59A-3.278 Comprehensive Medical Rehabilitation, Psychiatric and Substance Abuse Programs.

(1) A hospital establishing comprehensive medical rehabilitation, psychiatric, or substance abuse inpatient programs must apply for licensure of comprehensive medical rehabilitation, psychiatric, or substance abuse beds by submitting a hospital licensure application as specified in subsection 59A-3.066(2). No hospital shall admit patients for the primary purpose of providing comprehensive medical rehabilitation, psychiatric, or substance abuse services unless it has obtained a valid license with the appropriate bed type, and meets the requirements of this section.

(2) All rehabilitation, psychiatric, and substance abuse programs provided by hospitals shall provide to the patient:

(a) An evaluation upon referral;

(b) Establishment of goals;

(c) Development of a plan of treatment, including discharge planning, in coordination with the referring individual and rehabilitation staff, and after discussion with the patient and family;

(d) Regular and frequent assessment, performed on an interdisciplinary basis, of the patient’s condition and progress, and of the results of treatment;

(e) Maintenance of treatment and progress records; and,

(f) At least a quarterly assessment of the quality and appropriateness of the care provided.

(3) When any comprehensive medical rehabilitation activity, psychiatric or substance abuse treatment is provided from outside the hospital, the source shall be available whenever needed for patient care, meet all safety requirements, abide by all pertinent rules and regulations of the hospital and medical staff, and document the quality assurance measures to be implemented.

(4) The scope of services offered, and the relationship of the comprehensive medical rehabilitation, psychiatric or substance abuse program to other hospital units, as well as all supervisory relationships within the program, shall be defined in writing. Responsibility for the performance of clinical services also shall be clearly defined. Delegation of authority within the program shall be specified in job descriptions and in organizational plans. Written policies and procedures to guide the operation of the rehabilitation program shall be developed and reviewed at least annually, revised as necessary, dated to indicate the time of last revision, and enforced.

(5) There shall be a current written plan of care for each patient receiving comprehensive medical rehabilitative, psychiatric or substance abuse services. The plan shall state the diagnosis, and problem list when
appropriate, pertinent to the rehabilitation or treatment process; precautions necessitated by the patient’s general medical condition or other factors; the short-term and long-term goals of the treatment program; and require monthly or more frequent review of the patient’s progress. The medical record and the written plan shall evidence a team approach, with participation of the professional and administrative staffs, the patient, and, as appropriate, the patient’s family. The medical record shall document the written instructions given to the patient and the family concerning appropriate care after discharge from the hospital.

(6) The comprehensive medical rehabilitation, psychiatric or substance abuse program must have notes and log records that are separately identified from the other admission and discharge records in the hospital in which it is located, and are separately retrievable.

(7) Hospital inpatient comprehensive medical rehabilitation, psychiatric, or substance abuse services must be provided in one or more separately organized units. The beds assigned to the program must be physically separate from and not commingled with beds not included in the unit. Comprehensive medical rehabilitation, psychiatric or substance abuse programs and beds may be located on the same floor as other programs or beds.

(a) Facilities providing hospital inpatient psychiatric services to patients under the age of 18 must have beds and common areas designated for pediatric patients which cannot be used by adults.

(b) Facilities providing hospital inpatient substance abuse services to patients under the age of 18 must have beds and common areas designated for pediatric patients which cannot be used by adults.

(8) Each hospital providing comprehensive medical rehabilitation, psychiatric, or substance abuse programs must have a protocol in place for the emergency transportation of medically necessary transfers. The protocol shall include transfer to the geographically closest hospital with the service capability, unless another prior arrangement is in place or the geographically closest hospital is at capacity.

(9) Information on specifications, operation and maintenance of all equipment used in comprehensive medical rehabilitation, psychiatric, and substance abuse programs shall be maintained. All equipment shall be operated according to manufacturer’s specifications, and a preventive and corrective maintenance program on such equipment shall be conducted and recorded.

(10) Psychiatric and substance abuse programs provided by hospitals shall meet the following additional standards:

(a) The program, unit, service or similarly titled part shall have medical direction by a qualified practitioner,
including a physician who is certified by the American Board of Psychiatry and Neurology or is eligible for examination by the Board or similar specialty board recognized by the American Osteopathic Association, a clinical psychologist, or a licensed physician with postgraduate training and experience in the diagnosis and treatment of nervous and mental disorders.

(b) The program, unit, service or similarly titled part shall furnish, through qualified personnel, psychological services, social work services, psychiatric nursing, occupational therapy, and recreational therapy, as appropriate to the needs of the patient.

(b)(c) The program, unit, service or similarly titled part shall have a charge nurse who is a registered professional nurse qualified in psychiatric or mental health nursing.

(c) Providers of hospital inpatient psychiatric services must also provide outpatient services either directly or through written agreements with community outpatient mental health programs, such as local psychiatrists, local psychologists, community mental health programs, or other local mental health outpatient programs.

(d) All facilities providing hospital inpatient psychiatric services shall have a screening program to assess the most appropriate treatment for the patient. Patients with a dual diagnosis of a psychiatric disorder and substance abuse shall be evaluated to determine the types of treatment needed, the appropriate treatment setting, and, if necessary, the appropriate sequence of treatment for the psychiatric and substance abuse disorders.

(e) As appropriate to meet the needs of the patient, hospital inpatient psychiatric programs must include either directly or by contract at least the following services:

1. Psychological services;
2. Psychiatric nursing;
3. Social work services;
4. Emergency screening services;
5. Pharmacology;
6. Individual therapy;
7. Family therapy;
8. Activities therapy;
9. Discharge planning;
10. Referral services;
11. Occupational therapy; and

12. Recreational therapy.

(11) Substance abuse programs provided by hospitals shall meet the following additional standards:

(a) The program, unit, service, or similarly titled part shall have medical direction by a professional trained and experienced in substance abuse services, including a psychiatrist, a physician certified by the American Society of Addiction Medicine, a physician subspecialty certified in Addiction Medicine by the American Osteopathic Association, a Certified Addictions Professional, a clinical psychologist, a clinical social worker (as defined in Section 491.003(2), F.S.) or a certified master social worker (as defined in Section 491.0145, F.S.).

(b) The program, unit, service or similarly titled part shall have a charge nurse who is a registered professional nurse qualified in psychiatric or mental health nursing.

c) Providers of hospital inpatient substance abuse services must also provide outpatient or referral services, either directly or through written agreements with community outpatient substance abuse programs, such as local psychiatrists, other physicians trained in the treatment of substance abuse disorders, local psychologists, community mental health programs, or other local substance abuse outpatient programs.

(d) Providers of hospital inpatient substance abuse services must have a screening program to assess the most appropriate treatment for the patient. Patients with a dual diagnosis of substance abuse and a psychiatric disorder shall be evaluated to determine the types of treatment needed, the appropriate treatment setting, and, if necessary, the appropriate sequence of treatment for the substance abuse and psychiatric disorders.

e) As appropriate to meet the needs of the patient, hospital inpatient substance abuse programs must include either directly or by contract at least the following services:

1. psychological services;

2. psychiatric nursing;

3. social work services;

4. emergency screening services;

5. pharmacology;

6. individual therapy;

7. family therapy;

8. discharge planning;
9. treatment planning services;
10. occupational therapy;
11. recreational therapy; and
12. referral services, including written referral agreements for educational and vocational services.

(12)(10) Comprehensive medical rehabilitation programs provided by hospitals must include at least the following services provided by qualified personnel: comprehensive medical rehabilitation nursing, physical therapy, occupational therapy, speech pathology and audiology, social services, psychological services, and orthotic and prosthetic services. The place responsibility for the medical direction of the comprehensive medical rehabilitation program must be on a physician member of the organized medical staff who, on the basis of training, experience and interest, is knowledgeable in the comprehensive medical rehabilitation services offered. Unless otherwise permitted by law, comprehensive medical rehabilitation services shall be initiated by a physician. The written request for services shall include reference to the diagnosis or problems for which treatment is planned. Overall supervision and administration of the following specialty comprehensive medical rehabilitation programs may be provided by staff with the following credentials:

(a) Physical Therapy – A qualified physical therapist who shall be a graduate of a physical therapy program approved by a nationally recognized accrediting body or have documented equivalent training or experience, and shall meet all current requirements for licensure under Chapter 486, F.S.

(b) Occupational Therapy – A qualified occupational therapist who shall be a graduate of an occupational therapy program approved by a nationally recognized accrediting body; or shall currently hold certification by the American Occupational Therapy Association as an Occupational Therapist, Registered; or shall have documented equivalent training or experience; and shall meet all current requirements for licensure under Chapter 468, Part III IV, F.S.

(c) Speech Pathology and Audiology – A qualified speech-language pathologist or audiologist who shall hold the Certificate of Clinical Competence or a Statement of Equivalence in either speech pathology or audiology issued by the American Speech-Language-Hearing Association, or have documented equivalent training or experience; and shall meet all current requirements for licensure under Chapter 468, Part I II, F.S.

(d) Comprehensive Medical Rehabilitation Nursing – A professionally qualified licensed registered nurse who shall have documented training in comprehensive medical rehabilitation nursing and at least one year of
rehabilitation nursing experience.

(e) Vocational or Educational Rehabilitation – A qualified individual who shall be a graduate of vocational rehabilitation program at the graduate level, or have documented equivalent training or experience.

(f) Comprehensive Medical Rehabilitation – A qualified physician who shall be a member of the organized professional staff and who is certified, or eligible for examination, either by the American Board of Physical Medicine and Rehabilitation or by a specialty related to comprehensive medical rehabilitation.

(11) Nothing in this section shall be construed to prevent a hospital from providing rehabilitation, psychiatric or substance abuse programs to its patients. However, no hospital shall have rehabilitation, psychiatric, intensive residential treatment program, or substance abuse beds unless it has obtained a valid certificate of need as required by Section 408.031 through 408.045, F.S., and meets the requirements of this section.

(13) All comprehensive medical rehabilitation, psychiatric, and substance abuse programs must provide patient discharge data in accordance with section 408.061, F.S. and Chapters 59E-7 and 59B-9, F.A.C.