general information regarding shelter 311 stays.

312 <u>(7) (d)</u> On or before May 31 of each year, each electric 313 utility in the state shall annually notify residential customers 314 in its service area of the availability of the registration 315 program available through their local emergency management 316 agency by:

317 <u>(a)</u>^{1.} An initial notification upon the activation of new 318 residential service with the electric utility, followed by one 319 annual notification between January 1 and May 31; or

320 (b)2. Two separate annual notifications between January 1 321 and May 31.

322

323 The notification may be made by any available means, including, 324 but not limited to, written, electronic, or verbal notification, 325 and may be made concurrently with any other notification to

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326 residential customers required by law or rule.

327 (8) (3) A local emergency management agency shall allow a 328 person with special needs must be allowed to bring his or her 329 service animal into a special needs shelter in accordance with 330 s. 413.08. 331 (9) (4) All records, data, information, correspondence, and 332 communications relating to the registration of persons with 333 special needs as provided in subsection (1) are confidential and exempt from s. 119.07(1), except that such information shall be 334

335 available to other emergency response agencies, as determined by 336 the local emergency management director. Local law enforcement 337 agencies shall be given complete shelter roster information upon 338 request.

339 Section 2. Section 252.3591, Florida Statutes, is created 340 to read:

252.3591 Ensuring access to care.-

342 (1) Each local emergency management agency shall establish 343 a procedure for authorizing employees of a facility licensed 344 under chapter 393 or subject to part II of chapter 408 to enter 345 and remain in a curfew area during a declared emergency or 346 disaster. 347 (2) Notwithstanding any curfew, a person authorized under subsection (1) may enter or remain in a curfew area for the 348 349 limited purpose of implementing a licensed facility's emergency

350 <u>management plan and providing services authorized under chapter</u>

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351	<u>393 or chapter 408.</u>
352	(3) This section does not prohibit a law enforcement
353	officer from specifying the permissible route of ingress or
354	egress for a person authorized under this section.
355	Section 3. Section 381.0303, Florida Statutes, is amended
356	to read:
357	381.0303 Special needs shelters
358	(1) PURPOSEThe purpose of this section is to provide for
359	the operation and closure of special needs shelters and to
360	designate the Department of Health, through its county health
361	departments, as the lead agency for coordination of the
362	recruitment of health care practitioners, as defined in s.
363	456.001(4), to staff special needs shelters in times of
364	emergency or disaster and to provide resources to the department
365	to carry out this responsibility. However, nothing in this
366	section prohibits a county health department from entering into
367	an agreement with a local emergency management agency to assume
368	the lead responsibility for recruiting health care
369	practitioners.
370	(2) SPECIAL NEEDS SHELTER PLAN; STAFFING; STATE AGENCY
371	ASSISTANCE.—If funds have been appropriated to support disaster
372	coordinator positions in county health departments:
373	(a) The department shall assume lead responsibility for
374	the coordination of local medical and health care providers, the
375	American Red Cross, and other interested parties in developing a
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plan for the staffing and medical management of special needs 376 377 shelters. The local Children's Medical Services offices shall 378 assume lead responsibility for the coordination of local medical 379 and health care providers, the American Red Cross, and other 380 interested parties in developing a plan for the staffing and 381 medical management of pediatric special needs shelters. Plans 382 must conform to the local comprehensive emergency management 383 plan.

384 (b) County health departments shall, in conjunction with 385 the local emergency management agencies, have the lead 386 responsibility for coordination of the recruitment of health 387 care practitioners, including faculty and students from state 388 university and college health care programs, to staff local 389 special needs shelters. County health departments shall assign 390 their employees to work in special needs shelters when those 391 employees are needed to protect the health and safety of persons 392 with special needs. County governments shall assist the 393 department with nonmedical staffing and the operation of special 394 needs shelters. The local health department and emergency 395 management agency shall coordinate these efforts to ensure 396 appropriate staffing in special needs shelters, including a 397 staff member who is familiar with the needs of persons with Alzheimer's disease. 398 399 State agencies, universities, and colleges shall (C) authorize employees that are health care practitioners as 400

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401	defined in s. 456.001(4) to staff local special needs shelters,
402	unless such employees have a designated emergency duty for their
403	agency, university, or college. Each state agency, university,
404	and college shall submit a roster of such employees to the
405	department by January 31 of each year and submit an amended
406	roster, if necessary, by May 31 of each year The appropriate
407	county health department, Children's Medical Services office,
408	and local emergency management agency shall jointly decide who
409	has responsibility for medical supervision in each special needs
410	shelter.
411	(d) County health departments shall assign their
412	employees, and state employees pursuant to paragraph (c), to
413	work in special needs shelters when such employees are needed to
414	protect the health and safety of persons with special needs.
415	County governments shall assist the department with nonmedical
416	staffing and the operation of special needs shelters. The local
417	health department and emergency management agency shall
418	coordinate these efforts to ensure appropriate staffing in
419	special needs shelters, including a staff member who is familiar
420	with the needs of persons with Alzheimer's disease.
421	(e) The appropriate county health department and local
422	emergency management agency shall jointly decide who has
423	responsibility for medical supervision in each special needs
424	shelter.
425	<u>(f)</u> Local emergency management agencies shall be
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426 responsible for the designation and operation of special needs 427 shelters during times of emergency or disaster and the closure 428 of the facilities following an emergency or disaster. The local 429 health department and emergency management agency shall 430 coordinate these efforts to ensure the appropriate designation 431 and operation of special needs shelters. County health 432 departments shall assist the local emergency management agency 433 with regard to the management of medical services in special 434 needs shelters.

435 (g) (e) The Secretary of Elderly Affairs, or his or her 436 designee, shall convene, at any time that he or she deems 437 appropriate and necessary, a multiagency special needs shelter 438 discharge planning team to assist local areas that are severely 439 impacted by a natural or manmade disaster that requires the use 440 of special needs shelters. Multiagency special needs shelter 441 discharge planning teams shall provide assistance to local 442 emergency management agencies with the continued operation or 443 closure of the shelters, as well as with the discharge of 444 special needs clients to alternate facilities if necessary. 445 Local emergency management agencies may request the assistance 446 of a multiagency special needs shelter discharge planning team 447 by alerting statewide emergency management officials of the necessity for additional assistance in their area. The Secretary 448 of Elderly Affairs shall is encouraged to proactively work with 449 450 other state agencies prior to any natural disasters for which

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470 471 472 473	<u>intake and discharge information from each person who shelters</u> <u>in a special needs shelter during an emergency or disaster,</u> <u>including information regarding whether a person is a patient or</u>
471	
	intake and discharge information from each person who shelters
470	
	(h) Each local emergency management agency shall collect
469	7. Agency for Persons with Disabilities.
468	6. Agency for Health Care Administration.
467	5. Division of Emergency Management.
466	4. Department of Veterans' Affairs.
465	3. Department of Children and Families.
464	2. Department of Health.
463	1. Department of Elderly Affairs.
462	representative from each of the following state agencies:
461	shelter discharge planning team shall include at least one
460	particular agency's staff, each multiagency special needs
459	surrounding the disaster do not warrant participation from a
458	secretary determines that the nature or circumstances
457	special needs shelter discharge planning team. Unless the
456	state agency or office to provide staff to assist a multiagency
455	assistance. The Secretary of Elderly Affairs may call upon any
454	management officials that a disaster area requires additional
453	deploy rapidly upon a determination by state emergency
752	shelter discharge planning teams are ready to assemble and
452	warnings are provided to ensure that multiagency special needs

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476 form developed by the Department of Health to collect this 477 information. 470 (2) approach approach

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

484 (4) REIMBURSEMENT TO HEALTH CARE PRACTITIONERS AND 485 FACILITIES.-

486 (a) The department shall, upon request, reimburse in487 accordance with paragraph (b):

Health care practitioners, as defined in s. 456.001, 488 1. 489 provided the practitioner is not providing care to a patient 490 under an existing contract, and emergency medical technicians 491 and paramedics licensed under chapter 401 for medical care 492 provided at the request of the department in special needs 493 shelters or at other locations during times of emergency or a 494 declared disaster. Reimbursement for health care practitioners, 495 except for physicians licensed under chapter 458 or chapter 459, 496 shall be based on the average hourly rate that such 497 practitioners were paid according to the most recent survey of Florida hospitals conducted by the Florida Hospital Association 498 or other nationally recognized or state-recognized data source. 499 500 2. Health care facilities, such as hospitals, nursing

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homes, assisted living facilities, and community residential 501 502 homes, if, upon closure of a special needs shelter, a 503 multiagency special needs shelter discharge planning team 504 determines that it is necessary to discharge persons with 505 special needs to other health care facilities. The receiving 506 facilities are eligible for reimbursement for services provided 507 to the individuals for up to 90 days. A facility must show proof 508 of a written request from a representative of an agency serving 509 on the multiagency special needs shelter discharge planning team that the individual for whom the facility is seeking 510 511 reimbursement for services rendered was referred to that 512 facility from a special needs shelter. The department shall 513 specify by rule which expenses are reimbursable and the rate of 514 reimbursement for each service.

515 Reimbursement is subject to the availability of (b) 516 federal funds and shall be requested on forms prepared by the 517 department. If a Presidential Disaster Declaration has been 518 issued, the department shall request federal reimbursement of 519 eligible expenditures. The department may not provide 520 reimbursement to facilities under this subsection for services 521 provided to a person with special needs if, during the period of 522 time in which the services were provided, the individual was enrolled in another state-funded program, such as Medicaid or 523 524 another similar program, was covered under a policy of health 525 insurance as defined in s. 624.603, or was a member of a health

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526 maintenance organization or prepaid health clinic as defined in 527 chapter 641, which would otherwise pay for the same services. 528 Travel expense and per diem costs shall be reimbursed pursuant 529 to s. 112.061.

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

SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE. - The State 534 (6) 535 Surgeon General may establish a special needs shelter 536 interagency committee and serve as, or appoint a designee to 537 serve as, the committee's chair. The department shall provide 538 any necessary staff and resources to support the committee in 539 the performance of its duties. The committee shall address and 540 resolve problems related to special needs shelters not addressed 541 in the state comprehensive emergency medical plan and shall 542 consult on the planning and operation of special needs shelters.

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

(b) The special needs shelter interagency committee shall
be composed of representatives of emergency management, health,
medical, and social services organizations. Membership shall
include, but shall not be limited to, representatives of the

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551 Departments of Health, Children and Families, Elderly Affairs, 552 and Education; the Agency for Health Care Administration; the 553 Division of Emergency Management; the Florida Medical 554 Association; the Florida Osteopathic Medical Association; 555 Associated Home Health Industries of Florida, Inc.; the Florida 556 Nurses Association; the Florida Health Care Association; the 557 Florida Assisted Living Affiliation; the Florida Hospital 558 Association; the Florida Statutory Teaching Hospital Council; 559 the Florida Association of Homes for the Aging; the Florida 560 Emergency Preparedness Association; the American Red Cross; 561 Florida Hospices and Palliative Care, Inc.; the Association of 562 Community Hospitals and Health Systems; the Florida Association 563 of Health Maintenance Organizations; the Florida League of 564 Health Systems; the Private Care Association; the Salvation 565 Army; the Florida Association of Aging Services Providers; the 566 AARP; and the Florida Renal Coalition.

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

573 (7) RULES.-The department, in coordination with the
574 Division of Emergency Management, has the authority to adopt
575 rules necessary to implement this section. Rules shall include:

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

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

584 (c) Guidelines for special needs shelter staffing levels585 to provide services.

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

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

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

(g) The requirement of the county health departments to seek the participation of hospitals, nursing homes, assisted living facilities, home health agencies, hospice providers, nurse registries, home medical equipment providers, dialysis

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601 centers, and other health and medical emergency preparedness602 stakeholders in pre-event planning activities.

603 (8) EMERCENCY MANAGEMENT PLANS.-The submission of 604 emergency management plans to county health departments by home 605 health agencies, nurse registries, hospice programs, and home 606 medical equipment providers is conditional upon receipt of an 607 appropriation by the department to establish disaster 608 coordinator positions in county health departments unless the State Surgeon General and a local county commission jointly 609 610 determine to require that such plans be submitted based on a 611 determination that there is a special need to protect public 612 health in the local area during an emergency.

613 Section 4. Subsection (9) is added to section 393.0651,614 Florida Statutes, to read:

615 393.0651 Family or individual support plan.-The agency 616 shall provide directly or contract for the development of a 617 family support plan for children ages 3 to 18 years of age and 618 an individual support plan for each client. The client, if 619 competent, the client's parent or guardian, or, when appropriate, the client advocate, shall be consulted in the 620 621 development of the plan and shall receive a copy of the plan. 622 Each plan must include the most appropriate, least restrictive, and most cost-beneficial environment for accomplishment of the 623 624 objectives for client progress and a specification of all 625 services authorized. The plan must include provisions for the

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626	most appropriate level of care for the client. Within the
627	specification of needs and services for each client, when
628	residential care is necessary, the agency shall move toward
629	placement of clients in residential facilities based within the
630	client's community. The ultimate goal of each plan, whenever
631	possible, shall be to enable the client to live a dignified life
632	in the least restrictive setting, be that in the home or in the
633	community. For children under 6 years of age, the family support
634	plan shall be developed within the 45-day application period as
635	specified in s. 393.065(1); for all applicants 6 years of age or
636	older, the family or individual support plan shall be developed
637	within the 60-day period as specified in that subsection.
638	(9) A personal disaster plan should be completed for each
639	client enrolled in any home and community-based services
640	Medicaid waiver program administered by the agency and updated
641	annually, to include, at a minimum:
642	(a) Evacuation shelter selection as appropriate.
643	
010	(b) Documented special needs shelter registration as
644	(b) Documented special needs shelter registration as appropriate.
644	appropriate.
644 645	appropriate. (c) A staffing plan for the client in the shelter, if
644 645 646	appropriate. (c) A staffing plan for the client in the shelter, if necessary.
644 645 646 647	<u>appropriate.</u> (c) A staffing plan for the client in the shelter, if <u>necessary.</u> Section 5. Subsections (2), (8) and (9) of section 393.067,
644 645 646 647 648	<u>appropriate.</u> (c) A staffing plan for the client in the shelter, if <u>necessary.</u> Section 5. Subsections (2), (8) and (9) of section 393.067, Florida Statutes, are amended to read:

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651	reviews of facilities and programs licensed under this section.
652	The agency shall determine compliance by foster care facilities,
653	group home facilities, residential habilitation centers, and
654	comprehensive transitional education programs with the
655	applicable provisions of this chapter and rules adopted pursuant
656	hereto, including the requirements for the comprehensive
657	emergency management plan.
658	(8) <u>(a)</u> The agency, after consultation with the Division of
659	Emergency Management, shall adopt rules for foster care
660	facilities, group home facilities, and residential habilitation
661	centers which establish minimum standards for the preparation
662	and annual update of a comprehensive emergency management plan.
663	1. At a minimum, the rules must provide for plan
664	components that address:
665	a. Emergency evacuation transportation;
666	b. Adequate sheltering arrangements;
667	c. Postdisaster activities, including emergency power,
668	food, and water;
669	d. Postdisaster transportation;
670	<u>e.</u> Supplies;
671	f. Hardening;
672	g. Staffing, including which staff are responsible for
673	implementing each element of the plan, how the facility will
674	maintain staffing during emergencies, and whether and how the
675	facility will accommodate family members of staff;
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676	h. Emergency equipment;
677	<u>i.</u> Individual identification of residents and transfer of
678	records; and
679	j. Responding to family inquiries.
680	2. Facilities must include information in their plans
681	about:
682	a. Whether the facility is located in an evacuation zone;
683	b. Whether the facility intends to shelter in place or
684	relocate to another facility;
685	c. Whether the facility has an emergency power source;
686	d. How the facility will inform residents and the
687	resident's designated family member, legal representative, or
688	guardian when the emergency management plan has been activated;
689	and
690	e. A working phone number for the facility for use by the
691	resident's designated family member, legal representative, or
692	guardian to make contact postdisaster.
	guardian co make concace postarbaster.
693	3. A facility must provide to the agency, its residents,
693 694	
	3. A facility must provide to the agency, its residents,
694	3. A facility must provide to the agency, its residents, and the resident's designated family member, legal
694 695	3. A facility must provide to the agency, its residents, and the resident's designated family member, legal representative, or guardian the information specified in
694 695 696	3. A facility must provide to the agency, its residents, and the resident's designated family member, legal representative, or guardian the information specified in subparagraph 2., an overview of the facility's comprehensive
694 695 696 697	3. A facility must provide to the agency, its residents, and the resident's designated family member, legal representative, or guardian the information specified in subparagraph 2., an overview of the facility's comprehensive emergency management plan, and a description of the evacuation
694 695 696 697 698	3. A facility must provide to the agency, its residents, and the resident's designated family member, legal representative, or guardian the information specified in subparagraph 2., an overview of the facility's comprehensive emergency management plan, and a description of the evacuation plan, if appropriate. Any changes to this information must be

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701 guardian within 30 days after the change takes effect. 702 The comprehensive emergency management plan for all (b) 703 comprehensive transitional education programs and for homes 704 serving individuals who have complex medical conditions is 705 subject to review and approval by the local emergency management 706 agency. 707 1. A facility must submit its plan to the local emergency 708 management agency within 90 days after licensure or change of 709 ownership and must notify the agency within 30 days after 710 submission of the plan. 711 2. Such plan must be submitted annually and within 30 days 712 after any modification to a previously approved plan. 713 3. During its review, the local emergency management 714 agency shall ensure that the agency and the Division of 715 Emergency Management, at a minimum, are given the opportunity to 716 review the plan. Also, appropriate volunteer organizations must 717 be given the opportunity to review the plan. 4. The local emergency management agency shall complete 718 719 its review within 60 days and either approve the plan or advise 720 the facility of necessary revisions. A facility must submit the 721 requested revisions to the local emergency management agency 722 within 30 days after receiving written notification from the local emergency management agency. 723 5. A facility must notify the agency within 30 days after 724 725 approval of its plan by the local emergency management agency.

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726	(c) A facility must conduct annual staff training on the
727	policies and procedures for implementing the emergency
728	management plan within 2 months before the start of the
729	hurricane season, including testing of the implementation of the
730	plan, either in a planned drill or in response to a disaster or
731	an emergency. New staff must receive such training within 30
732	days after commencement of employment. Documentation of the
733	training and testing, including evaluation of the outcome of the
734	training and testing and modifications to the plan to address
735	deficiencies must be provided to the agency within 30 days after
736	the training and testing is finished. The evaluation must
737	include a survey of staff to determine their familiarity with
738	the plan.
739	(d) In the event of a declared emergency, the agency shall
740	communicate before the disaster impacts the area which
741	requirements for providing services to clients in shelters and
742	other facilities may be waived during the emergency. The agency
743	may waive additional requirements following the initial impact
744	of the disaster, if appropriate.
745	(9) The agency may conduct unannounced inspections to
746	determine compliance by foster care facilities, group home
747	facilities, residential habilitation centers, and comprehensive
748	transitional education programs with the applicable provisions
749	of this chapter and the rules adopted pursuant hereto, including
750	the requirements for the comprehensive emergency management plan
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751 and the rules adopted for training staff of a facility or a 752 program to detect, report, and prevent sexual abuse, abuse, 753 neglect, exploitation, and abandonment, as defined in ss. 39.01 754 and 415.102, of residents and clients. The agency shall conduct 755 periodic followup inspections as necessary to monitor facility 756 compliance with the requirements for the comprehensive emergency 757 management plan. The facility or program shall make copies of 758 inspection reports available to the public upon request.

759 Section 6. Paragraph (a) of subsection (1) and paragraph 760 (a) of subsection (2) of section 393.0673, Florida Statutes, are 761 amended to read:

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

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

767

(a) The licensee has:

768 1. Falsely represented or omitted a material fact in its 769 license application submitted under s. 393.067;

770 2. Had prior action taken against it under the Medicaid or
771 Medicare program; or

772 3. Failed to comply with the applicable requirements of
773 this chapter or rules applicable to the licensee; or

774 <u>4. Failed to comply with the requirements for the</u>
775 <u>comprehensive emergency management plan under this part; or</u>

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776	5. Failed to follow the policies and procedures in the
777	comprehensive emergency management plan. However, the agency
778	shall consider the facility's efforts to follow the plan and
779	circumstances beyond the facility's control that caused the
780	failure. In determining the penalty, the agency shall evaluate
781	the potential or actual harm to the client's health, safety, and
782	security caused by the failure.
783	(2) The agency may deny an application for licensure
784	submitted under s. 393.067 if:
785	(a) The applicant has:
786	1. Falsely represented or omitted a material fact in its
787	license application submitted under s. 393.067;
788	2. Had prior action taken against it under the Medicaid or
789	Medicare program;
790	3. Failed to comply with the applicable requirements of
791	this chapter or rules applicable to the applicant; or
792	4. Failed to comply with the requirements for the
793	comprehensive emergency management plan under this chapter;
794	5. Failed to follow the policies and procedures in the
795	comprehensive emergency management plan. However, the agency
796	shall consider the facility's efforts to follow the plan and
797	circumstances beyond the facility's control that caused the
798	failure. In determining the penalty, the agency shall evaluate
799	the potential or actual harm to the client's health, safety, and
800	security caused by the failure; or
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801 <u>6.4.</u> Previously had a license to operate a residential 802 facility revoked by the agency, the Department of Children and 803 Families, or the Agency for Health Care Administration; or 804 (b) The Department of Children and Families has verified that 805 the applicant is responsible for the abuse, neglect, or 806 abandonment of a child or the abuse, neglect, or exploitation of 807 a vulnerable adult.

808 Section 7. Subsection (1) of section 393.0675, Florida 809 Statutes, is amended to read:

393.0675 Injunctive proceedings authorized.-

811 (1) The agency may institute injunctive proceedings in a812 court of competent jurisdiction to:

813 (a) Enforce the provisions of this chapter or any minimum
814 standard, rule, regulation, or order issued or entered pursuant
815 thereto; or

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

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

821 2. Failure by the facility to abide by any final order of822 the agency once it has become effective and binding.

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

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810

4. Failed to comply with the requirements for the

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826 comprehensive emergency management plan under this chapter. 827 5. Failed to follow the policies and procedures in the 828 comprehensive emergency management plan. However, the agency shall consider the facility's efforts to follow the plan and 829 830 circumstances beyond the facility's control that caused the 831 failure. In determining the penalty, the agency shall evaluate the potential or actual harm to the client's health, safety, and 832 833 security caused by the failure. Section 8. Section 400.102, Florida Statutes, is amended 834 835 to read: 836 400.102 Action by agency against licensee; grounds.-In 837 addition to the grounds listed in part II of chapter 408, any of 838 the following conditions shall be grounds for action by the 839 agency against a licensee: 840 (1) An intentional or negligent act materially affecting 841 the health or safety of residents of the facility; 842 (2) Misappropriation or conversion of the property of a resident of the facility; 843 844 Failure to follow the criteria and procedures provided (3) 845 under part I of chapter 394 relating to the transportation, 846 voluntary admission, and involuntary examination of a nursing 847 home resident; or Fraudulent altering, defacing, or falsifying any 848 (4) 849 medical or nursing home records, or causing or procuring any of 850 these offenses to be committed; or

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851 Failure to comply with the requirements for the (5) 852 comprehensive emergency management plan under this part or s. 853 408.821. 854 Section 9. Subsection (3) of section 400.19, Florida Statutes, is amended to read: 855 856 400.19 Right of entry and inspection.-857 (3) The agency shall every 15 months conduct at least one 858 unannounced inspection to determine compliance by the licensee 859 with statutes, and with rules promulgated under the provisions 860 of those statutes, governing minimum standards of construction, 861 requirements for the comprehensive emergency management plan, 862 quality and adequacy of care, and rights of residents. The 863 survey shall be conducted every 6 months for the next 2-year 864 period if the facility has been cited for a class I deficiency, 865 has been cited for two or more class II deficiencies arising 866 from separate surveys or investigations within a 60-day period, 867 or has had three or more substantiated complaints within a 6-868 month period, each resulting in at least one class I or class II 869 deficiency. In addition to any other fees or fines in this part, the agency shall assess a fine for each facility that is subject 870 871 to the 6-month survey cycle. The fine for the 2-year period 872 shall be \$6,000, one-half to be paid at the completion of each survey. The agency may adjust this fine by the change in the 873 Consumer Price Index, based on the 12 months immediately 874 preceding the increase, to cover the cost of the additional 875

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876 surveys. The agency shall verify through subsequent inspection 877 that any deficiency identified during inspection is corrected. 878 However, the agency may verify the correction of a class III or 879 class IV deficiency unrelated to resident rights or resident 880 care without reinspecting the facility if adequate written 881 documentation has been received from the facility, which 882 provides assurance that the deficiency has been corrected. The 883 giving or causing to be given of advance notice of such unannounced inspections by an employee of the agency to any 884 unauthorized person shall constitute cause for suspension of not 885 886 fewer than 5 working days according to the provisions of chapter 887 110.

888 Section 10. Paragraph (g) of subsection (2) of section889 400.23, Florida Statutes, is amended to read:

890 400.23 Rules; evaluation and deficiencies; licensure 891 status.-

892 (2) Pursuant to the intention of the Legislature, the
893 agency, in consultation with the Department of Health and the
894 Department of Elderly Affairs, shall adopt and enforce rules to
895 implement this part and part II of chapter 408, which shall
896 include reasonable and fair criteria in relation to:

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

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901	1. At a minimum, the rules must provide for plan
902	components that address:
903	a. Emergency evacuation transportation;
904	b. Adequate sheltering arrangements;
905	<u>c.</u> Postdisaster activities, including emergency power,
906	food, and water;
907	d. Postdisaster transportation;
908	<u>e.</u> Supplies;
909	f. Hardening;
910	g. Staffing, including which staff are responsible for
911	implementing each element of the plan, how the facility will
912	maintain staffing during emergencies, and whether and how the
913	facility will accommodate family members of staff;
914	h. Emergency equipment;
915	<u>i.</u> Individual identification of residents and transfer of
916	records; and
917	j. Responding to family inquiries.
918	2. Facilities must include information in their plans
919	about:
920	a. Whether the facility is located in an evacuation zone;
921	b. Whether the facility intends to shelter in place or
922	relocate to another facility;
923	c. Whether the facility has an emergency power source;
924	d. How the facility will inform residents and the
925	resident's designated family member, legal representative, or

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926 guardian when the emergency management plan has been activated; 927 and 928 e. A working phone number for the facility for use by the resident's designated family member, legal representative, or 929 930 quardian to make contact postdisaster. 931 3. A facility must provide to the agency, its residents, 932 and the resident's designated family member, legal 933 representative, or guardian the information in subparagraph 2. 934 and an overview of the facility's comprehensive emergency 935 management plan and, if appropriate, a description of the 936 evacuation plan. The agency must post this information on its consumer information website. Any changes to this information 937 938 must be provided to the agency, the facility's residents, and 939 the resident's designated family member, legal representative, 940 or quardian within 30 days after the change takes effect. 941 4. The comprehensive emergency management plan is subject 942 to review and approval by the local emergency management agency. 943 a. A facility must submit its plan to the local emergency 944 management agency within 90 days after licensure or change of 945 ownership and must notify the agency within 30 days after 946 submission of the plan. 947 b. Such plan must be submitted annually or within 30 days after any modification to a previously approved plan. 948 949 c. During its review, the local emergency management 950 agency shall ensure that the following agencies, at a minimum,

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951 are given the opportunity to review the plan: the Department of 952 Elderly Affairs, the Department of Health, the Agency for Health 953 Care Administration, and the Division of Emergency Management. 954 Also, appropriate volunteer organizations must be given the 955 opportunity to review the plan.

956 <u>d.</u> The local emergency management agency shall complete
957 its review within 60 days and either approve the plan or advise
958 the facility of necessary revisions. <u>A facility must submit the</u>
959 requested revisions to the local emergency management agency
960 within 30 days after receiving written notification from the
961 local emergency management agency.

962 <u>e. A facility must notify the agency within 30 days after</u>
 963 <u>approval of its plan by the local emergency management agency.</u>

964 Section 11. Section 400.492, Florida Statutes, is amended 965 to read:

966 400.492 Provision of services during an emergency.-Each 967 home health agency shall prepare and maintain a comprehensive 968 emergency management plan that is consistent with the standards 969 adopted by national or state accreditation organizations, the 970 requirements set forth in this section, and consistent with the 971 local special needs plan. The home health agency plan shall be 972 submit the plan to the county health department for review and 973 approval within 90 days after the home health agency is licensed or there is a change of ownership. The plan must be submitted 974 975 updated annually or within 30 days after modification to a

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976 previously approved plan. The plan and shall document how the 977 agency will continue to provide for continuing home health 978 services during an emergency that interrupts patient care or 979 services in the patient's private residence, assisted living 980 facility, or adult family care home. The plan shall include 981 identification of the staff the means by which the home health 982 agency will continue to provide in the special needs shelter 983 staff to perform the same type and quantity of services for to 984 their patients who evacuate to special needs shelters as that 985 were being provided to those patients before prior to 986 evacuation. The plan shall describe how the home health agency 987 establishes and maintains an effective response to emergencies 988 and disasters, including, but not limited to, + notifying staff 989 when emergency response measures are initiated; providing for 990 communication between staff members, county health departments, 991 and local emergency management agencies, including a backup 992 system; identifying resources necessary to continue essential 993 care or services or referrals to other organizations, subject to 994 written agreement; and prioritizing and contacting patients who 995 need continued care or services that are provided by agency 996 staff or by designated family members or other nonhome health 997 agency caregivers; and how services will be provided to patients 998 in the event the home health agency cannot continue to provide 999 services or ceases operation due to the emergency. 1000 (1)The home health agency shall inform each patient and

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1001	the patient's legal representative, designated family member, or
1002	guardian of the special needs registry established pursuant to
1003	s. 252.355 and how to register the patient. The home health
1004	agency shall collect and submit to the local emergency
1005	management office a list of registered patients who will need
1006	continuing care or services during an emergency. Each patient
1007	record for <u>a patient who is registered under</u> patients who are
1008	listed in the registry established pursuant to s. 252.355 shall
1009	include a description of how care or services will be continued
1010	in the event of an emergency or disaster and identify designated
1011	staff who will provide such services. The home health agency
1012	shall discuss with the patient and the patient's legal
1013	representative, designated family member, guardian, or nonhome
1014	health agency caregiver and document in his or her record how
1015	the home health agency will continue to provide the same type
1016	and quantity of services, including staffing, to the patient in
1017	his or her private residence, assisted living facility, or adult
1018	family care home, or in the special needs shelter if the patient
1019	evacuates to the special needs shelter, which were being
1020	provided before the emergency or evacuation. The patient's
1021	record shall contain the emergency provisions with the patient
1022	and the patient's caregivers, including where and how the
1023	patient is to evacuate, procedures for notifying the home health
1024	agency in the event that the patient evacuates to a location
1025	other than the shelter identified in the patient record, and a

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1026 list of medications and equipment which must either accompany 1027 the patient or will be needed by the patient in the event of an 1028 evacuation.

1029 (2) If the home health agency's patient is a resident of 1030 an assisted living facility or an adult family care home, the 1031 home health agency must contact the assisted living facility or 1032 adult family care home administrator to determine the plans for 1033 evacuation and document the resident's plans in his or her 1034 record.

1035 (3) (2) Each home health agency shall create and maintain a current prioritized list of patients who need continued agency 1036 1037 services during an emergency. The list shall include patients to be evacuated to a shelter, in private residences, assisted 1038 living facilities, and adult family care homes who require 1039 1040 continued home health agency services. The list shall indicate 1041 how services will shall be continued in the event of an 1042 emergency or disaster for each patient, and if the patient is 1043 remaining in the home or is to be transported to a special needs 1044 shelter, if the patient is listed in the registry established 1045 pursuant to s. 252.355, and shall indicate if the patient is 1046 receiving skilled nursing services, and the patient's medication and equipment needs. The list shall be furnished to county 1047 health departments and to local emergency management agencies as 1048 part of the home health agency's comprehensive emergency 1049 1050 management plan, upon request. The list shall be updated

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1051 annually or each time a patient is identified as needing 1052 services. 1053 (4) (3) A home health agency is agencies shall not be required to continue to provide care to patients in emergency 1054 1055 situations that are beyond its their control and that make it 1056 impossible to provide services, such as when roads are 1057 impassable or when the patient does patients do not go to the location specified in the patient's record their patient 1058 records. If a home health agency is unable to continue to 1059 provide services or ceases operation due to situations beyond 1060 1061 its control, the home health agency must notify the patient 1062 whose services will be discontinued during the emergency and the 1063 local emergency operations center as soon as possible. If the 1064 home health agency is providing services to residents of 1065 assisted living facilities and adult family care homes, the home 1066 health agency must make arrangements for continuation of 1067 services and notify the local emergency operations center of 1068 such arrangements. Home health agencies shall may establish 1069 links to local emergency operations centers to determine a 1070 mechanism by which to approach specific areas within a disaster 1071 area in order for the agency to reach its clients. When a home 1072 health agency is unable to continue providing services during an 1073 emergency, the home health agency agencies shall document its 1074 efforts demonstrate a good faith effort to comply with the requirements of its comprehensive emergency management plan and 1075 Page 43 of 62

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1076 this subsection, including by documenting attempts by of staff 1077 to contact the patient and the patient's designated family 1078 member, legal representative, guardian, or nonhome health agency 1079 caregiver, if applicable; contact the resident's assisted living 1080 facility or adult family care home, if applicable; contact the 1081 local emergency operations centers to obtain assistance in 1082 contacting patients; and contact other agencies that may be able to provide temporary services. The home health agency must also 1083 1084 document attempts by staff to follow procedures outlined in the 1085 home health agency's comprehensive emergency management $plan_{T}$ and in $\frac{by}{the}$ the patient's record, which support a finding that the 1086 1087 provision of continuing care has been attempted for those patients who have been identified as needing care by the home 1088 1089 health agency in his or her private residence, assisted living 1090 facility, or adult family care home and the patients who are 1091 registered under s. 252.355, in the event of an emergency or 1092 disaster under subsection (1). The agency shall review the 1093 documentation required by this section during any inspection 1094 conducted under part II of this chapter to determine the home health agency's compliance with its emergency plan. 1095 (5) (4) Notwithstanding the provisions of s. 400.464(2) or 1096 1097 any other provision of law to the contrary, a home health agency may provide services in a special needs shelter located in any

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county.

Section 12. Subsection (10) of section 400.497, Florida

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1101 Statutes, is amended to read:

1102 400.497 Rules establishing minimum standards.—The agency 1103 shall adopt, publish, and enforce rules to implement part II of 1104 chapter 408 and this part, including, as applicable, ss. 400.506 1105 and 400.509, which must provide reasonable and fair minimum 1106 standards relating to:

(10) Preparation of <u>and compliance with</u> a comprehensive emergency management plan pursuant to s. 400.492.

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

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

1118 The plan is subject to review and approval by the (C) 1119 county health department. During its review, the county health 1120 department shall contact state and local health and medical 1121 stakeholders when necessary. The county health department shall 1122 complete its review to ensure that the plan is in accordance with the criteria in the Agency for Health Care Administration 1123 rules within 90 days after the home health agency is licensed or 1124 1125 within 90 days after receipt of the annual plan and shall

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1126 approve the plan or advise the home health agency of necessary revisions. If the home health agency fails to submit a plan or 1127 1128 fails to submit the requested information or revisions to the 1129 county health department within 30 days after written 1130 notification from the county health department, the county 1131 health department shall, within 10 days after the home health agency's failure to comply, notify the Agency for Health Care 1132 1133 Administration. The agency shall notify the home health agency that its failure constitutes a deficiency, subject to a fine of 1134 1135 \$5,000 per occurrence. If either the initial or annual the plan is not submitted, information is not provided, or revisions are 1136 1137 not made as requested, the agency may impose the fine. If the fine is not imposed against the home health agency, the agency 1138 1139 must document in the home health agency's file the reason the 1140 fine was not imposed.

For any home health agency that operates in more than 1141 (d) 1142 one county, the home health agency must submit its plan to the Department of Health. The department shall review the plan, 1143 1144 after consulting with state and local health and medical stakeholders when necessary. The department shall complete its 1145 1146 review within 90 days after the home health agency is licensed 1147 in the county or within 90 days after receipt of the annual plan and shall approve the plan or advise the home health agency of 1148 necessary revisions. The department shall make every effort to 1149 avoid imposing differing requirements on a home health agency 1150

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1151 that operates in more than one county as a result of differing or conflicting comprehensive plan requirements of the counties 1152 1153 in which the home health agency operates. If the home health 1154 agency fails to submit a plan or fails to submit requested information or revisions to the Department of Health within 30 1155 1156 days after written notification from the department, the 1157 department must notify the Agency for Health Care Administration 1158 within 10 days after the home health agency's failure to comply. 1159 The agency shall notify the home health agency that its failure 1160 constitutes a deficiency, subject to a fine of \$5,000 per 1161 occurrence. If the plan is not submitted, information is not 1162 provided, or revisions are not made as requested, the agency may impose the fine. If the fine is not imposed against the home 1163 1164 health agency, the agency must document in the home health 1165 agency's file the reason the fine was not imposed.

1167 1168

1166 (e) The requirements in this subsection do not apply to: 1. A facility that is certified under chapter 651 and has a licensed home health agency used exclusively by residents of 1169 the facility; or

A retirement community that consists of residential 1170 2. 1171 units for independent living and either a licensed nursing home 1172 or an assisted living facility, and has a licensed home health agency used exclusively by the residents of the retirement 1173 community, provided the comprehensive emergency management plan 1174 for the facility or retirement community provides for continuous 1175

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1176 care of all residents with special needs during an emergency. 1177 Section 13. Subsection (12) of section 400.506, Florida 1178 Statutes, is amended to read:

1179 400.506 Licensure of nurse registries; requirements; 1180 penalties.-

1181 (12) Each nurse registry shall prepare and maintain a 1182 comprehensive emergency management plan that is consistent with 1183 the criteria in this subsection and with the local special needs 1184 plan. The plan shall be submitted to the county health department for review and approval within 90 days after the 1185 1186 nurse registry is licensed or there is a change of ownership. The plan must be updated annually or within 30 days after 1187 modification to a previously approved plan. The plan shall 1188 document how include the means by which the nurse registry will 1189 1190 continue to provide the same type and quantity of services to 1191 each patient who remains in his or her private residence, 1192 assisted living facility, or adult family care home or who 1193 evacuates its patients who evacuate to special needs shelters 1194 which were being provided to those patients before the emergency 1195 prior to evacuation. The plan shall specify how the nurse 1196 registry shall provide staff and continuous services to each 1197 such patient facilitate the provision of continuous care by 1198 persons referred for contract to persons who are registered pursuant to s. 252.355 during an emergency that interrupts the 1199 1200 provision of care or services in private residences. Nurse

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1201 registries shall may establish links to local emergency 1202 operations centers to determine a mechanism by which to approach 1203 specific areas within a disaster area in order for a provider to 1204 reach its clients. A nurse registry shall document its efforts 1205 registries shall demonstrate a good faith effort to comply with 1206 the requirements of its comprehensive emergency management plan and this subsection in the patient's records, including by 1207 1208 documenting attempts by of staff to contact the patient and the 1209 patient's designated family member, legal representative, 1210 guardian, or other person who provides care; contact the 1211 resident's assisted living facility or adult family care home, 1212 if applicable; contact the local emergency operations centers to 1213 obtain assistance in contacting patients; and contact other 1214 agencies that may be able to provide temporary services. The 1215 nurse registry must also document attempts by staff to follow 1216 procedures outlined in the nurse registry's comprehensive 1217 emergency management plan which support a finding that the 1218 provision of continuing care has been attempted for patients 1219 identified as needing care by the nurse registry either in home or in a special needs shelter and registered under s. 252.355 in 1220 the event of an emergency under this subsection. 1221 1222 All persons referred for contract who care for (a)

1223 <u>patients</u> persons registered pursuant to s. 252.355 must include 1224 in the patient record a description of how <u>the nurse registry</u> 1225 <u>will continue to provide the same type and quantity of services</u>

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1226 <u>to the patient, including identification of staff to provide</u> 1227 <u>such services, care will be continued</u> during a disaster or 1228 emergency that interrupts the provision of care in the patient's 1229 <u>home</u>. It shall be the responsibility of the person referred for 1230 contract to ensure that continuous care is provided.

A Each nurse registry shall create and maintain a 1231 (b) current prioritized list of patients in private residences, 1232 1233 assisted living facilities, or adult family care homes who are registered pursuant to s. 252.355 and are under the care of 1234 1235 persons referred for contract and who need continued services 1236 during an emergency. This list shall indicate, for each patient, 1237 if the client is to be transported to a special needs shelter 1238 and if the patient is receiving skilled nursing services. A 1239 nurse registry registries shall make this list available to 1240 county health departments and to local emergency management 1241 agencies as part of its comprehensive emergency management plan upon request. The list shall be updated annually or each time a 1242 1243 patient is identified as needing services.

(c) <u>A</u> Each person referred for contract who is caring for a patient who is registered pursuant to s. 252.355 shall provide a list of the patient's medication and equipment needs to the nurse registry. Each person referred for contract shall make this information available to county health departments and to local emergency management agencies upon request.

1250

(d) <u>A</u> Each person referred for contract is shall not be

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1251 required to continue to provide care to patients in emergency 1252 situations that are beyond the person's control and that make it 1253 impossible to provide services, such as when roads are 1254 impassable or when patients do not go to the location specified 1255 in their patient records. It is the responsibility of the nurse 1256 registry to contact another person available for referral to provide care for the patient. If the nurse registry is unable to 1257 1258 continue to provide services or ceases operation due to 1259 situations beyond its control, the nurse registry must notify 1260 the patient whose services will be discontinued during the 1261 emergency and the local emergency management operations center 1262 as soon as possible. If the nurse registry is providing services 1263 to residents of assisted living facilities or adult family care 1264 homes, it must make arrangements for continuation of services 1265 and notify the local emergency operations center of such 1266 arrangement. When a nurse registry is unable to continue to 1267 provide services during the emergency, the nurse registry shall 1268 document its efforts to comply with the requirements of its 1269 comprehensive emergency management plan and this subsection by 1270 documenting attempts of the registry or its staff to contact the 1271 patient and the patient's designated family member, legal 1272 representative, guardian, or other caregiver, if applicable; 1273 contact the resident's assisted living facility or adult family 1274 care home, if applicable; contact the local emergency operations 1275 centers to obtain assistance in contacting patients and contact

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1276 other agencies that may be able to provide temporary services. 1277 The agency shall review the documentation required by this 1278 section during any inspection conducted pursuant to part II of 1279 this chapter to determine the nurse registry's compliance with 1280 its emergency plan.

1281 The comprehensive emergency management plan required (e) by this subsection is subject to review and approval by the 1282 1283 county health department. During its review, the county health department shall contact state and local health and medical 1284 1285 stakeholders when necessary. The county health department shall 1286 complete its review to ensure that the plan complies with the 1287 criteria in this section and the Agency for Health Care Administration rules within 90 days after the nurse registry is 1288 1289 licensed or within 90 days after receipt of the annual plan and 1290 shall either approve the plan or advise the nurse registry of 1291 necessary revisions. If a nurse registry fails to submit a plan 1292 or fails to submit requested information or revisions to the 1293 county health department within 30 days after written 1294 notification from the county health department, the county 1295 health department shall, within 10 days after the nurse 1296 registry's failure to comply, notify the Agency for Health Care 1297 Administration. The agency shall notify the nurse registry that its failure constitutes a deficiency, subject to a fine of 1298 \$5,000 per occurrence. If either the initial or annual plan is 1299 not submitted, information is not provided, or revisions are not 1300

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1301 made as requested, the agency may impose the fine. If the fine 1302 is not imposed against the nurse registry, the agency must 1303 document in the nurse registry's file the reason the fine was 1304 not imposed. 1305 (f) The Agency for Health Care Administration shall adopt 1306 rules establishing minimum criteria for the comprehensive 1307 emergency management plan and plan updates required by this 1308 subsection, with the concurrence of the Department of Health and 1309 in consultation with the Division of Emergency Management. 1310 Section 14. Subsection (3) of section 408.813, Florida 1311 Statutes, is amended to read: 1312 408.813 Administrative fines; violations.-As a penalty for 1313 any violation of this part, authorizing statutes, or applicable 1314 rules, the agency may impose an administrative fine. 1315 The agency may impose an administrative fine for a (3)violation that is not designated as a class I, class II, class 1316 1317 III, or class IV violation. Unless otherwise specified by law, 1318 the amount of the fine may not exceed \$500 for each violation. 1319 Unclassified violations include: 1320 Violating any term or condition of a license. (a) 1321 Violating any provision of this part, authorizing (b) 1322 statutes, or applicable rules. Exceeding licensed capacity. 1323 (C) Providing services beyond the scope of the license. 1324 (d) 1325 Violating a moratorium imposed pursuant to s. 408.814. (e)

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1326	(f) Failure to have an approved comprehensive emergency
1327	management plan as required by authorizing statutes.
1328	(g) Failure to enter into and maintain agreements required
1329	by s. 252.355(4)(b) by July 1, 2019.
1330	Section 15. Section 408.821, Florida Statutes, is amended
1331	to read:
1332	408.821 Emergency management planning; emergency
1333	operations; inactive license
1334	(1) A licensee required by authorizing statutes to have an
1335	emergency operations plan must designate a safety liaison to
1336	serve as the primary contact for emergency operations.
1337	(2) A licensee required by authorizing statutes to have an
1338	emergency operations plan must conduct annual staff training on
1339	the policies and procedures for implementing the emergency
1340	operations plan within 2 months before the start of hurricane
1341	season, including testing of the implementation of the plan,
1342	either in a planned drill or in response to a disaster or an
1343	emergency. New staff must receive such training within 30 days
1344	after commencement of employment. Documentation of the training
1345	and testing, including evaluation of the outcome of the training
1346	and testing and modifications to the plan to address
1347	deficiencies must be provided to the agency and the local
1348	emergency management agency within 30 days after the training
1349	and testing is finished. The evaluation must include a survey of
1350	staff to determine their familiarity with the plan.
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1351 Failure to follow the policies and procedures in the (3) 1352 licensee's emergency operations plan is grounds for action by 1353 the agency against a licensee. The agency shall consider the 1354 licensee's efforts to follow the plan and circumstances beyond the licensee's control that caused the failure. In determining 1355 1356 the penalty, the agency shall evaluate the potential or actual 1357 harm to the client's health, safety, and security caused by the 1358 failure.

1359 (4) (2) An entity subject to this part may temporarily 1360 exceed its licensed capacity to act as a receiving provider in 1361 accordance with an approved emergency operations plan for up to 1362 15 days. While in an overcapacity status, each provider must 1363 furnish or arrange for appropriate care and services to all 1364 clients. In addition, the agency may approve requests for 1365 overcapacity in excess of 15 days, which approvals may be based 1366 upon satisfactory justification and need as provided by the 1367 receiving and sending providers.

1368 (5) (3) (a) An inactive license may be issued to a licensee 1369 subject to this section when the provider is located in a 1370 geographic area in which a state of emergency was declared by 1371 the Governor if the provider:

1372 Suffered damage to its operation during the state of 1. 1373 emergency.

- 1374
- 2. Is currently licensed.
- 1375

3. Does not have a provisional license.

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Will be temporarily unable to provide services but is 1376 4. reasonably expected to resume services within 12 months. 1377 1378 (b) An inactive license may be issued for a period not to 1379 exceed 12 months but may be renewed by the agency for up to 12 1380 additional months upon demonstration to the agency of progress 1381 toward reopening. A request by a licensee for an inactive 1382 license or to extend the previously approved inactive period 1383 must be submitted in writing to the agency, accompanied by 1384 written justification for the inactive license, which states the 1385 beginning and ending dates of inactivity and includes a plan for 1386 the transfer of any clients to other providers and appropriate 1387 licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by 1388 1389 authorizing statutes or applicable rules. The beginning of the 1390 inactive licensure period shall be the date the provider ceases 1391 operations. The end of the inactive period shall become the 1392 license expiration date, and all licensure fees must be current, 1393 must be paid in full, and may be prorated. Reactivation of an 1394 inactive license requires the prior approval by the agency of a 1395 renewal application, including payment of licensure fees and 1396 agency inspections indicating compliance with all requirements 1397 of this part and applicable rules and statutes.

1398 <u>(6)-(4)</u> The agency may adopt rules relating to emergency 1399 management planning, communications, and operations. Licensees 1400 providing residential or inpatient services must utilize an

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1401 online database established and maintained approved by the 1402 agency to report information to the agency regarding the 1403 provider's emergency status, planning, or operations. The agency 1404 may adopt rules requiring other providers to use the online 1405 database for reporting the provider's emergency status, 1406 planning, or operations. 1407 Section 16. Paragraph (1) is added to subsection (1) of 1408 section 429.14, Florida Statutes, to read: 1409 429.14 Administrative penalties.-1410 (1)In addition to the requirements of part II of chapter 1411 408, the agency may deny, revoke, and suspend any license issued 1412 under this part and impose an administrative fine in the manner provided in chapter 120 against a licensee for a violation of 1413 1414 any provision of this part, part II of chapter 408, or 1415 applicable rules, or for any of the following actions by a licensee, any person subject to level 2 background screening 1416 1417 under s. 408.809, or any facility staff: 1418 Failure to comply with the requirements for the (1) 1419 comprehensive emergency management plan under this part or s. 1420 408.821. 1421 Section 17. Subsection (3) of section 429.28, Florida 1422 Statutes, is amended to read: 429.28 Resident bill of rights.-1423 1424 The agency shall conduct a survey to determine (3)(a) 1425 general compliance with facility standards, requirements for the

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1426 <u>comprehensive emergency management plan</u>, and compliance with 1427 residents' rights as a prerequisite to initial licensure or 1428 licensure renewal. The agency shall adopt rules for uniform 1429 standards and criteria that will be used to determine compliance 1430 with facility standards, requirements for the comprehensive 1431 <u>emergency management plan</u>, and compliance with residents' 1432 rights.

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

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

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

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

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1451 this part.

1452 (f) The agency shall conduct periodic followup inspections 1453 as necessary to monitor the compliance of facilities with a 1454 history of any violations related to the requirements for the 1455 comprehensive emergency management plan.

Section 18. Paragraph (b) of subsection (1) of section 429.41, Florida Statutes, is amended to read:

1458

429.41 Rules establishing standards.-

It is the intent of the Legislature that rules 1459 (1)1460 published and enforced pursuant to this section shall include criteria by which a reasonable and consistent quality of 1461 resident care and quality of life may be ensured and the results 1462 1463 of such resident care may be demonstrated. Such rules shall also 1464 ensure a safe and sanitary environment that is residential and 1465 noninstitutional in design or nature. It is further intended 1466 that reasonable efforts be made to accommodate the needs and 1467 preferences of residents to enhance the quality of life in a 1468 facility. Uniform firesafety standards for assisted living 1469 facilities shall be established by the State Fire Marshal 1470 pursuant to s. 633.206. The agency, in consultation with the 1471 department, may adopt rules to administer the requirements of 1472 part II of chapter 408. In order to provide safe and sanitary facilities and the highest quality of resident care 1473 1474 accommodating the needs and preferences of residents, the 1475 department, in consultation with the agency, the Department of

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1476 Children and Families, and the Department of Health, shall adopt rules, policies, and procedures to administer this part, which 1477 1478 must include reasonable and fair minimum standards in relation 1479 to: 1480 (b) The preparation and annual update of a comprehensive 1481 emergency management plan. Such standards must be included in 1482 the rules adopted by the department after consultation with the 1483 Division of Emergency Management. 1484 1. At a minimum, the rules must provide for plan 1485 components that address: Emergency evacuation transportation; 1486 a. 1487 b. Adequate sheltering arrangements; Postdisaster activities, including provision of 1488 с. 1489 emergency power, food, and water; 1490 Postdisaster transportation; d. 1491 e. Supplies; 1492 f. Hardening; 1493 Staffing, including which staff are responsible for g. 1494 implementing each element of the plan, how the facility will 1495 maintain staffing during emergencies, and whether and how the 1496 facility will accommodate family members of staff; h. Emergency equipment; 1497 Individual identification of residents and transfer of 1498 i. 1499 records; j. Communication with families; and 1500 Page 60 of 62

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1501	<u>k.</u> Responses to family inquiries.
1502	2. Facilities must include information in their plans
1503	about:
1504	a. Whether the facility is located in an evacuation zone;
1505	b. Whether the facility intends to shelter in place or
1506	relocate to another facility;
1507	c. Whether the facility has an emergency power source;
1508	d. How the facility will inform residents and the
1509	resident's designated family member, legal representative, or
1510	guardian when the emergency management plan has been activated;
1511	and
1512	e. A working phone number for the facility for use by the
1513	resident's designated family member, legal representative, or
1514	guardian to make contact postdisaster.
1515	3. A facility must provide to the agency, its residents,
1516	and the resident's designated family member, legal
1517	representative, or guardian the information in subparagraph 2.
1518	and an overview of the facility's comprehensive emergency
1519	management plan and, if appropriate, a description of the
1520	evacuation plan. The agency must post this information on its
1521	consumer information website. Any changes to this information
1522	must be provided to the agency, the facility's residents, and
1523	the resident's designated family member, legal representative,
1524	or guardian within 30 days after the change takes effect.
1525	4. The comprehensive emergency management plan is subject

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1526 to review and approval by the local emergency management agency. 1527 a. A facility must submit its plan to the local emergency 1528 management agency within 90 days after licensure and change of 1529 ownership and must notify the agency within 30 days after 1530 submission of the plan. 1531 b. Such plan must be submitted annually or within 30 days 1532 after any modification to a previously approved plan. 1533 c. During its review, the local emergency management agency shall ensure that the following agencies, at a minimum, 1534 1535 are given the opportunity to review the plan: the Department of 1536 Elderly Affairs, the Department of Health, the Agency for Health 1537 Care Administration, and the Division of Emergency Management. 1538 Also, appropriate volunteer organizations must be given the 1539 opportunity to review the plan. 1540 The local emergency management agency shall complete d. 1541 its review within 60 days and either approve the plan or advise 1542 the facility of necessary revisions. A facility must submit the 1543 requested revisions to the local emergency management agency 1544 within 30 days after receiving written notification from the 1545 local emergency management agency. 1546 e. A facility must notify the agency within 30 days after 1547 approval of its plan by the local emergency management agency. 1548 Section 19. This act shall take effect July 1, 2018.

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