

Section I
Notice of Development of Proposed Rules
and Negotiated Rulemaking

DEPARTMENT OF ECONOMIC OPPORTUNITY

Division of Workforce Services

RULE NO.: RULE TITLE:

73B-10.037 Public Use Forms

PURPOSE AND EFFECT: To update Reemployment Tax Forms by amending Forms so that they reflect the most recent statutory changes.

SUBJECT AREA TO BE ADDRESSED: These rules will address the Reemployment Tax of the Florida Reemployment Assistance Program. These rules will provide Forms for individuals and employers to file documents necessary for the administration of Reemployment Tax in Florida.

RULEMAKING AUTHORITY: 443.1317, FS.

LAW IMPLEMENTED: 443.131, 443.141, 443.171(5), FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Michael Golen, Office of General Counsel, Department of Economic Opportunity, 107 East Madison Street, MSC 110, Tallahassee, Florida 32399,(850)245-7150.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

Section II
Proposed Rules

DEPARTMENT OF ELDER AFFAIRS

Federal Aging Programs

RULE NO.: RULE TITLE:

58A-5.0131 Definitions

58A-5.014 Licensing and Change of Ownership

58A-5.0181 Admission Procedures, Appropriateness of Placement and Continued Residency Criteria

58A-5.0182 Resident Care Standards

58A-5.0185 Medication Practices

58A-5.019 Staffing Standards

58A-5.0191 Staff Training Requirements and Competency Test

58A-5.024 Records

58A-5.029 Limited Mental Health

58A-5.030 Extended Congregate Care Services

58A-5.031 Limited Nursing Services

PURPOSE AND EFFECT: The purpose of the proposed rule is to implement changes to the assisted living facility regulatory statutes enacted in Ch. 2015-31, L.O.F., and to address the safety and quality of services and care provided to residents within assisted living facilities while being mindful of unnecessary increases in regulation given the many variations in services provided, the number of residents or size of the facility, and the makeup of resident populations in the facilities.

SUMMARY: The proposed rule makes changes regarding rule definitions; licensing and record-keeping requirements; admission procedures and resident care standards; medication practices; extended congregate care services license requirements; admission and continued residency requirements; limited nursing services license requirements; limited mental health license requirements; staffing standards; staff training and competency test requirements; deletion of redundant rules; and revision of rules as needed based on legislative changes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 429.23, 429.24, 429.255, 429.256, 429.27, 429.275, 429.31, 429.41, 429.42, 429.44, 429.52, and 429.54, F.S., and Chapter 2015-126, Laws of Florida.

LAW IMPLEMENTED: Part I, Assisted Living Facilities, Chapter 429, Florida Statutes; Chapter 2015-126, Laws of Florida.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: May 9, 2016, from 9:30 a.m.-11:30 a.m.

PLACE: Florida Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 72 hours before the workshop/meeting by contacting: Jacqueline Williams, Department of Elder Affairs, (850)414-2114, Williamsj@elderaffairs.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Daniel Looke, Senior Attorney, Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000, Telephone Number: (850)414-2096, Email address: looked@elderaffairs.org

THE FULL TEXT OF THE PROPOSED RULE IS:

58A-5.0131 Definitions.

In addition to the terms defined in Section 429.02, F.S., the following definitions are applicable in this rule chapter:

(1) through (4) No change.

(5) “Anti-Embolism Stockings and Hosiery” means prescribed close-fitting elastic-type coverings for therapeutic treatment of the legs. They may be knee high or thigh high length and have transparent, open-toe, or similar foot design.

(6)(5) “Assistance with Activities of Daily Living” means individual assistance with the following:

(a) No change.

(b) Bathing – Assembling towels, soaps, and other necessary supplies; helping the resident in and out of the bathtub or shower; turning the water on and off and; adjusting water temperatures; washing and drying portions of the body that are difficult for the resident to reach; or being available while the resident is bathing.

(c) Dressing – Helping the resident to choose, and to put on, and remove clothing.

(d) Eating – Helping residents with or by cutting food and; pouring beverages, and feeding residents who are unable to feed themselves.

(e) Grooming – Helping the resident with shaving, with oral care, with care of the hair, and with nail care.

(f) Toileting – Assisting the resident to the bathroom, helping the resident to undress, positioning the resident on the commode, and helping the resident with related personal hygiene; including assistance with changing an adult brief and; assistance with toileting includes assistance with the routine emptying of a catheter or ostomy bag.

(7)(6) “Assistance With Transfer” means providing verbal and physical cuing or physical assistance or both while the resident moves between bed and a standing position or between bed and chair or wheelchair. The term does not include total physical assistance with transfer provided by staff to residents who are unable to actively participate in the transfer.

(8)(7) “Bedridden” means confined to bed because of inability to ambulate or transfer to a wheelchair even with assistance, or to sit safely in a chair or wheelchair without personal assistance or physical restraint.

(9)(8) “Capacity” means the number of residents for which a facility has been licensed to provide residential care.

(10)(9) “Case Manager” means an individual employed by or under contract with any agency or organization, public, or private, who has the responsibility for assessing resident needs; planning services for the resident; coordinating and assisting residents with to gaining access to needed medical, mental health, social, housing, educational or other services; monitoring service delivery; and evaluating the effects of service delivery.

(11)(10) “Certified Nursing Assistant (CNA)” means a person certified under Chapter 464, Part II, F.S.

(12) “Day Care Participant” means an individual who receives services at a facility for less than 24 hours per day.

(13)(11) “Deficiency” means an instance of non-compliance with the requirements of part II of chapter 408, F.S., part I of chapter 429, F.S., Chapters 408, Part II, 429, Part I, F.S., and Rule Chapter 59A-35, F.A.C., and this rule chapter.

(14)(12) “Direct Care Staff” means staff in regular contact or staff in direct contact with residents who that provide personal or nursing services to residents, including administrators and managers providing such services.

(15)(13) “Distinct Part” means designated bedrooms or apartments, bathrooms and a living area; or a separately identified wing, floor, or building that includes bedrooms or apartments, bathrooms and a living area. The distinct part may include a separate dining area, or meals may be served in another part of the facility.

~~(16)~~~~(14)~~ “Elopement” means an occurrence in which a resident leaves a facility without following facility policy and procedures.

~~(17)~~~~(15)~~ “Food Service” means the storage, preparation, ~~service serving~~, and ~~cleaning~~ up of food intended for consumption in a facility either by facility staff or through a formal agreement that meals will be regularly catered by a third party.

~~(18)~~ “Glucose Meter” or “glucometer” means a medical device that determines the approximate concentration of glucose in the blood.

~~(19)~~~~(16)~~ “Health Care Provider” means a physician or physician’s assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under Chapter 464, F.S.

~~(20)~~~~(17)~~ “Licensed Dietitian or Nutritionist” means a dietitian or nutritionist licensed under in accordance with Section Chapter 468.509, Part X, F.S.

~~(21)~~~~(18)~~ “Long-term Care Ombudsman Program (LTCOP)” means the long-term care ombudsman program established under Chapter 400, Part I, F.S.

~~(22)~~~~(19)~~ “Manager” means an individual who is authorized to perform the same functions as a facility of the administrator, and is responsible for the operation and maintenance of an assisted living facility while under the supervision of the administrator of that facility. ~~For the purpose of this definition,~~ A manager does not include staff authorized to perform limited administrative functions during an administrator’s temporary absence.

~~(23)~~~~(20)~~ “Mental Disorder” for the purposes of identifying a mental health resident, means schizophrenia and other psychotic disorders; affective disorders; anxiety related disorders; and personality and dissociative disorders. However, mental disorder does not include residents with a primary diagnosis of Alzheimer’s disease, other dementias, or mental retardation.

~~(24)~~~~(21)~~ “Mental Health Care Provider” means an individual, agency, or organization providing mental health services to clients of the Department of Children and Families; an individual licensed by the state to provide mental health services; or an entity employing or contracting with individuals licensed by the state to provide mental health services.

~~(25)~~~~(22)~~ “Mental Health Case Manager” means a case manager employed by or under contract to a mental health care provider to assist mental health residents residing in a facility holding a limited mental health license.

~~(26)~~~~(23)~~ “Nurse” means a licensed practical nurse (LPN), registered nurse (RN), or advanced registered nurse practitioner (ARNP) licensed under Chapter 464, F.S.

~~(27)~~~~(24)~~ “Nursing Assessment” means a written review of information collected from observation ~~of~~ and interaction with a resident including; the resident’s record; and any other relevant sources of information; the analysis of the information; and recommendations for modification of the resident’s care, if warranted.

~~(28)~~~~(25)~~ “Nursing Progress Notes” or “Progress Report” means a written record of nursing services, other than medication administration or the taking of vital signs, provided to each resident who receives such services ~~pursuant to in a facility with a~~ limited nursing or extended congregate care license. The progress notes must be completed by the nurse who delivered the service; ~~and~~ must describe the date, type, scope, amount, duration, and outcome of services that are rendered; must describe the general status of the resident’s health; must describe any deviations in the residents health; must describe any contact with the resident’s physician; and must contain the signature and credential initials of the person rendering the service.

~~(29)~~~~(26)~~ “Optional State Supplementation (OSS)” means the state program providing monthly payments to eligible residents pursuant to Section 409.212, F.S. and Rule Chapter 65A-2, F.A.C.

~~(30)~~~~(27)~~ “Owner” means a the person, partnership, association, limited liability company, or corporation, that ~~which~~ owns or leases the facility that, ~~and~~ is licensed by the agency. The term does not include a person, partnership, association, limited liability company, or corporation that contracts only to manage or operate the facility.

~~(31)~~~~(28)~~ “Physician” means an individual licensed under Chapter 458 or 459, F.S.

~~(32)~~ “Pill organizer” means a container that is designed to hold solid doses of medication and is divided according to day and time increments.

~~(33)~~~~(29)~~ “Registered dietitian” means an individual registered with the Commission on Dietetic Registration, the accrediting body of the Academy of Nutrition and Dietetics.

~~(30)~~ “Renovation” means ~~additions, repairs, restorations, or other improvements to the physical plant of the facility within a 5 year period that costs in excess of 50 percent of the value of the building as reported on the tax rolls, excluding land, before the renovation.~~

~~(34)~~~~(31)~~ “Respite Care” means facility-based supervision of an impaired adult for the purpose of relieving the primary caregiver.

~~(35)~~~~(32)~~ “Significant Change” means either a sudden or major shift in the behavior or mood of a resident that is inconsistent with the resident’s diagnosis, or a deterioration in the resident’s health status such as unplanned weight change, stroke, heart condition, enrollment in hospice, or stage 2, 3 or 4 pressure sore. Ordinary day-to-day fluctuations in a

resident's functioning and behavior, a short-term illnesses such as a colds, or the gradual deterioration in the resident's ability to carry out the activities of daily living that accompanies the aging process are not considered significant changes.

~~(36)(33)~~ “Staff” means any individual employed by a facility; ~~or~~ contracting with a facility to provide direct or indirect services to residents; ~~or~~ employed by a employees of firms under contract with a to the facility to provide direct or indirect services to residents when present in the facility. The term includes volunteers performing any service that counts toward meeting any staffing requirement of this rule chapter.

~~(37)(34)~~ “Staff in Regular Contact” or “Staff in Direct Contact” mean all staff whose duties may require them to interact with residents on a daily basis.

~~(38)(35)~~ “Third Party” means any individual or business entity providing services to residents in a facility that who is not staff of the facility.

~~(39)(36)~~ “Universal Precautions” are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under Universal precautions require that the, blood and certain body fluids of all residents be are considered potentially infectious for HIV, HBV, and other bloodborne pathogens.

~~(40)(37)~~ “Unscheduled Service Need” means a need for a personal service, nursing service, or mental health intervention that generally cannot be predicted in advance of the need for service, and that must be met promptly to ensure within a time frame that provides reasonable assurance that the health, safety, and welfare of residents is preserved.

Rulemaking Authority 429.23, 429.41 FS. Law Implemented 429.07, 429.075, 429.11, 429.14, 429.19, 429.41, 429.47, 429.52 FS. History—New 9-30-92, Formerly 10A-5.0131, Amended 10-30-95, 6-2-96, 4-20-98, 10-17-99, 1-9-02, 7-30-06, 4-15-10, 4-17-14, _____.

58A-5.014 Licensing and Change of Ownership.

(1) LICENSE APPLICATION. An applicant for a standard assisted living facility license, ~~or~~ a limited mental health license, an extended congregate care license, or a limited nursing services license; may apply for licensure pursuant to the requirements of Chapters 408, Part II, 429, Part I, F.S., and Rule Chapter 59A-35, F.A.C.

(2) CHANGE OF OWNERSHIP. In addition to the requirements for a change of ownership contained in Chapter 408, Part II, F.S., and Section 429.12, F.S., and Rule Chapter 59A-35, F.A.C., the following provisions relating to resident funds apply pursuant to Section 429.27, F.S.:

(a) No change.

(b) The transferor must provide to each resident a statement detailing the amount and type of funds held by the facility and credited to the resident ~~for whom funds are held by the facility.~~

(c) No change.

(3) through (4) No change.

Rulemaking Authority 429.17, 429.27, 429.41 FS. Law Implemented 429.04, 429.07, 429.075, 429.11, 429.12, 429.17, 429.27, 429.41 FS. History—New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.14, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.014, Amended 10-30-95, 4-20-98, 10-17-99, 7-30-06, 4-17-14, _____.

58A-5.0181 Admission Procedures, Appropriateness of Placement and Continued Residency Criteria.

(1) ADMISSION CRITERIA.

(a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing, or limited mental health license:

1. No change.

2. Be free from signs and symptoms of any communicable disease that is likely to be transmitted to other residents or staff; ~~however,~~ An individual who has human immunodeficiency virus (HIV) infection may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule.

3. through 4. No change.

5. Be capable of taking medication, by either self-administration, assistance with self-administration, or ~~by~~ administration of medication.

a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact.

b. The facility may accept a resident who requires the administration of medication; if the facility employs has a nurse who will ~~to~~ provide this service; or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a ~~licensed~~ third party licensed to provide this service to the resident.

6. through 9. No change.

10. Not have any stage 3 or 4 pressure sores. A resident requiring care of a stage 2 pressure sore may be admitted provided that:

a. ~~The~~ Such resident either:

(I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; ~~or~~

(II) Resides in a limited nursing services licensed facility and ~~care is provided by the facility services are provided~~ pursuant to a plan of care issued by a health care provider, ~~or the resident contracts directly with a licensed home health agency or a nurse to provide care;~~

b. The condition is documented in the resident's record and admission and discharge logs; and

c. No change.

11. Residents admitted to standard, limited nursing services, or limited mental health licensed facilities may not require any of the following nursing services:

a. Artificial airway management of any kind Oral, nasopharyngeal, or tracheotomy suctioning;

b. through c. No change.

d. Management of post-surgical drainage tubes and wound vacuum devices Intermittent positive pressure breathing therapy; or

e. Treatment of surgical incisions or wounds, unless the surgical incision or wound and the underlying condition that caused it, have has been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record.

12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services:

a. Hemodialysis and peritoneal dialysis performed in the facility;

b. Intravenous therapy including blood products and medications;

~~1342.~~ Not require 24-hour nursing supervision.

~~1443.~~ Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C.

~~1544.~~ Be appropriate for admission to the facility as Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator must base the determination decision on:

a. An assessment of the strengths, needs, and preferences of the individual; ~~and~~

b. The medical examination report required by Section 429.26, F.S., and subsection (2) of this rule;

~~c.~~ b. The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and

d. e. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in ~~Section 429.41, F.S., and~~ Rule Chapter 69A-40, F.A.C.

(b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable

oxygen ~~or~~ assistance with routine colostomy care of stoma site flange placement, or assistance and monitoring of the application of anti-embolism stockings or hosiery as prescribed by a health care provider in accordance with manufacturer's guidelines, may be admitted to a facility with a standard license as long as ~~the following conditions are met:~~

~~1.~~ the facility has ~~must have~~ a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves.

~~(c)2.~~ Nursing staff may not provide training to unlicensed persons, as defined in Section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons as defined in Section 429.256(1)(b), F.S. ~~Certified nursing assistants may not be delegated the nursing services described in this section, but may apply anti-embolism stockings or hosiery under the supervision of a nurse in accordance with paragraph 64B9-15.002(1)(e), F.A.C. This provision does not restrict a resident or a resident's representative from contracting with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license.~~

~~(d)(e)~~ An individual enrolled in and receiving hospice services may be admitted to an assisted living facility as long as the individual otherwise meets resident admission criteria.

~~(e)(d)~~ Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.

(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection.

(a) No change.

(b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, October 2010. The form is hereby incorporated by reference. AHCA Form 1823 may be obtained <http://www.flrules.org/Gateway/reference.asp?No=Ref-04006>. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed.

1. Items on the form that ~~may~~ have been omitted by the health care provider during the examination ~~do not necessarily require an additional face-to-face examination for completion. The facility may be obtained by the facility omitted information~~ either orally or in writing from the health care provider.

2. through 3. No change.

(c) through (e) No change.

(f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility ~~issued by the health care provider conducting the medical examination~~ may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Do Not Resuscitate Order Form, for residents who do not wish cardiopulmonary resuscitation to be administered in the case of cardiac or respiratory arrest.

(g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

(3) ADMISSION PACKAGE.

(a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information ~~must~~ meets this requirement.

1. through 11. No change.

12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. ~~If the facility also has an extended congregate care license; and~~ The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility ~~including;~~ additional costs; and any limitations, ~~if any,~~ on where extended congregate care residents may ~~must~~ reside based on the policies and procedures described in Rule 58A-5.030, F.A.C.;

13. through 14. No change.

(b) Before or at the time of admission, the resident, to the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following:

1. through 4. No change.

(c) No change.

(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change,

whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule ~~and. The form~~ must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency include:

(a) The resident may be bedridden for no more than ~~up to~~ 7 consecutive days.

(b) No change.

(c) A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:

1. The resident qualifies for, is admitted to, and consents to receive the services from ~~of~~ a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need ~~be needed~~;

2. Both the resident and the facility agree to continued residency ~~is agreeable to the resident and the facility~~;

3. A licensed hospice, in consultation with the facility, develops and implements a ~~An~~ interdisciplinary care plan that, ~~which~~ specifies the services being provided by hospice and those being provided by the facility, ~~is developed and implemented by a licensed hospice in consultation with the facility~~; and

4. No change.

(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.

(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.

(f) through (g) No change.

(5) No change.

Rulemaking Authority 429.07, 429.41 FS. Law Implemented 429.07, 429.26, 429.28, 429.41 FS. History—New 9-17-84, Formerly 10A-5.181, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.0181, Amended 10-30-95, 6-2-96, 10-17-99, 7-30-06, 10-9-06, 4-15-10, 10-14-10, 4-17-14, _____.

58A-5.0182 Resident Care Standards.

An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.

(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:

(a) through (c) No change.

(d) Contacting the resident’s health care provider and other appropriate party such as the resident’s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.;

(e) Contacting the resident’s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.

(f)(e) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.

(2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community.

(a) No change.

(b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents’ participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility.

(c) through (d) No change.

(3) through (5) No change.

(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.

(a) No change.

(b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints; and a written procedure for residents to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.

(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888) 831-0404; Disability Rights Florida, 1(800) 342-0823; the Agency Consumer Hotline 1(888) 419-3456, and the statewide toll-free telephone number of the Florida Abuse Hotline, 1(800) 96-ABUSE or 1(800) 962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.

(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The

rules and procedures must at a minimum address the facility’s policies regarding:

1. No change.
2. Alcohol and tobacco use;
3. through 8. No change.

(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if unless the facility rules or the facility contract includes such a requirement ~~that residents be responsible for cleaning their own sleeping areas or apartments~~. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.

(f) The facility must provide residents with convenient access to a telephone to facilitate the resident’s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.

(g) In addition to the requirements of Section 429.41(1)(k), F.S., the use of physical restraints by a facility on a resident must be reviewed by the resident’s physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical restraint.

(7) THIRD PARTY SERVICES.

(a) through (b) No change.

(c) If residents accept ~~the~~ assistance from the facility in arranging and coordinating to arrange and coordinate third party services, the facility’s assistance does not represent a guarantee that third party services will be received. If the facility’s efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include ~~this~~ documentation in the residents’ record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection.

(8) through (9) No change.

Rulemaking Authority 429.41 FS. Law Implemented 429.255, 429.26, 429.28, 429.41 FS. History—New 9-17-84, Formerly 10A-5.182, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.0182, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 10-9-06, 4-15-10, 4-17-14,_____.

58A-5.0185 Medication Practices.

Pursuant to Sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A

resident may not be compelled to take medications but may be counseled in accordance with this rule.

(1) No change.

(2) PILL ORGANIZERS.

~~(a) A “pill organizer” means a container that is designed to hold solid doses of medication and is divided according to day and time increments.~~

~~(a)(b) Only a resident who self-administers medications may maintain use a pill organizer.~~

(b) Unlicensed staff may not provide assistance with pill organizers.

(c) through (d) No change.

(3) ASSISTANCE WITH SELF-ADMINISTRATION.

(a) Any unlicensed person providing assistance with self-administration of medication must be 18 years of age or older, trained to assist with self-administered medication pursuant to the training requirements of Rule 58A-5.0191, F.A.C., and must be available to assist residents with self-administered medications in accordance with the procedures described in Section 429.256, F.S., and this rule, and the Assistance with Self-Administration of Medication Guide XXXX 2015.

(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes reading the medication label aloud and verbally prompting a resident to take medications as prescribed.

(c) through (f) No change.

(g) All trained staff must adhere to the facility’s infection control policy and procedures when assisting with the self-administration of medication.

(4) MEDICATION ADMINISTRATION.

(a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider’s order or prescription label.

(b) Unusual reactions to the medication or a significant change in the resident’s health or behavior that may be caused by the medication must be documented in the resident’s record and reported immediately to the resident’s health care provider. The contact with the health care provider must also be documented in the resident’s record.

(c) Medication administration includes conducting any examination ~~or testing, such as blood glucose testing,~~ or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff.

(d) No change.

(5) MEDICATION RECORDS.

(a) No change.

(b) The facility must maintain a daily medication observation record ~~(MOR)~~ for each resident who receives assistance with self-administration of medications or

medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:

1. The name of the resident and any known allergies the resident may have;

2. The name of the resident’s health care provider and, the health care provider’s telephone number;

3. The name, strength, and directions for use of each medication; and

4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. ~~The medication observation record must be immediately updated each time the medication is offered or administered.~~

(c) No change.

(6) MEDICATION STORAGE AND DISPOSAL.

(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; Residents may also store their medication ~~or~~ in their rooms or apartments if either the room is, ~~which must be~~ kept locked when residents are absent or, ~~unless~~ the medication is stored in a secure place ~~within the rooms or apartments or in some other secure place~~ that is out of sight of other residents.

~~(b) However,~~ Both prescription and over-the-counter medications for residents must be centrally stored if:

1. The facility administers the medication;

2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;

3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;

4. The resident fails to maintain the medication in a safe manner as described in this paragraph;

5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or

6. The facility’s rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 58A-5.0181, F.A.C.

~~(c)(b)~~ Centrally stored medications must be:

1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;

2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be

secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;

3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and

4. No change.

~~(d)~~~~(e)~~ No change.

~~(e)~~~~(d)~~ When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may be disposed of in accordance with paragraph ~~(f)~~~~(e)~~.

~~(f)~~~~(e)~~ No change.

~~(g)~~~~(f)~~ No change.

(7) MEDICATION LABELING AND ORDERS.

(a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are ~~it is~~ properly labeled and dispensed in accordance with Chapters 465 and 499, F.S. and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:

1. No change.

2. The identification of each medicinal drug in the container.

(b) through (c) No change.

(d) Any change in directions for use of a medication that for which the facility is administering or providing assistance with self-administration ~~or administering medication~~ must be accompanied by a written, faxed, or electronic copy of a medication order issued and signed by the resident's health care provider, ~~or a faxed or electronic copy of such order~~. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record, ~~or obtain a revised label from the pharmacist~~.

(e) through (h) No change.

(8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term over the counter includes, but is not limited to, over the counter medications, vitamins, nutritional supplements and nutraceuticals, hereafter referred to as OTC products, that can be sold without a prescription.

(a) A facility may keep a stock supply of OTC products for multiple resident use. When dispensing any OTC product that is kept by the facility as a stock supply to a resident, the staff member dispensing the medication must record the name and amount of the OTC product dispensed in the resident's medication observation record is not permitted in any facility.

(b) OTC products, including those prescribed by a health care provider but excluding those kept as a stock supply by the facility, must be labeled with the resident's name and the manufacturer's label with directions for use, or the health care provider's directions for use. No other labeling requirements are required.

(c) through (d) No change.

Rulemaking Authority 429.256, 429.41 FS. Law Implemented 429.255, 429.256, 429.41 FS. History—New 10-17-99, Amended 7-30-06, 4-15-10, 10-14-10, 3-13-14, _____.

58A-5.019 Staffing Standards.

(1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Chapters 408, Part II, 429, Part I, F.S. and Rule Chapter 59A-35, F.A.C., and this rule chapter.

(a) An administrator must:

1. through 3. No change.

4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. ~~Individuals who have successfully completed these requirements before December 1, 2014, are not required to take either the 40-hour core training or test unless specified elsewhere in this rule.~~ Administrators who attended core training prior to July 1, 1997, are not required to take the competency test unless specified elsewhere in this rule; and:

5. No change.

(b) through (c) No change.

(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as of an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to April 20, 1998, July 1, 1997, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not simultaneously serve as an administrator of any other facility.

(e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change

of Administrator form, AHCA Form 3180-1006, October 2015 ~~May 2013~~, which is incorporated by reference and available online at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04002>.

(2) STAFF.

(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.

1. Evidence of a negative tuberculosis examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of tuberculosis testing materials ~~satisfies, shall satisfy~~ the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of communicating tuberculosis.

2. No change.

(b) through (f) No change.

(3) STAFFING STANDARDS.

(a) Minimum staffing:

1. Facilities must maintain the following minimum staff hours per week:

Number of Residents, <u>day care participants, and</u> <u>respite care residents</u>	Staff Hours/Week
0-5	168
6-15	212
16- 25	253
26-35	294
36-45	335
46-55	375
56- 65	416
66-75	457
76-85	498
86-95	539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.

2. Independent living residents, as referenced in subsection 58A-5.024(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive ~~and who receive no~~ personal, limited nursing,

or extended congregate care services, are not counted as a residents for purposes of computing minimum staff hours.

3. through 4. No change.

5. A staff member who has completed courses in First Aid and Cardiopulmonary Resuscitation (CPR) and holds a currently valid card documenting completion of such courses must be in the facility at all times.

a. No change.

b. A nurse is considered as having met the course requirements for ~~both First Aid and CPR~~. In addition, an emergency medical technician or paramedic currently certified under Chapter 401, Part III, F.S., is considered as having met the course requirements for both First Aid and CPR.

6. through 9. No change.

(b) No change.

(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives, ~~for that resident's care~~.

(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a) if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in ~~Section 429.41(1)(a), F.S., and~~ Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.

1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently the plan increases the staffing levels ~~staff to needed levels~~ to meet resident needs.

2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify ~~modifications may be made in~~ staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency.

(e) through (f) No change.

Rulemaking Authority 429.41, 429.52 FS. Law Implemented 429.174, 429.176, 429.41, 429.52 FS. History—New 5-14-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.19, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.019, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 4-15-10, 4-17-14, _____.

58A-5.0191 Staff Training Requirements and Competency Test.

(1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST.

(a) through (b) No change.

(c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years ~~as provided under Section 429.52, F.S.~~

(d) through (e) No change.

(2) STAFF PRESERVICE ORIENTATION.

(a) Facilities must provide a preservice orientation to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).

(b) New staff must complete the preservice orientation prior to interacting with residents.

(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.

(d) At a minimum, the preservice orientation must cover:

1. Resident's rights;

2. The facility's license type and services offered by the facility;

3. The facility's expectations for the employee and the consequences if the employee does not perform according to such expectations; and

~~(3)(2)~~ STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:

(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in infection control, including universal precautions, and facility sanitation procedures, before providing personal care to residents. The facility must use its infection control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement.

(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

~~1. Reporting major incidents.~~

~~1.2.~~ No change.

~~2.3.~~ No change.

(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

1. No change.

2. Recognizing and reporting resident abuse, neglect, and exploitation. The facility must use its abuse prevention policy and procedures when offering this training.

(d) through (f) No change.

~~(4)(3)~~ No change.

~~(5)(4)~~ FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR). A staff member who has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses must be in the facility at all times.

(a) Documentation that the staff member possess current CPR certification that requires the student to demonstrate, in person, that he or she is able to perform CPR and which is issued by an instructor or training provider that is approved to provide CPR training by ~~of attendance at First Aid or CPR course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, the American Safety and Health Institute, the American Heart Association, or the National Safety Council;~~ or a provider approved by the Department of Health satisfies this requirement, ~~shall satisfy this requirement.~~

(b) No change.

~~(6)(5)~~ ASSISTANCE WITH THE SELF-ADMINISTRATION OF ~~ADMINISTERED~~ MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52~~(6)(5)~~, F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria:

(a) Training must cover state law and rule requirements, including the Assistance With Self-Administration of Medication Guide (Date and version) found at (Website), and must with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions;

~~documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for infection control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance provide opportunities for hands on learning through practice exercises.~~

(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the an ability to:

1. No change.
2. Provide assistance with self-administration in accordance with Section 429.256, F.S. and Rule 58A-5.0185, F.A.C., including:
 - a. through e. No change.
 - f. Retrieve and store medication; ~~and~~
 - g. Recognize the general signs of adverse reactions to medications and report such reactions;-
 - h. Assist residents with insulin pens by dialing the prescribed amount to be injected and handing the pen to the resident for self-injection. Only insulin syringes that are pre-filled with the proper dosage by a pharmacist or a manufacturer may be used;
 - i. Assist with nebulizers;
 - j. Use a glucometer to perform blood glucose testing;
 - k. Assist residents with oxygen nasal cannulas and continuous positive airway pressure (CPAP) devices, excluding the titration of the oxygen levels;
 - l. Apply and remove anti-embolism stockings and hosiery;
 - m. Placement and removal of colostomy bags, excluding the removal of the flange or manipulation of the stoma site; and
 - n. Measurement of blood pressure, heart rate, temperature, and respiratory rate.

(c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 4-hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online shall only be provided by a licensed registered nurse, or a licensed pharmacist.

(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the

topics listed in sub-subparagraphs (5)(b)2.h.-n. of this section before assisting with the self-administration of medication procedures listed in sub-subparagraphs (5)(b)2.h.-n.

~~(7)(6)~~ NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under Rule 58A-5.020(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department ~~sanitarian is~~ sanitarians are qualified to train assisted living facility staff in nutrition and food service.

~~(8)(7)~~ EXTENDED CONGREGATE CARE (ECC) TRAINING.

(a) The administrator and ECC extended-congregate-care supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility's receiving its ECC extended-congregate-care license or within 3 months of beginning employment in a currently licensed ECC ~~the~~ facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to April 20, 1998, shall not be required to take the assisted living facility core training competency test.

(b) The administrator and the ECC extended-congregate-care supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, psychological, or social needs of frail elderly and disabled persons, or persons with Alzheimer's disease or related disorders.

(c) All direct care staff providing care to residents in an ECC extended-congregate-care program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC extended-congregate-care concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC extended-congregate-care facility.

~~(9)(8)~~ LIMITED MENTAL HEALTH TRAINING.

(a) Pursuant to Section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training:

1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses.

a. No change.

~~b. Staff in “direct contact” means direct care staff and staff whose duties take them into resident living areas and require them to interact with mental health residents on a daily basis. The term does not include maintenance, food service or administrative staff, if such staff have only incidental contact with mental health residents.~~

~~b.e.~~ Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to Section 429.52(5)(4), F.S., and subsection (1) of this rule.

2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics:

a. No change.

b. Mental health treatment such as:

I. Mental health needs, services, behaviors and appropriate interventions;

II. Resident progress in achieving treatment goals;

III. How to recognize changes in the resident’s status or condition that may affect other services received or may require intervention; and

IV. Crisis services and the Baker Act procedures.

3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to Section 429.52(5)(4), F.S., and subsection (1) of this rule.

4. No change.

(b) No change.

~~(10)(9)~~ ALZHEIMER’S DISEASE AND RELATED DISORDERS (“ADRD”) TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 434464.4.6 of the Florida Building Code, as adopted in Rule ~~61G20-1.001~~ 9N-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training.

(a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who have regular contact with or provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between April 20, 1998 and July 1, 2003 shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection will be considered as having met this requirement. ~~“Staff who have regular contact” means staff who interact on a daily basis with residents but do not provide direct care to residents.~~ Initial training, entitled “Alzheimer’s

Disease and Related Disorders Level I Training,” must address the following subject areas:

1. through 6. No change.

(b) Staff who have successfully completed ~~received~~ both the initial one hour and continuing three hours of ADRD training pursuant to Sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility Alzheimer’s Disease and Related Disorders Level I Training.

(c) through (h) No change.

~~(10) ALZHEIMER’S DISEASE AND RELATED DISORDERS (“ADRD”) TRAINING PROVIDER AND CURRICULUM APPROVAL.~~

~~(a) The training provider and curriculum shall be approved by the department or its designee prior to commencing training activities. The department or its designee shall maintain a list of approved ADRD training providers and curricula. Approval as a training provider and approval of the curriculum may be obtained as follows:~~

~~1. Applicants seeking approval as ADRD training providers shall complete DOEA form ALF/ADRD 001, Application for Alzheimer’s Disease and Related Disorders Training Provider Certification, dated March 2005, which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.~~

~~2. Applicants seeking approval of ADRD curricula shall complete DOEA form ALF/ADRD 002, Application for Alzheimer’s Disease and Related Disorders Training Three-Year Curriculum Certification, dated March 2005, which is incorporated by reference and available at the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. Approval of the curriculum shall be granted for 3 years, whereupon the curriculum shall be re-submitted to the department or its designee for re-approval.~~

~~(b) Approved ADRD training providers must maintain records of each course taught for a period of 3 years following each program presentation. Course records shall include the title of the approved ADRD training curriculum, the curriculum approval number, the number of hours of training, the training provider’s name and approval number, the date and location of the course, and a roster of trainees.~~

~~(c) Upon successful completion of training, the trainee shall be issued a certificate by the approved training provider. The certificate shall include the title of the approved training and the curriculum approval number, the number of hours of training, the trainee’s name, dates of attendance, location and the training provider’s name, approval number and dated signature. The training provider’s signature on the certificate shall serve as documentation that the training provider has~~

~~verified that the trainee has completed the required training pursuant to Section 429.178, F.S.~~

~~(d) The department or its designee reserves the right to attend and monitor ADRD training courses, review records and course materials approved pursuant to this rule, and revoke approval on the basis of non adherence to approved curriculum, the provider's failure to maintain required training credentials, or if the provider is found to knowingly disseminate any false or misleading information.~~

~~(e) Except as otherwise noted, certificates of any ADRD training required by this rule shall be documented in the facility's personnel files.~~

~~(f) ADRD training providers and training curricula which are approved consistent with the provisions of Sections 429.1755, 429.6045 and 429.5571, F.S., shall be considered as having met the requirements of paragraph (9)(a) and subsection (10) of this rule.~~

~~(10)(11) DO NOT RESUSCITATE ORDERS TRAINING.~~

~~(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding DNROs within 60 days after the effective date of this rule.~~

~~(b) through (c) No change.~~

~~(11)(12) No change.~~

~~Rulemaking Authority 429.178, 429.41, 429.52 FS. Law Implemented 429.07, 429.075, 429.178, 429.41, 429.52 FS. History—New 9-30-92, Formerly 10A-5.0191, Amended 10-30-95, 6-2-96, 4-20-98, 11-2-98, 10-17-99, 7-5-05, 7-30-06, 10-9-06, 7-1-08, 4-15-10, _____.~~

58A-5.024 Records.

The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request and the term "resident" includes day care participants and respite care residents.

(1) FACILITY RECORDS. Facility records must include:

(a) through (j) No change.

(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to ~~Section 429.41, F.S. and~~ Rule Chapter 69A-40, F.A.C., issued within the last 2 years.

(l) through (o) No change.

(p) The facility's infection control policies and procedures.

(q) The facility's abuse prevention policies and procedures.

~~(r)(p)~~ No change.

(2) No change.

(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:

(a) Resident demographic data as follows:

1. through 8. No change.

9. Name, address, and telephone number of the resident's health care provider and case manager, if applicable.

(b) through (o) No change.

(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to ~~the following at the discretion of the facility:~~

~~1-~~ a log listing the names of residents participating in this arrangement;

~~2. The resident demographic data required in this paragraph;~~

~~3. The health assessment described in Rule 58A 5.0181, F.A.C.;~~

~~4. The resident's contract described in Rule 58A 5.025, F.A.C.; and~~

~~5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.~~

(q) through (r) No change.

(4) No change.

Rulemaking Authority 429.41, 429.275 FS. Law Implemented 429.24, 429.255, 429.256, 429.26, 429.27, 429.275, 429.35, 429.41, 429.52 FS. History—New 5-14-81, Amended 1-6-82, 5-19-83, 9-17-84, Formerly 10A-5.24, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.024, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 10-9-06, 4-17-14, _____.

58A-5.029 Limited Mental Health.

(1) LICENSE APPLICATION.

(a) Any facility intending to admit one ~~three~~ or more mental health residents must obtain a limited mental health license from the agency before accepting the ~~third~~ mental health resident.

(b) No change.

(2) RECORDS.

(a) through (b) No change.

(c) Resident records must include:

1. Documentation, provided by a mental health care provider within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in Section 394.4574 ~~3474~~, F.S., and that the resident is receiving social security disability or supplemental security income and optional state supplementation as follows:

a. An affirmative statement on the Alternate Care Certification for Optional State Supplementation (OSS) form, CF-ES 1006, October 2005, which is hereby incorporated by reference and available for review at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-03988> that the resident is receiving SSI or SSDI due to a mental psychiatric disorder;

b. through c. No change.

2. No change.

3. A Community Living Support Plan.

a. Each mental health resident and the resident's mental health case manager must, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility or within 30 days after receiving the appropriate placement assessment in paragraph (2)(c), whichever is later, that:

(I) through (VII) No change.

(VIII) Is updated at least annually or if there is a significant change in the resident's behavioral health;

(IX) through (X) No change. b. Those portions of a service or treatment plan prepared pursuant to Rule 65E-4.014, F.A.C., that address all the elements listed in sub-paragraph (2)(c)3.a. above may be substituted.

4. No change.

5. Missing documentation will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the appropriate party Department of Children and Families, or the mental health care provider. A documented request for such missing documentation made by the facility administrator within 72 hours of the resident's admission will be considered a good faith effort. The documented request must include the name, title, and phone number of the person to whom the request was made and must be kept in the resident's file.

(3) RESPONSIBILITIES OF FACILITY. In addition to the staffing and care standards of this rule chapter to provide for the welfare of residents in an assisted living facility, a facility holding a limited mental health license must:

(a) through (e) No change.

~~(f)~~ (e) Maintain facility, staff, and resident records in accordance with the requirements of this rule chapter.

Rulemaking Authority 429.41 FS. Law Implemented 429.075, 429.26, 429.41 FS. History—New 8-15-90, Amended

9-30-92, Formerly 10A-5.029, Repromulgated 10-30-95, Amended 6-2-96, 11-2-98, 7-30-06, Amended 4-17-14,_____.

58A-5.030 Extended Congregate Care Services.

(1) through (2) No change.

(3) PHYSICAL SITE REQUIREMENTS. Each extended congregate care facility must provide a homelike physical environment that promotes resident privacy and independence including:

(a) No change.

(b) A bathroom, with a toilet, sink, and bathtub or shower, that is shared by a maximum of 4 residents for a maximum ratio of 4 residents to 1 bathroom.

1. A centrally located hydro-massage bathtub may substitute for a bathtub or shower and be considered equivalent to two bathrooms, increasing the resident to bathroom ratio from four-to-one to eight-to-one. Although a facility may install multiple such bathtubs, only the first bathtub installed that increases the resident to bathroom ratio above four-to-one may be counted as a substitute for bathrooms at the two-to-one ratio. The substitution of a centrally located hydro-massage bathtub for a bathtub or shower that increases the resident to bathroom ratio above four to one may occur only once in a facility. The one-time substitution of a centrally located hydro-massage bathtub does not preclude the installation of multiple hydro-massage bathtubs in the facility. The limitation applies only to the one-time reduction in the total number of bathrooms in the facility.

2. No change.

(4) No change.

(5) ADMISSION AND CONTINUED RESIDENCY.

(a) An individual must meet the following minimum criteria in order to receive extended congregate care services.

1. through 6. No change.

7. Not require any of the following nursing services:

a. Artificial airway management of any kind Oral or nasopharyngeal suctioning;

b. through c. No change.

d. Management of post-surgical drainage tubes or wound vacuums; Intermittent positive pressure breathing therapy;

e. No change.

f. Treatment of a surgical incision, unless the surgical incision and the condition that caused it have been stabilized and a plan of care developed. The plan of care must be maintained in the resident's record at the facility.;

8. No change.

9. Have been determined to be appropriate for admission to the facility by the facility administrator or manager. The administrator or manager must base his or her decision on:

a. through b. No change.

c. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in Section 429.41, F.S. and Rule Chapter 69A-40, F.A.C.

- (b) No change.
- (6) through (10) No change.

Rulemaking Authority 429.07, 429.41 FS. Law Implemented 429.07, 429.255, 429.26, 429.28, 429.41 FS. History—New 9-30-92, Formerly 10A-5.030, Amended 10-30-95, 6-2-96, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 4-17-14.

58A-5.031 Limited Nursing Services.

Any facility intending to provide limited nursing services obtain a license from the agency.

(1) NURSING SERVICES. A facility with a limited nursing services license may provide the following nursing services In addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S., a facility with a limited nursing services license may provide nursing care to residents who do not require 24-hour nursing supervision.

- ~~(a) Conducting passive range of motion exercises.~~
- ~~(b) Applying ice caps or collars.~~
- ~~(c) Applying heat, including dry heat, hot water bottle, heating pad, aquathermia, moist heat, hot compresses, sitz bath and hot soaks.~~
- ~~(d) Cutting the toenails of diabetic residents or residents with a documented circulatory problem if the written approval of the resident's health care provider has been obtained.~~
- ~~(e) Performing ear and eye irrigations.~~
- ~~(f) Conducting a urine dipstick test.~~
- ~~(g) Replacing of an established self maintained indwelling urinary catheter, or inserting an intermittent urinary catheter.~~
- ~~(h) Performing digital stool removal therapies.~~
- ~~(i) Applying and changing routine dressings that do not require packing or irrigation, but are for abrasions, skin tears and closed surgical wounds.~~
- ~~(j) Caring for stage 2 pressure sores. Caring for stage 3 or 4 pressure sores is not permitted by a facility with a limited nursing services license.~~
- ~~(k) Caring for casts, braces and splints. Caring for head braces, such as a halo is not permitted by a facility with a limited nursing services license.~~
- ~~(l) Conducting nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse.~~
- ~~(m) Providing any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice as described in~~

~~subsection 58A 5.0181(4), F.A.C.; however, staff may not exceed the scope of their professional licensure.~~

~~(n) Assisting, applying, caring for and monitoring the application of anti embolism stockings or hosiery as prescribed by the health care provider and in accordance with the manufacturers' guidelines.~~

~~(o) Administration and regulation of portable oxygen.~~

~~(p) Applying, caring for and monitoring a transcutaneous electric nerve stimulator (TENS).~~

~~(q) Catheter, colostomy, ileostomy care and maintenance.~~

(2) RESIDENT CARE STANDARDS.

(a) through (c) No change.

(d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or contracted nurse must coordinate with third party nursing services providers to ensure resident care is provide in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files.

(e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community.

(3) RECORDS.

(a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility.

(b) through (c) No change.

(d). Records of residents receiving nursing services from a third party must contain health care provider orders for all nursing services, nursing assessments, and nursing progress notes provided by the third party nursing services provider. Facilities that do not have such documentation but that can demonstrate that they have made a good faith effort to obtain such documentation may not be cited for violating this paragraph.

Rulemaking Authority 429.41 FS. Law Implemented 429.07, 429.255, 429.26, 429.41 FS. History—New 9-30-92, Formerly 10A-5.031, Amended 10-30-95, 10-17-99, 7-30-06, 3-13-14.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Daniel Looke, Senior Attorney, Department of Elder Affairs
Office of the General Counsel

NAME OF AGENCY HEAD WHO APPROVED THE
PROPOSED RULE: Sam Verghese

DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: 4/7/2016

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAR: 3/8/2016

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE:

59G-1.053 Authorization Requirements

PURPOSE AND EFFECT: The purpose of Rule 59G-1.053, Florida Administrative Code, is to incorporate by reference the Florida Medicaid Authorization Requirements Policy,

SUMMARY: The incorporated policy will specify service authorization requirements for providers rendering services to Florida Medicaid recipients.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: A checklist was prepared by the Agency to determine the need for a SERC. Based on this information at the time of the analysis and pursuant to section 120.541, Florida Statutes, the rule will not require legislative ratification.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.908, 409.912, 409.9127, 409.913 FS.

A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: April 27, 2016, 10:00 a.m. – 11:00 a.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308-5407.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Ray Aldridge. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Ray Aldridge, Bureau of Medicaid Policy, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: (850)412-4151, e-mail: Ray.Aldridge@ahca.myflorida.com.

Please note that a preliminary draft of the reference material, if available, will be posted prior to the public hearing at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

Official comments to be entered into the rule record will be received from the date of this notice until May 2, 2016. Comments may be e-mailed to MedicaidRuleComments@ahca.myflorida.com. For general inquiries and questions about the rule, please contact the person specified above.

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-1.053 Authorization Requirements.

(1) This rule applies to providers rendering Florida Medicaid services to recipients.

(2) All providers must comply with the provisions of the Florida Medicaid Authorization Requirements Policy, _____, incorporated by reference. The policy is available on the Agency for Health Care Administration’s Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>, and available at [DOS place holder Ref-_____].

Rulemaking Authority 409.919 FS. Law Implemented 409.908, 409.912, 409.9127, 409.913 FS. History-New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:

Ray Aldridge

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Elizabeth Dudek

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 15, 2016

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: November 5, 2015

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE:

59G-1.054 Recordkeeping and Documentation Requirements

PURPOSE AND EFFECT: The purpose of Rule 59G-1.054, Florida Administrative Code, is to specify recordkeeping and documentation requirements for Florida Medicaid providers.

SUMMARY: The rule describes the required procedures in recordkeeping and documentation for Florida Medicaid providers.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the

aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: A checklist was prepared by the Agency to determine the need for a SERC. Based on this information at the time of the analysis and pursuant to section 120.541, Florida Statutes, the rule will not require legislative ratification.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.907, 409.913 FS.

A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: April 27, 2016, 11:00 a.m. – 12:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308-5407.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Ray Aldridge. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Ray Aldridge, Bureau of Medicaid Policy, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: (850)412-4151, e-mail: Ray.Aldridge@ahca.myflorida.com. Official comments to be entered into the rule record will be received from the date of this notice until May 2, 2016. Comments may be e-mailed to MedicaidRuleComments@ahca.myflorida.com. For general inquiries and questions about the rule, please contact the person specified above.

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-1.054 Recordkeeping and Documentation Requirements.

(1) This rule applies to providers rendering Florida Medicaid services to recipients.

(2) Documentation Requirements.

(a) All Florida Medicaid providers must:

1. Ensure medical records establish the medical necessity for and the extent of services provided.

2. Sign and date each medical record at the time of service, or otherwise authenticate the record by signature, written initials, or computer entry. Electronic signatures are

permissible as defined in Chapter 668, Part I, Florida Statutes.

3. Initial rubber stamped signatures.

(b) Providers must document the following information for each service visit or encounter with a Florida Medicaid recipient:

1. Chief complaint of the visit.

2. Dates of service.

3. Description of services rendered (as applicable).

4. Diagnosis.

5. Diagnostic tests and results (as applicable).

6. History and physical assessment (as applicable).

7. Prescribed or provided medications and supplies (as applicable).

8. Progress reports.

9. Referrals to other services (as applicable).

10. Scheduling frequency for follow-up or other services (as applicable).

11. Treatment plan.

(3) Electronic Records.

(a) Providers that create or maintain electronic records must develop and implement an electronic records policy to comply with the applicable state and federal laws, rules, and regulations to ensure the validity and security of electronic records. Electronic record policies must address the technical safeguards required by Title 45, Code of Federal Regulations, Part 164, subpart C, where applicable.

(b) The Agency for Health Care Administration (AHCA) reserves the right to require modifications to a provider's electronic records policy, if AHCA determines the provider's electronic records policy does not adequately ensure the validity or security of the provider's electronic records.

(c) Providers that maintain electronic records must have the ability to produce electronic records in a paper format within a reasonable time, upon AHCA's request.

(4) Recordkeeping Requirements. Providers must retain all business records, medical-related records, and medical records, as defined in Rule 59G-1.010, Florida Administrative Code, according to the requirements specified below, as applicable:

(a) Providers may maintain records on paper, magnetic material, film, or other media including electronic storage, except as otherwise required by law or Florida Medicaid requirements. All records must be accessible, legible, and comprehensible.

(b) Providers must retain all records related to services rendered to Florida Medicaid recipients for a period of at least five years from the date of service.

(5) Copying or Transferring Records.

(a) Providers may seek reimbursement from a recipient for copying medical records at the recipient's request when the provider's standard policy is to bill all patients for copying

medical records and the recipient is notified of the copying charge before the records are copied.

(b) Providers may not seek reimbursement from the recipient or AHCA for copying records requested by AHCA or any other state or federal agency or their authorized representatives.

(6) Right to Review Records.

(a) Authorized state and federal agencies, and their authorized representatives, may audit or examine provider records. This examination includes all records these agencies find necessary to determine whether Florida Medicaid payment amounts were, or are, due. This requirement applies to the provider's records and records for which the provider is the custodian. Providers must give authorized state and federal agencies, and their authorized representatives, access to all Florida Medicaid recipient records and any other information that cannot be separated from Florida Medicaid-related records.

(b) Providers must send, at their expense, legible copies of all Florida Medicaid-related information to the authorized state and federal agencies or their authorized representatives upon their request.

(c) All records must be provided regardless of the media format on which the original records are retained by the provider at the time of the request. All medical records must be reproduced onto paper copies unless otherwise authorized by the requestor.

Rulemaking Authority 409.919 FS. Law Implemented 409.907, 409.913 FS. History-New

NAME OF PERSON ORIGINATING PROPOSED RULE:

Ray Aldridge

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE:

Elizabeth Dudek

DATE PROPOSED RULE APPROVED BY AGENCY HEAD:

January 13, 2016

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR:

October 30, 2015

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE:

59G-1.056 Copayments and Coinsurance

PURPOSE AND EFFECT: The purpose of Rule 59G-1.056, Florida Administrative Code, is to establish Florida Medicaid copayment and coinsurance responsibilities for Florida Medicaid covered services.

SUMMARY: The rule describes copayment and coinsurance requirements for Florida Medicaid recipients and service providers.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: A checklist was prepared by the Agency to determine the need for a SERC. Based on this information at the time of the analysis and pursuant to section 120.541, Florida Statutes, the rule will not require legislative ratification.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.9081 FS.

A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: April 27, 2016 9:30 a.m. – 10:00 a.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308-5407.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Ray Aldridge. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Ray Aldridge, Bureau of Medicaid Policy, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: (850)412-4151, e-mail: Ray.Aldridge@ahca.myflorida.com. Official comments to be entered into the rule record will be received from the date of this notice until May 2, 2016. Comments may be e-mailed to MedicaidRuleComments@ahca.myflorida.com. For general inquiries and questions about the rule, please contact the person specified above.

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-1.056 Copayments and Coinsurance.

(1) This rule applies to providers rendering Florida Medicaid services to recipients.

(2) Requirement. Recipients are responsible for paying all applicable copayment and coinsurance amounts directly to the

provider who furnished Florida Medicaid covered services.

(3) Amounts. The copayment and coinsurance amounts, as specified in section 409.9081, Florida Statutes, are as follows:

<u>SERVICE</u>	<u>FEE</u>
<u>Chiropractor services, per provider or group provider, per day</u>	<u>\$1.00</u>
<u>Community behavioral health services, per provider, per day</u>	<u>\$2.00</u>
<u>Home health services, per provider, per day</u>	<u>\$2.00</u>
<u>Hospital outpatient services, per visit</u>	<u>\$3.00</u>
<u>Federally qualified health center visit, per clinic, per day</u>	<u>\$3.00</u>
<u>Independent laboratory services, per provider, per day</u>	<u>\$1.00</u>
<u>Non-emergency transportation services, per each one-way trip</u>	<u>\$1.00</u>
<u>Nurse practitioner services, per provider or group provider, per day</u>	<u>\$2.00</u>
<u>Optometrist services, per provider or group provider, per day</u>	<u>\$2.00</u>
<u>Physician and physician assistant, per provider or group provider, per day</u>	<u>\$2.00</u>
<u>Podiatrist services, per provider or group provider, per day</u>	<u>\$2.00</u>
<u>Portable x-ray services, per provider, per day</u>	<u>\$1.00</u>
<u>Rural health clinic visit, per clinic, per day</u>	<u>\$3.00</u>
<u>Use of the hospital emergency department for non-emergency services</u>	<u>5% of the first \$300.00 of the Florida Medicaid payment (maximum \$15.00)</u>

(4) Exemptions. The following categories of recipients are not required to pay a copayment or coinsurance:

- (a) Individuals under the age of 21 years.
- (b) Pregnant women – for pregnancy-related services, including services for medical conditions that may complicate the pregnancy. This exemption includes the six week period following the end of the pregnancy.
- (c) Individuals receiving services in an inpatient hospital setting, long-term care facility, or other medical institution if,

as a condition of receiving services in the institution, that individual is required to spend all of his or her income for medical care costs with the exception of a minimal amount required for personal needs.

(d) Individuals who require emergency services after the sudden onset of a medical condition which, if left untreated, would place their health in serious jeopardy.

(e) Individuals receiving services or supplies related to family planning.

(5) Recipients Unable to Pay. Providers may not deny services to a recipient based solely on the recipient’s inability to pay a Florida Medicaid copayment or coinsurance amount. Providers may bill the recipient for the unpaid copayment or coinsurance amount.

(6) Third-Party Coverage. Recipients who have third-party liability coverage (including recipients eligible for Medicare) are required to pay copayment or coinsurance amounts, unless:

(a) The recipient is otherwise exempt.

(b) The Medicare or third-party payment is equal to, or exceeds, the Florida Medicaid fee for the service. Providers must reimburse recipients who have paid a Florida Medicaid copayment when the Medicare or third-party liability payment is equal to or exceeds the Florida Medicaid fee for the service.

Rulemaking Authority 409.919 FS. Law Implemented 409.9081 FS. History-New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:

Ray Aldridge

NAME OF AGENCY HEAD WHO APPROVED THE

PROPOSED RULE: Elizabeth Dudek

DATE PROPOSED RULE APPROVED BY AGENCY

HEAD: February 16, 2016

DATE NOTICE OF PROPOSED RULE DEVELOPMENT

PUBLISHED IN FAR: October 30, 2015

Section III Notice of Changes, Corrections and Withdrawals

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.: RULE TITLE:

6A-10.019

Required Annual Calendar for Schools and Colleges

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 42 No. 66, April 5, 2016 issue of the Florida Administrative Register. The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated

regulatory costs or if no SERC is required, the information expressly relied upon and described herein: 1) No requirement for SERC was triggered under s. 120.541(1), F.S., and 2.) Based on past experiences with academic calendars there would be no economic impact from this amendment and the adverse impact or regulatory cost, if any, does not exceed nor would be expected to exceed any one of the economic analysis criteria set forth in Section 120.541(2)(a), Florida Statutes.

**Section IV
Emergency Rules**

NONE

**Section V
Petitions and Dispositions Regarding Rule
Variance or Waiver**

NONE

**Section VI
Notice of Meetings, Workshops and Public
Hearings**

DEPARTMENT OF LAW ENFORCEMENT
The Criminal and Juvenile Justice Information Systems (CJJIS) Council announces a telephone conference call to which all persons are invited.
DATE AND TIME: Emerging Technology Committee Full Committee: April 14, 2016, 3:00 p.m.
Data Committee Full Committee: May 5, 2016, 1:30 p.m.
Photographs Subcommittee: April 26, 2016, 10:00 a.m.
PLACE: Conference call
GENERAL SUBJECT MATTER TO BE CONSIDERED: The committee(s) and subcommittee(s) will discuss ideas for standards development for their respective topics.
A copy of the agenda may be obtained by contacting: brendaboyd@fdle.state.fl.us.
Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting brendaboyd@fdle.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: brendaboyd@fdle.state.fl.us.

DEPARTMENT OF TRANSPORTATION
The Commercial Motor Vehicle Review Board announces a public meeting to which all persons are invited.
DATE AND TIME: May 12, 2016, 8:30 a.m.
PLACE: FDOT District Two, Madison Conf. Room, 1109 South Marion Avenue, Lake City, FL
GENERAL SUBJECT MATTER TO BE CONSIDERED: This is a monthly meeting of the Commercial Motor Vehicle Review Board for the purpose of reviewing penalties imposed upon any vehicle or persons under the provisions of Chapter 316, Florida Statutes, relating to weights imposed on the highway by the axles and wheels of motor vehicles, to special fuel and motor fuel tax compliance, or to violations of safety regulations.
A copy of the agenda may be obtained by contacting: Heather Nelson, Executive Assistant, Commercial Motor Vehicle Review Board, 605 Suwannee Street MS 90, Tallahassee, FL 32399.

DEPARTMENT OF TRANSPORTATION
The Florida Department of Transportation, Florida’s Turnpike Enterprise announces a public meeting to which all persons are invited.
DATE AND TIME: April 19, 2016, 5:30 p.m. to 7:30 p.m.
PLACE: Osceola Heritage Park, 1875 Silver Spur Trail, Kissimmee, Florida, 34744.
GENERAL SUBJECT MATTER TO BE CONSIDERED: This meeting is being held to allow interested persons an opportunity to express their views concerning the design of the Turnpike Widening from South of Osceola Parkway to Beachline Expressway (Financial Project ID Number: 411406-1,-4).
A copy of the agenda may be obtained by contacting: Bob Alderman,
Florida’s Turnpike Enterprise, P.O. Box 613069, Ocoee, Florida 34761 or by e-mail at Bob.Alderman@dot.state.fl.us. Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.
Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Paul Satchfield at (407)264 3458 or by e-mail at Paul.Satchfield@dot.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

STATE BOARD OF ADMINISTRATION

The Investment Advisory Council (IAC) Compensation Subcommittee announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, April 21, 2016, 8:30 a.m. until conclusion of agenda

PLACE: The State Board of Administration of Florida, 1801 Hermitage Boulevard, Tallahassee, Florida 32308, in the Emerald Coast Room

GENERAL SUBJECT MATTER TO BE CONSIDERED: The IAC Compensation Subcommittee will receive an update from staff on compensation and budget matters and will discuss these and other matters that may come before the Subcommittee.

A copy of the agenda may be obtained by contacting Diane Bruce, (850)413-1253, diane.bruce@sbafla.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting Eddie McEwen, (850)413-1104, eddie.mcewen@sbafla.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

REGIONAL PLANNING COUNCILS

West Florida Regional Planning Council

The West Florida Regional Planning Council announces public meetings to which all persons are invited.

DATE AND TIMES: Monday, April 18, 2016, 3:00 p.m., Executive Committee Meeting; 3:30 p.m., Regular Meeting

PLACE: Crestview City Hall, 198 N. Wilson Street, Crestview, FL 32536

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business of the West Florida Regional Planning Council

A copy of the agenda may be obtained by contacting Gina Watson at gina.watson@wfrpc.org or 1(800)226-8914, extension 239.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 2 days before the workshop/meeting by contacting: Gina Watson at gina.watson@wfrpc.org or 1(800)226-8914, Extension 239. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact Gina Watson at gina.watson@wfrpc.org or 1(800)226-8914, Extension 239.

REGIONAL PLANNING COUNCILS

Tampa Bay Regional Planning Council

Tampa Bay Regional Planning Council's Agency on Bay Management announces a public meeting to which all persons are invited.

DATE AND TIME: April 21, 2016, 9:00 a.m.

PLACE: 4000 Gateway Centre Blvd, Suite 100, Pinellas Park, FL 33782

GENERAL SUBJECT MATTER TO BE CONSIDERED: To hold a joint meeting of the Technical Advisory Committee and the Agency on Bay Management.

A copy of the agenda may be obtained at www.tbrpc.org.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 4 days before the workshop/meeting by contacting Wren Krahl, wren@tbrpc.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact Maya Burke, maya@tbrpc.org.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE:

59G-4.014 Alternative Residential Care Services

The Agency for Health Care Administration announces a public meeting to which all persons are invited.

DATE AND TIME: April 22, 2016 from 2:00 p.m. – 3:30 p.m.

PLACE: Agency for Health Care Administration, 6800 North Dale Mabry Hwy., North Park Center, Suite 220, Main Training Room, Tampa, Florida 33614. For instructions on how to participate by audio conference email Shameria.Davis@ahca.myflorida.com.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Agency is scheduling a public meeting for the purpose of discussing alternative residential care services for recipients under the age of 21 years.

A copy of the agenda may be obtained by contacting: Shameria Davis, Bureau of Medicaid Policy, 2727 Mahan Drive, Mail Stop 20, Tallahassee, FL 32308-5407, (850)412-4235, Shameria.Davis@ahca.myflorida.com or at www.ahca.myflorida.com/Medicaid/review/index.shtml.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting Shameria Davis. If you are hearing or speech

impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid**

The Agency for Health Care Administration announces a public meeting to which all persons are invited.

DATE AND TIME: April 19, 2016, 2:00 p.m. – 4:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Bldg. 3, Conference Room A, Tallahassee, FL 32308; telephone conference: 1(877)809-7263, conference code 821-922-69#

GENERAL SUBJECT MATTER TO BE CONSIDERED:
The Agency for Health Care Administration is hosting a public meeting regarding program parameters and a monitoring plan for Managed Medical Assistance (MMA) Physician Compensation.

As part of the Statewide Medicaid Managed Care (SMMC) authorizing statute, provisions were put in place to encourage plans to increase compensation for physicians using funds achieved through savings from effective care management. Specifically:

409.967 (2)(a) Physician compensation.—Managed care plans are expected to coordinate care, manage chronic disease, and prevent the need for more costly services. Effective care management should enable plans to redirect available resources and increase compensation for physicians. Plans achieve this performance standard when physician payment rates equal or exceed Medicare rates for similar services. The agency may impose fines or other sanctions on a plan that fails to meet this performance standard after 2 years of continuous operation.

You can access information and details about the MMA Physician Compensation public meeting through our website, http://ahca.myflorida.com/medicaid/statewide_mc/mma_physician_incentive.shtml.

A copy of the agenda may be obtained by contacting: Lauren Pigott at Lauren.Pigott@ahca.myflorida.com or (850)412-4671.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Lauren Pigott at Lauren.Pigott@ahca.myflorida.com or (850)412-4671. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Lauren Pigott at Lauren.Pigott@ahca.myflorida.com or (850)412-4671.

**AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid**

RULE NO.: RULE TITLE:

59G-8.600: Good Cause for Disenrollment from Health Plans

The Agency for Health Care Administration announces a hearing to which all persons are invited.

DATE AND TIME: April 18, 2016, 2:00 p.m. – 2:30 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308-5407

GENERAL SUBJECT MATTER TO BE CONSIDERED:
The Agency is scheduling an additional hearing for the purpose of discussing the requirements for good cause disenrollment, by enrollees, from Statewide Medicaid Managed Care (SMMC) plans.

A copy of the agenda may be obtained by contacting: Devona Pickle, Bureau of Medicaid Policy, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, (850)412-4646, Devona.Pickle@ahca.myflorida.com.

Official comments to be entered into the rule record will be received from the date of this notice until April 19, 2016. Comments may be e-mailed to MedicaidRuleComments@ahca.myflorida.com. For general inquiries and questions about the rule, please contact the person specified above.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Devona Pickle, (850)412-4646, Devona.Pickle@ahca.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid**

RULE NO.: RULE TITLE:

59G-4.193: Statewide Medicaid Managed Care Long-term Care Waiver Program Prioritization and Enrollment

The Agency for Health Care Administration announces a hearing to which all persons are invited.

DATE AND TIME: April 18, 2016, 2:30 p.m. – 3:30 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308-5407

GENERAL SUBJECT MATTER TO BE CONSIDERED:
The Agency is scheduling an additional hearing for the purpose of discussing Statewide Medicaid Managed Care Long-term Care Waiver program prioritization and enrollment requirements.

A copy of the agenda may be obtained by contacting: Devona Pickle, Bureau of Medicaid Policy, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, (850)412-4646, Devona.Pickle@ahca.myflorida.com.

Official comments to be entered into the rule record will be received from the date of this notice until April 19, 2016. Comments may be emailed to MedicaidRuleComments@ahca.myflorida.com. For general inquiries and questions about the rule, please contact the person specified above.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Devona Pickle, (850)412-4646, Devona.Pickle@ahca.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

FLORIDA HOUSING FINANCE CORPORATION

The Florida Housing Finance Corporation announces a workshop to which all persons are invited.

DATE AND TIME: Thursday, April 28, 2016, 1:30 p.m.

PLACE: Florida Housing Finance Corporation, 227 N. Bronough Street, Seltzer Room, 6th Floor

GENERAL SUBJECT MATTER TO BE CONSIDERED:

The workshop will discuss implementation of the National Housing Trust Fund in Florida by the Florida Housing Finance Corporation. The National Housing Trust Fund is a federal block grant to the states. The Governor has designated Florida Housing as the entity to administer the program in Florida. Prior to the workshop Florida Housing will make a draft 2016 Allocation Plan available for review. At the workshop, Florida Housing staff will outline the draft Allocation Plan and solicit input from interested citizens.

A copy of the agenda may be obtained by contacting Kevin McCarthy at (850)488-4197.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting Sheila Freaney at (850)488-4197. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

PASCO-PINELLAS AREA AGENCY ON AGING

The Area Agency on Aging of Pasco-Pinellas announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, April 18, 2016, 9:30 a.m.

PLACE: 9549 Koger Blvd., Suite 100, St. Petersburg, FL 33702

GENERAL SUBJECT MATTER TO BE CONSIDERED: Items related to Area Agency on Aging of Pasco-Pinellas business and Board of Directors oversight.

A copy of the agenda may be obtained by contacting: Brenda Black at (727)570-9696, ext. 233.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting Brenda Black at (727)570-9696, ext. 233. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact Brenda Black at (727)570-9696, ext. 233.

GHYABI & ASSOCIATES

The Florida Department of Transportation (FDOT) announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, April 18, 2016, 4:00 p.m. – 5:00 p.m.

PLACE: Daytona Beach International Airport, Dennis McGee Room (formerly Volusia Room), 700 Catalina Drive, Daytona Beach, FL 32114

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Financial Management No.: 242715-2-52-01

Project Description: Interstate 95 (I-95) Widening & Systems Interchange, from North of State Road (SR) 44 to North of US 92 (International Speedway Boulevard)

The purpose of this public information meeting is for the aesthetics subcommittee to meet and discuss options concerning the two proposed locations and design of the aesthetic feature(s) for the gateway in to Daytona Beach.

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status. Persons wishing to express their concerns relative to FDOT compliance with Title VI may do so by contacting Jennifer Smith, FDOT District Five Title VI Coordinator, (386)943-5367, Jennifer.Smith2@dot.state.fl.us.

A copy of the agenda may be obtained by contacting: Katie Widdison, Public Involvement Coordinator, 1459 North US Hwy 1, Suite 3, Ormond Beach, FL 32174, (386)212-0449, Katie.Widdison@dot.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting, or persons who require translation services (free of charge) should contact Katie Widdison at the contact information listed above at least seven days prior to the meeting. If you are hearing or speech

impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice). For more information, you may contact: Bradley Bauknecht, FDOT Project Manager, at (386)740-3519 or Bradley.Bauknecht@dot.state.fl.us. You may also contact Katie Widdison, Public Involvement Coordinator, at her contact information listed above. Additional information is available at our website, www.cfroads.com.

**Section VII
Notice of Petitions and Dispositions
Regarding Declaratory Statements**

NONE

**Section VIII
Notice of Petitions and Dispositions
Regarding the Validity of Rules**

Notice of Petition for Administrative Determination has been filed with the Division of Administrative Hearings on the following rules:

NONE

Notice of Disposition of Petition for Administrative Determination has been filed with the Division of Administrative Hearings on the following rules:

NONE

**Section IX
Notice of Petitions and Dispositions
Regarding Non-rule Policy Challenges**

NONE

**Section X
Announcements and Objection Reports of
the Joint Administrative Procedures
Committee**

NONE

**Section XI
Notices Regarding Bids, Proposals and
Purchasing**

DEPARTMENT OF EDUCATION
University of Central Florida
UCF 585-Student Union Expansion

NOTICE TO ARCHITECT/ENGINEERS

The University of Central Florida, on behalf of its Board of Trustees, announces that services in the discipline of Architecture (with Engineering consultants) are required for the project listed below:

Project No.: UCF - 585

Project and Location: UCF Student Union Food Court Expansion And Renovation. UCF Main Camus Orlando, Florida.

The project consists of the renovation and expansion of the UCF Student Union food court area, which is approximately 15,000 GSF of interior renovation and 5,500 sf of exterior addition. A Concept Design of the project has been procured and is posted on the advertisement section of the Facilities Planning and Construction website. This Concept Design study illustrates the general intent of the project, which may be altered as the project develops. The project may be designed and constructed in multiple phases.

In addition, Schematic Design has been completed, using one of the Owner's Continuing Service Architects. This Architect will be retained as a consultant for the Design Development and Construction Documents phases, to ensure that the design intent of the project is followed by the selected Architect.

Included in the Architect's basic scope of services is validation of the Concept/Schematic Design; coordination with the Owner's commissioning agent; basis of design document production in response to the Owner's Project Requirements, refinement of concepts during Design Development; production of Construction Documents for permit, bidding, and construction; responses to bid questions, responses to permit comments; and Construction Administration services. Also included in basic services are documentation of the existing facility (including systems) in Revit, architectural design, structural design, mechanical/electrical/plumbing design, complete fire protection design (showing main and secondary branch line locations), telecom design, interior design, food service design, civil design, landscape design, and LEED documentation/coordination. Major building systems, including mechanical and building envelope, will be commissioned by the Owner's independent consultant(s), with whom the Architect and Construction Manager shall plan and coordinate their efforts.

The total project cost will be approximately \$14,500,000 for planning, design, permitting, construction, commissioning, and furnishings/equipment. The total construction cost will be approximately \$11,600,000. This project is subject to the availability of funding.

The renovation/expansion shall achieve LEED Silver Certification. Proposing firms shall include at least one LEED-certified design professional, who will coordinate with the University’s commissioning agent.

Instructions for submitting a proposal can be found on the Project Fact Sheet. The Project Fact Sheet, and Professional Qualifications Supplement form, may be obtained on our website, www.fp.ucf.edu, or by contacting: Gina Seabrook, email: gina.seabrook@ucf.edu, phone: (407) 823-5894.

We are accepting only electronic submissions, to be uploaded at: <https://ucf.bonfirehub.com/opportunities/1328>

Submittals must be received by 5:00 p.m. local time May 9, 2016. Late submissions or additional documentation will not be accepted.

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Innovative Technologies For Petroleum Cleanup – Hayes
 Grocery

NOTICE OF REQUEST FOR PROPOSAL: On behalf of the Florida Department of Environmental Protection the Procurement Office is soliciting formal, competitive, sealed replies for bid number DEP RFP 2016042C, Innovative Technologies For Petroleum Cleanup – Hayes Grocery.

The Department will post notice of any changes or additional meeting(s) on the Vendor Bid System (VBS) in accordance with section 287.042(3), Florida Statutes, and will not re-advertise any notice in the Florida Administrative Register (FAR). Access the VBS at: http://www.myflorida.com/apps/vbs/vbs_www.main_menu.

AREA AGENCY ON AGING OF CENTRAL FLORIDA,
 INC. DBA SENIOR RESOURCE ALLIANCE

Notice of Decision-General Revenue Programs Request for
 Proposal

The Area Agency on Aging of Central Florida, Inc., dba Senior Resource Alliance, located at 988 Woodcock Rd., Suite 200, Orlando FL 32803, has decided, based on receipt of only one source of services from Brevard, Orange, Osceola, and Seminole counties in response to its Request for Proposal, to award General Revenue programs for FY 2016-17 to the following entities:

Brevard County to: Aging Matters in Brevard, Inc., Community Care for the Elderly and Home Care for the Elderly and Brevard Alzheimer’s Foundation, Inc., Alzheimer’s Disease Initiative

Orange County to: Seniors First, Inc. (Community Care for the Elderly and Home Care for the Elderly) and Share the Care, Inc. (Alzheimer’s Disease Initiative)

Osceola County to: Osceola County Council on Aging Inc., Community Care for the Elderly, Home Care for the Elderly, and Alzheimer’s Disease Initiative

Seminole County to: Seniors First, Inc. (Community Care for the Elderly and Home Care for the Elderly) and Share the Care, Inc. (Alzheimer’s Disease Initiative).

Any person who is adversely affected by the Senior Resource Alliance decision or intended decision shall file with the Senior Resource Alliance a notice of appeal in writing within 72 hours (excluding Saturdays, Sundays, and agency holidays) after publication of the notice of the decision or intended decision.

VILLAGE OF PALMETTO BAY

Unsolicited Proposal - Professional Tennis Management - Coral Reef Park

VILLAGE OF PALMETTO BAY
 PUBLIC NOTICE
 Notice of Unsolicited Proposal

Professional Tennis Management for Coral Reef Park
 UP No. 1516-12-007

NOTICE IS HEREBY GIVEN that the Village of Palmetto Bay, Florida, a Municipal corporation of the State of Florida, has received an unsolicited proposal from a qualified firm and will accept alternative proposals for the these Services until May 6, 2016.

Persons or entities wishing to submit alternative proposals for the Services (“Proposers”) may do so by delivering sealed proposals to: Village of Palmetto Bay, Procurement Department, Attn: Litsy C. Pittser, 9705 E. Hibiscus Street, Palmetto Bay, Florida 33157. Each sealed proposal submitted

should be clearly marked on the outside: “Sealed Proposal – Professional Tennis Management for Coral Reef Park.”

All proposals must be submitted no later than 3:00 p.m. Friday, May 6, 2016, together with the additional submission requirements required by the Village of Palmetto Bay, as provided in the documents located on the Village’s website, as noted below. Any proposal received after 3:00 pm on May 6th, 2016 will not be opened nor considered. Responsibility for submitting timely proposals rests solely with Proposers; the Village will not be responsible for any delays caused by mail, courier service or other occurrence.

Proposals will be ranked by order of preference by the Village, which include but are not limited to, professional qualifications, tennis program schedule for Juniors, Adults, Kids and Summer Camp or Clinic Camps, Pro Shop Services and Concession and Marketing Strategies. A more complete listing of the factors and requirements that the Village will consider can be obtained on our vendor registry system. Download the documents by going to our website www.palmettobay-fl.gov, on the right hand side of the webpage, under “Information”, select “Bids & RFPs”. Click Vendor Registration to register in the Village’s system. Under “Quick Links” on the “Bids & RFPs” page, click the “Open RFPs/Bids/RFQs” to download the document. You will be notified of any addenda to the document, which will be downloadable from the website.

The Village reserves the right to reject any or all proposals, to award and negotiate a comprehensive agreement with the firm whose proposal best serves the interest of the Village. Nothing contained herein shall be interpreted as an obligation or binding agreement by the Village regarding the Services.

The Village’s Cone of Silence shall be in effect during the procurement process in accordance with Section 2-138 of the Village of Palmetto Bay Code. All communications regarding the Project shall be addressed in writing via email to Lpittser@palmettobay-fl.gov; Litsy C. Pittser., Procurement Specialist.

The Village will provide notice of a decision or proposed decision regarding contract award which will be publicly advertised and posted on the Village of Palmetto Bay website.

All proposals received in response to this Notice will become the property of the Village of Palmetto Bay and will not be returned. Such proposals and related information shall be subject to applicable provisions of the Florida Public Records Law.

Section XII Miscellaneous

AGENCY FOR HEALTH CARE ADMINISTRATION
Certificate of Need

NOTICE OF HOSPITAL FIXED NEED POOL FOR HOSPICE PROGRAMS

The Agency for Health Care Administration has projected fixed bed need pools for hospice programs, defined in accordance with Sections 400.601-400.602, F.S, for July 2017 pursuant to the provisions of Rules 59C-1.008 and 59C-1.0355, F.A.C. Fixed need pool projections as published in the April 1, 2016 edition of the Florida Administrative Register are being revised due to an error in the fixed need pool calculations. The fixed need pool is revised as follows:

Hospice Program Net Adjusted Need

Service Area	Net Need
District 2B	0
State Total	2

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notice of Routine Program Change Request

The Department of Environmental Protection’s Florida Coastal Office has requested the concurrence of the federal Office of Ocean and Coastal Resource Management (OCRM) of the National Oceanic and Atmospheric Administration (NOAA), in updating the statutory authorities included within the Florida Coastal Management Program (FCMP) as a routine program change (RPC). The Department of Environmental Protection has determined that the proposed program changes are a routine program change as defined by 15 CFR 923.84. This routine program change submission will incorporate relevant statutory changes enacted by the Florida Legislature during the 2015 legislative session to statutes included in the Florida Coastal Management Program, including incorporation of Section 379.412, Florida Statutes, as enforceable policies. The routine program change submittal is available at <http://www.dep.state.fl.us/cmp/federal/fedconsv.htm> and describes the nature of the changes as well as identifies the enforceable policies to be added to the management program of the State if approved. A list of all statutes that make up the FCMP is available at http://www.dep.state.fl.us/cmp/federal/24_statutes.htm. In addition, the FCMP has examined Chapters 259, 334, and 339,

F.S., with applicable partner state agencies to clarify the enforceable policy sections within these chapters.

Staff has evaluated these changes pursuant to 15 CFR 923, Subpart H and concluded that the changes are not amendments to the FCMP. These changes will not result in any substantial change to the enforceable policies or authorities of the FCMP related to uses subject to management, special management areas, boundaries, authorities and organization, or coordination, public involvement and the national interest.

Notice is being provided to the general public and affected parties, including local governments, state agencies, and regional offices of relevant federal agencies as required by 15 CFR 923.84(b)(2). A list of persons and organizations notified is available for inspection or can be provided upon request from the department contact below.

Pursuant to 15 CFR 923.84, comments on whether the changes constitute a routine program change of the FCMP may be submitted to Joelle Gore, NOAA/OCRM, 1305 East-West Highway, Silver Spring, MD 20910 within 21 days of the date of issuance of this notice.

For more information on this RPC submittal, please contact: Mr. Joseph Bauer, Department of Environmental Protection, Florida Coastal Office, 3900 Commonwealth Boulevard, M.S. 235, Tallahassee, FL 32399-3000, (850)245-2180 or joseph.bauer@dep.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

DEPARTMENT OF ECONOMIC OPPORTUNITY

Division of Community Development

Final Order No.: DEO-16-046

NOTICE IS HEREBY GIVEN that the Florida Department of Economic Opportunity issued Final Order No. DEO-16-046 on April 6, 2016, in response to an application submitted by Palm Bay Colony Homeowners Association, Inc. for covenant revitalization under Chapter 720, Part III, Florida Statutes.

The Department’s Final Order approved the application for covenant revitalization after determining that the application met the statutory requirements for covenant revitalization.

Copies of the final orders may be obtained by writing to the Agency Clerk, Department of Economic Opportunity, 107 E. Madison Street, MSC 110, Tallahassee, Florida 32399-4128 or Katie.zimmer@DEO.MyFlorida.com.

DEPARTMENT OF ECONOMIC OPPORTUNITY

Division of Community Development

Final Order No.: DEO-16-047

In re: A LAND DEVELOPMENT REGULATION
ADOPTED BY MONROE COUNTY, FLORIDA,
ORDINANCE NO. 002-2016

FINAL ORDER

APPROVING MONROE COUNTY ORDINANCE NO. 002-2016

The Department of Economic Opportunity (“Department”) hereby issues its Final Order, pursuant to sections 380.05(6) and 380.0552(9), Florida Statutes, approving land development regulations adopted by Monroe County, Florida, Ordinance No. 002-2016 (the “Ordinance”).

FINDINGS OF FACT

1. The Florida Keys Area is designated by section 380.0552, Florida Statutes, as an area of critical state concern. Monroe County is a local government within the Florida Keys Area.

2. The Ordinance was adopted by Monroe County on January 20, 2016.

3. The Ordinance was rendered to the Department on February 10, 2016.

4. The Ordinance amends the Monroe County Tier Overlay District Maps to assign a Tier I (Natural Area) designation to Parcel #001120000-000000, and a Tier III (Infill Area) designation to Parcel #00111880-000210. Neither of these parcels previously had Tier designations.

CONCLUSIONS OF LAW

5. The Department is required to approve or reject land development regulations that are adopted by any local government in an area of critical state concern. Sections 380.05(6) and (11), and section 380.0552(9), Florida Statutes.

6. “Land development regulations” include local zoning, subdivision, building, and other regulations controlling the development of land. Section 380.031(8), Florida Statutes. The regulations adopted by the Ordinance are land development regulations.

7. All land development regulations enacted, amended, or rescinded within an area of critical state concern must be consistent with the principles for guiding development for that area. Sections 380.05(6) and 380.0552(9), Florida Statutes. The Principles for Guiding Development for the Florida Keys Area of Critical State Concern are set forth in section 380.0552(7), Florida Statutes.

8. The Ordinance is consistent with the Principles for Guiding Development as a whole, and specifically furthers the following Principles in section 380.0552(7), Florida Statutes:

- (a) Strengthening local government capabilities for managing land use and development so that local government is able to achieve these objectives without continuing the area of critical state concern designation.
- (b) Protecting shoreline and marine resources, including mangroves, coral reef formations, seagrass beds, wetlands, fish and wildlife, and their habitat.

(c) Protecting upland resources, tropical biological communities, freshwater wetlands, native tropical vegetation (for example, hardwood hammocks and pinelands), dune ridges and beaches, wildlife, and their habitat.

(f) Enhancing natural scenic resources, promoting the aesthetic benefits of the natural environment, and ensuring that development is compatible with the unique historic character of the Florida Keys.

9. The Ordinance is consistent with the Monroe County Comprehensive Plan Goals 101 and 105, Objective 101.20, and Policy 105.2.1.

WHEREFORE, IT IS ORDERED that the Department finds that Monroe County Ordinance No. 002-2016 is consistent with the Principles for Guiding Development for the Florida Keys Area of Critical State Concern and is hereby APPROVED.

This Order becomes effective 21 days after publication in the Florida Administrative Register unless a petition is timely filed as described in the Notice of Administrative Rights below.

DONE AND ORDERED in Tallahassee, Florida.

_____/s/_____
Taylor Teepell, Director
Division of Community Development
Department of Economic Opportunity

NOTICE OF ADMINISTRATIVE RIGHTS

ANY PERSON WHOSE SUBSTANTIAL INTERESTS ARE AFFECTED BY THIS ORDER HAS THE OPPORTUNITY FOR AN ADMINISTRATIVE PROCEEDING PURSUANT TO SECTION 120.569, FLORIDA STATUTES.

FOR THE REQUIRED CONTENTS OF A PETITION CHALLENGING AGENCY ACTION, REFER TO RULES 28-106.104(2), 28-106.201(2), AND 28-106.301, FLORIDA ADMINISTRATIVE CODE.

DEPENDING ON WHETHER OR NOT MATERIAL FACTS ARE DISPUTED IN THE PETITION, A HEARING WILL BE CONDUCTED PURSUANT TO EITHER SECTIONS 120.569 AND 120.57(1), FLORIDA STATUTES, OR SECTIONS 120.569 AND 120.57(2), FLORIDA STATUTES.

ANY PETITION MUST BE FILED WITH THE AGENCY CLERK OF THE DEPARTMENT OF ECONOMIC OPPORTUNITY WITHIN 21 CALENDAR DAYS OF THE FINAL ORDER BEING PUBLISHED IN THE FLORIDA ADMINISTRATIVE REGISTER. A PETITION IS FILED WHEN IT IS RECEIVED BY:

AGENCY CLERK
DEPARTMENT OF ECONOMIC OPPORTUNITY
OFFICE OF THE GENERAL COUNSEL

107 EAST MADISON ST., MSC 110
TALLAHASSEE, FLORIDA 32399-4128
FAX (850)921-3230

YOU WAIVE THE RIGHT TO ANY ADMINISTRATIVE PROCEEDING IF YOU DO NOT FILE A PETITION WITH THE AGENCY CLERK WITHIN 21 CALENDAR DAYS OF THE FINAL ORDER BEING PUBLISHED IN THE FLORIDA ADMINISTRATIVE REGISTER.

CERTIFICATE OF FILING AND SERVICE

I HEREBY CERTIFY that the original of the foregoing Final Order has been filed with the undersigned designated Agency Clerk, and that true and correct copies have been furnished to the following persons by the methods indicated this 7th day of April, 2016.

_____/s/_____
Katie Zimmer, Agency Clerk
Department of Economic Opportunity
107 East Madison Street, MSC 110
Tallahassee, FL 32399-4128

By Certified U.S. Mail:
The Honorable Heather Carruthers
Mayor, Monroe County
500 Whitehead Street
Key West, FL 33040

Amy Heavilin, Clerk
Monroe County
Board of County Commissioners
500 Whitehead Street
Key West, FL 33040

Christine Hurley, Director
Monroe County Growth Management Division
2798 Overseas Highway, Suite 400
Marathon, FL 33050

DEPARTMENT OF ECONOMIC OPPORTUNITY
Division of Community Development

Final Order No.: DEO-16-045
NOTICE IS HEREBY GIVEN that the Florida Department of Economic Opportunity issued Final Order No. DEO-16-045 on April 1, 2016, in response to an application submitted by Pirates Bay Townhomes Association, Inc. for covenant revitalization under Chapter 720, Part III, Florida Statutes. The Department determined that the application did not meet the statutory requirements for covenant revitalization because the proposed covenants were more restrictive on the parcel owners than the covenants contained in the previous declaration in violation of section 720.404(3), Florida Statutes.

Accordingly, the Department's Final Order denied the application for covenant revitalization.

Copies of the final order may be obtained from the Agency Clerk, Department of Economic Opportunity, 107 E. Madison Street, MSC 110, Tallahassee, Florida 32399-4128, Katie.zimmer@DEO.MyFlorida.com.

Section XIII Index to Rules Filed During Preceding Week

NOTE: The above section will be published on Tuesday beginning October 2, 2012, unless Monday is a holiday, then it will be published on Wednesday of that week.
