
The Role of Staff Qualifications in Regulating Clinical Substance Use Treatment Programs

**The Florida Department of
Children and Families**

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I. Executive Summary

The Office of Substance Abuse and Mental Health (SAMH) within the Florida Department of Children and Families (Department) is the state’s lead department for the prevention, intervention, and treatment of substance use disorders. SAMH fulfills the Department’s responsibility under s. 397.321(6), Florida Statutes (F.S.), to, “assume responsibility for licensing and regulating licensable service components delivering substance abuse services on behalf of service providers pursuant to this chapter.”

During the 2017 Session, the Florida Legislature passed House Bill 807 which was enacted as Chapter 2017-173, Laws of Florida. The statute requires the Department to review, “the appropriateness of service component licensure requirements as those requirements apply to the qualifications of personnel providing direct clinical treatment.”

This report provides a statutory and administrative rule review of clinical treatment qualification requirements, describes substance use treatment programs clinical staff qualification complaints received, and describes how the Department has and will continue to develop administrative rule regarding clinical staff qualifications to ensure their appropriateness into the future.

The 2019 rule revision saw multiple changes introduced along with a newly established fine process to bring the Department’s regulatory system into alignment with the current state of the substance use treatment industry and statute. In the future, the department will adjust specific sections of rule to respond to regulatory needs (including clinical staff qualifications) rather than waiting to amend the entire document.

II. Introduction

The Importance of Staff Qualifications in Substance Use Treatment Programs

Like all healthcare organizations, substance use treatment providers rely on qualified professionals to provide the care needed by individuals in treatment. Because substance use treatment programs provide behavioral health and (in its most intensive settings) medical services to a vulnerable population, clinical staff qualifications are critical to the health, safety, and welfare of individuals in care.

The Florida Legislature recognizes the importance of qualified staff in substance use programs, and states in s. 397.305(4), F.S., “It is the intent of the Legislature that **licensed, qualified health professionals** [emphasis added] be authorized to practice to the full extent of their education and training in the performance of professional functions necessary to carry out the intent of this chapter.”

To further its commitment to ensuring clinical substance use treatment program staff are qualified health professionals, in the 2017 legislative session, the Legislature added the following language to s. 397.410, F.S., in House Bill 807:

The department shall provide a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2020, concerning the appropriateness of service component licensure requirements as those requirements apply to the qualifications of personnel providing direct clinical treatment. The report shall include, but not be limited to, the requirements established in rule, the number and nature of complaints received regarding personnel providing direct clinical treatment and about the qualifications of the individuals subject to the complaints, and the precipitating cause, number, and types of licensure actions taken by the department regarding such personnel.

The following report is the Department's response to the above legislative requirement.

What Are Clinical Services?

As used in this report¹, the term *clinical services* is defined in the Department's substance use administrative rule, ch. 65D-30.002, Florida Administrative Code (F.A.C.). *Clinical services* are services such as screening, assessment, level of care determination, treatment planning, and counseling. In addition, the term *clinical staff* in ch. 65D-30.002, F.A.C., means employees of a provider who are responsible for providing clinical services to individuals.

III. The Licensure Process

The Department enforces Chapters 397, F.S., and 394, F.S., to protect the health, safety, and welfare of individuals in substance use treatment programs. The authority provided by Chapter 397, F.S., gives the Department the ability to protect vulnerable individuals from unsafe and unethical practices. This is accomplished through the development and enforcement of administrative rules. Chapter 397, F.S., establishes three broad categories of services², which the Department licenses. They are:

- Clinical treatment
- Intervention
- Prevention

These services range from non-clinical prevention efforts to dissuade individuals from using and or misusing drugs and alcohol to high intensity clinical and medical services (e.g., detoxification) where an individual is cared for by staff with specific training and licensure requirements.

¹ Please note, because the Department does not license recovery residences, this report will not discuss the qualification requirements for those organizations. In addition, because the report requirements focus on "the qualifications of personnel providing direct clinical treatment", this report will not address requirements specific to organization owners, Chief Executive Officers or Chief Financial Officers. Lastly, because the Legislature's focus is clinical treatment, this report will not review the qualifications for intervention and prevention programs.

² Appendix 1 contains definitions of all licensed components in Chapter 397, F.S.

The Department's substance use administrative rules are enumerated in ch. 65D-30, F.A.C. These administrative rules create specific requirements to ensure statutory goals are achieved. In addition, the rule chapter explains the licensure process and what steps both the Department and licensees will take during the licensure process.

Chapter 65D-30, F.A.C., provides the following for the licensure process:

- Definitions
- A licensure process framework
- Requirements common to all types of providers include:
 - Facilities
 - Human resources
 - Training
 - Staff qualifications (the subject of this report)
 - Clinical practices
 - Rights of individuals
- Requirements specific to each service licensed under the rules

The Department issues probationary licenses for new provider programs and evaluates them within 90 days to determine if the organization should receive a regular license. Licenses are applied for annually thereafter. The Department can issue a first and second interim license per provider program for periods of up to 90 days each for current providers to address licensure violations before the provider is issued a regular license. The Department can also impose additional disciplinary actions on a licensed provider if a violation or a series of violations pose a threat to the health, safety, and welfare of individuals in treatment. The Department can:

- Require the provider to adhere to a corrective action plan to address a violation(s)
- Assess fines for violations
- Issue a moratorium on future admissions until a violation(s) have been corrected
- Revoke an existing license
- Deny the renewal of a future license

As of this writing, the Department uses the authority and directions within statute and administrative rule to license over 700 separate providers across the state. Those providers operate over 1,500 physical locations housing over 2,300 individually licensed programs. The Department utilizes a staff of approximately 30 across the state to review applications, conduct inspections, provide technical assistance to current and prospective licensees, and respond to questions and complaints from individuals, their families and the public.

The Role of Clinical Staff Qualifications in the Licensure Process

Many requirements must be met to be licensed as a substance use treatment provider in Florida. Clinical staff qualifications are some of the most important requirements in determining if a substance use program becomes (or remains) licensed. Multiple clinical positions in a licensed substance use treatment program have specific qualifications tied to them. These requirements ensure clinical positions have a minimum base of knowledge, education, and experience to provide effective and safe

care. If these positions are not filled by qualified staff, the provider cannot achieve or retain a license with the Department. Chapter 65D-30, F.A.C., outlines the positions which have specific qualifications tied to them. They are:

- Medical Directors
- Clinical Supervisors
- Qualified Professionals
- Certified recovery peer specialists and certified recovery support specialists who are certified by the Florida Certification Board³

VI. Current Clinical Staff Qualification Definitions and Requirements – Chapter 397, F.S.

Chapter 397, F.S., provides the licensure process with common definitions for staff positions. These definitions are carried forward in the Department’s administrative rule and provide a baseline understanding for all parties involved in the licensure process. These definitions are:

- **Clinical Supervisor** – A person who meets the requirements of a qualified professional [*see below*] whose functions include managing personnel who provide direct clinical services or maintaining lead responsibility for the overall coordination and provision of clinical services.
- **Physician** – A person licensed under Chapter 458, F.S., to practice medicine or licensed under Chapter 459, F.S., to practice osteopathic medicine, and may include, if the context so indicates, an intern or resident enrolled in an intern or resident training program affiliated with an approved medical school, hospital, or other facility through which training programs are normally conducted.
- **Physician Assistant** – A person licensed under Chapter 458 or Chapter 459, F.S., to practice medicine under the supervision of a physician or psychiatrist whose specialty includes substance abuse treatment.
- **Private Practitioner** – A physician or a physician assistant licensed under Chapter 458 or Chapter 459, F.S., a psychologist licensed under Chapter 490, F.S., or a clinical social worker, marriage and family therapist, or mental health counselor licensed under Chapter 491, F.S.
- **Qualified Professional** –
 - A physician or a physician assistant licensed under Chapter 458 or Chapter 459, F.S.;
 - A professional licensed under Chapter 490 or Chapter 491, F.S.;
 - An advanced practice registered nurse licensed under part I of Chapter 464, F.S.; or
 - A person who is certified through a department-recognized certification process for substance abuse treatment services and who holds, at a minimum, a bachelor’s degree.
 - A person who is certified in substance abuse treatment services by a state-recognized certification process in another state at the time of employment with a licensed substance abuse provider in this state may perform the functions of a qualified professional as defined in this chapter but must meet certification requirements contained in this subsection no later than 1 year after his or her date of employment.

³ Although the specific services provided by certified recovery peer specialists and certified recovery support specialists may not be clinical, these staff members can work in a clinical environment.

- Notwithstanding any other provision of law, a person who was certified through a certification process recognized by the former Department of Health and Rehabilitative Services before January 1, 1995, may perform the duties of a qualified professional with respect to substance abuse treatment services as defined in this chapter, and need not meet the certification requirements contained in s. 397.311(35), F.S.
- **Peer Specialist** – A person who has been in recovery from a substance use disorder or mental illness for at least two (2) years who uses his or her personal experience to provide services in behavioral health settings to support others in their recovery, or a person who has at least two (2) years of experience as a family member or caregiver of an individual who has a substance use disorder or mental illness. The term does not include a qualified professional [see below] or a person otherwise certified under Chapter 394 or Chapter 397, F.S.

In addition to providing definitions for specific positions within a substance use treatment program, Chapter 397, F.S., defines several entities and processes related to the qualifications of an individual working in the field of substance use treatment, such as credentialing entities and the background screening process. Chapter 397, F.S., defines a credentialing entity as a nonprofit organization that develops and administers professional, facility, or organization certification programs according to applicable nationally recognized certification or psychometric standards. In s. 397.321(15), F.S., the Department is tasked with recognizing, “a statewide certification process for addiction professionals and identify and endorse one or more entities responsible for such certification of service provider personnel.”⁴

Chapter 397, F.S., also establishes that background screening for criminal convictions is required to hold specific positions within a substance use treatment facility. Background screening is an important part of ensuring organization owners and staff (including clinical employees) are fit to hold positions within a substance use treatment program. Individuals occupying positions within an organization who must successfully pass a background screening or request (and be granted an exemption) are:

- Owners, Chief Executive Officers (CEOs), and Chief Financial Officers (CFOs), clinical supervisors
- All service provider personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services
- All peer specialists who have direct contact with individuals receiving services

The backgrounds of applicants are reviewed for a history of specific criminal convictions defined in s. 408.809 and s. 435.04, F.S. A listing of offenses contained within these documents is located in Appendix 2. If an individual has been convicted of any offenses listed in either chapter, they are disqualified from holding a position within a substance use treatment program. However, an individual can request an exemption to the disqualification, which starts a review of the offense and the individual’s actions since the offense. The review considers whether the applicant has made meaningful progress toward rehabilitation and is appropriate for hiring by a substance use treatment program.

⁴ Please note, the certification process will be discussed in greater detail later in this document.

V. Current Clinical Staff Qualification Definitions and Requirements – Chapter 65D-30, F.A.C.

Between 2005 and 2019, several revisions to ch. 65D-30, F.A.C., were developed. However, significant resistance and protests from the provider community halted these revisions before they were promulgated. Several key changes were made to the requirements for clinical staff qualifications in ch. 65D-30, F.A.C., when the rule revision was successfully completed in 2019.

In the August 28, 2019 rule revision, many definitions were adjusted to directly align with the definitions in Chapter 397, F.S. These changes will help align the administrative rule with future revisions to statutory definitions. Chapter 65D-30.002, F.A.C., also defines classifications of positions required for a substance use program and minimum qualifications for employees. These definitions are:

- **Clinical Staff** – Employees of a provider who are responsible for providing clinical services to individuals.⁵
- **Clinical Supervisor** – A person that manages personnel who provide direct clinical services, or a person who maintains lead responsibility for the overall coordination and provision of clinical services. A “Clinical Supervisor” shall meet the qualifications of a “Qualified Professional” as defined in Section 397.311(34), F.S. For the purposes of this rule chapter a Clinical Director is considered a Clinical Supervisor.
- **Counselor** – A member of the clinical staff, working in a facility licensed under Chapter 397, F.S., whose duties primarily consist of conducting and documenting services such as counseling, psycho-educational groups, psychosocial assessment, and treatment planning.
- **Direct Care Staff** – Employees and volunteers of a provider who provide direct services to individuals.
- **Medical Consultant** – A physician licensed under Chapter 458 or 459, F.S., who has an agreement with a licensed provider to be available to consult on any services required by individuals involved in those licensed components.
- **Medical Director** – A physician licensed under Chapter 458 or 459, F.S.,⁶ who has been designated to oversee all medical services of a provider and has been given the authority and responsibility for medical care delivered by a provider.
- **Nursing Support Staff** – Persons who assist Registered Nurses and Licensed Practical Nurses in carrying out their duties, but who are not licensed nurses.
- **Primary Counselor** – A provider staff member who has primary responsibility for delivering and coordinating clinical services for specific individuals in treatment.

The 2019 edition of ch. 65D-30, F.A.C., created a separate section dedicated to staff training, qualifications, and scope of practice and the section provides additional guidance regarding the requirements for clinical positions. Previously, staff qualifications were contained in a subsection within

⁵ Clinical Services are defined in Chapter 65D-30.002, F.A.C., as services such as screening, assessment, level of care determination, treatment planning, and counseling.

⁶ Chapter 458, F.S., defines the state’s medical practice laws and Chapter 459, F.S., defines the state’s osteopathic medicine laws

the common licensure standards. Separating training qualifications and scope of practice into a standalone section allows the Department to adjust just these requirements rather than having to amend the entire common licensing standards section. Separating the personnel qualifications section will provide flexibility to quickly revise this important rule section in the future.

The 2019 revisions to ch. 65D-30, F.A.C., are more prescriptive than the 2005 version of the rule. Table 1 below highlights the differences between the two rules regarding the scope of practice for staff not licensed under other chapters of Florida statute.

Table 1: Scope of Practice 2019 Edition Compared to the 2005 Edition		
Tasks	Chapter 65D-30, F.A.C. (2019 Edition)	Chapter 65D-30, F.A.C. (2005 Edition)
Screening	X	X
Psychosocial assessment	X	X
Treatment planning	X	X
Referral	X	X
Service coordination	X	X
Consultation	X	X
Continuing assessment and treatment plan reviews	X	X
Recovery support services	X	
Crisis intervention	X	
Individual, family, and community education	X	X
Documentation of progress	X	X
Any other tasks permitted in these rules and appropriate to that licensable component	X	X
Individual counseling	X	X
Group counseling	X	X
Counseling with families, couples, and significant others	X	X

Although the 2019 rule contains many of the same tasks as the 2005 edition, it adds recovery support services and crisis intervention as tasks which can be undertaken. The 2019 revision to the rule also describes the approved scope of practice for:

- Bachelor’s or master’s degree level practitioners
- Registered marriage and family therapy, clinical social work, and mental health counseling interns
- Certified master’s degree level addiction professionals who are certified by the Florida Certification Board
- Certified addictions professionals who are certified by the Florida Certification Board
- Certified addiction counselors who are certified by the Florida Certification Board
- Certified recovery peer specialists or certified recovery support specialists who are certified by the Florida Certification Board

Staff with the above degrees or certifications may also conduct the activities listed in Table 1, except for recovery peer specialists or certified recovery support specialists who cannot conduct individual, group or family counseling.

Recognition of Credentialing Entities

Section 397.312(15), F.S., provides that the Department must recognize at least one or more credentialing entities as a certifying organization for addiction professionals. The Department identified the criteria in 65D-30.0031(2)(a), F.A.C. as appropriate requirements for becoming a credentialing body. The language states, “an organization that desires recognition by the Department as a certifying organization for addiction professionals shall request such approval in writing from the Department. Organizations seeking approval shall be:

- A non-profit and governed by a Board of Directors representative of the population it intends to certify;
- Include specific requirements which applicants must meet to become certified and to maintain certification;
- Establish core competencies, certification standards, and examination instruments according to nationally recognized certification and psychometric standards;
- Require annual continuing education units to ensure addiction treatment, prevention, or recovery support subject matter content is current;
- Require applicants and certificants to adhere to a professional code of ethics and disciplinary process;
- Conduct investigations into allegations of professional misconduct; and
- Maintain a web-based public-access database of certificants’ status, including ethical violation history.”

The Florida Certification Board (FCB) has been recognized by the Department as a certification body for addiction professionals. The FCB develops and oversees substance use treatment program education criteria, which include education, training, experience, and testing criteria for each profession. The credentials which are directly related to substance use treatment programs include⁷:

- Master’s Level Certified Addiction Professional (MCP)
- Certified Addiction Professional (CAP)
- Certified Addiction Counselor (CAC)
- Certified Behavioral Health Case Manager (CBHCM)
- Certified Behavioral Health Case Manager Supervisor (CBHCMS)
- Certified Behavioral Health Technician (CBHT)
- Certified Recovery Peer Specialist (CRPS)
- Certified Recovery Support Specialist (CRSS)

For example, achieving and maintaining the Certified Addiction Professional (CAP)⁸ certification, which is an important credential in substance use treatment programs, is accomplished in three steps. They are:

⁷ A full listing of Behavioral Health certifications can be found at <https://flcertificationboard.org/credentials/>

⁸ The complete Certification Guidelines for a Certified Addiction Professional are attached in Appendix 3

- The application process – Collects documentation regarding an applicant’s education, training, and previous experience
- Examination process and credential award – Test individuals who have met the minimum education, training, and experience standards for the credential
- Maintenance and Renewal – Requires certified staff to complete a minimum number of annual continuing education (CE) credits and to follow the FCB’s Code of Ethical and Professional Conduct and Disciplinary Procedures in your daily practice

Administrative Rule Requirements Regarding Staff Qualifications

Licensure Application Requirements Related to Staff Qualifications

Ensuring qualified staff are present in substance use treatment programs begins with the licensure application process. Chapter 65D-30.0036(1), F.A.C., requires that each treatment program application contain:

- Verification that a qualified professional(s) is included on staff
- Proof of a valid medical license for the medical director. The medical license must be free of administrative action(s), and be accompanied by the following documentation:
 - A copy of photo identification matching that of the physician named on the medical license
 - A letter from the physician attesting that he or she is:
 - Employed or contracted by the provider as a medical director, and specifying in which component he or she is acting (addictions receiving facility, detoxification, intensive inpatient treatment, residential treatment, or methadone medication-assisted treatment)
 - Knowledgeable of the limitations to acting as medical director
- Verification of professional licenses issued by the Department of Health
- Verification that fingerprinting and background checks, including local law enforcement checks, have been completed as required by Chapters 397 and 435, F.S.

Required Policy and Procedure Manual Content Related to Staff Qualifications

The Department requires licensed substance use treatment providers to have written sets of policy and procedure manuals. These manuals provide instruction to employees regarding how the provider will operate and deliver services and are the primary tools the Department uses when reviewing new or renewal licensure applications. Many of the licensure requirements found in Chapter 397, F.S., and ch. 65D-30, F.A.C., are primarily addressed in a provider’s policy and procedure manual including the requirements listed below.

Chapter 65D-30.004, F.A.C., Common Licensing Standards Related to Staff Qualifications

The Common Licensing Standards require that personnel policies clearly address recruitment and selection of prospective employees, and that records of all personnel shall be maintained. Each personnel record shall contain:

- The individual's current job description with minimum qualifications for the position and documentation that the staff meets the minimum qualifications outlined in the job description
- The employment application or resume
- A verified or certified copy of degrees, licenses, or certificates of each employee
- Documentation of employee screening as required in statute and administrative rule
- Documentation of the requirement for background screening for all owners, chief financial officers, chief executive officers, and clinical and all service provider personnel, and volunteers who have direct contact with children receiving services or with adults with intellectual disabilities
- Documentation of the requirement for individuals to be re-screened within five (5) years from the date of their last screening and shall include a local background screening.
- For programs which require a Medical Director, providers must designate a medical director to oversee all medical services and who has clearly described responsibilities.
- Providers must have written policies and procedures of the specific verbal de-escalation technique(s) to be used. Direct care staff must be trained in verbal de-escalation techniques as required in Chapter 65D-30.0046(1)(b), F.A.C. and the provider must provide proof to the Department that affected staff have completed training in those techniques.
- Providers who maintain an emergency overdose prevention kit must develop and implement a plan to train staff in the prescribed use and the availability of the kit for use during all program hours of operation.

Chapter 65D-30.0046, F.A.C., Staff Training, Qualifications, and Scope of Practice

As discussed earlier in this report, the 2019 revision to ch. 65D-30, F.A.C., separated staff training, qualifications, and scope of practice issues into a dedicated subsection. This section is broken into four additional subsections. They are:

- Staff Training
- Clinical Supervision
- Scope of Practice
- Staff Qualifications

Staff Training

Providers are required to write a staff training development plan and have at least one employee with skill in developing staff training plans to ensure staff development activities are implemented. The staff development plan must be reviewed at least annually and revised as needed as well as signed and dated by authorized personnel. In addition, all required training activities shall be documented and accessible for Department review.

As a part of the plan, new staff have additional required actions. With six months of hire, new staff must complete:

- A two (2) hour educational course on HIV/AIDS as required by s. 381.0035, F.S.
- Overdose prevention training, which must be renewed biennially. The training must include, at a minimum, information about:

- Risk factors for overdose
- Overdose recognition and response
- How to use Naloxone and the importance of individuals at risk of opioid overdose and their friends and family having access to Naloxone
- Two (2) hours of training in verbal de-escalation techniques and two (2) hours annually thereafter for direct care staff.
- Nursing support training for staff performing nursing support functions prior to performing that function(s).
- Training and certification in cardiopulmonary resuscitation (CPR) and first aid for all direct care staff. Staff must maintain CPR and first aid certification, and a copy of the valid certificate must be filed in the personnel record.

General Training Requirements

In addition to training requirements for new staff, all staff have additional documented training requirement of 10 hours per year related to their duties and responsibilities: The topics of the training include:

- Prevention and control of infection in inpatient and residential settings;
- Fire prevention, life safety, and disaster preparedness;
- Safety awareness program;
- Rights of individuals served;
- Federal law, 42 CFR, Part 2, and sections 397.334(10), 397.501(7), 397.752, F.S., applicable state laws regarding confidentiality.
- New clinical staff who work at least 20 hours per week or more must receive 12 hours of competency-based training related to substance use disorder treatment and recovery within the first year.
- New staff providing prevention services must receive 12 hours basic training in science-based prevention within the first year of employment.
- Medication Administration Training Requirements. Training is required before personnel may supervise the self-administration of medication. At least two and a half (2.5) hours of training is required which may be conducted only by licensed practical nurses, licensed registered nurses or advanced practice registered nurses. Personnel responsible for training must certify by signed document or certificate the competency of unlicensed staff to supervise the self-administration of medication. Proof of training shall be documented in the personnel file and training must be completed prior to implementing the supervision of self-administration of medication.
 - Self-administration of medication training must include step-by-step procedures, covering, at a minimum, the following subjects:
 - Safe storage, handling, and disposal of medications;
 - Comprehensive understanding of and compliance with medication instructions on a prescription label, a healthcare practitioner's order, and proper completion of medication observation record (MOR) form;
 - The medical indications and purposes for commonly used medications, their common side effects, and symptoms of adverse reactions;

- The proper administration of oral, transdermal, ophthalmic, otic, rectal, inhaled or topical medications;
- Safety and sanitation practices while administering medication;
- Medication administration documentation and record keeping requirements;
- Medical errors and medical error reporting;
- Determinations of need for medication administration assistance and informed consent requirements;
- Procedural arrangements for individuals who require medication offsite; and
- Validation requirements.

Scope of Practice

Chapter 65D-30.0046, F.A.C., also defines what tasks a staff member can undertake in a substance use treatment program. Staff not licensed under Chapter 458 (Medical Practice), 459 (Osteopathic Medicine) , 464 (Nurse Practice Act), 490 (Psychological Services) or 491 (Clinical Counseling, and Psychotherapy), F.S., providing treatment services specific to substance use are limited to the following tasks in Table 2 below unless otherwise specified in Chapter 65D-30, F.A.C.

Table 2 – Allowable Tasks for Non-Licensed Staff	
<ul style="list-style-type: none"> • Screening • Psychosocial assessment • Treatment planning • Referral • Service coordination • Consultation • Continuing assessment and treatment plan reviews • Recovery support services 	<ul style="list-style-type: none"> • Crisis intervention • Individual, family, and community education • Documentation of progress • Any other tasks permitted in these rules and appropriate to that licensable component • Counseling, including <ul style="list-style-type: none"> ○ Individual counseling ○ Group counseling ○ Counseling with families, couples, and significant others

Staff Qualifications

Chapter 65D-30.0046(4), F.A.C., states staff must only provide services within the scope of their professional licensure or certification; or training and competence in applicable clinical protocols. The scope of practice limitations listed in Table 2 above apply to the following unlicensed staff who must work directly under the supervision of a qualified professional:

- Bachelor’s or master’s degree level practitioners with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education, or a related human services field
- Registered marriage and family therapy, clinical social work, and mental health counseling interns
- Certified master’s degree level addiction professionals who are certified by the Florida Certification Board
- Certified addictions counselors who are certified by the Florida Certification Board

In addition, recovery peer specialists or certified recovery support specialists certified by the Florida Certification Board may provide all services listed in Table 2 above, except counseling⁹, under the supervision of a qualified professional or a certified recovery peer specialist with a minimum of three (3) years of experience providing recovery support services to individuals with substance use disorders.

Licensure Inspections

When a provider applies for a new license or renews an existing license, the Department conducts an on-site inspection¹⁰. During these inspections, Licensure Specialists review personnel records chosen at random to ensure compliance with statute and rule. Licensure Specialists confirm the credentials of staff members and background screening documents as well as ensure the specific trainings described above have been provided to critical staff. The items reviewed when looking at provider personnel records include:

- An individual's current job description with minimum qualifications for the position and documentation that the staff meets the minimum qualifications outlined in the job description
- An individual's employment application or resume
- Verified or certified copy of degrees, licenses, or certificates of each employee
- Confirmation within six (6) months of the hiring date employees have completed
 - Training in incident reporting procedures and requirements
 - Training in Title V of the Americans with Disabilities Act
 - Training in verbal de-escalation techniques
 - For all direct care staff, training and certification in cardiopulmonary resuscitation (CPR) and first aid
- Confirmation that all staff and volunteers who provide direct care or prevention services participated in a minimum of 10 hours of documented training per year in
 - Fire prevention, life safety, and disaster preparedness
 - Rights of individuals served
 - Federal law and applicable state laws regarding confidentiality
- All new clinical staff who work at least 20 hours per week or more have received 12 hours of competency-based training related to substance use disorder treatment and recovery within the first year
- Staff received Medication Administration Training
- Staff meet minimum qualifications for their position
- Staff provide services within the scope of their professional licensure certification; or training and competence in applicable clinical protocols
- Evidence that employment history checks for all owners, directors, chief financial officers, and clinical supervisors occurred
- References check of all owners, directors, chief financial officers, and clinical supervisors

⁹ Chapter 65D-30.0046(4)(b), F.A.C., misstates subsection in (3)(l) when it would have been (3)(m) Counseling. A future rule update will correct this error.

¹⁰ During the COVID pandemic, inspections have been carried out using video conferencing tools.

- All owners, chief financial officers, chief executive officers, and clinical supervisors of service providers are required to receive a level 2 background screening and local background screening
- All service provider personnel, and volunteers who have direct contact with children receiving services or with adults with intellectual disabilities receiving services received a level 2 background screening

The Addition of Fines for Statute and Rule Violations

The 2019 revision to Chapter 65D-30, F.A.C., also contained a new section, which lays out a process for fining providers for statute and rule violations and a hierarchy of fines by classes. The classes are broken into four categories in s. 397.411(7), F.S.:

- **Class I violations** are those conditions or occurrences related to the operation and maintenance of a service component or to the treatment of an individual which the department determines present an imminent danger or a substantial probability that death or serious physical or emotional harm would result therefrom.
- **Class II violations** are those conditions or occurrences related to the operation and maintenance of a service component or to the treatment of an individual which the department determines directly threaten the physical or emotional health, safety, or security of the individual, other than class I violations.
- **Class III violations** are those conditions or occurrences related to the operation and maintenance of a service component or to the treatment of an individual which the department determines indirectly or potentially threaten the physical or emotional health, safety, or security of the individual, other than class I or class II violations.
- **Class IV violations** are those conditions or occurrences related to the operation and maintenance of a service component or to required reports, forms, or documents that do not have the potential of negatively affecting an individual.

Violations related to clinical staff qualifications and training fall nearly exclusively within Class I and II. Depending on the frequency of the violation, the fine for a Class II violation ranges from \$300-400 per occurrence, per day, while the fine for a Class I violation ranges from \$400-500 per occurrence, per day. In addition, Class I violations or multiple Class II violations automatically trigger the issuance of an interim license and can prompt the suspension, revocation, or denial of the license.

The Department began assessing fines on August 29, 2020. This date was chosen to give providers one year to come into compliance with the revised rule. This authority is given to the Department in s.397.401(5), F.S.

VI. Complaints Received Regarding Personnel Providing Direct Clinical Treatment

The Department has used its Provider Licensure and Designation System (PLADS) since August 2017 as its web-based licensure tool. PLADS is used by the Department and licensed providers for license

applications, payments, inspections, dissemination of licenses, and collection of complaints. The Department reviewed all complaints received in the PLADS system since its inception for this report. At the time of the analysis, PLADS contained 455 complaints and of those 17 (or 3.7%) were related to the qualifications of personnel.

Of the 17 complaints specific to personnel, four (4) were substantiated by a Department inquiry, six (6) complaints were not substantiated, three (3) are currently under Department review, and the remaining four (4) complaints concern providers no longer licensed by the Department.

These 17 complaints can be grouped into two categories. The first category is complaints where the provider is accused of having un-licensed or unqualified staff providing clinical services. The second is where background screening requirements were not followed for staff providing clinical services.

Complaints Based on Un-Licensed or Unqualified Staff

Of the 17 identified complaints, 15 focused on issues related to licensure or staff qualifications. Geographically, six (6) of the 15 were concentrated in the Southeastern Region of the state¹¹, while the remaining eight (8) were spread across the Department's Southern, Central and Suncoast regions. These complaints focused on a person(s) described as physicians, therapists, or nurses within a program who were not licensed for those responsibilities. Several complaints discussed licensed staff (such as a physician or nurse) not being on site when services related to these positions were performed (e.g. distribution of medication).

Of the above complaints, three (3) of them were substantiated and the providers were required to complete corrective actions to fix the deficiencies in their practices. Of those three programs, as of October 2020 two of them no longer hold a license with the Department.

Complaints Based on Background Screening Requirements

The remaining two complaints collected by the Department focused on a provider not complying with required background screening requirements¹². Geographically, one case occurred in the Department's Northeast Region¹³ and one was recorded in the Southeastern Region. In both cases, the complaints were substantiated. In one instance, a corrective action plan was issued to address the deficiencies in the provider's practices. In the other case, a change in ownership and management staff occurred and the violations have since been addressed.

¹¹ The counties included in the Southeast Region are Broward, Palm Beach, Martin, St. Lucie, Indian River, and Okeechobee

¹² One provider had complaints regarding staff qualifications and background screening requirements.

¹³ The counties included in the Northeast Region are Madison, Taylor, Dixie, Lafayette, Hamilton, Suwannee, Gilchrist, Levy, Colombia, Baker, Union, Bradford, Alachua, Nassau, Duval, Clay, St. Johns, Putman, Flagler, and Volusia

VII. The Department's Current and Future Rule Making Activities

As previously noted, the most recent revisions to ch. 65D-30, F.A.C., occurred in 2019. Prior to these revisions the rule had not been amended since 2005. Future changes will be proposed on a section-by-section basis rather than revising the entire chapter. Updating the rule by section facilitates more focused evaluation and discussion within the Department and with the public during rule workshops and/or rule hearings. Additionally, if a rule section requires additional time to develop, it will not slow down progress on other sections.

At present, the Department is in the process of rule development with multiple sections of ch. 65D-30, F.A.C. Several of these sections involve requirements for clinical treatment staff. On July 20, 2020, the Department hosted a rule hearing to discuss several sections of the rule including:

- 65D-30.002, F.A.C. (Definitions)
- 65D-30.002, F.A.C. (Certifications and Reignitions Required by Statute)
- 65D-30.004, F.A.C. (Common Licensing Standards)
- 65D-30.0046, F.A.C. (Staff Training, Qualifications, and Scope of Practice)

The hearing generated approximately 80 comments from individuals who have been in treatment, family members of individuals in treatment, a medical doctor, and representatives of the Florida Behavioral Health Association. Several topics generated lengthy discussions with varying points of view. The topics discussed related to the qualifications of staff were:

- Defining what tasks Peer Support Specialists can undertake
- Defining the specific educational requirements for a Medical Director
- Determining whether bachelor degreed staff can conduct counseling sessions or if counseling should be limited to master degreed staff.

The Department is reviewing the comments and will propose a revised rule draft in late 2020.

As part of developing a new or revised rule, the Department takes multiple considerations into account. The first consideration when revising a rule is to ensure the safety of individuals in treatment. The Department must balance regulation and the impact on substance use treatment providers. If a proposed change would have a significantly detrimental impact on the providers subject to the rule, the Department looks for ways to achieve its goals while not creating a significant burden on the substance use treatment providers.

The primary method the Department uses to determine if any provider (or private individual) concerns exist is through public rule workshops or hearings. A workshop is an announced public meeting where the Department and the public discuss the issues surrounding a future or existing rule. In contrast, a public hearing is an announced public meeting where draft rule language is provided and discussed. In either of these meetings, the Department can learn of any potential unintended consequences from a proposed rule and adjust the language in question.

Often the concerns of one provider or concerned individual can conflict with the concerns of another group and/or the Department's rule language. These conflicting concerns can take the forms of:

- The desire for highly qualified clinical personnel vs. the costs and availability of acquiring and retaining highly qualified clinical personnel
- The desire for high levels of training vs. cost of training and retaining staff once trained
- High clinical position standard requirements vs. the low number of individuals who do (or could) meet the proposed standard
- The desire for highly qualified clinical personnel vs. how to utilize existing staff with a high level of practical experience with substance use treatment but a lower level of formal education

An example of this occurred at the July 2020 rule hearing on the topic of peer support specialist educational requirements. Some participants stated that additional training for these individuals should be required while other participants stated that the current level of training is adequate. In situations such as these, the Department reviews the comments from both sides of the discussion and will attempt to revise future rule language to achieve an acceptable compromise.

In the process of rulemaking, the Department strives to balance the safety needs of individuals in treatment with the challenges providers face meeting enhanced standards. Moving forward this will continue to be the method used in future rule development activities.

In the future, the Department will continue to take direction from revised statute and pay attention to evolving clinical position training, input from the provider community, and concerns/complaints from individuals in treatment (and their families) to develop a more responsive and appropriate set of regulations.

In addition, the Department will continue to look for ways to increase the clarity and specificity of its clinical qualification definitions. In a recent rule review, Department staff discovered the term qualified designee was used multiple times within the Medication-Assisted Treatment for Opioid Use Disorders section of ch. 65D-30, F.A.C. However, that term is not currently defined in the definitions portion of the rule. This omission will be addressed in a future revision to the definitions section.

Appendix 1 - s. 397.311(26)-(27), F.S.

Licensed service components include a comprehensive continuum of accessible and quality substance abuse prevention, intervention, and clinical treatment services, including the following services:

- **Clinical treatment** means a professionally directed, deliberate, and planned regimen of services and interventions that are designed to reduce or eliminate the misuse of drugs and alcohol and promote a healthy, drug-free lifestyle. As defined by rule, “clinical treatment services” include, but are not limited to, the following licensable service components:
 - **Addictions receiving facility** is a secure, acute care facility that provides, at a minimum, detoxification and stabilization services; is operated 24 hours per day, 7 days per week; and is designated by the department to serve individuals found to be substance use impaired as described in s. 397.675 who meet the placement criteria for this component.
 - **Day or night treatment** is a service provided in a nonresidential environment, with a structured schedule of treatment and rehabilitative services.
 - **Day or night treatment with community housing** means a program intended for individuals who can benefit from living independently in peer community housing while participating in treatment services for a minimum of 5 hours a day for a minimum of 25 hours per week.
 - **Detoxification** is a service involving subacute care that is provided on an inpatient or an outpatient basis to assist individuals to withdraw from the physiological and psychological effects of substance abuse and who meet the placement criteria for this component.
 - **Intensive inpatient treatment** includes a planned regimen of evaluation, observation, medical monitoring, and clinical protocols delivered through an interdisciplinary team approach provided 24 hours per day, 7 days per week, in a highly structured, live-in environment.
 - **Intensive outpatient treatment** is a service that provides individual or group counseling in a more structured environment, is of higher intensity and duration than outpatient treatment, and is provided to individuals who meet the placement criteria for this component.
 - **Medication-assisted treatment for opiate addiction** is a service that uses methadone or other medication as authorized by state and federal law, in combination with medical, rehabilitative, and counseling services in the treatment of individuals who are dependent on opioid drugs.
 - **Outpatient treatment** is a service that provides individual, group, or family counseling by appointment during scheduled operating hours for individuals who meet the placement criteria for this component.
 - **Residential treatment** is a service provided in a structured live-in environment within a nonhospital setting on a 24-hours-per-day, 7-days-per-week basis, and is intended for individuals who meet the placement criteria for this component.
- **Intervention** means structured services directed toward individuals or groups at risk of substance abuse and focused on reducing or impeding those factors associated with the onset or the early stages of substance abuse and related problems.
- **Prevention** means a process involving strategies that are aimed at the individual, family, community, or substance and that preclude, forestall, or impede the development of substance use problems and promote responsible lifestyles

Appendix 2 - Criminal Offenses from s. 408.809, F.S. and s.435.04, F.S.

Offenses from s.408.809, F.S.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an arrest awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:

- a. Any authorizing statutes, if the offense was a felony.
- b. This chapter [408, F.S.], if the offense was a felony.
- c. Section 409.920, relating to Medicaid provider fraud.
- d. Section 409.9201, relating to Medicaid fraud.
- e. Section 741.28, relating to domestic violence.
- f. Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- g. Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- h. Section 817.234, relating to false and fraudulent insurance claims.
- i. Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
- j. Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.
- k. Section 817.505, relating to patient brokering.
- l. Section 817.568, relating to criminal use of personal identification information.
- m. Section 817.60, relating to obtaining a credit card through fraudulent means.
- n. Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- o. Section 831.01, relating to forgery.
- p. Section 831.02, relating to uttering forged instruments.
- q. Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- r. Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
- s. Section 831.30, relating to fraud in obtaining medicinal drugs.
- t. Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.
- u. Section 895.03, relating to racketeering and collection of unlawful debts.
- v. Section 896.101, relating to the Florida Money Laundering Act.

Offenses from s.435.04, F.S.

(2) The security background investigations under this section must ensure that no persons subject to the provisions of this section have been arrested for and are awaiting final disposition of, have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been

adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction:

- a. Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- b. Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- c. Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- d. Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- e. Section 782.04, relating to murder.
- f. Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- g. Section 782.071, relating to vehicular homicide.
- h. Section 782.09, relating to killing of an unborn child by injury to the mother.
- i. Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- j. Section 784.011, relating to assault, if the victim of the offense was a minor.
- k. Section 784.03, relating to battery, if the victim of the offense was a minor.
- l. Section 787.01, relating to kidnapping.
- m. Section 787.02, relating to false imprisonment.
- n. Section 787.025, relating to luring or enticing a child.
- o. Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- p. Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- q. Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- r. Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- s. Section 794.011, relating to sexual battery.
- t. Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- u. Section 794.05, relating to unlawful sexual activity with certain minors.
- v. Chapter 796, relating to prostitution.
- w. Section 798.02, relating to lewd and lascivious behavior.
- x. Chapter 800, relating to lewdness and indecent exposure.
- y. Section 806.01, relating to arson.
- z. Section 810.02, relating to burglary.
- aa. Section 810.14, relating to voyeurism, if the offense is a felony.
- bb. Section 810.145, relating to video voyeurism, if the offense is a felony.
- cc. Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- dd. Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- ee. Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.

- ff. Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- gg. Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- hh. Section 826.04, relating to incest.
- ii. Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- jj. Section 827.04, relating to contributing to the delinquency or dependency of a child.
- kk. Former s. 827.05, relating to negligent treatment of children.
- ll. Section 827.071, relating to sexual performance by a child.
- mm. Section 843.01, relating to resisting arrest with violence.
- nn. Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- oo. Section 843.12, relating to aiding in an escape.
- pp. Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
- qq. Chapter 847, relating to obscene literature.
- rr. Section 874.05, relating to encouraging or recruiting another to join a criminal gang.
- ss. Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- tt. Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- uu. Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- vv. Section 944.40, relating to escape.
- ww. Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- xx. Section 944.47, relating to introduction of contraband into a correctional facility.
- yy. Section 985.701, relating to sexual misconduct in juvenile justice programs.
- zz. Section 985.711, relating to contraband introduced into detention facilities.

(3) The security background investigations under this section must ensure that no person subject to this section has been arrested for and is awaiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

(4) For the purpose of screening applicability to participate in the Medicaid program, the security background investigations under this section must ensure that a person subject to screening under this section has not been arrested for and is not awaiting final disposition of; has not been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to; and has not been adjudicated delinquent and the record sealed or expunged for, any of the following offenses:

- a. Violation of a federal law or a law in any state which creates a criminal offense relating to:
 - 1. The delivery of any goods or services under Medicaid or Medicare or any other public or private health care or health insurance program, including the performance of management or administrative services relating to the delivery of goods or services under any such program;

2. Neglect or abuse of a patient in connection with the delivery of any health care good or service;
 3. Unlawful manufacture, distribution, prescription, or dispensing of a controlled substance;
 4. Fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct;
 5. Moral turpitude, if punishable by imprisonment of a year or more; or
 6. Interference with or obstruction of an investigation into any criminal offense identified in this subsection.
- b. (b) Violation of the following state laws or laws of another jurisdiction:
1. Section 817.569, criminal use of a public record or information contained in a public record;
 2. Section 838.016, unlawful compensation or reward for official behavior;
 3. Section 838.021, corruption by threat against a public servant;
 4. Section 838.022, official misconduct;
 5. Section 838.22, bid tampering;
 6. Section 839.13, falsifying records; or
 7. Section 839.26, misuse of confidential information.

(c) Violation of a federal or state law, rule, or regulation governing the Florida Medicaid program or any other state Medicaid program, the Medicare program, or any other publicly funded federal or state health care or health insurance program.

Appendix 3 - Florida Certification Board Certified Addictions Professional Standards and Eligibility Requirements

TOPIC	MINIMUM REQUIREMENT
DCF Level 2 Background Screening	<p>FCB policy requires all applicants to pass a Level 2 Background Screening that is conducted thru the Department of Children and Families. FCB will initiate background checks for individuals seeking the CAP credential.</p> <p>Regardless of if you have been previously approved for a FCB credential or DCF Level 2 Background, you must complete and return the Clearinghouse Applicant Request Form and Privacy Policy Form.</p>
Formal Education	<p>Applicants must hold a minimum of a Bachelor’s degree in a related field. Related fields are:</p> <p style="padding-left: 40px;">Addiction Studies/Counseling; Art/Dance Therapy; Behavioral Healthcare; Child Development/Family Relations; Criminal Justice; Counseling/Guidance; Divinity/Religion/Theology (only with a concentration in counseling); Drama/Expressive Arts Therapy; Gerontology; Health Education; Health Sciences; Human Services; Marriage and Family Counseling; Medicine; Mental Health Counseling; Music Therapy; Nursing; Occupational Therapy; Pastoral Counseling; Pharmacy/Pharmaceutical Sciences; Psychology; Public Health; Recreational Therapy/Counseling; Social Work; Sociology; Vocational Counseling.</p> <p>Eligible degrees are issued by educational institutions holding United States Department of Education and/or the Council on Higher Education Accreditation (CHEA) recognized accreditation at the time of degree award.</p> <p>An official transcript must be submitted to the FCB by the degree-granting institution.</p> <p>If you believe you hold a related Bachelor’s degree that is not listed, you may apply for a Degree Equivalency Review. The application is posted on FCB’s website at www.flcertificationboard.org under Policy & Procedure.</p>

<p>Content Specific Training</p>	<p>350 total clock hours of training divided as follows:</p> <ol style="list-style-type: none"> 1. Clinical Evaluation: 35 hours 2. Treatment Planning: 30 hours 3. Counseling: 50 hours 4. Case Management and Referral: 15 hours 5. Client, Family and Community Education: 15 hours 6. Documentation: 15 hours 7. Ethical and Professional Responsibilities: 30 hours 8. Understanding Addiction/Treatment Knowledge: 80 hours 9. Application to Practice/Professional Readiness: 80 hours* <p>*Must include at least 4 hours of HIV-AIDS and 2 hours of Domestic Violence.</p> <p>Eligible training must be taken from an FCB Approved Education Provider within the last 10 years (no time limit on college coursework taken as part of a degree program). FCB Eligible Training Guidelines and Providers are listed online on FCB’s website www.flcertificationboard.org under Education & Training.</p> <p>Recommended training topics for each domain are listed at the end of this document.</p> <p>Content specific training and supporting documentation is submitted to the FCB by the applicant. Applicants must complete (1) the FCB Training Verification Form and (2) attach approved supporting documentation for each entry listed on the Form.</p>
<p>Related Work Experience</p>	<p>6,000 hours (approximately 3 years of full-time work) of addiction-specific, professional-level work experience. One year of full-time employment at 40-hours per week, equals 2,080 hours.</p> <p>Work experience must be directly related to the core competencies of the credential and must have occurred within the last 5 years.</p> <p>Volunteer experience and non-clinical internships are not eligible for certification purposes.</p>

<p>On-the-Job Supervision</p>	<p>300 hours of on-the-job supervision in either an individual or group setting. Of the 300 hours, a minimum of 20 hours of supervision must be provided and documented in each of the following categories. The remaining 100 hours may be allocated across any category.</p> <ol style="list-style-type: none"> 1. Clinical Evaluation 2. Treatment Planning 3. Counseling 4. Case Management and Referral 5. Client, Family and Community Education 6. Documentation 7. Ethical and Professional Responsibilities <p>For certification purposes, the FCB benchmarks reasonable and achievable supervision at the rate of 3 hours per week/156 hours per year.</p> <p>Eligible clinical supervision can be individual, one-on-one supervision and/or observation of skills OR group supervision/case staffings.</p> <p>At least 50% of the hours of clinical supervision must be individual, one-on-one supervision and/or observation of skills. No more than 50% of the required hours of supervision may be in a group setting. Administrative on-the-job supervision will not be accepted for certification purposes.</p> <p>Supervision must be provided by a qualified supervisor. Qualified supervisors are:</p> <ul style="list-style-type: none"> • A physician or physician’s assistant licensed under Chapters 458 or 459, Florida Statutes • A professional licensed under Chapters 490 or 491, Florida Statutes • An Advanced Registered Nurse Practitioner licensed under Part 1 of Chapter 464, Florida Statutes • A Master’s Level Certified Addiction Professional (MCAP) • A Certified Addiction Professional (CAP) <p>Eligible on-the-job supervision occurred within the last 5 years.</p>
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<p>Cross-Over Work Experience and On-the-Job Supervision</p>	<p>CAP-level experience is when an individual has independent responsibility for performing the job tasks of a CAP.</p> <p>An applicant for the CAP may use experience from one of the following cross-over positions:</p> <ul style="list-style-type: none"> • Up to 2,000 hours as a CAC. Remaining hours must be spent providing CAP-level addiction counseling in the domains of clinical evaluation, treatment planning and counseling. • Up to 2,000 hours as a case manager. Remaining hours must be spent providing CAP-level addiction counseling in the domains of clinical evaluation, treatment planning and counseling. • No work hours as a BHT, CRSS, CRRRA, CRPS or other credential can be applied towards the CAP application. <p>On-the-Job Supervision hours can only be applied for the percentage of work experience approved.</p>
<p>Recommendations</p>	<p>Three (3) professional letters of recommendation for certification</p>
<p>Exam</p>	<p>Florida Certified Addiction Professional Exam (required)</p> <p>IC&RC ADC Exam (only required for those seeking international reciprocity.)</p> <p>Study guides for both the CAP and the IC&RC ADC exams are available for purchase at https://flcertificationboard.org/products/</p>
<p>Continuing Education</p>	<p>20 hours per year. Training content must be related to at least one of the CAP performance domains as indicated under Content Specific Training.</p> <p>Continuing Education (CE) credit hours must be non-repetitive (i.e., the same course cannot be claimed more than one time during each credentialed period, even if the course is taken annually).</p>
<p>Renewal</p>	<p>Annual, on June 30th of each calendar year.</p>
<p>Source: CAP Standards and Requirements Tables, Effective Date: January 2020</p>	