

CHAPTER 65G-15
STATE INSTITUTION CLAIMS PROGRAM

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65G-15.001 Definitions.

- (1) "Agency" means the Agency for Persons with Disabilities.
- (2) "Claimant" means any person who submits a restitution claim alleging property damage and/or direct medical expenses for his or her injuries under Section 402.181, F.S.
- (3) "Health care" means services, supplies, and equipment that are necessary for the treatment of an injury to a person's body.
- (4) "Incident" means the same or similar event or occurrence in time.
- (5) "Resident" means any individual of any developmental disability center or state institution under the supervision of the Agency, while such individual is living and receiving services at the center or institution. This includes Tacachale, Sunland Center, the Developmental Disabilities Defendant Program ("DDDP"), and Pathways.
- (6) "Preponderance of the evidence" means the party bearing the burden of proof must present evidence which shows that the fact to be proven is more probable than not.
- (7) "Repair cost" means the cost of services to restore a damaged asset to a condition that is as useful or productive as the asset was before the damage.
- (8) "Replacement cost" means the cost of acquiring an asset that is of comparable value as the asset previously held.
- (9) "Restitution" means recompense for injury or loss. Restitution includes any taxes, shipping, or other related costs necessary to be made whole.
- (10) "Restitution claim" means any reimbursement claim resulting from property damages and/or direct medical expenses for injuries caused by a resident(s) that has not been restored or recompensed by any other source including but not limited to workers' compensation, casualty and liability insurance, and health insurance.

Rulemaking Authority 402.181(3), 393.501(1) FS. Law Implemented 402.181 FS. History—New 5-2-22.

65G-15.002 Restitution Claims.

- (1) A claimant filing a restitution claim under Section 402.181, F.S., has the burden to prove by a preponderance of the evidence:
 - (a) That the action(s) of a resident(s) is the direct cause of claimant's property damages and/or direct medical expenses for injuries; and
 - (b) The monetary amounts of the claimant's damages and/or expenses.
- (2) Only one restitution claim can be submitted per claimant per incident.
- (3) The maximum restitution amount per restitution claim may not exceed \$1,000.00.
- (4) Restitution claims must be submitted to the Agency using the State Institution Claims Program Form ("Claims Form"), APD Form 65G-15.002 A, effective 5-2-22, incorporated here by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-14194>
 - (a) A complete Claims Form must be received by the Agency, in accordance with the instructions on the form, within 90 calendar days from the date of the incident that caused the property damage and/or medical injury.
 - (b) Any restitution claim received after 90 days of the incident must be denied.
 - (c) The Agency must adjudicate a restitution claim within 60 calendar days of receipt. The 60 days is tolled:
 1. For 21 calendar days from the date the Agency issues a request for additional information to the claimant or claimant's legal representative. If the Agency has not received the additional information within the 21 calendar days, the Agency will make a determination on the claim based solely upon the information available at that time.
 2. Whenever a claimant makes a claim for restitution or compensation for the same incident which is not pursuant to Section 402.181, F.S., for the period of time until such claim is resolved; the time for appeal, if any, has expired; and the Agency receives notice thereof from the claimant or the legal representative.

Rulemaking Authority 402.181(3), 393.501(1) FS. Law Implemented 402.181 FS. History—New 5-2-22.

