



CHARLIE CRIST
GOVERNOR

THOMAS W. ARNOLD
SECRETARY

January 4, 2010

Dear Administrator / Center Operator:

During the 2009 Florida legislative session, new laws were enacted that affect many health care providers in this state. The primary legislation affecting providers is Senate Bill 1986 (SB 1986). Most provisions of SB 1986 were effective July 1, 2009. To access the full text of these new laws, please visit: http://laws.flrules.org/files/Ch_2009-223.pdf.

Changes were made as follows under Chapter 408, Part II: Health Care Licensing for all provider types regulated by the Agency, with the following being of specific interest:

- The definition of change of ownership is changed to: “An event in which the licensee sells or otherwise transfers its ownership to a different individual or legal entity as evidenced by a change in federal employer identification number; or an event in which 51% or more of the ownership, shares, membership, or controlling interest of a licensee is in any manner transferred or otherwise assigned.” This does not apply to a licensee that is publicly traded on a recognized stock exchange. The requirement for all licensed providers to routinely submit affidavits of voluntary board members is eliminated, although the Agency may still require documentation be submitted, as needed.
- Applications will be returned if submitted more than 120 days prior to expiration or the requested effective date.
- Additional offenses have been added as disqualifying for persons who require background screening and apply to persons hired after October 1, 2009. A person who serves as a controlling interest or is an employee on September 30, 2009 is not required to be rescreened if they have previously met the background screening requirements. However, if they have one of the new disqualifying offenses on their record, they must apply for an exemption from the appropriate board prior to September 30, 2009.
- Any information required to be reported to the Agency must be submitted within 21 calendar days after the report period or effective date of the information, whichever is earlier. This includes, but is not limited to, any change of information contained in the most recent application for licensure and required insurance or bonds.
- Providers must notify the resident and their representatives, if any, where to report Medicaid fraud prior to any services being rendered. The Agency shall provide a written description of Medicaid fraud and the toll-free number to call.



- Additional grounds are authorized for denial of applications if the applicant or a controlling interest has been convicted, plead guilty or no contest for a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 780 42 U.S.C. ss. 1395-1396, or has been terminated for cause from the Federal Medicare or Medicaid programs.
- A safety liaison must be designated as the primary contact for emergency operations.

The bill does the following regarding emergency management planning:

- Gives the Agency the ability to issue an inactive license to a provider in an area in which a state of emergency was declared if the provider suffered damage during the state of emergency, is currently licensed, does not have a provisional license, and will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. An inactive license may be issued for up to 12 months and may be renewed for an additional 12 months if progress is being made toward reopening.

Long Term Care Unit

(850) 488-5861 for Prescribed Pediatric Extended Care Facilities

(850) 487-2515 for Adult Day Care Centers

Should you have questions about this information or any other Agency activities, please contact the appropriate section for assistance.

Sincerely,



Bernard E. Hudson, Manager
Long Term Care Unit

cc: Adult Day Care Centers
Prescribed Pediatric Extended Care Facilities