

CHAPTER 391

CHILDREN'S MEDICAL SERVICES

PART I CHILDREN'S MEDICAL SERVICES, GENERALLY (ss. 391.011-391.091)

PART II PRESCRIBED PEDIATRIC EXTENDED CARE CENTERS (ss. 391.201-391.217)

PART III DEVELOPMENTAL EVALUATION
AND INTERVENTION PROGRAMS (ss. 391.301-391.307)

PART I

CHILDREN'S MEDICAL SERVICES,
GENERALLY

- 391.011 Short title.
 391.016 Legislative intent.
 391.021 Definitions.
 391.026 Powers and duties of the department.
 391.031 Patient care centers.
 391.036 Medical services providers; qualifications.
 391.041 Services to other state or local programs or institutions.
 391.046 Financial determination.
 391.051 Qualifications of director.
 391.056 District program supervisors; appointment.
 391.061 Research.
 391.07 Indigent and semi-indigent cases.
 391.091 Cardiac Advisory Council.

391.011 Short title.—This act shall be known and may be cited as the "Children's Medical Services Act."
History.—s. 1, ch. 78-106.

391.016 Legislative intent.—The Legislature finds and declares that there is a need to provide medical services for needy children, particularly those with chronic, crippling or potentially crippling and physically handicapping diseases or conditions, and to provide leadership and direction in promoting, planning, and coordinating children's medical care programs so that the full development of each child's potential may be realized.
History.—s. 2, ch. 78-106.

391.021 Definitions.—When used in this act, unless the context clearly indicates otherwise:

(1) "Department" means the Department of Health and Rehabilitative Services.

(2) "Eligible individual" means a female of any age with a high-risk pregnancy or an individual below the age of 21 years who has an organic disease, defect, or condition which may hinder the achievement of his or her normal growth and development, and who meets the financial and medical eligibility standards established by the department. In addition, where specific legislative appropriation exists, individuals with long-term chronic diseases, such as cystic fibrosis, which originated during childhood and who received services under this act before the age of 21 years shall continue to be eligible beyond that age.

(3) "Medical services" includes the prevention, diagnosis, and treatment of human disease, pain, injury, deformity, or disabling physical conditions.

History.—s. 3, ch. 78-106; s. 695, ch. 95-148.

391.026 Powers and duties of the department.—To administer its programs of children's medical services, the department shall have the following powers, duties, and responsibilities:

(1) To provide or contract for the provision of medical services to eligible individuals.

(2) To determine the medical and financial eligibility of individuals seeking medical services.

(3) To recommend priorities for the implementation of comprehensive plans and budgets.

(4) To coordinate a comprehensive delivery system for eligible individuals to take maximum advantage of all available federal funds.

(5) To promote, establish, and coordinate programs relating to children's medical services in cooperation with public and private agencies.

(6) To initiate, coordinate, and request review of applications to federal and state agencies for funds, services, or commodities relating to children's medical programs.

(7) To sponsor or promote grants for projects, programs, education, or research in the field of medical needs of children, with an emphasis on early diagnosis and treatment.

(8) To contract or be contracted with.

(9) To establish standards of eligibility for patients of children's medical services programs.

(10) To coordinate funding of medical care programs with state or local indigent health care funding mechanisms.

(11) To establish standards for patient care and facilities.

(12) To make rules to carry out the provisions of this act.

History.—s. 4, ch. 78-106.

391.031 Patient care centers.—The department shall select and designate hospitals, clinics, convalescent homes, specialized treatment centers, or other patient care centers for the provision of medical services. The department shall follow, whenever available, national guidelines for specialized patient care centers, provided that such centers most economically and efficiently serve eligible individuals in need of medical services and that programs are conducted within resources provided by the Legislature. In making such selections

and designations, the department shall give priority to facilities in each district which demonstrate an emphasis on quality medical services. Emphasis shall be placed upon the clinic concept to provide superior patient care under the direction of specialists.

History.—s. 5, ch. 78-106.

391.036 Medical services providers; qualifications.

The department shall require that all providers of medical services under this act be duly licensed in the state, if such licensure is available, and meet such criteria as may be established by the department.

History.—s. 6, ch. 78-106.

391.041 Services to other state or local programs or institutions.—The department may initiate agreements with other state or local governmental programs or institutions for the coordination of medical care to eligible individuals receiving services from such programs or institutions.

History.—s. 7, ch. 78-106.

391.046 Financial determination.—The department shall determine the financial ability of individuals seeking medical services, or the financial ability of the parents or persons or other agencies having legal custody over such individuals, to pay the costs of such medical services. The department may pay reasonable travel expenses related to the determination of eligibility for or the provision of medical services.

History.—s. 8, ch. 78-106.

391.051 Qualifications of director.—The secretary of the department shall appoint as staff director of the Children's Medical Services Program Office a physician licensed and in good standing in any state who is experienced in providing medical care to children and who has recognized skills in leadership and the promotion of children's health programs.

History.—s. 9, ch. 78-106.

391.056 District program supervisors; appointment.—The program supervisor responsible to the district administrator to assist in the administration of the children's medical program in each district or subdistrict shall be appointed by the district administrator from the active panel of children's medical services physician consultants.

History.—s. 6, ch. 78-106.

391.061 Research.—The department may initiate, fund, and conduct research projects to improve the delivery of children's medical services. The department may cooperate with public and private agencies engaged in work of a similar nature.

History.—s. 10, ch. 78-106.

391.07 Indigent and semi-indigent cases.—Any child who has been provided with surgical or medical care or treatment under this act prior to being adopted shall continue to be eligible to be provided with such care or treatment after his or her adoption, regardless of the financial ability of the persons adopting the child.

History.—s. 6, ch. 13620, 1929; CGL 1936 Supp. 3640(6); s. 1, ch. 57-21; ss. 19, 35, ch. 69-106, s. 1, ch. 73-114; s. 178, ch. 77-147; s. 1, ch. 77-159; ss. 13, 14, ch. 78-106; s. 1, ch. 78-332; s. 696, ch. 95-148.

391.091 Cardiac Advisory Council.—

(1)(a) The secretary of the department may appoint a Cardiac Advisory Council for the purpose of acting as the advisory body to the Children's Medical Services Program Office in the delivery of cardiac services. Specifically, the duties of the council shall include, but not be limited to:

1. Recommending standards for personnel and facilities rendering cardiac services for Children's Medical Services;

2. Receiving reports of the periodic review of cardiac personnel and facilities to determine if established standards for Children's Medical Services cardiac services are met;

3. Making recommendations to the Children's Medical Services staff director as to the approval or disapproval of reviewed personnel and facilities;

4. Making recommendations as to the intervals for reinspection of approved personnel and facilities; and

5. Providing input to Children's Medical Services on all aspects of Children's Medical Services cardiac programs, including the rulemaking process.

The council shall be composed of eight members with technical expertise in cardiac medicine. Members shall be appointed for 4-year staggered terms. In no case shall an employee of the Department of Health and Rehabilitative Services serve as a member or as an ex officio member of the advisory council. A vacancy shall be filled for the remainder of the unexpired term in the same manner as the original appointment. A member may not be appointed to more than two consecutive terms. However, a member may be reappointed after being off the council for at least 2 years.

(b) Members shall receive no compensation, but shall be reimbursed for per diem and travel expenses in accordance with the provisions of s. 112.061.

(2) The Cardiac Advisory Council shall meet at the call of the chair, at the request of a majority of its membership, or at the call of the staff director of the Children's Medical Services Program Office, but no more frequently than quarterly. Minutes shall be recorded for all meetings of such council and shall be kept on file in the Children's Medical Services Program Office.

(3) No later than December 1 of each year preceding a legislative session in which a biennial budget will be adopted, the department shall present a summary report to the President of the Senate and the Speaker of the House of Representatives documenting compliance with this act and the accomplishments and expenditures of the Cardiac Advisory Council.

History.—ss. 3, 4, ch. 81-270; ss. 1, 4, ch. 82-46; s. 2, ch. 83-265; ss. 4, 5, 6, ch. 89-93; s. 5, ch. 91-429; s. 697, ch. 95-148.

***Note.**—Chapter 91-109 provides for a change from biennial to annual budgeting.

PART II

PRESCRIBED PEDIATRIC EXTENDED CARE CENTERS

391.201 Legislative intent.

391.202 Definitions.

391.203 PPEC centers to be licensed; exemptions.

391.205 License required; fee; exemption; display.

- 391.206 Initial application for license.
- 391.207 Denial, suspension, revocation of licensure; grounds.
- 391.208 Administrative fines; disposition of fees and fines.
- 391.210 Expiration of license; renewal; conditional license as permit.
- 391.211 Injunction proceedings authorized.
- 391.212 Closing of a PPEC center.
- 391.213 Right of entry and inspection.
- 391.214 Rules establishing standards.
- 391.215 Construction and renovation; requirements.
- 391.216 Prohibited acts; penalty for violation.
- 391.217 Disposition of moneys from fines and fees.

391.201 Legislative intent.—It is the intent of the Legislature to develop, establish, and enforce licensure and basic standards for prescribed pediatric extended care centers in order to assure that the centers provide the necessary family-centered medical, developmental, physiological, nutritional, psychosocial, and family training services.

History.—ss. 1, 17, ch. 87-290; s. 14, ch. 93-66.

391.202 Definitions.—As used in this part, the term:

(1) "Prescribed pediatric extended care center," hereinafter referred to as a "PPEC center," means any building or buildings, or other place, whether operated for profit or not, which undertakes through its ownership or management to provide basic nonresidential services to three or more medically dependent or technologically dependent children who are not related to the owner or operator by blood, marriage, or adoption and who require such services. Infants and children considered for admission to a PPEC center must have complex medical conditions that require continual care. Prerequisites for admission are a prescription from the child's attending physician and consent of a parent or guardian.

(2) "Agency" means the Agency for Health Care Administration.

(3) "Basic services" includes, but is not limited to, development, implementation, and monitoring of a comprehensive protocol of care, developed in conjunction with the parent or guardian, which specifies the medical, nursing, psychosocial, and developmental therapies required by the medically dependent or technologically dependent child served as well as the caregiver training needs of the child's legal guardian.

(4) "Owner or operator" means any individual who has general administrative charge of a PPEC center.

(5) "Medical records" means medical records maintained in accordance with accepted professional standards and practices as specified in the rules implementing this part.

(6) "Medically dependent or technologically dependent child" means a child who because of a medical condition requires continuous therapeutic interventions or skilled nursing supervision which must be prescribed by a licensed physician and administered by, or under the direct supervision of, a licensed registered nurse.

(7) "Supportive services or contracted services" include, but are not limited to, speech therapy, occupa-

tional therapy, physical therapy, social work, developmental, child life, and psychological services.

History.—ss. 2, 17, ch. 87-290; ss. 1, 14, ch. 93-66.

391.203 PPEC centers to be licensed; exemptions.

(1) For the administration of this part, facilities to be licensed by the agency shall include all PPEC centers as defined in this part which are not otherwise exempt as provided in subsection (2).

(2) A facility, institution, or other place operated by the Federal Government or any agency thereof is exempt from the provisions of this part.

History.—ss. 3, 4, 17, ch. 87-290; ss. 2, 14, ch. 93-66.

391.205 License required; fee; exemption; display.

(1)(a) It is unlawful to operate or maintain a PPEC center without first obtaining from the agency a license authorizing such operation. The agency is responsible for licensing PPEC centers in accordance with the provisions of this part.

(b) Any person who violates paragraph (a) is guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(2) Separate licenses are required for PPEC centers maintained on separate premises, even though they are operated under the same management. Separate licenses are not required for separate buildings on the same grounds.

(3) The annual license fee required of a PPEC center shall be in an amount determined by the agency to be sufficient to cover the agency's costs in carrying out its responsibilities under this part, but shall not be less than \$500 or more than \$1,500.

(4) County-operated or municipally operated PPEC centers applying for licensure under this part are exempt from the payment of license fees.

(5) The license shall be displayed in a conspicuous place inside the PPEC center.

(6) A license shall be valid only in the possession of the individual, firm, partnership, association, or corporation to whom it is issued and shall not be subject to sale, assignment, or other transfer, voluntary or involuntary; nor shall a license be valid for any premises other than that for which originally issued.

(7) Any license granted by the agency shall state the maximum capacity of the facility, the date the license was issued, the expiration date of the license, and any other information deemed necessary by the agency.

History.—ss. 5, 17, ch. 87-290; ss. 3, 14, ch. 93-66.

391.206 Initial application for license.—

(1) Application for a license shall be made to the agency on forms furnished by it and shall be accompanied by the appropriate license fee unless the applicant is exempt from payment of the fee as provided in s. 391.205.

(2) The application shall be under oath and shall contain the following:

(a) The name and address of the applicant and the name by which the facility is to be known. Pursuant thereto:

1. If the applicant is a firm, partnership, or association, the application shall contain the name and address of every member thereof.

2. If the applicant is a corporation, the application shall contain its name and address, the names and addresses of its directors and officers, and the name and address of each person having at least a 10-percent interest in the corporation.

(b) Information which provides a source to establish the suitable character and competency of the applicant in accordance with the provisions of s. 402.305(2) and, if applicable, of the owner or operator, including the name and address of any licensed facility with which the applicant or owner or operator has been affiliated through ownership or employment within 5 years of the date of the application for a license.

(c) The names and addresses of other persons of whom the agency may inquire as to the character and reputation of the applicant and, if applicable, of the owner or operator.

(d) The names and addresses of other persons of whom the agency may inquire as to the financial responsibility of the applicant.

(e) Such other reasonable information as may be required by the agency to evaluate the ability of the applicant to meet the responsibilities entailed under this part.

(f) The location of the facility for which a license is sought and documentation, signed by the appropriate local government official, which states that the applicant has met local zoning requirements.

(3) The applicant for licensure shall furnish satisfactory proof of financial ability to operate and conduct the PPEC center in accordance with the requirements of this part.

(4) The applicant for licensure shall furnish proof of adequate liability insurance coverage or protection.

History.—ss. 6, 17, ch. 87-290; ss. 4, 14, ch. 93-66.

391.207 Denial, suspension, revocation of licensure; grounds.—

(1) The agency may deny, revoke, or suspend a license or impose an administrative fine in the manner provided in chapter 120.

(2) Any of the following actions by a PPEC center or its employee is grounds for action by the agency against a PPEC center or its employee:

(a) An intentional or negligent act materially affecting the health or safety of children in the PPEC center.

(b) A violation of the provisions of this part or of any standards or rules adopted pursuant to this part.

(c) Multiple and repeated violations of this part or of minimum standards or rules adopted pursuant to this part.

(3) The agency shall be responsible for all investigations and inspections conducted pursuant to this part.

History.—ss. 7, 17, ch. 87-290; ss. 5, 14, ch. 93-66.

391.208 Administrative fines; disposition of fees and fines.—

(1)(a) If the agency determines that a PPEC center is being operated without a license or is otherwise not in compliance with rules adopted under this part, the agency, notwithstanding any other administrative action it takes, shall make a reasonable attempt to discuss each violation and recommended corrective action with the owner of the PPEC center prior to written notification

thereof. The agency may request that the PPEC center submit a corrective action plan which demonstrates a good faith effort to remedy each violation by a specific date, subject to the approval of the agency.

(b) The agency may fine a PPEC center or employee found in violation of rules adopted pursuant to this part in an amount not to exceed \$500 for each violation. Such fine may not exceed \$5,000 in the aggregate.

(c) The failure to correct a violation by the date set by the agency, or the failure to comply with an approved corrective action plan, is a separate violation for each day such failure continues, unless the agency approves an extension to a specific date.

(d) If a PPEC center desires to appeal any agency action under this section and the fine is upheld, the violator shall pay the fine, plus interest at the legal rate specified in s. 687.01, for each day beyond the date set by the agency for payment of the fine.

(2) In determining if a fine is to be imposed and in fixing the amount of any fine, the agency shall consider the following factors:

(a) The gravity of the violation, including the probability that death or serious physical or emotional harm to a child will result or has resulted, the severity of the actual or potential harm, and the extent to which the provisions of the applicable statutes or rules were violated.

(b) Actions taken by the owner or operator to correct violations.

(c) Any previous violations.

(d) The financial benefit to the PPEC center of committing or continuing the violation.

(3) Fees and fines received by the agency under this part shall be deposited in the Health Care Trust Fund created in s. 455.2205.

History.—ss. 8, 17, ch. 87-290; s. 58, ch. 91-221; ss. 6, 14, ch. 93-66.

391.210 Expiration of license; renewal; conditional license as permit.—

(1) A license issued for the operation of a PPEC center, unless sooner suspended or revoked, shall expire 1 year after the date of issuance. At least 60 days before the expiration date, an application for renewal shall be submitted to the agency. The agency shall renew the license, upon the filing of an application on forms furnished by the agency, if the applicant has first met the requirements established under this part and all rules adopted pursuant to this part. The PPEC center shall file with the application satisfactory proof of financial ability to operate and conduct the facility in accordance with this part.

(2) A licensee against whom a revocation or suspension proceeding is pending at the time of license renewal may be issued a conditional license effective until final disposition by the agency of such proceedings. If judicial relief is sought from the final disposition, the court having jurisdiction may issue a conditional permit for the duration of the judicial proceeding.

History.—ss. 10, 17, ch. 87-290; ss. 7, 14, ch. 93-66.

391.211 Injunction proceedings authorized.—

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

(a) Enforce the provisions of this part or any standard, rule, or order issued or entered into pursuant thereto; or

(b) Terminate the operation of a PPEC center if the licensee has:

1. Not taken preventive or corrective measures in accordance with any order of the agency.
2. Failed to abide by any final order of the agency once it has become effective and binding.
3. Committed a violation of any provision of this part or of any rule adopted pursuant thereto, which violation constitutes an emergency requiring immediate action.

(2) Such injunctive relief may be temporary or permanent.

History.—ss. 11, 17, ch. 87-290; ss. 8, 14, ch. 93-66.

391.212 Closing of a PPEC center.—

(1) Whenever a PPEC center voluntarily discontinues operation, it shall inform the agency in writing at least 30 days before the discontinuance of operation. The PPEC center shall also, at such time, inform each child's legal guardian of the fact and the proposed time of such discontinuance.

(2) Immediately upon discontinuance of the operation of a PPEC center, the owner or operator shall surrender the license therefor to the agency and the license shall be canceled.

History.—ss. 12, 17, ch. 87-290; ss. 9, 14, ch. 93-66.

391.213 Right of entry and inspection.—Any duly designated officer or employee of the agency shall have the right to enter upon and into the premises of any PPEC center licensed pursuant to this part, at any reasonable time, in order to determine the state of compliance with the provisions of this part and of rules or standards in force pursuant thereto. The right of entry and inspection shall also extend to any premises which the agency has reason to believe are being operated or maintained as a PPEC center without a license, but no such entry or inspection of any premises shall be made without the permission of the owner or operator in charge thereof unless a warrant is first obtained from the circuit court authorizing the entry and inspection. Any application for a PPEC center license or renewal made pursuant to this part shall constitute permission for, and complete acquiescence in, any entry or inspection of the premises for which the license is sought in order to facilitate verification of the information submitted on or in connection with the application.

History.—ss. 13, 17, ch. 87-290; ss. 10, 14, ch. 93-66.

391.214 Rules establishing standards.—

(1) Pursuant to the intention of the Legislature to provide safe and sanitary facilities and healthful programs, the agency in conjunction with Children's Medical Services of the Department of Health and Rehabilitative Services shall adopt and publish rules to implement the provisions of this part, which shall include reasonable and fair standards. Any conflict between these standards and those that may be set forth in local, county, or city ordinances shall be resolved in favor of those having statewide effect. Such standards shall relate to:

(a) The assurance that PPEC services are family centered and provide individualized medical, developmental, and family training services.

(b) The maintenance of PPEC centers, not in conflict with the provisions of chapter 553 and based upon the size of the structure and number of children, relating to plumbing, heating, lighting, ventilation, and other building conditions, including adequate space, which will ensure the health, safety, comfort, and protection from fire of the children served.

(c) The appropriate provisions of the most recent edition of the "Life Safety Code" (NFPA-101) shall be applied.

(d) The number and qualifications of all personnel who have responsibility for the care of the children served.

(e) All sanitary conditions within the PPEC center and its surroundings, including water supply, sewage disposal, food handling, and general hygiene, and maintenance thereof, which will ensure the health and comfort of children served.

(f) Programs and basic services promoting and maintaining the health and development of the children served and meeting the training needs of the children's legal guardians.

(g) Supportive, contracted, other operational, and transportation services.

(h) Maintenance of appropriate medical records, data, and information relative to the children and programs. Such records shall be maintained in the facility for inspection by the agency.

(2) The agency shall adopt rules to ensure that:

(a) No child attends a PPEC center for more than 12 hours within a 24-hour period.

(b) No PPEC center provides services other than those provided to medically or technologically dependent children.

History.—ss. 14, 17, ch. 87-290; ss. 11, 14, ch. 93-66.

391.215 Construction and renovation; requirements.—The requirements for the construction or renovation of a PPEC center shall comply with:

(1) The provisions of chapter 553, which pertain to building construction standards, including plumbing, electrical code, glass, manufactured buildings, accessibility for the physically disabled;

(2) The minimum standards for physical facilities in rule 10M-12.003, Florida Administrative Code, Child Care Standards; and

(3) The standards or rules adopted pursuant to this part.

History.—ss. 15, 17, ch. 87-290; ss. 12, 14, ch. 93-66.

391.216 Prohibited acts; penalty for violation.—

(1) It is unlawful for any person or public body to offer or advertise to the public, in any way or by any medium, basic services as defined in this part without obtaining a valid current license. It is unlawful for any holder of a license issued pursuant to this part to advertise or hold out to the public that it holds a license for a PPEC center other than that for which it actually holds a license.

(2) Any person who violates the provisions of subsection (1) is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.083. Each day of continuing violation shall be considered a separate offense.

History.—ss. 16, 17, ch. 87-290; s. 14, ch. 93-66.

391.217 Disposition of moneys from fines and fees.—All moneys received from administrative fines pursuant to s. 391.208 and all moneys received from fees collected pursuant to s. 391.205 shall be deposited in the Health Care Trust Fund created in s. 455.2205.

History.—ss. 9, 17, ch. 87-290; ss. 13, 14, ch. 93-66.

PART III

DEVELOPMENTAL EVALUATION AND INTERVENTION PROGRAMS

- 391.301 Developmental evaluation and intervention programs; legislative findings and intent.
- 391.302 Definitions.
- 391.303 Program requirements.
- 391.304 Program coordination.
- 391.305 Program standards; rules.
- 391.306 Program funding; contracts.
- 391.307 Program review.

391.301 Developmental evaluation and intervention programs; legislative findings and intent.—

(1) The Legislature finds that the high-risk and disabled newborn infants in this state need in-hospital and outpatient developmental evaluation and intervention and that their families need training and support services. The Legislature further finds that there is an identifiable and increasing number of infants who need developmental evaluation and intervention and family support due to the fact that increased numbers of low-birthweight and sick full-term newborn infants are now surviving due to the advances in neonatal intensive care medicine; increased numbers of medically involved infants are remaining inappropriately in hospitals because their parents lack the confidence or skills to care for these infants without support; and increased numbers of infants are at risk due to parent risk factors, such as substance abuse, teenage pregnancy, and other high-risk conditions.

(2) It is the intent of the Legislature to establish developmental evaluation and intervention programs at all hospitals providing Level II or Level III neonatal intensive care services, in order that families with high-risk or disabled infants may gain the services and skills they need to support their infants.

(3) It is the intent of the Legislature to provide a statewide coordinated program to screen, diagnose, and manage high-risk infants identified as hearing-impaired. The program shall develop criteria to identify infants who are at risk of having hearing impairments, and shall ensure that all parents or guardians of newborn infants are provided with materials regarding hearing impairments prior to discharge of the newborn infants from the hospital.

(4) It is the intent of the Legislature that a methodology be developed to integrate information on infants with potentially disabling conditions with the reporting system to be established under the Healthy Start program.

History.—s. 12, ch. 89-379; s. 25, ch. 91-282; s. 7, ch. 94-140.

Note.—Former s. 383.215(1), (2).

391.302 Definitions.—As used in ss. 391.301-391.307, the term:

(1) "Developmental intervention" means individualized therapies and services needed to enhance both the infant's or toddler's growth and development and family functioning.

(2) "Hearing-impaired infant" means an infant who is born with or who has acquired prelingually a hearing loss so severe that, unaided, the infant cannot learn speech and language through normal means.

(3) "High-risk hearing-impaired infant" means an infant who exhibits conditions and factors that include, but are not limited to, a family history of hearing impairment or anatomic malformation which place the infant at an increased risk for hearing impairment.

(4) "Infant or toddler" means a child from birth until the child's third birthday.

(5) "In-hospital intervention services" means the provision of assessments; the provision of individualized therapies; monitoring and modifying the delivery of medical interventions; and enhancing the environment for the high-risk, developmentally disabled, medically involved, or hearing-impaired infant or toddler in order to achieve optimum growth and development.

(6) "Parent support and training" means a range of services to families of high-risk, developmentally disabled, medically involved, or hearing-impaired infants or toddlers, including family counseling; financial planning; agency referral; development of parent-to-parent support groups; education concerning growth, development, and developmental intervention and objective measurable skills, including abuse avoidance skills; training of parents to advocate for their child; and bereavement counseling.

History.—s. 12, ch. 89-379; s. 7, ch. 94-140; s. 1039, ch. 95-148.

Note.—Former s. 383.215(3).

391.303 Program requirements.—

(1) A developmental evaluation and intervention program shall be established at each hospital that provides Level II or Level III neonatal intensive care services. Program services shall be made available to an infant or toddler identified as being at risk for developmental disabilities, or identified as medically involved, who, along with his or her family, would benefit from program services. Program services shall be made available to infants or toddlers in a Level II or Level III neonatal intensive care unit or in a pediatric intensive care unit, infants who are identified as being at high risk for hearing impairment or who are hearing-impaired, or infants who have a metabolic or genetic disorder. The developmental evaluation and intervention programs are subject to the availability of moneys and the limitations established by the General Appropriations Act or chapter 216. Hearing screening, evaluation and referral services, and initial developmental assessments services shall be provided to each infant or toddler. Other program services may be provided to an infant or toddler, and the family of the infant or toddler, who do not meet the financial eligibility criteria for the Children's Medical Services program based on the availability of funding, including insurance and fees.

(2) Each program shall have a program director, a medical director, and necessary staff to carry out the program. The program director shall establish and coordinate the developmental evaluation and intervention program. The program shall include, but is not limited to:

(a) In-hospital evaluation and intervention services, parent support and training, and family support planning and case management.

(b) Screening and evaluation services to identify each infant at risk of hearing impairment, and a medical and educational followup and care management program for an infant who is identified as hearing-impaired, with management beginning as soon after birth as practicable. The medical management program must include the genetic evaluation of an infant suspected to have genetically determined deafness and an evaluation of the relative risk.

(c) Regularly held multidisciplinary team meetings to develop and update the family support plan. In addition to the family, a multidisciplinary team may include a physician, physician assistant, psychologist, psychotherapist, educator, social worker, nurse, physical or occupational therapist, speech pathologist, developmental evaluation and intervention program director, case manager, and others who are involved with the in-hospital and posthospital discharge care plan. The family support plan is a written plan that describes the infant or toddler and the therapies and services the infant or toddler and his or her family need.

(d) Discharge planning by the multidisciplinary team, including referral and followup to primary medical care and modification of the family support plan.

(e) Education and training for neonatal and pediatric intensive care services staff, volunteers, and others, as needed, in order to expand the services provided to high-risk, developmentally disabled, medically involved, or hearing-impaired infants and toddlers and their families.

(f) Followup intervention services after hospital discharge, to aid the family and the high-risk, developmentally disabled, medically involved, or hearing-impaired infant's or toddler's transition into the community. These services shall include, but are not limited to, home intervention services and other intervention services, both contractual and voluntary. Support services shall be coordinated at the request of the family and within the context of the family support plan.

(g) Referral to and coordination of services with community providers.

(h) Educational materials about infant care, infant growth and development, community resources, medical conditions and treatments, and family advocacy. Materials regarding hearing impairments shall be provided to each parent or guardian of a hearing-impaired infant or toddler.

(i) Involvement of the parents and guardians of each identified high-risk, developmentally disabled, medically involved, or hearing-impaired infant or toddler.

History.—s. 12, ch. 89-379; s. 25, ch. 91-282; s. 7, ch. 94-140; s. 1040, ch. 95-148.

Note.—Former s. 383.215(4).

391.304 Program coordination.—

(1) The Department of Health and Rehabilitative Services shall:

(a) Coordinate with the Department of Education, the Offices of Prevention, Early Assistance, and Child Development, the Florida Interagency Coordinating

Council for Infants and Toddlers, and the State Coordinating Council for Early Childhood Services in planning and administering ss. 391.301-391.307. This coordination shall be in accordance with s. 411.222.

(b) Develop a plan for statewide implementation of the developmental evaluation and intervention program.

(c) Develop rules, procedures, and contracts to implement the developmental evaluation and intervention program.

(2) The Department of Education, in cooperation with the Department of Health and Rehabilitative Services, shall:

(a) Develop an educational management program for hearing-impaired infants.

(b) Develop an involvement program for parents or guardians of hearing-impaired infants.

History.—s. 12, ch. 89-379; s. 7, ch. 94-140.

Note.—Former s. 383.215(5).

391.305 Program standards; rules.—The Department of Health and Rehabilitative Services shall adopt rules for the administration of the developmental evaluation and intervention program. The rules shall specify standards for the development and operation of the program, including, but not limited to:

(1) Standards governing the need for program services and the requirements of the population to be served.

(2) Criteria and procedures for screening, identifying, and diagnosing hearing-impaired infants.

(3) Criteria for determining an infant's or a toddler's need for developmental evaluation and intervention program services.

(4) Minimum developmental evaluation and intervention and support services.

(5) Program staff requirements and personnel qualifications.

(6) Reporting and program evaluation procedures.

History.—s. 8, ch. 94-140.

391.306 Program funding; contracts.—Developmental evaluation and intervention programs shall be provided under a contract between the Department of Health and Rehabilitative Services and the provider and are subject to funding and other limitations established in the General Appropriations Act or chapter 216. The contract shall make the services of the provider contingent upon funding. Failure to comply with the standards established in s. 391.305 is grounds for termination of a contract.

History.—s. 9, ch. 94-140.

391.307 Program review.—

(1) At least annually during the contract period, the Department of Health and Rehabilitative Services shall evaluate each developmental evaluation and intervention program. The department shall develop criteria to evaluate patient outcome, program participation, case management, and program effectiveness.

(2) The department shall develop, in conjunction with the directors of the developmental evaluation and intervention programs, a system to assess the population served and the impact of the screening and the evaluation and intervention components of the pro-

grams, to monitor the impact of the programs on families and infants served, and to evaluate the cost-

effectiveness of the components of the programs.
History.—s. 10, ch. 94-140.