

Section I

Notices of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Forestry

RULE NOS.:

5I-4.002

5I-4.006

RULE TITLES:

Purpose and Definitions

Recreational Activities and Facilities

PURPOSE AND EFFECT: This purpose is to provide guidance to Department staff and information to the public regarding use of lands managed by the Department for specific activities, and to comply with similar existing laws and rules. The effect will improve administration and provide guidance for public use.

SUBJECT AREA TO BE ADDRESSED: Revision to the existing Administrative Rule Chapter 5I-4, F.A.C., regarding the rules governing the management of Babcock Ranch Reserve will be contained in FWC Rule 68A-15.006, F.A.C.; current effective date for scheduled fees administered by the Florida Department of Agricultural and Consumer Services, Division of Forestry, and rules allowing possession of a valid Concealed Weapon on managed lands.

SPECIFIC AUTHORITY: 589.011(4), 589.071, 589.12 FS.

LAW IMPLEMENTED: 589.011(4), 589.071 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: John Waldron, Forest Recreation Coordinator, Department of Agriculture and Consumer Services, Division of Forestry, 3125 Conner Blvd, C-25, Tallahassee, FL 32399-1650, (850)414-9852

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

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

EXECUTIVE OFFICE OF THE GOVERNOR

Office of Tourism, Trade and Economic Development

RULE CHAPTER NO.: RULE CHAPTER TITLE:

27M-2

Entertainment Industry – Financial Incentive

PURPOSE AND EFFECT: The purpose and effect of the rule development is to implement the provisions of Sections 228.1162 and 288.1171, Florida Statutes, and Laws of Florida 2006-262.

SUBJECT AREA TO BE ADDRESSED: Processing of applications for funding pursuant to Section 212.20, F.S.

SPECIFIC AUTHORITY: 288.1162 FS.

LAW IMPLEMENTED: 228.1254, 288.1171, 1258 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Ted Bonanno, Executive Director, Office of Tourism, Trade, and Economic Development, The Capitol, Suite 2001, Tallahassee, Florida 32399-0001

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

REGIONAL PLANNING COUNCILS

East Central Florida Regional Planning Council

RULE NO.:

29F-1.103

RULE TITLE:

Definitions

PURPOSE AND EFFECT: To provide for designation of certain ex officio nonvoting members to the Council.

SUBJECT AREA TO BE ADDRESSED: Membership of the Council.

SPECIFIC AUTHORITY: 186.505 FS.

LAW IMPLEMENTED: 186.505 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Gerald S. Livingston, 215 South Monroe Street, 2nd Floor, Tallahassee, Florida 32301

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

29F-1.103 Definitions.

(1) Council – the East Central Florida Regional Planning Council.

(2) Council Member(s) – representatives appointed by the Governor or by a member local government or League of Cities.

(3) Elected official – a member of the governing body of a municipality or county or a county elected official chosen by the governing body.

(4) Ex Officio Nonvoting Member– the ex officio nonvoting members identified in Section 186.504, Florida Statutes, together with an ex officio nonvoting member appointed by the Central Florida Regional Transportation Authority d/b/a Lynx and an ex officio nonvoting member appointed by the Orlando-Orange County Expressway Authority.

~~(5)(4)~~ Department – the Florida Department of Community Affairs.

~~(6)(5)~~ Federal or federal government – the government of the United States of America or any department, commission, agency or instrumentality thereof.

~~(7)(6)~~ Local general-purpose government – any municipality or county created pursuant to the authority granted under Section 1 and 2, Article VIII of the Constitution for the State of Florida.

~~(8)(7)~~ Member government – any county or any association representing a group of municipalities located within the Region.

~~(9)(8)~~ Population – the population according to the current determination by the executive office of the Governor pursuant to Section 186.901, Florida Statutes, for revenue sharing purposes.

~~(10)(9)~~ Principal member unit – each of the counties in the Region.

~~(11)(10)~~ Region or East Central Florida Region – the geographical area, including both land and water, within or adjacent to the counties of Brevard, Lake, Orange, Osceola, Seminole and Volusia.

~~(12)(11)~~ State of State government – the government of the State of Florida, or any department, commission, agency or instrumentality thereof.

~~(13)(12)~~ Strategic regional policy plan – a long-range guide for physical, economic and social development of the Region that identifies goals, objectives and policies.

Specific Authority 186.505 FS. Law Implemented 186.505 FS. History–New 9-22-99, Amended.

DEPARTMENT OF CORRECTIONS

RULE NO.: 33-601.302
 RULE TITLE: Inmate Discipline – Terminology and Definitions

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to amend the rule to clarify the definitions of major violation and minor violation and revise the Disciplinary Team composition to require that the team be made up of a

least two staff persons, one of whom shall be a classification officer, senior classification officer or classification supervisor who serves as team chair at the direction of the warden.

SUBJECT AREA TO BE ADDRESSED: Inmate discipline.

SPECIFIC AUTHORITY: 944.09 FS.

LAW IMPLEMENTED: 20.315, 944.09 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Dorothy M. Ridgway, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-601.302 Inmate Discipline – Terminology and Definitions.

The following terms, as defined, shall be standard usage throughout the Department:

(1) through (7) No change.

(8) Disciplinary Team – A team made up of at least two staff persons, one of whom shall be a classification officer, senior classification officer or classification supervisor ~~above~~, who serves as team chair at the direction of the warden, and a correctional officer lieutenant or above, who will be responsible for hearing disciplinary reports. The correctional officer chief shall designate a correctional officer sergeant as a substitute team member only if neither a lieutenant nor captain is available and only when such substitution is absolutely necessary.

(9) through (10) No change.

(11) Major Violation – Any rule violation where the maximum penalty is 30 DC and+ 30 GT or greater, or where the maximum penalty is less than 30 DC and+ 30 GT and the designating authority has determined that based upon one or more of the criteria listed in subsection 33-601.302(12), F.A.C., it is assigned to the disciplinary team as a major disciplinary report.

(12) Minor Violation – Any rule violation for which the maximum penalty that could be imposed is less than 30 days disciplinary confinement or+ 30 days loss of gain time shall be considered for assignment to the hearing officer as a minor disciplinary report based on:

(a) through (c) No change.

(13) through (16) No change.

Specific Authority 944.09 FS. Law Implemented 20.315, 944.09 FS. History–New 3-12-84, Formerly 33-22.02, Amended 12-30-86, 10-01-95, Formerly 33-22.002, Amended 5-21-00, 2-11-01, 9-16-04, 7-25-06,_____.

DEPARTMENT OF CORRECTIONS

RULE NO.: 33-601.724
 RULE TITLE: Visitor Attire
 PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to include military style camouflage clothing (jungle, urban and desert) as inappropriate attire for visitors.
 SUBJECT AREA TO BE ADDRESSED: Inmate visitor attire.
 SPECIFIC AUTHORITY: 944.09, 944.23 FS.
 LAW IMPLEMENTED: 20.315, 944.09, 944.23, 944.8031 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 WEEKLY.
 THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Dorothy M. Ridgway, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-601.724 Visitor Attire.

(1) Persons desiring to visit shall be fully clothed including shoes. Small hats such as baseball caps, religious coverings, or surgical caps are permissible attire. Visitors shall not be admitted to the visiting area if they are dressed in inappropriate attire. The warden, assistant warden or duty warden shall be the final decision authority and shall assist in resolving inappropriate attire situations. Inappropriate attire includes:

- (a)(1) Halter tops or other bra-less attire,
- (b)(2) Underwear type tee shirts,
- (c)(3) Tank tops,
- (d)(4) Fish net shirts,
- (e)(5) Skin tight clothing or spandex clothing,
- (f)(6) Clothes made with see-through fabric unless a non-see-through garment is worn underneath,
- (g)(7) Dresses, skirts, or Bermuda-length shorts more than three inches above the knee, or
- (h)(8) Any article of clothing with a picture or language which presents a potential threat to the security or order of the institution, or

(i) Military style camouflage clothing to include jungle (green), urban (grey or black), and desert (tan or brown).

(2)(9) A visitor shall be subject to suspension of visiting privileges and the visit shall be terminated if, after admission to the visiting area, the visitor changes, removes or alters his or her attire so that it is in violation of subsection 33-601.724(1)-(8), F.A.C.

Specific Authority 944.09, 944.23 FS. Law Implemented 20.315, 944.09, 944.23, 944.8031 FS. History–New 11-18-01, Formerly 3-601.708, Amended _____.

DEPARTMENT OF CORRECTIONS

RULE NO.: 33-601.725
 RULE TITLE: Permissible Items for Visitors
 PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to amend the rule to prohibit visitors from possessing keyless entry devices in any department facility unless approved by the duty warden or designee.
 SUBJECT AREA TO BE ADDRESSED: Inmate visitation.
 SPECIFIC AUTHORITY: 944.09, 944.23 FS.
 LAW IMPLEMENTED: 20.315, 944.09, 944.23, 944.47, 944.8031 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 WEEKLY.
 THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Dorothy M. Ridgway, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-601.725 Permissible Items for Visitors.

(1) Visitors shall be allowed to bring only authorized items listed into any department facility. Entry shall be denied if the visitor attempts to enter the institution or facility while possessing any unauthorized item or any authorized item in more than the approved amounts. Authorized items shall be removed by the visitor at the end of the visit. Authorized items include:

- (a) through (b) No change.
 - (c) Vehicle keys necessary to operate a motor vehicle. However, keyless entry devices are not permitted unless approved by the duty warden or designee.
 - (d) through (j) No change.
- (2) No change.

Specific Authority 944.09, 944.23 FS. Law Implemented 20.315, 944.09, 944.23, 944.47, 944.8031 FS. History–New 11-18-01, Amended 5-27-02, 7-1-03, 12-30-03, 11-25-04, _____.

DEPARTMENT OF CORRECTIONS

RULE NO.: 33-601.737
 RULE TITLE: Visiting – Forms
 PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to Amend Form DC6-111D Visitation Screening Matrix, to clarify that visitation will be denied for certain convictions as measured from the date of the arrest and for persons who have terminated community supervision with the past year and amend Form DC6-111B, Visitor Information Summary, to provide that no military style camouflage clothing (to include jungle, urban, or desert) will be worn by males or

females and that visitors will not be allowed to bring keyless entry devices into any department facility unless approved by the duty warden or designee.

SUBJECT AREA TO BE ADDRESSED: Inmate visitation.

SPECIFIC AUTHORITY: 944.09, 944.23 FS.

LAW IMPLEMENTED: 944.09, 944.23, 944.8031 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Dorothy M. Ridgway, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-601.737 Visiting – Forms.

The following forms are hereby incorporated by reference. A copy of any of these forms is available from the Forms Control Administrator, Research, Planning and Support Services, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500.

- (1) through (3) No change.
- (4) DC6-111B, Visitor Information Summary, effective ~~7-17-05~~.
- (5) No change.
- (6) DC6-111D, Visitor Screening Matrix, effective ~~3-21-06~~.

Specific Authority 944.09, 944.23 FS. Law Implemented 944.09, 944.23, 944.8031 FS. History–New 11-18-01, Amended 4-29-02, 9-29-03, 3-31-05, 7-17-05, 3-21-06,_____.

DEPARTMENT OF CORRECTIONS

RULE NO.: 33-602.101 RULE TITLE: Care of Inmates

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to designate how inmate identification cards will be displayed.

SUBJECT AREA TO BE ADDRESSED: Inmate identification card.

SPECIFIC AUTHORITY: 944.09, 945.215 FS.

LAW IMPLEMENTED: 944.09, 945.215 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Dorothy M. Ridgway, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-602.101 Care of Inmates.

- (1) No change.
- (2) Inmates shall at all times wear the regulation clothing and identification card in accordance with institution policy.
 - (a) through (g) No change.

(h) The ID card shall be displayed on the ~~tab designed for identification card display located on the right side of the shirt (male) or on the collar of the blouse (female) left front shirt pocket, collar of the blouse, collar of a shirt without pockets, or on the shirt tab designed for this purpose.~~ In those circumstances in which an inmate is not wearing an upper garment, the inmate is responsible for securing the ID card. Once the special circumstance is over, the ID card shall again be displayed on the shirt or blouse.

- (i) through (j) No change.
- (3) through (11) No change.

Specific Authority 944.09, 945.215 FS. Law Implemented 944.09, 945.215 FS. History–New 10-8-76, Amended 4-19-79, 4-24-80, 10-14-84, 1-9-85, Formerly 33-3.02, Amended 11-3-87, 10-6-88, 7-23-89, 8-27-91, 3-30-94, 11-13-95, 6-2-99, Formerly 33-3.002, Amended 11-21-00, 1-25-01, 1-19-03, 9-23-03, 3-5-06, 10-23-06,_____.

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District
RULE CHAPTER NO.: RULE CHAPTER TITLE:
40D-1 Procedural
RULE NO.: RULE TITLE:
40D-1.659 Forms and Instructions

PURPOSE AND EFFECT: The purpose of the rule amendments is to incorporate by reference revisions to the Proposed Well Construction Location and Design Form. The proposed revisions to the form request additional information concerning the design of the proposed well. The additional information includes the pipe diameter, the estimated depth of the well pump, and the depth of any well screen. Other revisions to the form include corrections of grammatical errors or inconsistent references.

SUBJECT AREA TO BE ADDRESSED: Incorporation of revisions to the Proposed Well Construction Location and Design Form relating to Water Use Permitting.

SPECIFIC AUTHORITY: 373.044, 373.113, 373.149, 373.171 FS.

LAW IMPLEMENTED: 373.116, 373.206, 373.207, 373.209, 373.216, 373.219, 373.229, 373.239, 373.306, 373.308, 373.309, 373.313, 373.323, 373.324, 373.339, 373.413, 373.414, 373.416, 373.419, 373.421 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Karen E. West, Deputy General Counsel, Office of General Counsel, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, extension 4651.

The District does not discriminate on the basis of disability. Anyone requiring reasonable accommodation should contact Dianne Lee at (352)796-7211, ext. 4658; TDD only: 1(800)231-6103.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

40D-1.659 Forms and Instructions.

The following forms and instructions have been approved by the Governing Board and are incorporated by reference into this Chapter. Copies of these forms may be obtained from the District.

GROUND WATER

(1) through (2) No change.

(3) PROPOSED WELL CONSTRUCTION LOCATION AND DESIGN FORM

FORM NO. LEG-R.006.00 (/) 41-10-003-2/94/MH

(4) through (20) No change.

SURFACE WATER

Application for Permit – Used for Docks or Piers and Bulkheads

(1) through (14) No change.

Specific Authority 373.044, 373.113, 373.149, 373.171 FS. Law Implemented 373.116, 373.206, 373.207, 373.209, 373.216, 373.219, 373.229, 373.239, 373.306, 373.308, 373.309, 373.313, 373.323, 373.324, 373.339, 373.413, 373.414, 373.416, 373.419, 373.421 FS. History–New 12-31-74, Amended 10-24-76, Formerly 16J-0.40, 40D-1.901, 40D-1.1.1901, Amended 12-22-94, 5-10-95, 10-19-95, 5-26-95, 7-23-96, 2-16-99, 7-12-99, 7-15-99, 12-2-99, 5-31-00, 9-3-00, 10-26-00, 6-26-01, 11-4-01, 6-12-02, 8-25-02, 2-26-03, 9-14-03, 9-30-04, 2-1-05, 6-5-05, 10-19-05, _____.

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE CHAPTER NO.: RULE CHAPTER TITLE:

40D-4 Individual Environmental Resource Permits

RULE NO.: RULE TITLE:
40D-4.331 Modification of Permits

PURPOSE AND EFFECT: The proposed amendment of Rule 40D-4.331, F.A.C., will update a reference to the General Environmental Resource Permit Application for Modification Related to Outparcel Construction Within Permitted Commercial Projects, Form No. LEG-R.001.00(02/05).

SUBJECT AREA TO BE ADDRESSED: The proposed rule amendment updates a reference to the form used to request modification of certain environmental resource construction permits.

SPECIFIC AUTHORITY: 373.044, 373.113, 373.149, 373.171 FS.

LAW IMPLEMENTED: 373.413, 373.416(1), 373.429, 373.805 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IS: Karen E. West, Deputy General Counsel, Office of General Counsel, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, extension 4651. The District does not discriminate on the basis of disability.

Anyone requiring reasonable accommodation should contact Dianne Lee at (352)796-7211, ext. 4658; TDD only: 1(800)231-6103.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

40D-4.331 Modification of Permits.

An application for modification of an environmental resource permit shall be processed in accordance with this rule, unless the permit is revoked, suspended or expired.

(1) No change.

(2) Applications to modify a construction permit shall be made:

(a) By formal application and review using the same criteria as new applications, pursuant to Rules 40D-4.101, 40D-4.301 and 40D-4.302, F.A.C., unless the proposed modification involves an outparcel construction within a permitted commercial project. A request for modification involving construction within an outparcel of a permitted commercial or industrial development should be made using the form “General Environmental Resource Permit Application for Modification Related to Outparcel Construction Within Permitted Commercial Projects” ~~District Form No. LEG-R001.00(2/05)~~, adopted by reference in Rule 40D-1.659, F.A.C.

(b) No change.

(3) through (4) No change.

Specific Authority 373.044, 373.113, 373.149, 373.171 FS. Law Implemented 373.413, 373.416(1), 373.429, 373.805 FS. History—Readopted 10-5-74, Formerly 16J-4.13, Amended 10-1-84, 3-1-88, 10-1-88, 6-29-93, 10-3-95, 7-23-96, 2-1-05,_____.

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE CHAPTER NO.: RULE CHAPTER TITLE:

40D-40 General Environmental Resource Permits

RULE NO.: RULE TITLE:

40D-40.301 Conditions for Issuance of General Permits for Minor Surface Water Management Systems

PURPOSE AND EFFECT: The purpose of the proposed rule amendment is to clarify what impacts the District will consider in determining whether certain activities regulated under Part IV, Chapter 373, Florida Statutes (F.S.), qualify for a General Environmental Resource Permit for Minor Surface Water Management Systems under the District's rules. The effect will be to make clear in District rule that activities in, on or over less than 100 square feet of wetlands or other surface waters meet the threshold for this type of general permit.

SUBJECT AREA TO BE ADDRESSED: Permitting thresholds for certain general environmental resource permits under District rules.

SPECIFIC AUTHORITY: 373.044, 373.113, 373.118 FS.

LAW IMPLEMENTED: 373.413, 373.414, 373.416, 373.427 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Karen E. West, Deputy General Counsel, Office of General Counsel, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, extension 4651. The District does not discriminate on the basis of disability.

Anyone requiring reasonable accommodation should contact Dianne Lee at (352)796-7211, ext. 4658; TDD only: 1(800)231-6103.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

40D-40.301 Conditions for Issuance of General Permits for Minor Surface Water Management Systems.

(1) To obtain this general permit, an applicant must provide reasonable assurance that the following conditions are met and certify that:

- (a) through (b) No change.

(c) The proposed activities will consist of ~~the dredging or filling of~~ less than 100 square feet in, on or over wetlands or other surface waters. Road or driveway crossings of ditches constructed in uplands will not be counted against the 100 square foot limit;

(d) through (j) No change.

(2) through (3) No change.

Specific Authority 373.044, 373.113, 373.118 FS. Law Implemented 373.413, 373.414, 373.416, 373.427 FS. History—New 3-1-88, Amended 10-3-95, 10-16-96, 9-26-02, 2-1-05,_____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE CHAPTER NO.: RULE CHAPTER TITLE:

59A-8 Minimum Standards for Home Health Agencies

PURPOSE AND EFFECT: The purpose of this rule development is to revise the Comprehensive Emergency Management Plan format to comply with Chapter 2006-71, Laws of Florida and to update the rules and application forms pursuant to Chapter 2006-192, Laws of Florida.

SUBJECT AREA TO BE ADDRESSED: Emergency management plan minimum criteria, application forms, deletion and updating of rule items that are now in Chapter 2006-192, Laws of Florida.

SPECIFIC AUTHORITY: 400.497 FS.

LAW IMPLEMENTED: 400.492, 400.497 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Jan Benesh, Agency for Health Care Administration, Licensed Home Health Programs Unit, Bureau of Health Facility Regulation, 2727 Mahan Drive – Mail Stop 34, Tallahassee, FL 32308, or beneshj@ahca.myflorida.com or (850)414-6010

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Pari-Mutuel Wagering

RULE NO.: RULE TITLE:

61D-6.008 Permitted Medications for Horses

PURPOSE AND EFFECT: The purpose and effect of the proposed rule will be to amend the Division's rules regarding the race-day administration of Salix to racehorses.

SUBJECT AREA TO BE ADDRESSED: The subject areas to be addressed in this rule are: changes to the procedure by which reports of administration will be received and processed by the Division, and penalty provisions for Salix tag violations.
SPECIFIC AUTHORITY 120.80(4)(a), 550.0251(3), 550.2415(8), (9), (13), (16) FS.

LAW IMPLEMENTED 120.80(4)(a), 550.0251, 550.2415 FS.
IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: November 14, 2006, 10:00 a.m. – Noon
PLACE: North Broward Regional Service Center, 1400 West Commercial Blvd., Room 210A, Ft. Lauderdale, Florida 33309

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Mary Polombo, Clerk, Division of Pari-Mutuel Wagering, 1940 North Monroe Street, Tallahassee, Florida 32399-1035

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Department at least 5 calendar days before the program by contacting Mary Polombo at (850)413-0750. If you are hearing or speech impaired, please contact the agency using the Florida Dual Party Relay System by calling (800)955-8770 (Voice) or (800)955-8771 (TDD).

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Cosmetology

RULE NO.: 61G5-20.001 **RULE TITLE:** Salon Defined
PURPOSE AND EFFECT: To further clarify the definition of a salon.

SUBJECT AREA TO BE ADDRESSED: Salon Defined.
SPECIFIC AUTHORITY: 477.016 FS.
LAW IMPLEMENTED: 477.025 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Robyn Barineau, Executive Director, Board of Cosmetology, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF HEALTH

Division of Medical Quality Assurance

RULE NO.: 64B-1.016 **RULE TITLE:** Fees: Examination and Post-Examination Review

PURPOSE AND EFFECT: To update the rule text.
SUBJECT AREA TO BE ADDRESSED: Fees: Examination and Post-Examination Review.

SPECIFIC AUTHORITY: 456.004 FS.
LAW IMPLEMENTED: 456.004(10), 456.017(2) 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Jennifer Hamilton, OMC Manager, Department of Health, Division of Medical Quality Assurance, Testing Services, 4052 Bald Cypress Way, Bin #C-90, Tallahassee, Florida 32399-3250
THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: 64B8-11.001 **RULE TITLE:** Advertising

PURPOSE AND EFFECT: The Board proposes the development of a rule amendment to address recent legislation requiring appropriate notification to patients with regard to licensure status.

SUBJECT AREA TO BE ADDRESSED: Advertising.
SPECIFIC AUTHORITY: 458.309 FS.
LAW IMPLEMENTED: 456.072(1)(t), 458.331(1)(d), (n), (o), 458.3312 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Larry McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B8-11.001 Advertising.
(1) through (6) No change.

(7) No person licensed pursuant to Chapter 458, F.S., shall disseminate or cause the dissemination of any advertisement or advertising that contains the licensee's name without clearly identifying the licensee as either a medical doctor (M.D.), physician assistant (P.A.), or anesthesiologist assistant (A.A.).

~~(8)~~(7) No change.

Specific Authority 458.309 FS. Law Implemented 456.072(1)(t), 458.331(1)(d), (l), (n), (o), 458.3312 FS. History—New 3-31-80, Formerly 21M-24.01, Amended 11-15-88, Formerly 21M-24.001, Amended 12-5-93, Formerly 61F6-24.001, Amended 4-3-95, 4-16-96, 5-29-97, 5-7-97, Formerly 59R-11.001, Amended 1-31-01, 9-1-02,_____.

DEPARTMENT OF HEALTH

Board of Osteopathic Medicine

RULE NO.: 64B15-9.007
RULE TITLE: Forms and Instructions

PURPOSE AND EFFECT: The purpose and effect of this rule development is to incorporate amendments to the new application.

SUBJECT AREA TO BE ADDRESSED: Forms and Instructions.

SPECIFIC AUTHORITY: 120.53, 459.005 FS.

LAW IMPLEMENTED: 459.022 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Pamela King, Executive Director, Board of Osteopathic Medicine/MQA, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

FLORIDA HOUSING FINANCE CORPORATION

RULE NO.: 67-53
RULE TITLE: Compliance Procedures

PURPOSE AND EFFECT: The purpose of Rule Chapter 67-53, Florida Administrative Code (F.A.C.), is to establish the procedures by which the Florida Housing Finance Corporation shall administer and monitor the Community Workforce Housing Innovation Pilot Program (CWHIP), pursuant to Chapter 2006-69, Laws of Florida.

SUBJECT AREA TO BE ADDRESSED: The proposed Rule prescribes the processes and procedures used for monitoring the Community Workforce Housing Innovation Pilot Program as it relates to Chapter 67-53, F.A.C.

SPECIFIC AUTHORITY: Chapter 2006-69, Laws of Florida.

LAW IMPLEMENTED: Chapter 2006-69, Laws of Florida.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: November 15, 2006, 2:30 p.m. – 3:00 p.m.

PLACE: The Seltzer Room, 6th Floor, Florida Housing Finance Corporation, 227 N. Bronough Street, Suite 5000, Tallahassee, FL 32301

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: Janet Peterson, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, FL 32301-1329, (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).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Janet Peterson, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, FL 32301-1329, (850)488-4197

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

FISH AND WILDLIFE CONSERVATION COMMISSION

RULE NO.: 68-1.003
RULE TITLE: Florida Fish and Wildlife Conservation Commission Grants Program

PURPOSE AND EFFECT: The purpose and effect of the proposed rule development is to amend specific Fish and Wildlife Research Institute grant program guidelines that are incorporated by reference into the overall rule on the issuance of agency grants. The amendment will update the date of the guidelines referenced in the rule from February 2005 to January 2007. The guidelines have been changed to address the appointment and membership of the Fish and Wildlife Research Grants Committee, deleting the specific member's

names while maintaining the existing procedure for determining membership and appointments. Changes are also made to conform to the renumbering of the rule.

SUBJECT AREA TO BE ADDRESSED: Grant Program Guidelines for the Fish and Wildlife Research Institute.

SPECIFIC AUTHORITY: Art. IV, Sec. 9, Florida Constitution; 370.023 FS.

LAW IMPLEMENTED: Art. IV, Sec. 9, Florida Constitution; 370.023 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Alan Huff, Florida Fish and Wildlife Research Institute, 100 8th Avenue SE, Saint Petersburg, Florida 33701. Telephone: (727)896-8626. Email: alan.huff@myfwc.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

68-1.003 Florida Fish and Wildlife Conservation Commission Grants Program.

(1) through (9) No change.

(10) Fish and Wildlife Research Institute Grants Program grants shall meet all additional program requirements set forth in the Fish and Wildlife Research Grants Program Guidelines (dated January 2007 ~~February 2005~~), which are hereby incorporated by reference. The guidelines are available from the Commission at the Fish and Wildlife Research Institute, 100 Eighth Avenue S.E., Saint Petersburg, Florida 33701-5020.

(11) No change.

Specific Authority 370.023 FS., Art. IV, Sec. 9, Fla. Const. Law Implemented 370.023 FS., Art. IV, Sec. 9, Fla. Const. History–New 4-4-04, Amended 3-15-05, Formerly 68A-2.015, Amended _____.

FISH AND WILDLIFE CONSERVATION COMMISSION

Marine Fisheries

RULE NO.: 68B-24.009 **RULE TITLE:** Trap Reduction Schedule

PURPOSE AND EFFECT: The purpose of this rule development effort is to continue the suspension on the annual reduction of spiny lobster traps through the 2007-2008 license year. The suspension was implemented at the beginning of the Commission-mandated three-year evaluation of the spiny lobster fishery. The evaluation was scheduled to be completed at the end of 2006. However, it is now scheduled to continue

through 2007, and the rule amendment is necessary to continue the suspension of trap reduction through the conclusion of the evaluation.

SUBJECT AREA TO BE ADDRESSED: Spiny lobster trap reduction.

SPECIFIC AUTHORITY: Art. IV, Sec. 9, Florida Constitution.

LAW IMPLEMENTED: Art. IV, Sec. 9, Florida Constitution.
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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: James V. Antista, General Counsel, Fish and Wildlife Conservation Commission, 620 South Meridian Street, Tallahassee, Florida 32399-1600, (850)487-1764

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

68B-24.009 Trap Reduction Schedule.

(1) through (3) No change.

(4) Notwithstanding the provisions of subsections (1)-(3) of this rule, no trap reductions shall take place in the license years beginning with the 2004-2005 license year and continuing through the 2007-2008 ~~2006-2007~~ license year.

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const. History–New 3-1-92, Amended 6-1-94, 6-3-96, 3-5-97, Formerly 46-24.009, Amended 6-29-00, 7-1-01, 4-1-04, _____.

DEPARTMENT OF FINANCIAL SERVICES

Division of State Fire Marshal

RULE NO.: 69A-21.303 **RULE TITLE:** Standard Service Tag

PURPOSE AND EFFECT: The purposes of this rule workshop are twofold.

(1) To implement, interpret, and clarify the requirements and purposes of listing a product containing two or more components by a nationally recognized testing laboratory under Section 633.065, Florida Statutes, and (2) to adopt, revise, and clarify standards for tagging fire extinguishers and preengineered systems, as required by Section 633.065, Florida Statutes, and Rule 69A-21.303, Florida Administrative Code. The Division of State Fire Marshal provides the following information as background for these workshops.

(1) Questions have arisen concerning the effect of the listing by a nationally recognized testing laboratory required by Section 633.065, Florida Statutes, such as Underwriter’s Laboratories, with respect to preengineered systems, and whether that statute requires that the entire preengineered system be listed for the purposes for which it is intended to be used, or if it is sufficient

that all the component parts of the product are listed, regardless of the use for which the product is placed in service. These questions have been presented most often in the context of specific kinds of restaurant tables, commonly referred to as "hibachi downdraft tables," that permit cooking at the table and that have a system of downward ducts or pipes which propels the steam, smoke, and grease laden vapors down under the floor and out of the building through the flooring and/or walls, but which do not contain any type of hood fire extinguishment system.

(2) Fire extinguishers and preengineered systems are treated differently under Section 633.065, Florida Statutes. Questions have arisen concerning the effect of placing a tag on a fire extinguisher as opposed to placing a tag on a preengineered system, and what in addition, if anything, may be required if a preengineered system is non-compliant. This rule workshop is for the Bureau of Fire Prevention to receive comments and suggestions from the fire extinguisher and preengineered system industries, the restaurant industry, and firesafety enforcement officials (local authorities having jurisdiction) concerning the practices and procedures now in use, the preferred method(s) of handling non-compliant fire extinguishers and preengineered systems, and the expertise and opinions of those who will be substantially affected by any new rule or rule amendment. The Bureau of Fire Prevention is also seeking guidance from the persons named above and any other substantially affected persons on proposed definitions including, but not limited to a definition for the phrase, "complete in detail," as used in Section 633.065, Florida Statutes.

SUBJECT AREA TO BE ADDRESSED: Hibachi type downdraft cooking tables in restaurants, and service tags on fire extinguishers and preengineered systems.

SPECIFIC AUTHORITY: 633.01, 633.022, 633.065 FS.

LAW IMPLEMENTED: 633.022, 633.065 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Thursday, November 16, 2006, 9:00 a.m.

PLACE: Department of Transportation Office, 1109 South Marion Avenue, Lake City, Florida

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: Marcia Brock, (850)413-3724. 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 DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Jim

Goodloe, Chief, Bureau of Fire Prevention, Division of State Fire Marshal, 200 East Gaines Street, Tallahassee, FL 32399-0342. Phone: (850)413-3171; Fax: (850)414-6119

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF FINANCIAL SERVICES

Division of Worker's Compensation

RULE NO.:

RULE TITLE:

69L-7.602

Florida Workers' Compensation
Medical Services Billing, Filing
and Reporting Rule

PURPOSE AND EFFECT: To adopt new 2007 versions of nationally approved uniform billing forms for medical providers which are utilized by Florida's Workers' Compensation insurance industry for medical bill reimbursements to healthcare providers, to adopt a revised pharmacy billing form, to amend the data reporting requirements resulting from medical form changes, to revise and add additional Explanation of Bill Review Codes used by insurers to report bill review outcomes to health care providers as required to facilitate the medical bill dispute resolution process, to update the Florida Workers' Compensation Medical EDI Implementation Guide (MEIG) reflecting its most current edition, and to update adopted reference material to reflect the most current edition.

SUBJECT AREA TO BE ADDRESSED: Rule amendment reflecting changes and updates to forthcoming national form changes and reporting methods.

SPECIFIC AUTHORITY: 440.13(4), 440.15(3)(b), (d), 440.185(5), 440.525(2), 440.591, 440.593(5) FS.

LAW IMPLEMENTED: 440.09, 440.13(2)(a), (3), (4), (6), (11), (12), (14), (16), 440.15(3)(b), (d), 440.185(5), (9), 440.20 (6), 440.525(2), 440.593 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Monday, November 13, 2006, 10:00 a.m.

PLACE: 104 J Hartman Bldg., 2012 Capital Circle, S.E., Tallahassee, FL

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: Don Davis, (850)413-1711. 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 DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Don Davis, Division of

Workers' Compensation, Office of Data Quality and Collection, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4226, (850)413-1711

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

69L-7.602 Florida Workers' Compensation Medical Services Billing, Filing and Reporting Rule.

(1) No change.

(a) No change.

(b) "Adjust" or "Adjusted" means payment is made with modification to the information provided on the bill.

(c)(b) "Agency" means the Agency for Health Care Administration as defined in Section 440.02(3), F.S.

(d)(e) "Ambulatory Surgical Center" is defined in Section 395.002(3), F.S.

(e)(d) "Billing" means the process by which a health care provider submits a medical claim form or medical bill to an insurer, service company/third party administrator or any entity acting on behalf of the insurer, to receive reimbursement for medical services, goods, or supplies provided to an injured employee.

(f)(e) "Catastrophic Event" means the occurrence of an event outside the control of an insurer, submitter, service company/third party administrator or any entity acting on behalf of the insurer, such as an electronic data transmission failure due to a natural disaster, or an act of terrorism (including but not limited to cyber terrorism) or a telecommunications failure, in which recovery time will prevent an insurer, submitter, service company/third party administrator or any entity acting on behalf of the insurer from meeting the filing and reporting requirements of Chapter 440, F.S., and this rule. Programming errors, system malfunctions, or electronic data interchange transmission failures that are not a direct result of a catastrophic event are not considered to be a catastrophic event as defined in this rule. See paragraph (6)(d) for requirements to request approval of an alternative method and timeline for medical report filing with the Division due to a catastrophic event.

(g)(f) "Charges" means the dollar amount billed.

(h)(g) "Charge Master" means a comprehensive listing of all the supplies, goods and services for which the hospital or ambulatory surgical center maintains a separate charge with the hospital's or ambulatory surgical center's charges for each of the supplies, goods and services, regardless of payer type. The charge master shall be maintained and produced when requested for the purpose of verifying its usual charges pursuant to Section 440.13(12)(d), F.S.

(i)(h) "Claims-Handling Entity File Number" means the number assigned to the claim file by the insurer or service company/third party administrator for purposes of internal tracking.

(j)(i) "Current Dental Terminology" (CDT) means the American Dental Association's reference document containing descriptive terms to identify codes for billing and reporting dental procedures.

(k) "Current Procedural Terminology" (CPT®) means the American Medical Association's reference document (HCPCS Level I) containing descriptive terms to identify codes for billing and reporting medical procedures and services.

(l)(j) "Date Insurer Paid" or "Date Insurer Paid, Adjusted and Paid, Disallowed or Denied" means the date the insurer, service company/third party administrator or any entity acting on behalf of the insurer mails, transfers or electronically transmits payment to the health care provider or the health care provider representative. If payment is disallowed or denied, "Date Insurer Paid" or "Date Insurer Paid, Adjusted and Paid, Disallowed or Denied" means the date the insurer, service company/third party administrator or any entity acting on behalf of the insurer mails, transfers or electronically transmits the appropriate notice of disallowance or denial to the health care provider or the health care provider representative. See paragraph (5)(l) for the requirement to accurately report the "date insurer paid".

(m)(k) "Date Insurer Received" means the date that a Form DFS-F5-DWC-9, DFS-F5-DWC-10 (or insurer pre-approved alternate form), DFS-F5-DWC-11, DFS-F5-DWC-90 or the electronic form equivalent is in the possession of the insurer, service company/third party administrator or any entity acting on behalf of the insurer. See paragraph (5)(l) for the requirement to accurately report the "date insurer received". If a medical bill meets any of the criteria in (5)(j) of this rule and possession of the form is relinquished by the insurer, service company/TPA or any entity acting on behalf of the insurer by returning the medical bill to the provider with a written explanation for the insurer's reason for return, then "date insurer received" shall not apply to the medical bill as submitted.

(n)(l) "Deny" or "Denied" means payment is not made because the service rendered is treatment for a non-compensable injury or illness. means to determine that no payment is to be made for a specific procedure code or other service reported by a health care provider to an insurer, service company/third party administrator or any entity acting on behalf of the insurer on a bill.

(o)(m) "Department" means Department of Financial Services (DFS) as defined in Section 440.02(12), F.S.

(p)(n) "Disallow" or "Disallowed" means payment is not made because the service rendered has not been substantiated for reasons of medical necessity, insufficient documentation, lack of authorization or billing error. means to determine that no payment is to be made for a specific procedure code or other service reported by a health care provider to an insurer, service company/third party administrator or any entity acting on behalf of the insurer for reimbursement, based on identification

of a billing error, inappropriate utilization or over utilization, use of an incorrect billing form, only one line item billed and the bill has an invalid code, or required information is inaccurate, missing or illegible.

~~(q)(e)~~ “Division” means the Division of Workers’ Compensation (DWC) as defined in Section 440.02(14), F.S.

~~(r)(p)~~ “Electronic Filing” means the computer exchange of medical data from a submitter to the Division in the standardized format defined in the Florida Medical EDI Implementation Guide (MEIG), 2006.

~~(s)(e)~~ “Electronic Form Equivalent” means the format, provided in the Florida Medical EDI Implementation Guide (MEIG), 2006, to be used when a submitter electronically transmits required data to the Division. Electronic form equivalents do not include transmission by facsimile, data file(s) attached to electronic mail, or computer-generated paper-forms.

~~(t)(e)~~ “Electronically Filed with the Division” means the date an electronic filing has been received by the Division and has successfully passed structural and data-quality edits.

~~(u)(s)~~ “Entity” means any party involved in the provision of or the payment for medical services, care or treatment rendered to the injured employee, excluding the insurer, service company/third party administrator or health care provider as identified in this section.

~~(v)(t)~~ “Explanation of Bill Review” (EOBR) means the notice of payment or notice of adjustment ~~and payment~~, disallowance or denial sent by an insurer, service company/third party administrator or any entity acting on behalf of an insurer to a health care provider containing code(s) and code descriptor(s), in conformance with paragraph (5)(o) of this rule.

~~(w)(t)~~ “Florida Medical EDI Implementation Guide (MEIG), 2006” is the Florida Division of Workers’ Compensation’s reference document containing the specific electronic formats and data elements required for insurer reporting of medical data to the Division.

~~(x)(w)~~ “Healthcare Common Procedure Coding System National Level II Codes (HCPCS)” (HCPCS) means the Centers for Medicare and Medicaid Services’ (CMS) reference document listing descriptive codes for billing and reporting professional services, procedures, and supplies provided by health care providers.

~~(y)(w)~~ “Health Care Provider” is defined in Section 440.13(1)(h), F.S.

~~(z)(x)~~ “Hospital” is defined in Section 395.002(13), F.S.

~~(aa)(y)~~ “ICD-9-CM International Classification of Diseases” (ICD-9) is the U.S. Department of Health and Human Services’ reference document listing the official diagnosis and inpatient-procedure code sets.

~~(bb)(z)~~ “Insurer” is defined in Section 440.02(38), F.S.

~~(cc)(aa)~~ “Insurer Code Number” means the number the Division assigns to each individual insurer, self-insured employer or self-insured fund.

~~(dd)(bb)~~ “Itemized Statement” means a detailed listing of goods, services and supplies provided to an injured employee, including the quantity and charges for each good, service or supply.

~~(ee)~~ “Medical Bill” means the document or electronic equivalent submitted by a health care provider to an insurer, service company/TPA or any entity acting on behalf of the insurer for reimbursement for services or supplies (e.g. DFS-F5-DWC-9, DFS-F5-DWC-10, DFS-F5-DWC-11, DFS-F5-DWC-90 or the provider’s usual invoice or business letterhead) as appropriate pursuant to paragraph (4)(d) of this rule.

~~(ff)(ee)~~ “Medically Necessary” or “Medical Necessity” is defined in Section 440.13(1)(l), F.S.

~~(gg)(dd)~~ “NDC Number” means the National Drug Code (NDC) number, assigned under Section 510 of the Federal Food, Drug, and Cosmetic Act, which identifies the drug product labeler/vendor, product, and trade package size. The NDC number is an eleven-digit number that is expressed in the universal 5-4-2 format and included on all applicable reports with each of the three segments separated by a dash (-).

~~(hh)~~ “NPI” means the National Provider Identifier, a standard ten-digit numeric identifier assigned to each health care provider by the Centers for Medicare and Medicaid Services.

~~(ii)~~ “Pay” or “Paid” means payment is made applying the applicable reimbursement formula to the medical bill as submitted.

~~(jj)(ee)~~ “Physician” is defined in Section 440.13(1)(q), F.S.

~~(ff)~~ “Physician’s ~~Current Procedural Terminology (CPT®)~~” (CPT) means the American Medical Association’s reference document (HCPCS Level I) containing descriptive terms to identify codes for billing and reporting medical procedures and services.

~~(kk)(gg)~~ “Principal Physician” means the treating physician responsible for the oversight of medical care, treatment and attendance rendered to an injured employee, to include recommendation for appropriate consultations or referrals.

~~(ll)(hh)~~ “Report” means any form related to medical services rendered, in relation to a workers’ compensation injury ~~that, which~~ is required to be filed with the Division under this rule.

~~(mm)(ii)~~ “Service Company/Third Party Administrator (TPA)” means a party that has contracted with an insurer for the purpose of providing services necessary to adjust workers’ compensation claims on the insurer’s behalf.

~~(nn)(jj)~~ “Service Company/Third Party Administrator (TPA) Code Number” means the number the Division assigns to a service company, adjusting company, managing general agent or third party administrator.

~~(oo)(kk)~~ “Submitter” means an insurer, service company/TPA, entity or any other party acting as an agent ~~or vendor~~ on behalf of an insurer, service company/TPA or any entity to fulfill any insurer responsibility to electronically transmit required medical data to the Division.

~~(pp)(H)~~ “UB-92, National Uniform Billing Data Element Specifications as Adopted by the Florida State Uniform Billing Committee, February 2006” (UB-92 ~~M~~ manual) is the reference document providing billing and reporting completion instructions for the Form DFS-F5-DWC-90 (UB-92 HCFA-1450, Uniform Bill, Rev. 1992).

~~(qq)~~ “UB-04, National Uniform Billing Data Element Specifications as Adopted by the Florida State Uniform Billing Committee, January 2007” (UB-04 Manual) is the reference document providing billing and reporting completion instructions for the Form DFS-F5-DWC-90 (UB-04 HCFA-1450, Uniform Bill, Rev. 2006).

(2) Forms Incorporated by Reference for Medical Billing, Filing and Reporting.

(a)1. Form DFS-F5-DWC-9 (CMS-1500 Health Insurance Claim Form, Rev. 12/90); Form DFS-F5-DWC-9-A (Completion Instructions for Form DFS-F5-DWC-9); comprised of three sets of completion instructions for use by health care providers, ambulatory surgical centers, and work hardening and pain management programs), Rev. 5/26/2005. Effective to bill for dates of service up to and including 03/31/07.

2. Form DFS-F5-DWC-9 (CMS-1500 Health Insurance Claim Form, Rev. 08/05); Form DFS-F5-DWC-9-B (Completion Instructions for Form DFS-F5-DWC-9; comprised of three sets of completion instructions for use by health care providers, ambulatory surgical centers, and work hardening and pain management programs), Rev. 1/1/2007. May be used to bill for dates of service up to and including 3/31/2007. Revision date 08/05 shall be used to bill for dates of service on and after 4/1/2007.

(b)1. Form DFS-F5-DWC-10 (Statement of Charges for Drugs and Medical Supplies Form), Rev. 2/14/2006. Effective for dates of service up to and including 03/31/07.

2. Form DFS-F5-DWC-10 (Statement of Charges for Drugs and Medical Supplies Form), Rev. 1/1/2007. Effective for dates of service on and after 4/1/2007.

(c)1. Form DFS-F5-DWC-11 (American Dental Association Dental Claim Form, Rev. 2002); Form DFS-F5-DWC-11-A (Completion Instructions for Form DFS-F5-DWC-11), Rev. 5/26/2005. Effective to bill for dates of service up to and including 03/31/07.

2. Form DFS-F5-DWC-11 (American Dental Association Dental Claim Form, Rev. 2006); Form DFS-F5-DWC-11-B (Completion Instructions for Form DFS-F5-DWC-11), Rev. 1/1/2007. May be used to bill for dates of service up to and including 3/31/2007. Revision date 1/1/2007 shall be used to bill for dates of service on and after 4/1/2007.

(d)1. Form DFS-F5-DWC-25 (Florida Workers’ Compensation Uniform Medical Treatment/Status Reporting Form), Rev. 2/14/2006. ~~and~~

(e)1. Form DFS-F5-DWC-90 (UB-92 HCFA-1450, Uniform Bill, Rev. 1992). Effective for dates of service up to and including 05/22/07 ~~are hereby incorporated by reference into this rule.~~

2. Form DFS-F5-DWC-90 (UB-04 HCFA-1450, Uniform Bill, Rev. 2006). May be used to bill for dates of service up to and including 3/31/2007. Revision date 2006 shall be used to bill for dates of service on and after 4/1/2007.

(f) Obtaining Copies of Forms and Instructions.

1. A copy of either revision of the Form DFS-F5-DWC-9 can be obtained from the CMS web site: <http://www.cms.hhs.gov/forms/>. Completion instructions for either revision of the form can be obtained from the Department of Financial Services/Division of Workers’ Compensation (DFS/DWC) web site: <http://www.fldfs.com/WC/forms.html#7>.

2. A copy of either revision of the Form DFS-F5-DWC-10 and completion instructions for either revision of the form can be obtained from the DFS/DWC web site: <http://www.fldfs.com/WC/forms.html#7>.

3. A copy of either revision of the Form DFS-F5-DWC-11 can be obtained from the American Dental Association web site: <http://www.ada.org/>. Completion instructions for either revision of the form can be obtained from the DFS/DWC web site: <http://www.fldfs.com/WC/forms.html#7>.

4. A copy of the Form DFS-F5-DWC-25 and completion instructions can be obtained from the DFS/DWC web site: <http://www.fldfs.com/WC/forms.html#7>.

5. A copy of either revision of the Form DFS-F5-DWC-90 can be obtained from the CMS web site: <http://cms.hhs.gov/forms/>. Completion instructions for Form DFS-F5-DWC-90 (Rev. 1992) can be obtained from the UB-92, National Uniform Billing Data Element Specifications as Adopted by the Florida State Uniform Billing Committee (Rev. February 2006) and subparagraph (4)(d)4- of this rule. Completion instructions for Form DFS-F5-DWC-90 (Rev. 2006) can be obtained from the UB-04, National Uniform Billing Data Element Specifications as Adopted by the Florida State Uniform Billing Committee (Rev. January 2007) and subparagraph (4)(d)4. of this rule.

(g)(b) In lieu of submitting a Form DFS-F5-DWC-10, when billing for drugs or medical supplies, alternate billing forms are acceptable if:

1. An insurer has approved the alternate billing form(s) prior to submission by a health care provider, and

2. The form provides all information required to be submitted to the Division, pursuant to the date-applicable Florida Medical EDI Implementation Guide (MEIG), 2006, on the Form DFS-F5-DWC-10. Forms DFS-F5-DWC-9, DFS-F5-DWC-11 or DFS-F5-DWC-90 shall not be submitted as an alternate form.

(3) Materials Adopted for Reference. The following publications are incorporated by reference herein:

(a) UB-92, National Uniform Billing Data Element Specifications as Adopted by the Florida State Uniform Billing Committee (Rev. February 2006). A copy of this manual can be obtained from the Florida Hospital Association by calling (407) 841-6230.

(b) The Florida Medical EDI Implementation Guide (MEIG), 2006, applicable for data submission until 7/1/2007. The Florida Medical EDI Implementation Guide (MEIG), 2006 can be obtained from the DFS/DWC web site: http://www.fldfs.com/WC/edi_med.html.

(c) The American Medical Association Healthcare Common Procedure Coding System, Medicare's National Level II Codes (HCPCS), as adopted in Rule 69L-7.020, F.A.C.

(d) The ~~Physicians'~~ Current Procedural Terminology (CPT®), as adopted in Rule 69L-7.020, F.A.C.

(e) The Current Dental Terminology (CDT-4), as adopted in Rule 69L-7.020, F.A.C.

(f) The ~~2007~~ ICD-9-CM Professional for Hospitals, Volumes 1, 2 and 3, International Classification of Diseases, 9th Revision, Clinical Modification, Copyright 2006~~5~~, Ingenix, Inc. American Medical Association.

(g) The Physician ICD-9-CM ~~2007~~6, Volumes 1 & 2, International Classification of Diseases, 9th Revision, Clinical Modification, Copyright 2006~~5~~, Ingenix, Inc. (American Medical Association).

(h) The American Medical Association's Guide to the Evaluation of Permanent Impairment, as adopted in Rule 69L-7.604, F.A.C.

(i) The Minnesota Department of Labor and Industry Disability Schedule, as adopted in Rule 69L-7.604, F.A.C.

(j) The Florida Impairment Rating Guide, as adopted in Rule 69L-7.604, F.A.C.

(k) The 1996 Florida Uniform Permanent Impairment Rating Schedule, as adopted in Rule 69L-7.604, F.A.C.

(l) UB-04, National Uniform Billing Data Element Specifications as Adopted by the Florida State Uniform Billing Committee (Rev. January 2007). A copy of this manual can be obtained from the Florida Hospital Association by calling (407)841-6230.

(m) The Florida Medical EDI Implementation Guide (MEIG), 2007, applicable for data submission on or after 3/1/2007 and for all data submission on or after 7/2/2007. The Florida Medical EDI Implementation Guide (MEIG), 2007 can be obtained from the DFS/DWC web site: http://www.fldfs.com/WC/edi_med.html.

(4) Health Care Provider Responsibilities.

(a) Bill Submission/Filing and Reporting Requirements.

1. All providers are responsible for meeting their obligations, under this rule, regardless of any business arrangement with any entity under which claims are prepared, processed or submitted to the insurer.

2. Each health care provider must bill all services rendered on a single day, specifically an in-office medical service and dispensed medication, on a single billing form.

~~3.(b)~~ Each health care provider is responsible for submitting any additional form completion information and supporting documentation requested, in writing, by the insurer at the time of authorization, or at the time a reimbursement request is received.

4. Each health care provider shall resubmit a medical claim form or medical bill with insurer requested documentation when the EOBR provides an explanation for disallowance based on the lack of documentation submitted with the medical bill.

~~5.(e)~~ Insurers and health care providers shall utilize only the Form DFS-F5-DWC-25 for physician reporting of the injured employee's medical treatment/status. Any other reporting forms may not be used in lieu of or supplemental to the Form DFS-F5-DWC-25. Provider failure to accurately complete and submit the DFS-F5-DWC-25, in accordance with the Form DFS-F5-DWC-25 Completion/Submission Instructions adopted in this rule, may result in the Agency imposing sanctions or penalties pursuant to subsection 440.13(8), F.S. or subsection 440.13(11), F.S.

~~a.1.~~ The Form DFS-F5-DWC-25 does not replace physician notes, medical records or ~~D~~ivision-required medical ~~billing~~ reports.

~~b.2.~~ All information submitted on physician notes, medical records or ~~D~~ivision-required medical ~~billing~~ reports must be consistent with information documented on the Form DFS-F5-DWC-25.

6. All medical claim form(s) or medical bill(s) related to services rendered for a compensable injury shall be submitted by a health care provider to the insurer, service company/TPA or any entity acting on behalf of the insurer, as a requirement for billing.

7. Medical claim form(s) or medical bill(s) may be electronically filed or submitted via facsimile by a health care provider to the insurer, service company/TPA or any entity acting on behalf of the insurer, provided the insurer agrees.

8. When submitting a medical claim form or bill to the insurer, service company/TPA or any entity acting on behalf of the insurer, the health care provider must submit documentation that supports the medical necessity of services rendered and any required documentation pursuant to subsection (4)(b) of this rule and the applicable reimbursement manual

9. All medical claim forms or medical bills(s) submitted by a health care provider shall report charges at the health care provider's usual charge for services, regardless of payer. The health care provider shall not report charges at an amount expected for reimbursement, at an amount expected following adjustment, at an amount specified in a contract, at an amount specified in a managed care arrangement or at any other amount which represents expected payment.

10. Each health care provider is responsible for correcting and resubmitting any billing forms returned by an insurer, service company/TPA or any entity acting on behalf of the insurer pursuant to paragraph (5)(j) of this rule.

(b)(4) Special Billing Requirements.

1. When anesthesia services are billed on a Form DFS-F5-DWC-9, completion of the form must include the CPT® code and the "P" code (physical status modifier), which correspond with the procedure performed, in Field 24D. Anesthesia health care providers shall enter the date of service and the 5-digit qualifying circumstance code, which correspond with the procedure performed, in Field 24D on the next line, if applicable.

2. When an Advanced Registered Nurse Practitioner (ARNP) provides services as a Certified Registered Nurse Anesthetist, the ARNP he/she shall bill on a Form DFS-F5-DWC-9 for the services rendered and enter his/her Florida Department of Health ARNP license number in Field 33, regardless of the employment arrangement under which the services were rendered, or the party submitting the bill.

3. Regardless of the employment arrangement under which the services are rendered or the party submitting the bill, the following health care providers, who render direct billable services for which reimbursement is sought from an insurer, service company/TPA or any entity acting on behalf of the insurer, service company/TPA, shall bill on a Form DFS-F5-DWC-9 and enter his/her Florida Department of Health license number in Field 33 on the Form DFS-F5-DWC-9:

a. through c. No change.

4. No change.

a. Inpatient billing – Hospitals shall, in addition to filing a Form DFS-F5-DWC-90;

I. Attach an itemized statement with charges based on the facility's Charge Master; and

II. Submit all applicable documentation or certification required pursuant to Rule 69L-7.501 F.A.C.; and

III. Bill professional services provided by a physician, physician assistant, advanced registered nurse practitioner, or registered nurse first assistant on the Form DFS-F5-DWC-9 regardless of employment arrangement.

b. Outpatient billing – Hospitals shall:

~~I. In~~ in addition to filing a Form DFS-F5-DWC-90;

I. Enter the CPT®, HCPCS or unique workers' compensation code (provided in the Florida Workers' Compensation Health Care Provider Reimbursement Manual adopted in Rule 69L-7.020, F.A.C.) in Form Locator 44 on the Form DFS-F5-DWC-90, to bill outpatient radiology, clinical laboratory and physical, occupational or speech therapy charges; and

II. Make written entry "scheduled" or "non-scheduled" in Form Locator 84 of Form Rev. 1992 and in Form Locator 80 of Form Rev. 2006 – 'Remarks' on the DFS-F5-DWC-90, directly after entry of the hospital's physical location ZIP code, when billing outpatient surgery or outpatient surgical services; and

III. Make written entry "implant(s)" followed by the maximum reimbursement allowance pursuant to Rule 69L-7.501, F.A.C., in Form Locator 84 of Form revision 1992 and in Form Locator 80 of Form revision 2006 – 'Remarks' on the DFS-F5-DWC-90, directly after entry of "scheduled" or "non-scheduled", when present, and otherwise directly after the hospital's physical location ZIP code.

~~IV. Attach~~ Attach an itemized statement with charges based on the facility's Charge Master if there is no line item detail shown on the Form DFS-F5-DWC-90; and

V. Submit all applicable documentation or certification required pursuant to Rule 69L-7.501 F.A.C.

VI. Bill professional services provided by a physician, physician assistant, advanced registered nurse practitioner, or registered nurse first assistant on the Form DFS-F5-DWC-9 regardless of employment arrangement.

5. A Certified, licensed physician assistants, anesthesia assistants and registered nurse first assistants who provides services as a surgical assistant, in lieu of a second physician, shall bill on a Form DFS-F5-DWC-9 entering the CPT® code(s) plus modifier(s), which represent the service(s) rendered, in Field 24D, and must enter his/her Florida Department of Health license number in Field 33.

6. Ambulatory Surgical Centers (ASCs) shall bill on a Form DFS-F5-DWC-9 with itemized line-item charges based on the ASC's Charge Master. ASC medical bills shall be accompanied by all applicable documentation required pursuant to Rule 69L-7.100, F.A.C.

7. Federal Facilities shall bill on their usual form.

8. Out-of-State health care providers shall bill on the applicable medical bill form pursuant to paragraph (c) of this rule.

9.8. Dental Services.

a. No change.

b. No change.

10.9. Pharmaceutical(s), Durable Medical Equipment and Medical Supplies.

a. When supplying commercially available medicinal drugs commonly known as legend or prescription drugs:

I. Pharmacists shall bill on Form DFS-F5-DWC-10 and shall enter the NDC number, in the universal 5-4-2 format, in Field 9, with each of the segments separated by a dash (-).

II. Physicians, physician assistants or ARNPs shall bill on Form DFS-F5-DWC-9 and shall enter the NDC number, in the universal 5-4-2 format, in Field 24D, with each of the segments separated by a dash (-). Optionally, the unique workers' compensation code 96370 may be entered in addition to the NDC number in Field 24D.

III. Hospitals shall bill on Form DFS-F5-DWC-90 using the appropriate revenue codes.

IV. Ambulatory Surgical Centers shall not separately bill for these products that are provided as a part of facility services:

b. When supplying medicinal drugs which are compounded and the prescribed formulation is not commercially available:

I. Pharmacists shall bill on Form DFS-F5-DWC-10 and shall enter the unique workers' compensation code 96371 in Field 9.

II. Physicians, physician assistants or ARNPs shall bill on Form DFS-F5-DWC-9 and shall enter the unique workers' compensation code 96371 in form Field 24D.

III. Hospitals shall bill on Form DFS-F5-DWC-90 using the appropriate revenue codes.

IV. Ambulatory Surgical Centers shall not separately bill for these products that are provided as part of the facility's services.

c. When supplying over-the-counter drug products:

I. Pharmacists shall bill on Form DFS-F5-DWC-10 and shall enter the NDC number, in the universal 5-4-2 format in form Field 9, with each of the segments separated by a dash (-).

II. Physicians, physician assistants or ARNPs shall bill on Form DFS-F5-DWC-9, shall enter the NDC number in the universal 5-4-2 format, in Field 24D, with each of the segments separated by a dash (-) and attach documentation indicating the actual cost of the supply, including applicable manufacturer's shipping and handling.

III. Hospitals shall bill on Form DFS-F5-DWC-90 using the appropriate revenue codes.

IV. Ambulatory Surgical Centers shall not separately bill for these products that are provided as part of the facility's services.

d. When administering or supplying injectable drugs:

I. Pharmacists shall bill on Form DFS-F5-DWC-10 and shall enter the NDC number, in the universal 5-4-2 format, in form Field 9, with each of the segments separated by a dash (-).

II. Physicians, physician assistants or ARNPs shall bill on a Form DFS-F5-DWC-9 and enter the appropriate HCPCS "J" code in form Field 24D.

III. Hospitals shall bill on Form DFS-F5-DWC-90 using the appropriate revenue codes.

IV. Ambulatory Surgical Centers shall not separately bill for these products that are provided as part of the facility's services.

e. When providing durable medical equipment (DME):

I. Pharmacists shall bill on Form DFS-F5-DWC-10 and shall enter the applicable HCPCS code in Field 16 on form revision 2/14/2005 and in Field 19 on form revision 1/1/2007.

II. Physicians, physician assistants or ARNPs shall bill on Form DFS-F5-DWC-9, shall enter the applicable HCPCS code in Field 24D and attach documentation indicating the actual cost of the supply, including applicable manufacturer's shipping and handling.

III. Hospitals shall bill on Form DFS-F5-DWC-90 using the applicable revenue codes.

IV. Ambulatory Surgical Centers shall bill for these products using applicable HCPCS codes.

V. Medical Suppliers shall bill on Form DFS-F5-DWC-10 and shall enter the applicable HCPCS code in form Field 16 on form revision 2/14/2005 and in Field 19 on form revision 1/1/2007.

f. When providing medical supplies which are not incidental to a service or procedure:

I. Pharmacists shall bill on Form DFS-F5-DWC-10 and shall enter the applicable HCPCS code in Field 16 on form revision 2/14/2005 and in Field 19 on form revision 1/1/2007.

II. Physicians, physician assistants or ARNPs shall bill on Form DFS-F5-DWC-9, shall enter the applicable HCPCS code in Field 24D and attach documentation indicating the actual cost of the supply, including applicable manufacturer's shipping and handling.

III. Hospitals shall bill on Form DFS-F5-DWC-90 under the applicable revenue codes.

IV. Ambulatory Surgical Centers shall bill separately for these products and shall enter the applicable HCPCS code in Field 24D.

V. Medical Suppliers shall bill on Form DFS-F5-DWC-10 and shall enter the applicable HCPCS code in Field 16 on form revision 2/14/2005 and in Field 19 on form revision 1/1/2007.

g. Pharmacists who provide Medication Therapy Management Services shall bill for these services on a Form DFS-F5-DWC-9 by entering the appropriate CPT[®] code(s) 0115T, 0116T or 0117T that represent the service(s) rendered

in form Field 24D and shall enter their Florida Department of Health license number in Field 33 and shall submit a copy of the physician's written prescription with the medical bill.

h. Pharmacists and medical suppliers may only bill on an alternate to Form DFS-F5-DWC-10 when an insurer has pre-approved use of the alternate form. Forms DFS-F5-DWC-9, DFS-F5-DWC-11 or DFS-F5-DWC-90 shall not be approved for use as the alternate form.

~~a. Pharmacists and medical suppliers shall bill on a Form DFS-F5-DWC-10 or on an insurer pre-approved alternate form. Forms DFS-F5-DWC-9, DFS-F5-DWC-11 or DFS-F5-DWC-90 shall not be submitted as an alternate form.~~

~~b. Pharmacists shall complete Field 9, on a Form DFS-F5-DWC-10, by entering the unique workers' compensation code 96371 when medicinal drugs are compounded and the formulation prescribed is not commercially available.~~

~~e. Dispensing physicians, physician assistants or ARNPs shall bill on a Form DFS-F5-DWC-9, when supplying commercially available medicinal drugs (commonly known as legend or prescription drugs) and shall enter the NDC number in Field 24D. Optionally, the unique workers' compensation code 96370 may be entered in addition to the NDC code, in Field 24D.~~

~~d. When administering or supplying injectable drugs, the physician, physician assistant or ARNP shall bill on a Form DFS-F5-DWC-9 and enter the appropriate HCPCS "J" code in Field 24D.~~

~~e. Dispensing physicians shall complete Field 24D, on a Form DFS-F5-DWC-9, by entering the unique workers' compensation code 96371 when medicinal drugs are compounded and the formulation prescribed is not commercially available.~~

~~f. Dispensing physicians, physician assistants or ARNPs shall bill by entering code 99070 in Field 24D, on a Form DFS-F5-DWC-9, when supplying over the counter drugs and shall submit documentation indicating the name, dosage, package size and cost of the drug(s).~~

~~g. Physicians and other licensed health care providers providing medical supplies shall bill on a Form DFS-F5-DWC-9 and attach documentation indicating the actual cost of the supply, including applicable manufacturer's shipping and handling.~~

11.40. Physicians billing for a failed appointment for a scheduled independent medical examination (when the injured employee does not report to the physician office as scheduled) shall bill on their invoice or letterhead. The invoice shall not be a Form DFS-F5-DWC-9, DFS-F5-DWC-10, DFS-F5-DWC-11, or DFS-F5-DWC-90.

12.44. Health care providers receiving reimbursement under any payment plan (pre-payment, prospective pay, capitation, etc.) must accurately complete the Form DFS-F5-DWC-9 and submit the form to the insurer.

13.42. Health care providers and other insurer-authorized providers rendering services reimbursable under workers' compensation, whose billing requirements are not otherwise specified in this rule (e.g. home health agencies, independent non-hospital based ambulance services, air-ambulance, emergency medical transportation, non-emergency transportation services, translation services, etc.) shall bill on their invoice or business letterhead. These providers shall not submit the Forms DFS-F5-DWC-9, DFS-F5-DWC-10, DFS-F5-DWC-11 or DFS-F5-DWC-90 as an invoice.

(c)(e) Bill Completion.

1. Bills shall be legibly and accurately completed by all health care providers, regardless of location or reimbursement methodology, as set forth in this section and subsection (4)(b) of this rule.

2. Billing elements required by the Division to be completed by a health care provider are identified in specific Form DFS-F5-DWC-9-A or Form DFS-F5-DWC-9-B (completion instructions), as appropriate for the date of the revised form, available at the following websites:

a. <http://www.fldfs.com/wc/pdf/DWC-9instrHCP.pdf> when submitted by Licensed Health Care Providers;

b. <http://www.fldfs.com/wc/pdf/DWC-9instrASC.pdf> when submitted by Ambulatory Surgical Centers;

c. <http://www.fldfs.com/wc/pdf/DWC-9instrWHPM.pdf> when submitted by Work Hardening and Pain Management Programs.

3. Billing elements required by the Division to be completed for Pharmaceutical or Medical Supplier Billing are identified in specific Form DFS-F5-DWC-10 (completion instructions), as appropriate for the date of the revised form, available at website: <http://www.fldfs.com/WC/forms.html#7>.

4. Billing elements required by the Division to be completed for Dental Billing are identified in specific Form DFS-F5-DWC-11-A or Form DFS-F5-DWC-9-B (completion instructions), as appropriate for the date of the revised form, available at website: <http://www.fldfs.com/WC/forms.html#7>.

5. Billing elements required by the Division to be completed for Hospital Billing are identified in the UB-92 Manual, the UB-04 Manual and subparagraph (4)(b)(d)4. of this rule.

6. An insurer can require a health care provider to complete additional data elements that are not required by the Division on Forms DFS-F5-DWC-9 or DFS-F5-DWC-11.

(f) Health Care Provider Bill Submission/Filing and Reporting Requirements:

1. All medical claim form(s) or bill(s) related to services rendered for a compensable injury shall be submitted by a health care provider to the insurer, service company/TPA or any entity acting on behalf of the insurer, as a requirement for billing.

2. ~~Medical claim form(s) or bill(s) may be electronically filed or submitted via facsimile by a health care provider to the insurer, service company/TPA or any entity acting on behalf of the insurer, provided the insurer agrees.~~

3. ~~Medical claim form(s) or bill(s) shall be filed by the health care provider with an insurer, service company/TPA or any entity acting on behalf of the insurer. The health care provider must submit required documentation that supports the medical necessity of services rendered. This requirement does not apply to Pharmacies, Medical Suppliers, Ambulatory Surgical Centers or Hospitals except as requested in conjunction with an insurer audit.~~

(5) Insurer Responsibilities.

(a) through (b) No change.

(c) At the time of authorization for medical service(s), an insurer shall inform in-state and an out-of-state health care providers of the specific reporting, billing and submission requirements of this rule and the specific address for submitting a reimbursement request.

(d) No change.

(e) Required data elements on each Forms DFS-F5-DWC-9, DFS-F5-DWC-10, DFS-F5-DWC-11, and DFS-F5-DWC-90, for both medical only and lost-time cases, shall be filed with the Division within 45-calendar days of insurer, service company/TPA or any entity acting on behalf of the insurer, payment, adjustment ~~and payment~~, disallowance or denial. ~~The~~ 45-calendar day filing requirement includes initial submission and correction and re-submission of all errors identified in the "Medical Claim Processing Report", as defined in the date-applicable Florida Medical EDI Implementation Guide (MEIG); 2006.

(f) An insurer shall be responsible for accurately completing required data filed with the Division, ~~as of the effective date of this rule~~, pursuant to the date-applicable Florida Medical EDI Implementation Guide (MEIG); 2006, and subparagraphs (4)(c)(e)2.-5. of this rule.

(g) No change.

(h) An insurer, service company/TPA or any entity acting on behalf of an insurer must report to the Division the procedure code(s), number of line-items billed, diagnosis code(s), or modifier code(s) and or amount(s) charged, as billed by the health care provider when reporting these data to the Division. An insurer shall file with the Division each individual bill submitted by a health care provider and shall not combine multiple bills received from a health care provider into a single medical bill data submission. However, the insurer, service company/TPA or any entity acting on behalf of an insurer may correct the procedure code(s) or modifier code(s) to effect payment and shall report both the provider billed code(s) and insurer adjusted code(s) pursuant to the date-appropriate MEIG. The insurer, service company/TPA or any entity acting on behalf of an insurer shall utilize the EOB code "80" to notify the health care provider concerning any

such billing errors and shall transmit EOB code "80", in instances when the carrier corrects the provider coding, when reporting to the Division.

(i) An insurer, service company/TPA or any entity acting on behalf of the insurer shall manually or electronically date stamp accurately completed Forms DFS-F5-DWC-9, DFS-F5-DWC-10 (or insurer pre-approved alternate form), DFS-F5-DWC-11, DFS-F5-DWC-90 or the electronic form equivalent on the "date insurer received" as defined in paragraph (1)(m,k) of this rule.

(j)1. When a medical bill is submitted for reimbursement by a health care provider, the insurer, service company/TPA or entity acting on behalf of the insurer must review the medical bill to determine if any of the criteria in subparagraph (5)(j)5. of this rule are present. If a medical bill meets any of the criteria listed in subparagraph (5)(j)5. of this rule, the insurer, service company/TPA or entity acting on behalf of the insurer must either:

a. Correct the information on the medical bill and proceed to make a reimbursement decision to pay, adjust, disallow or deny billed charges within 45-calendar days from the "date insurer received"; or

b. Return the medical bill to the provider with a written statement identifying the criteria under which the medical bill is being returned within twenty-one (21) days of the date insurer received. The written statement sent to the provider with the returned medical bill shall bear the following statement CAPITALIZED and in BOLD print: "A HEALTH CARE PROVIDER MAY NOT BILL THE INJURED EMPLOYEE FOR SERVICES RENDERED FOR A COMPENSABLE WORK-RELATED INJURY".

2. If the insurer returns a medical bill to the provider pursuant to subparagraph (5)(j)5. of this rule, the written statement must include all criteria upon which the return of the medical bill are based.

3. If the criterion upon which the return of the medical bill is based includes any of the criteria in sub-subparagraph (5)(j)5.d.-f. of this rule, the written statement must identify the information that is illegible, incorrect, or omitted.

4. An insurer may return a medical bill to a provider without issuance of an EOB only on the basis of the criteria set forth in subparagraph (5)(j)5. of this rule.

5. The criteria upon which a medical bill is to be reviewed by the insurer, service company/TPA or entity acting on behalf of the insurer for return pursuant to this sub-paragraph of paragraph (5)(j) of this rule are:

a. Services are billed on an incorrect medical billing form;
or

b. The medical bill has been submitted to the incorrect insurer; or

c. The medical bill has been submitted to the incorrect service company/TPA or entity acting on behalf of the insurer;
or

d. Claimant identification information required by this rule is illegible on the medical bill; or

e. Claimant identification information required by this rule is incorrect on the medical bill; or

f. Billing information required by this rule is omitted on the medical bill.

6. An insurer, service company/TPA or entity acting on behalf of the insurer shall establish and maintain a process by which medical bills that have been returned and written statements identifying the reason for return are compiled. The compiled information must be sufficiently detailed to allow verification and review by the Division.

~~An insurer, service company/TPA or any entity acting on behalf of the insurer shall return any bills to the provider, with a written explanation, when:~~

~~1. Services are billed on an incorrect billing form; or~~

~~2. An invalid code is used or a required code is omitted and is the only line item billed on the form; or~~

~~3. Required billing information is illegible, inaccurate, or omitted on the form.~~

(k) An insurer, service company/TPA or any entity acting on behalf of the insurer shall pay, adjust ~~and pay~~, disallow or deny billed charges within 45-calendar days from the date insurer received, pursuant to Section 440.20(2)(b), F.S.

(l) No change.

1. No change.

a. through d. No change.

2. The insurer must:

a. Document the option(s) selected in subparagraph (5)(l)1. of this rule, ~~must identify.~~

b. Document the specific effective date for each option selected, ~~must specify.~~

c. Document the specific role of each "entity" acting on the insurers behalf in the option selected, ~~and must.~~

d. Make this written documentation available to the Division for audit purposes pursuant to Section 440.525, F.S., ~~When the insurer selects options b., c., or d. from subparagraph (5)(l)1. of this rule, there must be.~~

e. Maintain written documentation from the "entity" acknowledging its responsibilities concerning "date insurer received" and "date insurer paid" for each option: when the insurer selects options b., c., or d. from subparagraph (5)(l)1. of this rule, and The

f. Maintain written documentation ~~maintained by the insurer must identifying~~ the applicability of the options selected in sufficient detail to allow verification of the coding of each medical bill under subparagraph (5)(l)4. of this rule.

3. No change.

4. The option in subparagraph (5)(l)1. of this rule selected by the insurer must be identified on each medical report electronic submission to the Division, ~~in accordance with paragraph (6)(e) of this rule, and~~ must utilize the following coding methodology:

a. If the "date insurer received" is the date the insurer gains possession of the health care provider's medical bill and the "date insurer paid" is the date the health care provider's payment is mailed, transferred or electronically transmitted by the insurer, then Payment Code "x" 1 must be transmitted on each individual form-type electronic submission. ("x" must equal 'R', 'M' or 'C' as denoted in Appendix D of the date-appropriate Florida Medical Implementation EDI Guide (MEIG), 2006.) When submitting Payment Code "x" 1 to the Division, the insurer is declaring that no "entity" as defined in paragraph (1)(u)(s) of this rule is involved in the medical bill claims-handling processes related to "date insurer received" or "date insurer paid".

b. If the "date insurer received" is the date the "entity" acting on behalf of the insurer gains possession of the health care provider's medical bill and the "date insurer paid" is the date the health care provider's payment is mailed, transferred or electronically transmitted by the "entity" acting on behalf of the insurer, then Payment Code "x" 2 must be transmitted on each individual form-type electronic submission. ("x" must equal 'R', 'M' or 'C' as denoted in Appendix D of the date-appropriate Florida Medical Implementation EDI Guide (MEIG), 2006.) When submitting Payment Code "x" 2 to the Division, the insurer is declaring that the specified "entity" is acting on behalf of the insurer for purposes of the medical bill claims-handling processes related to "date insurer received" and "date insurer paid".

c. If the "date insurer received" is the date the insurer gains possession of the health care provider's medical bill and "date insurer paid" is the date the health care provider's payment is mailed, transferred or electronically transmitted by the "entity" acting on behalf of the insurer, then Payment Code "x" 3 must be transmitted on each individual form-type electronic submission. ("x" must equal 'R', 'M' or 'C' as denoted in Appendix D of the date-appropriate Florida Medical Implementation EDI Guide (MEIG), 2006.) When submitting Payment Code "x" 3 to the Division, the insurer is declaring that no "entity" as defined in paragraph (1)(u)(s) of this rule is involved in the medical bill claims-handling process related to "date insurer received".

d. If the "date insurer received" is the date the "entity" acting on behalf of the insurer gains possession of the health care provider's medical bill and the "date insurer paid" is the date the health care provider's payment is mailed, transferred or electronically transmitted by the insurer, then Payment Code "x" 4 must be transmitted on each individual form-type electronic submission. ("x" must equal 'R', 'M' or 'C' as denoted in Appendix D of the date-appropriate Florida Medical

Implementation EDI Guide (MEIG), 2006.) When submitting Payment Code “x” 4 to the Division, the insurer is declaring that no “entity” as defined in paragraph (1)(u)s is involved in the medical bill claims-handling processes related to “date insurer paid”.

(m) An insurer, service company/TPA or any entity acting on behalf of the insurer, when reporting paid medical claims data to the Division, shall report the dollar amount paid by the insurer or reimbursed to the employee, the employer or other insurer for healthcare service(s) or supply(ies). When reporting disallowed or denied charges, the dollar amount paid shall be reported as \$0.00.

(n) No change.

(o) In completing an Explanation of Bill Review (EOBR) an insurer shall, for each line item billed, select the EOBR code from the list below which identifies the reason for the insurer’s reimbursement decision for each line item. The insurer shall utilize only one EOBR code for each line item billed. The insurer shall utilize the EOBR code that most precisely describes the basis for its reimbursement decision. An insurer, service company/TPA or any entity acting on behalf of the insurer shall submit to the Division the Explanation of Bill Review (EOBR) code, relating to the adjudication of each line item billed.

The EOBR code list is as follows:

10 – Payment denied: compensability: injury or illness for which service was rendered is not compensable.

21 – Payment disallowed: medical necessity: medical records reflect no physician’s order was given for service rendered or supply provided.

22 – Payment disallowed: medical necessity: medical records reflect no physician’s prescription was given for service rendered or supply provided.

23 – Payment disallowed: medical necessity: diagnosis does not support the service rendered.

24 – Payment disallowed: medical necessity: service rendered was not therapeutically appropriate.

25 – Payment disallowed: medical necessity: service rendered was experimental, investigative or research in nature.

26 – Payment disallowed: service rendered by healthcare practitioner outside scope of practitioner’s licensure.

30 – Payment disallowed: lack of authorization: no authorization given for service rendered.

40 – Payment disallowed: insufficient documentation: documentation does not substantiate the service billed was rendered.

41 – Payment disallowed: insufficient documentation: level of evaluation and management service not supported by documentation.

42 – Payment disallowed: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation.

43 – Payment disallowed: insufficient documentation: frequency of service not supported by documentation.

44 – Payment disallowed: insufficient documentation: duration of service not supported by documentation.

45 – Payment disallowed: insufficient documentation: fraud statement not provided pursuant to Section 440.105(7), F.S.

46 – Payment disallowed: insufficient documentation: required itemized statement not submitted with the medical bill.

47 – Payment disallowed: insufficient documentation: invoice not submitted for implant.

48 – Payment disallowed: insufficient documentation: invoice not submitted for supplies.

49 – Payment disallowed: insufficient documentation: invoice not submitted for medication.

50 – Payment disallowed: insufficient documentation: requested documentation not submitted with the medical bill.

51 – Payment disallowed: insufficient documentation: required DFS-F5-DWC-25 not submitted.

52 – Payment disallowed: insufficient documentation: supply(ies) incidental to the procedure.

53 – Payment disallowed: insufficient documentation: required operative report not submitted with the medical bill.

54 – Payment disallowed: insufficient documentation: required narrative report not submitted with the medical bill.

60 – Payment disallowed: billing error: service previously billed and processed on prior medical bill.

61 – Payment disallowed: billing error: same service billed multiple times on same date of service.

62 – Payment disallowed: billing error: incorrect procedure, modifier or supply code.

63 – Payment disallowed: billing error: service billed is integral component of another procedure code.

64 – Payment disallowed: billing error: service “not covered” under applicable workers’ compensation reimbursement manual.

65 – Payment disallowed: billing error: multiple providers billed on the same form.

71 – Payment adjusted: insufficient documentation: level of evaluation and management service not supported by documentation.

72 – Payment adjusted: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation.

73 – Payment adjusted: insufficient documentation: frequency of service not supported by documentation.

74 – Payment adjusted: insufficient documentation: duration of service not supported by documentation.

75 – Payment adjusted: insufficient documentation: requested documentation not submitted with the medical bill.

80 – Payment adjusted: billing error: correction of procedure, modifier or supply code.

81 – Payment adjusted: billing error: payment modified pursuant to a charge audit.

82 – Payment adjusted: payment modified pursuant to carrier charge analysis.

83 – Payment adjusted: medical benefits paid apportioning out the percentage of the need for such care attributable to preexisting condition (Section 440.15(5)(b), F.S.).

84 – Payment adjusted: co-payment applied pursuant to s.440.13(14)(c), F.S.

90 – Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Health Care Provider Reimbursement Manual.

91 – Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers.

92 – Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Reimbursement Manual for Hospitals.

93 – Paid: no modification to the information provided on the medical bill: payment made pursuant to contractual arrangement.

94 – Paid: Out-of-State Provider: payment made pursuant to the Out-of-State Provider section of the applicable Florida reimbursement manual.

95 – Paid: Reimbursement Dispute Resolution: payment made pursuant to Agency determination on a Petition for Resolution of Reimbursement Dispute, pursuant to Section 440.13(7), F.S.

A submitter, filing electronically, shall submit to the Division the Explanation of Bill Review (EOBR) code(s), relating to the adjudication of each line item billed and:

1. Maintain the EOBR in a format that can be legibly reproduced, and

2. Use the EOBR codes and code descriptors as follows:

a. ~~01 Services not authorized, as required.~~

b. ~~02 Services denied as not related to the compensable work injury.~~

e. ~~03 Services related to a denied work injury: Form DFS F2 DWC 12 on file with the Division.~~

d. ~~04 Services billed are listed as not covered or non-covered ("NC") in the applicable reimbursement manual.~~

e. ~~05 Documentation does not support the level, intensity, frequency, duration or provision of service(s) billed. (Insurer must specify to the health care provider.)~~

f. ~~06 Location of service(s) is not consistent with the level of service(s) billed.~~

g. ~~07 Reimbursement equals the amount billed.~~

h. ~~08 Reimbursement is based on the applicable reimbursement fee schedule.~~

~~i. 09 Reimbursement is based on any contract.~~

~~j. 10 Reimbursement is based on charges exceeding the stop loss point.~~

~~k. 11 Reimbursement is based on insurer re-coding. (Insurer must specify to the health care provider.)~~

~~l. 12 Charge(s) are included in the per diem reimbursement.~~

~~m. 13 Reimbursement is included in the allowance of another service. (Insurer must specify procedure to the health care provider.)~~

~~n. 14 Itemized statement not submitted with billing form.~~

~~o. 15 Invalid code. (Use only when other valid codes are present.)~~

~~p. 16 Documentation does not support that services rendered were medically necessary.~~

~~q. 17 Required supplemental documentation not filed with the bill. (Insurer must specify required documentation to the health care provider.)~~

~~r. 18 Duplicate Billing: Service previously paid, adjusted and paid, disallowed or denied on prior claim form or multiple billing of service(s) billed on same date of service.~~

~~s. 19 Required Form DFS F5 DWC 25 not submitted within three business days of the first treatment pursuant to Section 440.13(4)(a), F.S.~~

~~t. 20 Other: Unique EOBR code descriptor. Use of EOBR code "20" is restricted to circumstances when an above-listed EOBR code does not explain the reason for payment, adjustment and payment, disallowance or denial of payment. When using EOBR code "20", an insurer must reflect code "20" and include the specific explanation of the code on the EOBR sent to the health care provider. The insurer, service company/TPA or any entity acting on behalf of the insurer must maintain a standardized EOBR code descriptor list.~~

(p) An insurer, service company/TPA, submitter or any entity acting on behalf of the insurer shall make available to the Division and to the Agency, upon request and without charge, a legibly reproduced copy of the electronic form equivalents or Forms DFS-F5-DWC-9, DFS-F5-DWC-10 (or insurer pre-approved alternate form), DFS-F5-DWC-11, DFS-F5-DWC-25, DFS-F5-DWC-90, supplemental documentation, proof of payment, EOBR and standardized EOBR code "20" descriptor list, and the insurer written documentation required in subparagraph (5)(l)2. of this rule.

(q) An insurer, service company/TPA or any entity acting on behalf of the insurer to pay, adjust and pay, disallow or deny a filed bill shall submit to the health care provider an Explanation of Bill Review, utilizing the EOBR codes and code descriptors, as set forth in paragraph (o) of this section, and shall include the insurer name and specific insurer contact information. An insurer, service company/TPA or any entity acting on behalf of the insurer shall notify the health care provider of notice of payment or notice of adjustment and payment, disallowance or denial only through an EOBR. An

EOBR shall specifically state that the EOBR constitutes notice of disallowance or adjustment of payment within the meaning of Section 440.13(7), F.S. An EOBR shall specifically identify the name and mailing address of the entity the carrier designates to receive service on behalf of the "carrier and all affected parties" for the purpose of receiving the petitioner's service of a copy of a petition for reimbursement dispute resolution by certified mail, pursuant to Section 440.13(7)(a), F.S.

(r) Copies of hospital medical records shall be subject to charges allowed pursuant to Section 395.3025, F.S. and Section 440.13, F.S.

(s) An insurer, service company/TPA or any entity acting on behalf of the insurer renders pre-payment for medical services or pharmacy first-fill services, the required data elements including the pre-payment or first-fill indicator, shall be submitted to the Division within 45 days of the insurer, service company/TPA or any entity acting on behalf of the insurer receipt date of the medical billing form, regardless of the date of payment.

(6) No change.

(a) No change.

(b) Required data elements shall be submitted in compliance with the instructions and formats as set forth in the date-appropriate Florida Medical Implementation EDI Guide (MEIG),-2006.

(c) No change.

(d) Submitters who experience a catastrophic event resulting in the insurer's failure to meet the reporting requirements in paragraph (5)(e) of this rule, shall submit a written or electronic request within 15 business days after ~~of~~ the catastrophic event failure to the Division for approval to submit in an alternative reporting method and an alternative filing timeline. The request shall contain a detailed explanation of the nature of the event, date of occurrence, and measures being taken to resume electronic submission. The request shall also provide an estimated date by which electronic submission of affected EDI filings will be resumed. Approval must be obtained from the Division's Office of Data Quality and Collection, 200 East Gaines Street, Tallahassee, Florida 32399-4226. Approval to submit in an alternative reporting method and an alternative filing timeline shall be granted by the Division if a catastrophic event beyond the control of the submitter prevents electronic submission.

(e) When filing any medical report that corrects a rejected medical bill or replaces a previously accepted medical bill, the submitter shall use the same control number as the original submission. The replacement submission shall contain all information necessary to process the medical bill including all services and charges from the claim as billed by the health care provider and all payments made by the insurer to the health care provider. Information contained on the original

submission is deemed independent and is not considered as a supplement to information contained in the replacement submission.

(f) Additionally, an insurer shall be responsible for accurately completing the electronic record-layout programming requirements for the reporting of the Form DFS-F5-DWC-9 Claim Detail Record Layout – Revision "D" and the Form DFS-F5-DWC-10 Claim Detail Record Layout – Revision "D", Form DFS-F5-DWC-11 Claim Detail Record Layout – Revision "D" and Form DFS-F5-DWC-90 Claim Detail Record Layout – Revision "D" in accordance with the Florida Workers' Compensation Medical Implementation Guide (MEIG), 2007, to the Division in accordance with the phase-in schedule as denoted below in sub-subparagraphs a., b., and c. of this section. The electronic record layout for Form DFS-F5-DWC-9 in the MEIG, 2007, adds the new fields for healthcare provider NPI, gender (sex) and date of birth. The electronic record layout for Form DFS-F5-DWC-10 in the MEIG, 2007, adds the new fields healthcare provider, pharmacist, pharmacy and medical supplier NPI, date of birth, gender (sex), and medical supply and equipment HCPCS code(s), quantity, purchase or rental date, usual charge, amount paid, prescriber's license number and NPI. The electronic record layout for Form DFS-F5-DWC-11 in the MEIG, 2007, adds the new fields for NPI, gender (sex) and date of birth. The electronic record layout for Form DFS-F5-DWC-90 in the MEIG, 2007, adds the new form locators for attending physician NPI, hospital NPI, date of birth, gender (sex), implant amount and up to four addition diagnosis(es) codes. The conversion implementation schedule is as follows:

1. Submitters who have been approved for reporting production data with the Medical Data System (Record Layout – Revision "C"), between December 05, 2005 and February 24, 2006 shall begin testing on March 01, 2007 and shall be in production with the new record layouts no later than April 12, 2007.

2. Submitters who have been approved for reporting production data with the Medical Data System (Record Layout – Revision "C"), between February 25, 2006 and March 31, 2006 shall begin testing on April 13, 2007 and shall be in production with the new record layouts no later than May 18, 2007.

3. Submitters who have been approved for reporting production data with the Medical Data System (Record Layout – Revision "C"), between April 01, 2006 and the effective date of this rule shall begin testing on May 21, 2007 and shall be in production with the new record layouts no later than July 02, 2007.

4. The Division will, resources permitting, allow submitters that volunteer to complete test transmission to production transmission processes earlier than the schedule denoted above. Each voluntary submitter shall have six weeks to complete test transmission to production transmission

processes, for all electronic form equivalents, that comply with requirements set forth in the Florida Workers' Compensation Medical EDI Implementation Guide (MEIG), 2007.

~~(e) Effective September 1, 2006, each insurer shall be responsible for accurately completing the additional electronic Revision C record layout programming requirements in accordance with the Florida Medical EDI Implementation Guide (MEIG), 2006. The additional requirements include:~~

~~1. The electronic record layout in the Florida Medical EDI Implementation Guide (MEIG), 2006, for Form DFS F5-DWC-10 adds the new Field 16B for submission of the Amount Paid by Insurer.~~

~~2. The electronic record layout in the Florida Medical EDI Implementation Guide (MEIG), 2006, amends the Payment Plan Code values in Appendix D for Field 23A on the Form DFS F5-DWC-9, Field 24A on the Form DFS F5-DWC-10, Field 24A on the Form DFS F5-DWC-11, and Field 36A on the Form DFS F5-DWC-90 in order to collect and specify the insurer's particular medical bill claims handling arrangements for "date insurer received" and for "date insurer paid, adjusted and paid, disallowed, or denied" for each individual medical bill form type. The data field name is changed from "Payment Plan Code" to "Payment Code" to reflect these modifications to the values.~~

~~3. The designation of the claims handling arrangement affirms the option selected by the insurer in subparagraph (5)(b)1. of this rule.~~

(7) No change.

Specific Authority 440.13(4), 440.15(3)(b), (d), 440.185(5), 440.525(2), 440.591, 440.593(5) FS. Law Implemented 440.09, 440.13(2)(a), (3), (4), (6), (11), (12), (14), (16), 440.15(3)(b), (d), 440.185(5), (9), 440.20 (6), 440.525(2), 440.593 FS. History—New 1-23-95, Formerly 38F-7.602, 4L-7.602, Amended 7-4-04, 10-20-05, 6-25-06,_____.

Section II Proposed Rules

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Driver Licenses

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
15A-6	Administrative Suspension Review Hearings
RULE NOS.:	RULE TITLES:
15A-6.005	Notice of Suspension/ Disqualification
15A-6.006	Request for Review
15A-6.009	Venue
15A-6.011	Notice of Hearing; Prehearing Order
15A-6.012	Subpoenas

15A-6.013	Formal Review; Introduction of Evidence; Order
15A-6.014	Preservation of Testimony
15A-6.015	Failure to Appear
15A-6.018	Informal Review
15A-6.019	Judicial Review
15A-6.020	Forms

PURPOSE AND EFFECT: The purpose of the proposed rule action is to amend the current rule to reflect the 2006 revision to Section 322.2615, F.S., Suspension of license; right to review. This rule chapter sets forth the standards for proceedings relating to the review of a suspension or disqualification of a person's driving privilege pursuant to Sections 322.2615, 322.2616, or 322.64, F.S. Currently a law enforcement officer or correctional officer shall, on behalf of the department, suspend the driving privilege of a person who has been arrested by a law enforcement officer for a violation of Section 316.193, F.S., relating to unlawful blood-alcohol level or breath-alcohol level, or of a person who has refused to submit to a breath, urine, or blood test authorized by Section 316.1932, F.S. The changes reflected in the 2006 revision to Section 322.2165, F.S., provide for further separation of the suspension of the driving privilege and the criminal charge for a violation of Section 316.193, F.S., Driving Under the Influence (DUI). These changes make the suspension purely an administrative function pursuant to Section 322.2615, F.S. The lawful arrest for the criminal charge for DUI is no longer an issue to be considered at a review hearing conducted pursuant to Section 322.2615, F.S. The changes allows for the crash report to be submitted into evidence for the hearing officer consideration when making their decision and hearing officers are only authorized to issue subpoenas to officers and witnesses identified in particular documents submitted pursuant to Section 322.2615(2), F.S. In addition a law enforcement agency may appeal any decision of the department invalidating a suspension by a petition for writ of certiorari.

SUMMARY: The changes reflected in the 2006 revision to Section 322.2165, F.S. provide for further separation of the suspension of the driving privilege and the criminal charge for a violation of Section 316.193, F.S., Driving Under the Influence (DUI). The lawful arrest for the criminal charge for DUI is no longer an issue to be considered at a review hearing conducted pursuant to Section 322.2615, F.S. The changes allows for the crash report to be submitted into evidence for the hearing officer consideration when making their decision and hearing officers are only authorized to issue subpoenas to officers and witnesses identified in particular documents submitted pursuant to Section 322.2615(2), F.S. In addition a law enforcement agency may appeal any decision of the department invalidating a suspension by a petition for writ of certiorari.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: 322.2615, 322.2616, 322.64 FS.

LAW IMPLEMENTED: 322.2615, 322.2616, 322.64 FS.

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: November 20, 2006, 9:00 a.m.

PLACE: Department of Highway Safety and Motor Vehicles, Neil Kirkman Building, Auditorium, 2900 Apalachee Parkway, Tallahassee, Florida 32399

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Danny C. Watford, Bureau Chief, Department of Highway Safety and Motor Vehicles, Division of Driver Licenses, Bureau of Administrative Reviews, 2900 Apalachee Parkway, C305, MS 81, Tallahassee, Florida 32399-0561

THE FULL TEXT OF THE PROPOSED RULES IS:

15A-6.005 Notice of Suspension/Disqualification.

(1) The issuance of the Uniform Traffic Citation, HSMV Form 75903, or HSMV Form 75904, will inform the driver of the following:

~~(a) The driver has been arrested for a violation of Section 316.193, Florida Statutes.~~

~~(a)(b) The suspension or disqualification of the driving privilege upon the date of arrest for a violation of Section 316.193, F.S., if the driver's blood-alcohol or breath-alcohol level is .08 or higher or the driver refused to submit to a breath, urine or blood test.~~

~~(b)(e) The issuance of a 10 day 30-day temporary driving permit commencing upon the date of issuance of the notice of suspension arrest and expiring at midnight on the 10th 30th day following the date of suspension arrest, provided that the driver is otherwise eligible to drive. The provisions of Rule 15A-6.004, F.A.C., shall not apply to this paragraph.~~

~~(c)(d) The driver's right to request a formal or informal review, and the procedures to be followed in obtaining a formal or informal review.~~

~~(d)(e) The issues to be considered by the division in a formal or informal review.~~

~~(e)(f) A copy of the notice of suspension citation submitted by a law enforcement or correctional officer shall constitute evidence that the driver received a temporary permit and notice of the reason for the arrest and suspension.~~

(2) The issuance of a notice of suspension, HSMV Form ~~78103 72403~~, pursuant to Section 322.2616, F.S., will inform the driver of the following:

(a) through (e) No change.

(3) If the notice of suspension/disqualification has been mailed by the division, the suspension or disqualification shall be effective 20 days from the date of issuance of the notice. The provisions of Rule 15A-6.004, F.A.C., shall not apply to this subsection. For the purpose of this rule, the date of mailing shall be deemed the date of issuance of the notice. The notice of suspension/disqualification issued by the division, HSMV Form ~~78031 72031~~, shall inform the driver of the following:

(a) The suspension or disqualification of the driving privilege ~~for a violation of Section 316.193, F.S.~~, if the driver's blood-alcohol or breath-alcohol level is .08 percent or higher or the driver refused to submit to a breath, urine or blood test, shall be effective 20 days from the date of the notice.

(b) through (c) No change.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.251, 322.64(12) FS. Law Implemented 322.2615, 322.2616, 322.64 FS. History—New 10-1-90, Amended 10-17-90, 10-7-91, 1-12-94, 1-2-96, 7-3-97, _____.

15A-6.006 Request for Review.

(1) Initiation of a formal or informal review shall be made by a written request for review to the division. HSMV Form ~~78065 72065~~ may be used for this purpose.

(2) All requests for review shall include:

(a) No change.

(b) A statement of the date of suspension ~~the arrest~~ and the county where the driver ~~was arrested and~~ received notice of suspension or disqualification of the driving privilege.

(c) A copy of the ~~uniform traffic citation or~~ notice of suspension/disqualification issued to the driver.

(3) Any request for a formal or informal review must be postmarked or filed with the clerk of the appropriate division office within ten (10) days following the date of the ~~arrest of the driver or~~ issuance of the notice of suspension/disqualification ~~whichever is later~~.

(4) through (7) No change.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.251, 322.64(12) FS. Law Implemented 322.2615(1), 322.2616, 322.64(1) FS. History—New 10-1-90, Amended 10-17-90, 10-7-91, 1-2-96, 7-3-97, _____.

15A-6.009 Venue.

Hearings shall be held in the judicial circuit where the notice of suspension was issued, ~~or where the arrest occurred which resulted in the suspension or disqualification of the driving privilege~~, unless otherwise ordered by the hearing officer with the consent of the driver.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615, 322.2616, 322.64 FS. History—New 10-1-90, Amended 10-7-91, 1-2-96, 7-3-97, _____.

15A-6.011 Notice of Hearing; Prehearing Order.

(1) Whenever a formal review is to be conducted, the division shall issue and serve upon the driver a notice of hearing, HSMV Form ~~78059~~ ~~72059~~. The notice shall state the time and place of the hearing, shall include a statement of the legal authority and jurisdiction under which the hearing is to be held, and shall refer to the particular statutes and rules involved. The driver shall be served notice of the hearing at least fourteen (14) days prior to the scheduled hearing.

(2) The notice of hearing shall include a prehearing order requiring the driver to provide a prehearing statement, HSMV Form ~~78061~~ ~~72061~~, of relevant issues of fact and law. The prehearing order shall direct the driver to identify witnesses, exhibits and documentary evidence.

(a) through (d) No change.

Specific Authority 322.2615(12), 322.02(4), 322.271, 322.64(12) FS. Law Implemented 322.2615, 322.64 FS. History—New 10-1-90, Amended 10-17-90, 1-2-96, _____.

15A-6.012 Subpoenas.

(1) The driver may request a subpoena/subpoena duces tecum, HSMV Form ~~78066~~ ~~72066~~, for signature and issuance by the clerk or by the hearing officer, for the officers and witnesses identified in documents submitted pursuant to Section 322.2615(2), F.S. as indicated, the driver's license; an affidavit stating the officer's grounds for belief that the person was driving or in actual physical control of a motor vehicle while under the influence of alcoholic beverages or chemical or controlled substances; the results of any breath or blood test or an affidavit stating that a breath, blood or urine test was requested by a law enforcement officer or correctional officer and that the person refused to submit; the officer's description of the person's field sobriety test if any; the notice of suspension; and a copy of the crash report, if any, if requested at or prior to the a hearing. The hearing officer may issue a subpoena on his or her own initiative without the request of the driver. Such subpoena forms may be submitted ex parte to the division for issuance and shall be submitted as an original form with one copy.

(a) If a driver requests a subpoena/subpoena duces tecum, the driver shall submit a typed HSMV Form ~~78066~~ ~~72066~~ containing the name and address of the witness whose attendance is requested, the time and place at which the witness is to appear, and the driver's name and address;

(b) If a subpoena duces tecum is requested, the driver shall also describe with particularity and specificity any material to be produced and the relevancy of such material. Materials

requested pursuant to a subpoena duces tecum are limited to a time period not to exceed three months prior to the date of suspension ~~arrested~~.

(c) through (7) No change.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615, 322.2616, 322.64 FS. History—New 10-1-90, Amended 10-7-91, 1-2-96, 7-3-97, _____.

15A-6.013 Formal Review; Introduction of Evidence; Order.

(1) No change.

(a) through (b) No change.

(2) The hearing officer may ~~shall~~ consider any report or photocopies of such report submitted by a law enforcement officer, correctional officer or law enforcement or correctional agency relating to the suspension ~~arrest~~ of the driver, the administration or analysis of a breath or blood test, the maintenance of a breath testing instrument, or a refusal to submit to a breath, blood, or urine test, which has been filed prior to or at the review. Any such reports submitted to the hearing officer ~~Such reports, which~~ shall be in the record for consideration by the hearing officer, ~~include:~~

(a) ~~The uniform traffic citation or notice of suspension issued to the driver;~~

(b) ~~An affidavit stating the officer's grounds for belief that the person arrested was in violation of Section 316.193;~~

(c) ~~An affidavit of any breath, urine or blood test refusal, submitted by a law enforcement officer;~~

(d) ~~The results of any breath or blood test documenting the driver's alcohol level;~~

(e) ~~The officer's alcohol influence report or a description of the field sobriety test;~~

(f) ~~Any video or audio tape of the driver incidental to the arrest, including any field sobriety test performed or attempted to be performed by the driver;~~

(g) ~~Notice of Commercial Driver's License/Privilege Disqualification, HSMV Form 72005;~~

(h) ~~Certification of Blood Withdrawal, FDLE/ICP Form 14;~~

(i) ~~Breath Test Result Affidavit, FDLE/ICP Form 14;~~

(j) ~~Blood Test Result Affidavit, FDLE/ICP Form 15; or~~

(k) ~~Agency Inspection Checklist, FDLE/ICP Form 24.~~

No extrinsic evidence of authenticity as a condition precedent to admissibility is required.

(3) through (10) No change.

(11) The hearing officer is authorized to enter a final order. The hearing officer shall file the original order, HSMV Form ~~78060~~ ~~72060~~, with the clerk and the division shall transmit a copy of the order to the driver no later than seven (7) working days from the close of the hearing, unless waived by the driver.

(12) No change.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615, 322.2616, 322.64 FS. History—New 10-1-90, Amended 10-17-90, 10-7-91, 1-12-94, 1-2-96, 7-3-97,_____.

15A-6.014 Preservation of Testimony.

(1) The division shall provide for the ~~tape~~ recording of all testimony. The Department shall retain the recording of tape ~~on which the proceedings were recorded~~ and the case files for a period of 60 days following the issuance of the final order by the hearing officer. In the event a driver appeals a final order as provided in Rule 15A-6.019, F.A.C., the Department shall retain the recording ~~tape~~ of the proceedings in the case files until the conclusion of such appeal. The driver or his representative may obtain a copy of the recording ~~tape~~ during such retention period upon written request accompanied by the appropriate medium ~~a blank cassette tape or tapes~~ sufficient in length to record the hearing.

(2) No change.

Specific Authority 322.2615(12), 322.02(4), 322.64(12) FS. Law Implemented 322.2615, 322.64 FS. History—New 10-1-90, Amended 10-7-91,_____.

15A-6.015 Failure to Appear.

(1) If the driver fails to appear at a scheduled hearing, the formal review shall be waived. The division shall inform the driver of his failure to appear by HSMV Form 78064 ~~72064~~, and shall include a final order.

(2) The driver, or a properly subpoenaed witness who fails to appear at a scheduled hearing may submit to the hearing officer a written statement showing just cause for such failure to appear within (2) two days of the hearing.

(a) For the purpose of this rule, just cause shall mean extraordinary circumstances beyond the control of the driver, the driver's attorney, or the witness which prevent that person from attending the hearing.

(b) If just cause is shown, the hearing shall be continued and notice given

(c) No hearing shall be continued for a second failure to appear.

(d) Notification to the department of a witness's non-appearance with just cause prior to the start of a scheduled formal review shall not be deemed a failure to appear.

(3) No change.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615, 322.2616, 322.64 FS. History—New 10-1-90, Amended 10-7-91, 2-21-93, 1-12-94, 1-2-96, 7-3-97,_____.

15A-6.018 Informal Review.

(1) through (2) No change.

(3) The hearing officer is authorized to enter a final order. The hearing officer shall file the original order, HSMV Form 78060 ~~72060~~, with the clerk and transmit a copy to the driver no later than seven working days after completion of the review, unless waived by the driver.

(4) The date of rendition of a final order shall be the date of mailing entered on the driver license record.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615(13), 322.2616, 322.64(13) FS. History—New 10-1-90, Amended 10-17-90, 10-7-91, 1-2-96, 7-3-97,_____.

15A-6.019 Judicial Review.

A driver may appeal a final order entered by the division by a petition for writ of certiorari filed with the circuit court pursuant to Sections 322.2615(13), 322.2616(14) or 322.64(13) and 322.31, F.S. A law enforcement agency may appeal any decision of the department invalidating a suspension by a petition for writ of certiorari to the circuit court in the county wherein a formal or informal review was conducted pursuant to Section 322.2615(13), F.S. Review by petition for writ of certiorari shall not stay the suspension or disqualification or provide for a de novo appeal.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615(13), 322.2616, 322.64(13) FS. History—New 10-1-90, Amended 10-7-91, 7-3-97,_____.

15A-6.020 Forms.

The forms identified by this rule are listed below by number, title and effective date. Each form is incorporated by reference. Copies may be obtained by contacting the nearest office of the Division of Driver's Licenses, Bureau of Administrative Reviews ~~Bureau of Driver Improvement~~.

~~(1) Florida DUI Uniform Traffic Citation HSMV Form 75903, and notice of suspension (effective 10-01-90, revised 10/91, 10/93);~~

(1)(2) Florida DUI Uniform Traffic Citation HSMV Form 75904, and notice of suspension (effective 10-01-90, revised 10/91, 10/93, 10/06),

(2)(3) Application for Formal Review or Informal Review of Driver License Suspension/Disqualification HSMV Form 78065 ~~72065~~, (effective 10-01-90, revised 07-01-91, 03/93, 10-06),

(3)(4) Notice of Formal Review Hearing/Prehearing Order HSMV Form 78059 ~~72059~~, (effective 10-01-90, 06/93, revised 01/94, 10/06),

(4)(5) Driver's Prehearing Statement HSMV Form 78061 ~~72061~~, (effective 10-01-90, 10/06).

(5)(6) Subpoena/Subpoena Duces Tecum HSMV Form 78066 ~~72066~~, (effective 10-01-90, revised 07-01-91, 10/06),

(6)(7) Affidavit of Refusal to Submit to Breath, Urine or Blood Test HSMV Form 78054 ~~72054~~, (revised 10-01-90, 07-01-91, 07/93, 03/03),

~~(7)(8)~~ Order – Results of Review Hearing HSMV Form ~~78060 72060~~ (A), (B), (C) and (D), (effective 10-01-90, revised 08/92, 01/94, 10-06),

~~(8)(9)~~ Failure to Appear Notice HSMV Form ~~78064 72064~~, (effective 10-01-90, 10-01-06),

~~(9)(10)~~ Notice of License Suspension/Disqualification HSMV Form ~~78031 72031~~, (effective 10-01-90, revised 07-01-91, 01/94, 10/06),

~~(10)(11)~~ Notice of Suspension HSMV Form ~~78103 72103~~, (effective 09-01-96, revised 09/05),

~~(11)(12)~~ Notice of Commercial Driver’s License/Privilege Disqualification HSMV Form ~~78005 72005~~, (effective 04-91, revised 10/97).

~~(13) Order of License Suspension/Disqualification HSMV Form 72008 (effective 07-01-91).~~

~~(14) Certification of Blood Withdrawal, FDLE/ACP Form 11, (October, 1993).~~

~~(15) Breath Test Result Affidavit, FDLE/ACP Form 14, (October, 1993).~~

~~(16) Blood Test Result Affidavit, FDLE/ACP Form 15, (October, 1993).~~

~~(17) Agency Inspection Checklist, FDLE/ACP Form 24, (October, 1993).~~

~~(18) Department Inspection Checklist, FDLE/ACP Form 25, (October, 1993).~~

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615, 322.2616, 322.64 FS. History–New 10-1-90, Amended 10-17-90, 10-7-91, 7-6-92, 1-12-94, 7-3-97, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Danny C. Watford, Bureau Chief, Division of Driver Licenses, Bureau of Administrative Reviews, 2900 Apalachee Parkway, C305, MS 81, Tallahassee Florida 32399

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Peter N. Stoumbelis, Manager, Program Operations-HSMV Division of Driver Licenses, 2900 Apalachee Parkway, Tallahassee, Florida 32399

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 15, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 29, 2006

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

DEPARTMENT OF CORRECTIONS

RULE NO.: 33-501.301
 RULE TITLE: Law Libraries

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to revise the population threshold for law library collections; eliminate starter collection law libraries; revise the procedure for addressing inmates’ failure to return borrowed law library research materials; modify the inmate law clerk training program; revise form DC5-152 for clarity; amend the definition of legal assistance; and broaden priority use of the law library and legal services.

SUMMARY: The proposed rule updates technical changes; raises the threshold for minor collections from 400 to 500 inmates; eliminates starter collection law libraries; eliminates language allowing law libraries to suspend confinement services for the failure to return research materials and substitutes language providing for disciplinary action; modifies the inmate law clerk training program; eliminates the provision stating that inmate law clerks are not permitted to use typewriters, work processors personal computers, or like equipment to prepare legal documents and legal mail; amends the definition of legal assistance; broadens priority use of the law library and legal services; and revises Form DC5-152, Law Library Interlibrary Loan Request, for clarity.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 944.09, 944.11 FS.

LAW IMPLEMENTED: 20.315, 944.09, 944.11 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Dorothy M. Ridgway, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE FULL TEXT OF THE PROPOSED RULE IS:

33-501.301 Law Libraries.

(1) No change.

(2) Definitions.

(a) Central office library services: refers to library services section in the bureau of institutional programs, ~~office of classification and programs~~, in the department’s central office headquarters.

(b) through (d) No change.

(e) Inmate law clerk: refers to any inmate that an institution has assigned to work in a law library in departmental inmate work assignment codes L04 ~~and L09~~.

Inmate law clerks have successfully completed the department's law clerk training program, or have equivalent legal training, and have "LEGAL" or "LAW" certificate entries recorded in the department's offender database.

(f) Inmate law clerk trainee: refers to any inmate that an institution has assigned to work in a law library in departmental inmate work assignment codes L03 and L08. Inmates must meet all of the qualifications established in paragraph (7)(d) to be assigned as a law clerk trainee.

(g) Inmate library clerk: refers to any inmate that an institution has assigned to work in the law library in departmental work assignment codes L01 and L06.

(h) through (i) No change.

(j) Legal assistance: refers to those services that the law library program or inmate law clerks provide to the inmate population. They include: providing inmates access to law library materials; assisting inmates in conducting legal research; assisting inmates with the preparation of legal documents and legal mail ~~associated with the filing of post-conviction petitions filed in the state or federal courts, civil rights actions filed in the state or federal courts, and administrative actions filed with the Florida Parole Commission or the Florida Bar; assisting inmates with the preparation of grievances filed with the Department of Corrections; providing inmates with access to grievance and court forms; providing indigent inmates with access to legal writing supplies pursuant to Rule 33-210.102, F.A.C.; and providing copying services to inmates pursuant to Rule 33-501.302, F.A.C.~~

(k) Library services administrator: refers to departmental employee in the bureau of institutional programs who is responsible for statewide coordination of library and law library services.

(l) Major collection: refers to a law library that includes the following legal publications: an annotated edition of the Florida Statutes; an annotated edition of the U.S. Constitution and federal statutes governing habeas corpus and prisoner's rights; Florida and federal case reporters; Florida and federal Shepard's citation indexes; Florida and federal practice digests; forms manuals; and secondary source materials providing research guidance in the areas of federal habeas corpus, Florida post-conviction and post-sentence remedies, and prisoner's rights. Major collection law libraries also maintain current copies of departmental rules and regulations as provided in paragraph ~~(5)(4)(b)~~.

(m) Minor collection: refers to a law library that includes the following legal publications: an annotated edition of the Florida Statutes; Florida case reporters; Shepards Florida Citations; Florida and federal practice digests; an annotated edition of the U.S. Constitution and federal statutes governing habeas corpus and prisoner's rights; forms manuals; and secondary source materials providing research guidance in the areas of federal habeas corpus, Florida post-conviction and

post-sentence remedies, and prisoner's rights. Minor collection law libraries also maintain current copies of departmental rules and regulations as provided in paragraph ~~(5)(4)(b)~~.

(n) through (s) No change.

~~(t) Starter collection: refers to a law library that includes the following legal publications: an annotated edition of the Florida Statutes; an annotated edition of the Title 42, United States Code, Section 1983; the Florida and federal rules of court; and a legal dictionary.~~

~~(u)~~ Working day: refers to any weekday, i.e., Monday to Friday, except when the day is an official state holiday.

(3) Law Library Access – General.

(a) Hours of Operation. Major and minor collection law libraries shall be open for inmate use a minimum of 25 hours per week, except weeks which include official state holidays. Only times that inmates have access to the law library collection and inmate law clerks, or when inmate law clerks are providing research assistance to close management, death row, other special status populations, shall be counted. The law library's operating schedule shall be designed to permit each inmates access to legal materials consistent with:

1. through 4. No change.

(b) Inmates at satellite correctional facilities without law libraries attached to institutions with major or minor law collections shall be provided access to the law library and inmate law clerks by means of correspondence, except as otherwise provided in paragraphs (3)(d), (3)(e) and (3)(f).

(c) through (e) No change.

(f) Inmates who must meet deadlines imposed by law, court rule or court order ~~in legal proceedings challenging convictions, sentences or prison conditions~~ shall be given priority in the use of the law library and related legal services. However, the inmate shall be responsible for notifying the department of the deadline in a timely manner. Department staff shall respond to a request for special access to meet a deadline within 3 working days of receipt of the request, not including the day of receipt. This period shall not be shortened due to the failure of the inmate to give timely notice of the deadline.

1. through 4. No change.

(g) through (h) No change.

(4) Law Library Access for Inmates in Administrative Confinement, Disciplinary Confinement, Close Management, Protective Management, on Death Row, and in Medical or Mental Health Units.

(a) Inmates in administrative confinement, disciplinary confinement, and close management shall be permitted to have access to their personal legal papers and law books, to correspond with the law library, to have the law library deliver legal materials to their cells, and, as provided in paragraphs (3)(e) and (3)(f), to visit with inmate law clerks. Efforts shall be made to accommodate the research needs of inmates who

have filing deadlines imposed by law, court rule or court order ~~in legal proceedings challenging convictions, sentences or prison conditions.~~

1. through 2. No change.

(b) Inmates in mental health units shall be provided access to the law library and provided opportunities to visit with inmate law clerks. These inmates shall be permitted to have access to their personal legal papers and law books, to correspond with the law library, and to have the law library deliver legal materials to their cells. These inmates may request legal assistance by submitting Form DC6-236, Inmate Request, to the law library supervisor or by making an oral request for legal assistance to the security or mental health staff working in the unit. Security and mental health staff shall relay oral requests for legal assistance to the law library supervisor. Upon receipt of a request, the law library supervisor shall arrange for an inmate law clerk to visit the inmate. Efforts shall be made to accommodate the research needs of inmates who have filing deadlines imposed by law, court rule or court order ~~in legal proceedings challenging convictions, sentences or prison conditions.~~

(c) Inmates in protective management shall be permitted to have access to their personal legal papers and law books, to correspond with the law library, and to have the law library deliver legal materials to their cells. Inmates in protective management shall have access to the law library, to include access to at least 1 inmate law clerk, during evening or other hours when general population inmates are not present. If security reasons prevent a visit to the law library, access shall be provided through visits with inmate law clerk or by means of correspondence. Efforts shall be made to accommodate the research needs of inmates who have filing deadlines imposed by law, court rule or court order ~~in legal proceedings challenging convictions, sentences or prison conditions.~~

(d) Inmates on death row shall be permitted to have access to their personal legal papers and law books, to correspond with the law library, to have the law library deliver legal materials to the inmate's cell, and to visit with inmate law clerks. Inmates on death row who have filing deadlines imposed by law, court rule or court order, ~~in legal proceedings challenging convictions, sentences, or prison conditions,~~ shall be permitted to visit the unit's law library at least once per week for up to two hours if the law library has research cells and if security requirements permit it. If security requirements prevent a personal visit to the law library, the inmate shall be required to secure legal assistance through visits with inmate law clerks or by means of correspondence.

(e) No change.

(f) Inmates shall be limited to possession of no more than 15 research items from the law library. Research items shall be loaned for a maximum of 21 days. Inmates who fail to return ~~if~~ research items ~~are not returned to the law library~~ within 21 days, ~~then the inmate's privilege to borrow research items from~~

~~the law library~~ shall be subject to disciplinary action as provided in Rules 33-601.301-314, F.A.C ~~suspended until the material is returned.~~ Institutions shall also limit the accumulation of research materials when possession of same in an inmate's cell creates a safety, sanitation or security hazard.

(5) Major, and minor ~~and starter~~ collection law libraries.

(a) Major or minor collection law libraries shall be established at all institutions and satellite correctional facilities housing more than 500 ~~400~~ inmates. ~~Starter collection law libraries shall be established at institutions and satellite correctional facilities housing less than 400 inmates and located 50 or more miles from the main unit of the institution or other institutions with major or minor law library collections.~~ In determining whether a major collection shall be established at an institution, consideration shall be given to the following factors:

1. through 5. No change.

(b) Major and minor collection law libraries shall maintain current copies of the following departmental rules and regulations:

1. No change.

2. Department of Corrections Procedures ~~and Policy and Procedure Directives~~, except those that the Office of the Secretary has directed be withheld from inspection by inmates for security reasons.;

~~3. Institutional operating procedures, except those that the Office of the Secretary or the regional director has directed be withheld from inspection by inmates for security reasons. No law library collection shall include departmental or institutional emergency plans, security post orders, or departmental operations manuals.~~

(c) Major, and minor ~~and starter~~ collections shall be maintained in a current condition by annual subscription service. The library services administrator shall be responsible for ensuring that all legal collections are current and complete.

(d) No change.

(e) The contents of legal collections shall be reviewed annually by the library services administrator to ensure continued compliance with applicable federal and state laws and American Correctional Association standards. When the library services administrator believes that titles need to be added or deleted from the collections, he or she shall make such recommendation to the chief of the bureau of institutional programs. If the recommendation is approved, the material shall be ordered and placed in the appropriate law library collections.

(f) Requests for the addition or deletion of titles in major, and minor, ~~and starter~~ law library collections shall be submitted in writing to the library services administrator in the central office. The library services administrator shall review all requests and make a recommendation to the chief of the bureau of institutional programs. Requests shall be reviewed according to the material's primary research value and whether

it substantively provides additional information, or merely duplicates what is in the current collection. If the recommendation is approved, the materials shall be ordered and placed in the appropriate law library collections.

(g) No change.

(6) Interlibrary loan services for law libraries.

(a) Major collection law libraries shall provide research assistance to minor ~~and starter~~ collection libraries and to inmates housed at satellite correctional facilities without law libraries. On receipt of Form DC5-152, Law Library Interlibrary Loan Request, the law library supervisor shall immediately assign an inmate law clerk to provide legal assistance. Form DC5-152 is incorporated by reference in subsection (11) of this rule. All assistance that can be provided through use of that institution's major collection shall be completed within 3 working days of receipt, not including the day of receipt, except where the request requires the researching of complex or multiple legal issues or is so broad in scope that work can not be initiated without further information from the requesting inmate.

(b) No change.

(c) Inmates at satellite correctional facilities without ~~starter collection~~ law libraries, who need access to legal materials in major or minor collection law libraries, shall submit Form DC5-152, Law Library Interlibrary Loan Request, or Form DC6-236, Inmate Request, to the law library supervisor at the main unit of the institution. ~~The law library supervisor shall review the request to determine whether it can be completed by that institution's law library.~~

1. If the law library has the information that the inmate has requested, the request shall be completed and returned to the inmate within three working days of receipt, not including the day of receipt, except when the request requires the researching of complex or multiple legal issues or is so broad in scope that work cannot be initiated without further information from the requesting inmate. ~~The law library supervisor shall provide a copy of Form DC5-152, Law Library Interlibrary Loan Request, and the requested material to the inmate.~~

2. No change.

(d) Inmate requests to secure law materials not in the department's major collection libraries shall be submitted to the library services administrator for review and approval. Only requests for primary source materials, such as statutes, rules, and court decisions, ~~that relate to state post-conviction and post-sentence remedies, federal habeas corpus, or the rights of prisoners,~~ shall be approved.

1. Inmates needing such materials are to submit Form DC5-152, Law Library Interlibrary Loan Request, to the institution's law library supervisor. Form DC5-152, Law Library Interlibrary Loan Request, is to include the full and complete citation of the material needed, and a written justification on why the material is needed ~~to litigate any of the above types of actions.~~ If any deadlines apply, the date of the

deadline is to be noted on Form DC5-152, Law Library Interlibrary Loan Request. The law library supervisor is then to forward the request to the library services administrator in the central office. The correct mailing address is: Department of Corrections, Attention: Library Services, 2601 Blair Stone Road, Tallahassee, FL 32399-2500.

2. No change.

(e) Inmates with deadlines imposed by law, court rule or court order ~~in legal proceedings challenging convictions and sentences or prison conditions~~ shall be given priority in the handling of interlibrary loan requests, and such requests shall be submitted separately from requests not involving deadlines.

(f) through (g) No change.

(7) Use of inmates as clerks in law libraries.

(a) through (b) No change.

(c) Inmate law clerks: major and minor collection law libraries shall be assigned inmates as inmate law clerks to assist inmates in the research and use of the law library collection, and in the drafting of legal documents, ~~and legal mail associated with the filing of post-conviction petitions or civil rights actions filed in the state or federal courts,~~ administrative actions filed with the Florida Parole Commission, the Florida Bar, and other administrative bodies, and inmate grievances filed with the Department of Corrections. A minimum of 2 inmate law clerks shall be assigned to major and minor collection law libraries in adult institutions, and a minimum of 1 inmate law clerk shall be assigned to minor collection law libraries in youthful offender institutions. Institutions shall assign additional inmate law clerks to the law library as needed to ensure that illiterate and impaired inmates are provided research assistance.

(d) Qualifications. Inmate law clerks shall:

1. through 4. No change.

(e) Law clerk training program. Central office library services shall develop a training program to provide inmates who work in law libraries with knowledge of legal research and writing, use of specific legal research materials, the law and rules of criminal law and post-conviction remedies, prisoners' civil rights, and other subject matter identified as necessary for an inmate law clerk to provide meaningful assistance to inmates.

~~1. Successful completion of the law clerk training program shall be evidenced by attendance at the law clerk training seminar, completion of all writing assignments and practice exercises included as part of the law clerk training seminar, and receipt of a passing score on the law clerk training seminar's final examination.~~

2. Inmates who successfully complete the law clerk training program seminar shall be given a certificate by central office library services documenting successful completion of the program, and a notation shall be recorded in the department's offender database.

~~(f) Central office library services shall be responsible for the scheduling of law clerk training programs. When training programs are scheduled, institutions shall be notified of the upcoming training, and requested to identify inmates in need of training. The library services administrator shall review the requests and verify that the inmates satisfy the minimum qualifications established in paragraph (7)(d); only inmates who meet the minimum qualifications shall be accepted for training. No inmate shall attend the law clerk training program unless his or her participation has been approved by the library services administrator. Central office library services shall arrange for the temporary transfer of the approved inmate participants to the institution where the seminar is to be conducted.~~

~~(f)(g)~~ Inmates, who have prior educational or work experience in the law, or who possess current knowledge of the law, knowledge of legal research materials and how to use them, may be certified by the office of library services without having to complete the attend a law clerk training program seminar. Admissible educational achievements or work experiences include:

1. through 4. No change.

~~(g)(h)~~ At the time of an inmate's assignment to work in the law library, the law library supervisor shall advise the inmate that he or she is not to disclose any information about an inmate's legal case to other inmates.

~~(h)(i)~~ The law library supervisor shall immediately remove an inmate law clerk from his or her work assignment in the law library upon demonstration that the inmate law clerk is incompetent. Central office library services shall also have the authority to order the removal of an inmate law clerk from his or her work assignment in the law library for incompetence.

~~(i)(j)~~ Prohibited conduct: Inmate law clerk. Violation of any of the provisions of this section shall result in the immediate removal of the inmate law clerk from his or her work assignment in the law library, and disciplinary action pursuant to Rules 33-601.301-601.314, F.A.C. The library services administrator will be informed whenever an institution removes an inmate law clerk from the law library for any of the following reasons.

1. through 3. No change.

4. Inmate law clerks shall not use department or institution letterhead stationery ~~stationary~~ or memoranda to prepare personal letters or legal documents;

5. through 6. No change.

7. Inmate law clerks shall not conduct legal research or prepare legal documents for staff; and,

~~8. Inmate law clerks shall not use department owned typewriters, word processors, personal computers, or like equipment to prepare legal documents and legal mail; and~~

~~8.9.~~ Inmate law clerks shall not display an unwillingness to work and cooperate with others or refuse or fail to perform the general duties of that work assignment. Such conduct shall be defined as a failure to follow departmental rules and

procedures relating to law library program operations, or violation of the rules of prohibited conduct, Rule 33-601.314, F.A.C., while in the law library or performing work-related tasks.

~~(j)(k)~~ Upon receipt of notice that an inmate law clerk has been found guilty of a disciplinary infraction concerning violation of any of the provisions of subsection paragraph (7)(j), the library services administrator will review the matter to determine whether the inmate's law clerk certificate should be revoked. The determination as to whether the inmate's certificate shall be revoked shall be based on a consideration of the following factors: the findings of the disciplinary report; discussions with institution staff about the infraction; a record of prior counseling or disciplinary action for violation of the provisions of subsection paragraph (7)(j); a record of multiple violations of the provisions of subsection paragraph (7)(j); and a determination that the violations of subsection paragraph (7)(j) were intentional rather than inadvertent. If the library services administrator determines that revocation is warranted, the inmate's law clerk training certificate shall be revoked and his or her certificate entry will be deleted from the offender database.

~~(k)(l)~~ No action shall be taken against an inmate law clerk for assisting, preparing, or submitting legal documents to the courts or administrative bodies, to include complaints against the department or staff. Good faith use or good faith participation in the administrative or judicial process shall not result in formal or informal reprisal against the inmate law clerk.

~~(l)(m)~~ An inmate law clerk who wishes to correspond in writing with inmate law clerks at other institutions regarding legal matters shall be required to obtain prior approval from the warden at his or her institution. The approved correspondence shall be mailed through institution mail from law library supervisor to law library supervisor.

~~(m)(n)~~ Inmate law clerks shall give all work files to inmates who are being transferred or released. If the inmate law clerk is unable to give the inmate the file prior to transfer, he or she shall give it to the law library supervisor. As soon as the inmate's destination is known, the law library supervisor shall forward the file to the law library supervisor or other designated employee at the inmate's new location for forwarding to the inmate. Work files for inmates who have escaped, died, or been released shall be handled in accordance with Rule subsection 33-602.201(4), F.A.C.

~~(n)(o)~~ The law library supervisor at the institution from which an inmate is transferred may authorize an inmate law clerk at that institution to continue assistance to the transferred inmate on a pending matter if the inmate's new institution or facility does not have a major or minor collection law library and the inmate requests continued assistance in writing.

~~(o)(p)~~ Central office library services shall suspend the law clerk certificate of an inmate when 4 years have passed since he or she worked in a law library as an inmate law clerk. Whenever a law clerk certificate is suspended, central office library services shall remove the certificate entry from the offender database. Central office library services shall reinstate the law clerk certificate if the inmate demonstrates, through successful completion of a written examination, that he or she still possesses current knowledge of the law, knowledge of legal research materials and how to use them, and can communicate effectively in writing.

~~(p)(q)~~ Inmate law clerks must secure prior, written approval from the law library supervisor, on Form DC5-153, Personal Legal Papers Authorization, to retain their own or another inmate's personal legal papers in the law library. Form DC5-153 is incorporated by reference in subsection (11) of this rule. At a minimum, the following information shall documented on Form DC5-153: the committed name and DC number of the inmate who owns the papers; a list of all documents and papers to be retained in the law library and the number of pages for each; and, the committed name and dc number of the inmate law clerk who is assisting the inmate. The inmate shall then sign and date the form and submit it to the law library supervisor for approval. If the law library supervisor approves the request, he or she shall sign the form and enter the date when the personal legal papers must be removed from the law library. Inmates who do not remove their personal legal papers from the law library by that date shall be subject to formal disciplinary action as provided in Rules 33-6012.301-.314, F.A.C.

1. through 2. No change.

~~(q)(r)~~ Inmate law clerks shall not be permitted to conduct legal research or prepare legal documents and legal mail on personal legal matters during work hours unless:

1. The inmate law clerk has a legal deadline imposed by law, court rule, or court order to prepare legal documents in legal proceedings challenging convictions, sentences or prison conditions, and qualifies for priority access as provided in paragraph (3)(f); or,

2. No change.

(8) Circulation and control of legal materials.

(a) through (c) No change.

(9) Grievance and Court Forms.

(a) No change.

(b) Major and minor collection law libraries shall provide inmates access to court-approved forms needed to file ~~Rule 3.800 and~~ Rule 3.850, Florida Rules of Criminal Procedure, post-conviction relief petitions with the Florida courts. Federal habeas corpus, affidavits of insolvency, and civil rights complaint forms shall only be supplied if copies of the forms are provided to the law library by the federal courts. If

additional copies are required for submission to the courts, the inmate shall secure them using the procedures established in Rule 33-501.302, F.A.C.

(10) No change.

(11) Forms. The following forms are hereby incorporated by reference. A copy of any of these forms is available from the Forms Control Administrator, Office of Research, Planning and Support Services, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500.

(a) Form DC5-152, Law Library Interlibrary Loan Request, effective 12-23-03.

(b) No change.

Specific Authority 944.09, 944.11 FS. Law Implemented 20.315, 944.09, 944.11 FS. History--New 4-6-93, Amended 7-3-94, 11-2-94, 4-28-96, 9-30-96, 11-7-97, 12-7-97, Formerly 33-3.0055, Amended 2-15-01, 11-4-01, 12-23-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Franchatta Barber, Deputy Assistant Secretary of Institutions – Programs.

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: George Sapp, Assistant Secretary of Institutions

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 16, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 2, 2006

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.:	RULE TITLE:
61C-5.006	Elevator Fees; Construction and Alteration Permits; Annual Certificates of Operation; Delinquency Fee; Certificate Replacement

PURPOSE AND EFFECT: The purpose of this rule development is to adopt a single fee for certificate of operation annual license renewals, effective with the August 1, 2007 renewal cycle; clarify application for permit to alter and permit extension requirements; clarify certificate of operation annual license renewal requirements; and to create consistency between the rule language and statutes.

SUMMARY: This rule amendment addresses fee and documentation requirements for certificate of operation annual license renewals; application for permit to alter and permit extension requirements; and creates consistency between the rule language and statutes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory costs has been prepared.

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

SPECIFIC AUTHORITY: 399.03, 399.07, 399.10 FS.

LAW IMPLEMENTED: 399.03, 399.061, 399.07 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW:

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John Calpini, Bureau Chief, Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, FL 32399-1012; Telephone: (850)488-9098

THE FULL TEXT OF THE PROPOSED RULE IS:

61C-5.006 Elevator Fees; Construction and Alteration Permits; Annual Certificates of Operation; Delinquency Fee; ~~Temporary Operation Permits Certificate Replacement.~~

(1) Application for ~~elevator~~ permit to install erect or relocate ~~move an elevator~~ shall be accompanied by a fee of \$250 plus the appropriate fee specified in section 61C-5.006(4)(a), Florida Administrative Code. Every permit issued becomes invalid unless the work authorized by such permit is commenced within 6 months ~~1 year~~ after issuance, ~~or~~ if the work authorized by such permit is suspended or abandoned for a period of 60 days ~~1 year~~ after the time the work is commenced; ~~provided that, F~~ for good cause, one or more extensions of time, for periods not exceeding 90 days each may be allowed. Such extensions shall be in writing and signed by the director of the Division of Hotels and Restaurants ~~or his designee~~. The following ~~grounds for extension~~ shall constitute good cause for the granting of an extension:

(a) ~~An extension of time shall be granted due to~~ delays in construction, ~~including delay~~ arising from the non-availability of parts necessary to complete construction; ~~the occurrence of a natural disaster or civil disturbance; the injury, illness, or death of an involved material party to the construction; or other hardship as approved by the director;~~ except when the director ~~or his designee~~ determines that the delay is the fault of the contractor or applicant, or where the delay results from failure to diligently pursue construction.

(b) ~~An extension of time shall be granted due to~~ delays caused by the injury, illness or death of an involved material party ~~to the construction.~~

(c) ~~The director shall also grant an extension of time where failure to grant the requested extension will impose hardship on the party requesting the permit; except when the director or his designee determines that the necessity for the extension is due to the party's own negligence and the necessity for the extension would have been avoided by the party's exercise of due diligence.~~

(2) Application for ~~elevator~~ permit to alter an elevator shall be accompanied by a fee of \$200. Each application for alteration shall also be accompanied by a list of the alterations to be performed under the permit.

(3) The annual license renewal period of certificates of operation commences on August 1 of each year. ~~A renewal application for a certificate of operation filed with the division after August 1 of each year must be accompanied by a delinquency fee of \$50 in addition to the annual renewal fee and any other fees required by law. For the purpose of this section, All~~ all certificates of operation will expire on July 31, at 11:59 p.m. of each year. Applications and fee payments for renewal of certificates of operation not postmarked or received before paid by August 1 of each year will be deemed delinquent. The following items are required for renewal and must be submitted to the Bureau of Elevator Safety prior to issuance of a renewal certificate of operation:

(a) Proof of a current satisfactory inspection;

(b) Those elevators or other conveyances not requiring an inspection pursuant to Section 399.061(1)(a), Florida Statutes, shall annually submit proof of a current satisfactory inspection or an attestation to the presence of a current service maintenance contract as defined in Section 399.01(10), Florida Statutes, which is in compliance with Rule 61C-5.013, Florida Administrative Code, including the date of the most recent routine examination. The duration of the service maintenance contract shall equal or exceed the license renewal period;

(c) The annual license renewal fee and any other fees required by law; and

(d) A delinquent certificate of operation renewal application must be accompanied by a delinquency fee of \$50 in addition to the annual license renewal fee and any other fees required by law.

(4)(a) ~~The annual Annual certificate of operation fee fees for elevators are based on whether or not a service maintenance contract to insure safe elevator operation is consistently in force. In addition, The fee shall be \$45 for each elevator class as follows based on the following schedules:~~

<u>TYPE OF INSTALLATION</u>	<u>CLASS</u>	<u>TYPE OF INSTALLATION</u>	<u>CLASS</u>
<u>Traction Passenger</u>	<u>01</u>	<u>LU/LA (Limited Use/Limited Application)</u>	<u>09</u>
<u>Hydraulic Passenger</u>	<u>02</u>	<u>Dumbwaiter</u>	<u>10</u>
<u>Traction Freight</u>	<u>03</u>	<u>Escalator</u>	<u>12</u>
<u>Hydraulic Freight</u>	<u>04</u>	<u>Sidewalk Elevator</u>	<u>14</u>

Hand Power Passenger 05
Hand Power Freight 06
Moving Walk 07
Inclined Lift 08

Material Lift/Dumbwaiter with Automatic Transfer Device 15
Special Purpose Personnel Elevator 16
Inclined Stairway Chairlift 17
Inclined & Vertical Wheelchair Lift 18

This fee applies to all annual certificate of operation renewals beginning with the 2007-2008 license renewal cycle.

(b) The fee for annual certificate of operation renewals preceding the 2007-2008 license renewal cycle shall be based on the following schedules:

1.(a) Fees based on type of installation and number of landings. Hand-operated, electric, hydraulic passenger and freight elevators, escalators, side walk elevators, power operated dumbwaiters, material lifts and dumbwaiters with automatic transfer devices, inclined stairway chairlifts, inclined and vertical wheelchair lifts and inclined elevators.

NUMBER OF LANDINGS	FEE UNDER SERVICE MAINTENANCE CONTRACT	FEE NO SERVICE MAINTENANCE CONTRACT
Elevators serving 0-2 landings	\$32	\$72
Elevators serving 3-5 landings	\$36	\$77
Elevators serving 6-10 landings	\$41	\$81
Elevators serving 11-15 landings	\$45	\$86
Elevators serving over 15 landings	\$45	\$90

2.(b) Fee based on type of installation, regardless of the number of landings:

TYPE OF INSTALLATION	FEE UNDER SERVICE MAINTENANCE CONTRACT	FEE NO SERVICE MAINTENANCE CONTRACT
Special purpose Elevators, Manlifts, Moving Walks	\$45	\$90

(c) Fee for Temporary Operating Permits \$100. The permit shall be issued for a period not to exceed 30 days.

(5) through (6) No change.

Specific Authority ~~399.03(2), 399.07(1), 399.07(1)(d), 399.07(2)(d), 399.10 FS. Law Implemented 399.03, 399.061, 399.07, 399.07(1)(d), 399.07(2)(d) FS. History—New 8-21-79, Amended 11-20-79, 10-8-81, 4-21-82, 8-1-82, 11-27-83, 9-19-84, 10-8-85, Formerly 7C-5.06, Amended 10-31-88, 7-1-92, 10-11-92, Formerly 7C-5.006, Amended 2-2-94, 1-1-98, 5-24-01, _____.~~

NAME OF PERSON ORIGINATING PROPOSED RULE:
 John Calpini, Bureau Chief, Division of Hotels & Restaurants, Department of Business & Professional Regulation
 NAME OF PERSON OR SUPERVISOR WHO APPROVED THE PROPOSED RULE: Simone Marstiller, Secretary, Department of Business and Professional Regulation
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 12, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 21, 2006

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Employee Leasing Companies

RULE NO.: 61G7-10.002
 RULE TITLE: Reporting of Change of Status Required; Effect on Licensees; Change of Licensee Name

PURPOSE AND EFFECT: The Board proposes a rule amendment to address the requirements for the reporting of change of status.

SUMMARY: The Board proposes a rule amendment to address the Application for Certificate of Approval for Changes of Ownership EL-4511.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: 468.522, 468.524(2), 468.525(3), 468.526, 468.530(3), 468.531, 455.201(2) FS.

LAW IMPLEMENTED: 468.524(2), 468.525(3), 468.526, 468.530(3), 468.531 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Richard Morrison, Executive Director, Board of Employee Leasing Companies, Department of Business and Professional Regulations, 1940 North Monroe Street, Tallahassee, Florida 32399-0767

THE FULL TEXT OF THE PROPOSED RULE IS:

61G7-10.002 Reporting of Change of Status Required; Effect on Licensees; Change of Licensee Name.

- (1) No change.
- (2) Licensees experiencing a change in status listed below in the left column shall file or do what is listed in the corresponding right column as follows:

CHANGE IN STATUS NEEDED ACTION BY COMPANY, GROUP, OR CONTROLLING PERSON

(a) through (e) No change.

(f) Sale or transfer of a majority of business assets (~~buyer takes over business; seller gets out of business~~)

Application for Certificate of Approval for Change of Ownership EL-4511, new company application if buyer not already licensed, and fee from buyer – old license does not transfer but remains with seller; unless already licensed, new controlling person license application and fee for each new controlling person as defined in Rule ~~61G7-6.003, F.A.C.~~

(g) through (i) No change.

(3) through (7) No change.

Specific Authority 468.522, 468.524(2), 468.525(3), 468.526, 468.530(3), 468.531, 455.201(2) FS. Law Implemented 468.524(2), 468.525(3), 468.526, 468.530(3), 468.531 FS. History–New 1-27-93, Amended 5-20-93, Formerly 21EE-10.002, Amended 10-24-93, 8-17-94, 11-9-95, 5-21-96, 11-24-96, 3-18-97, 3-1-05, 10-23-05,

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Employee Leasing Companies

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Employee Leasing Companies

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 20, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 21, 2006

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:
64B8-1.007 List of Approved Forms; Incorporation

PURPOSE AND EFFECT: The proposed rule amendments are intended to incorporate new and revised forms into the current forms rule.

SUMMARY: The proposed rule amendments incorporate new and revised forms into the Board’s rule regarding forms.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: 120.55(1)(a), (4), 456.013, 456.036(5), 456.048(1), 458.309, 458.311, 458.3124(6), 458.313(4), 458.3145, 458.315(2), 458.320(8), 458.321(2), 458.347(13), 458.3475, 458.351(6) FS.

LAW IMPLEMENTED: 456.013, 456.035, 456.036, 456.048, 456.073, 458.309, 458.311, 458.3124, 458.313, 458.3145, 458.315, 458.316, 458.317, 458.319, 458.320, 458.321, 458.345, 458.347, 458.3475, 458.348, 458.351, 465.0276 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Larry McPherson, Jr., Executive Director, Board of Medicine/QA, 4052 Bald Cypress Way, Bin # C03, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-1.007 List of Approved Forms; Incorporation.

The following forms used by the Board in its dealings with the public are listed as follows and are hereby adopted and incorporated by reference, and can be obtained from the Board office by writing to the Board of Medicine, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-1753, or by telephoning (850)245-4131:

(1) DH-MQA 1000, entitled “Board of Medicine Medical Doctor Application for Licensure,” (07/06) ~~(4/06)~~.

(2) through (15) No change.

(16) DH-MQA 1030, entitled “Physician Office Adverse Incident Report,” (rev. 12/05) ~~(9/04)~~.

(17) through (23) No change.

(24) DH-MQA 1087, entitled “Application for Licensure as an Anesthesiologist Assistant,” (10/06) ~~(9/04)~~.

(25) DH-MQA 1093, entitled “Anesthesiologist Assistant Licensure Renewal Form.” (8/06).

~~(26)(25)~~ No change.

~~(27)(26)~~ No change.

~~(28)(27)~~ No change.

~~(29)(28)~~ DH-MQA 2000, entitled “Application for Licensure as a Physician Assistant,” (10/06) ~~(6/05)~~.

~~(30)(29)~~ No change.

~~(31)(30)~~ No change.

~~(32)(31)~~ No change.

Specific Authority 120.55(1)(a), (4), ~~456.013, 456.036(5), 456.048(1), 458.309, 458.311, 458.3124(6), 458.313(4), 458.3145, 458.315(2), 458.320(8), 458.321(2), 458.347(13), 458.3475, 458.351(6)~~ FS. Law Implemented ~~456.013, 456.035, 456.036, 456.048, 456.073, 458.309, 458.311, 458.3124, 458.313, 458.3145, 458.315, 458.316, 458.317, 458.319, 458.320, 458.321, 458.345, 458.347, 458.3475, 458.348, 458.351, 465.0276~~ FS. History—New 4-17-01, Amended 11-20-01, 8-13-02, 11-10-02, 3-19-03, 6-4-03, 11-17-03, 4-19-04, 1-31-05, 9-29-05, 6-29-06,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Credentials, Rules, and Anesthesiologist Assistants Committee, Council on Physician Assistants, Board of Medicine

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 7, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 8, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: 64B8-4.009 RULE TITLE: Applications

PURPOSE AND EFFECT: The proposed rule amendment is intended to address removal of the requirement for HIV/AIDS and domestic violence continuing medical education at the time of initial licensure.

SUMMARY: The proposed rule amendments delete the requirements for HIV/AIDS and domestic violence continuing medical education at the time of initial licensure.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: 120.53, 456.031, 456.033, 458.309, 458.311, 458.3137 FS.

LAW IMPLEMENTED: 120.53, 456.013(7), 456.031, 456.033, 458.311, 458.3124, 458.313, 458.3145, 458.315, 458.316, 458.3165, 458.317 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Larry McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-4.009 Applications.

(1) through (7) No change.

(8) The applicant must submit a statement ~~statements~~ attesting to the following:

~~(a) Completion of three hours of Continuing Medical Education which includes the topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome: the disease and its spectrum of clinical manifestations; epidemiology of the disease; related infections including TB; treatment, counseling, and prevention; transmission from healthcare worker to patient and patient to healthcare worker; universal precautions and isolation techniques; and legal issues related to the disease including current Florida Law. Continuing medical education offered by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education are hereby deemed approved by the Board as are home study courses offered by the above agencies. If the applicant has not already completed the required continuing medical education, upon submission of an affidavit of good cause, the applicant will be allowed six months to complete this requirement.~~

~~(b) Completion of one hour of continuing medical education on domestic violence which includes information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. Home study courses approved by the above agencies will be acceptable. If the applicant has not already completed the required continuing medical education, upon submission of an affidavit of good cause, the applicant will be allowed six months to complete this requirement.~~

~~(c) Completion of two hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. One hour of a two hour course which is provided by a facility licensed pursuant to Chapter 395, F.S., for its employees may be used to partially meet this requirement. The course must~~

include information relating to the five most mis-diagnosed conditions during the previous biennium, as determined by the Board. The following areas have been determined as the five most mis-diagnosed conditions: wrong-site/patient surgery; cancer; cardiac; timely diagnosis of surgical complications and failing to diagnose pre-existing conditions prior to prescribing contraindicated medications.

(9) No change.

Specific Authority 120.53, 456.031, 456.033, 458.309, 458.311, 458.3137 FS. Law Implemented 120.53, 456.013(7), 456.031, 456.033, 458.311, 458.3124, 458.313, 458.3145, 458.315, 458.316, 458.3165, 458.317 FS. History—New 3-31-80, Amended 12-4-85, Formerly 21M-22.09, Amended 9-7-88, 3-13-89, 1-1-92, 2-21-93, Formerly 21M-22.009, Amended 11-4-93, Formerly 61F6-22.009, Amended 11-15-94, 2-15-96, Formerly 59R-4.009, Amended 7-10-01, 1-31-02, 5-10-04, 5-20-04, 6-13-06,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Rules Committee, Board of Medicine
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 7, 2006
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 8, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:
64B8-11.003 Disclosure of Licensure Status
PURPOSE AND EFFECT: The proposed new rule is intended to address recent legislation with regard to appropriate notification of patients regarding licensure status.
SUMMARY: The proposed rule requires licensees to appropriately notify patients with regard to licensure status. The rule provides various methods for licensees to provide such notification.
SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: s. 2, Chapter 2006-207, Laws of Florida.

LAW IMPLEMENTED: s 2, Chapter 2006-207, Laws of Florida.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Larry McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-11.003 Disclosure of Licensure Status.

All persons licensed pursuant to Chapter 458, Florida Statutes, and not exempt pursuant to Section 456.072(1)(t), Florida Statutes, shall identify the license under which he or she practices in one of the following manners:

(1) The wearing of a name tag which identifies the licensee as either a medical doctor (M.D.), a physician assistant (P.A.), or an anesthesiologist assistant (A.A.);

(2) The wearing of an article of clothing on the upper body which identifies the licensee as either a medical doctor (M.D.), a physician assistant (P.A.), or an anesthesiologist assistant (A.A.);

(3) By orally disclosing to the patient, upon the licensee’s initial in-person contact with the patient, that the licensee is either a medical doctor, a physician assistant, or an anesthesiologist assistant;

(4) By providing, upon the licensee’s initial in-person contact with the patient, a business card or similar document which identifies the licensee as either a medical doctor (M.D.), a physician assistant (P.A.), or an anesthesiologist assistant (A.A.);

(5) By placing notification in the lobby or waiting area of the location where the licensee practices, which contains a photo of the licensee and which identifies the licensee as either a medical doctor (M.D.), a physician assistant (P.A.), or an anesthesiologist assistant (A.A.).

Specific Authority 458.309, 456.072(1)(t) FS. Law Implemented 456.072(1)(t) FS. History—New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Rules Committee, Board of Medicine
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 7, 2006
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 8, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:
64B8-13.005 Continuing Education for Biennial
Renewal

PURPOSE AND EFFECT: The proposed rule amendments are intended to set forth revised criteria for licensure renewal to comply with recent legislation.

SUMMARY: The proposed rule amendments set forth changes with regard to continuing education requirements for biennial renewal.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: 456.013(6), (7), 456.031(4), 458.309, 458.319 FS.

LAW IMPLEMENTED: 456.013(6), (7), 456.031(1)(a), (3), 458.319(4) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Larry McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-13.005 Continuing Education for Biennial Renewal.

(1) Every physician licensed pursuant to Chapter 458, F.S., shall be required to complete 40 hours of continuing medical education courses approved by the Board in the 24 months preceding each biennial renewal period as established by the Department.

(a) As part of every third biennial renewal licensure period, For all licensees shall complete two (2) hours no more and no less than one hour shall consist of training in domestic violence which includes information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. Home study courses approved by the above agencies will be acceptable.

(b) Upon a licensee's first renewal of licensure, the licensee must document the completion of one (1) hour For all licensees one hour of Category I American Medical Association Continuing Medical Education which includes the

topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; the modes of transmission, including transmission from healthcare worker to patient and patient to healthcare worker; infection control procedures, including universal precautions; epidemiology of the disease; related infections including TB; clinical management; prevention; and current Florida law on AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Any hours of said CME may also be counted toward the CME license renewal requirement. In order for a course to count as meeting this requirement, licensees practicing in Florida must clearly demonstrate that the course includes Florida law on HIV/AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Only Category I hours shall be accepted.

~~(c) Notwithstanding the provisions of paragraphs (a) and (b), above, a physician may complete continuing education on end of life care and palliative health care in lieu of continuing education in HIV/AIDS or domestic violence, if that physician has completed the HIV/AIDS or domestic violence continuing education in the immediately preceding biennium. This allows for end of life care and palliative health care continuing education to substitute for HIV/AIDS or domestic violence continuing education in alternate biennia.~~

~~(d) All applicants for an initial license, reactivation or reinstatement of their license who obtained the required domestic violence, end of life and palliative health care, HIV/AIDS, or medical errors course for initial licensure, reactivation or reinstatement within two (2) years immediately preceding licensure renewal may use the same domestic violence, end of life palliative health care, HIV/AIDS, or medical errors hours obtained for initial licensure, reactivation or reinstatement to meet the requirements for licensure renewal.~~

~~(c)(e)~~ No change.

(2) through (4) No change.

~~(5) Except for the requirements in paragraphs (1)(a) and (b) above, the continuing education requirements for renewal shall not apply to a licensee during the biennium in which the licensee is first licensed in Florida, but shall apply to such licensee in every biennium thereafter.~~

~~(5)(6)~~ No change.

~~(6)(7)~~ No change.

~~(7)(8)~~ No change.

~~(8)(9)~~ No change.

~~(9)(10)~~ No change.

~~(10)(11)~~ No change.

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

Specific Authority 456.013(6), (7), ~~456.031(4)~~, ~~458.309~~, ~~458.319~~ FS. Law Implemented 456.013(6), (7), ~~456.031(1)(a)~~, (3), ~~458.319(4)~~ FS. History—New 9-7-86, Amended 11-17-87, 11-15-88, 1-31-90, 9-15-92, Formerly 21M-28.002, Amended 12-5-93, Formerly 61F6-28.002, Amended 3-1-95, 1-3-96, 1-26-97, Formerly 59R-13.005, Amended 5-18-99, 2-7-01, 6-4-02, 10-8-03, 5-4-04, 5-20-04, 4-5-05, 4-25-06, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Rules Committee, Board of Medicine
NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Board of Medicine
DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: October 7, 2006
DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: September 8, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: 64B8-42.005
RULE TITLE: Additional Educational Requirements for Initial Licensure

PURPOSE AND EFFECT: The Council proposes the rule amendment to delete unnecessary language and to update and clarify requirements for additional education for initial licensure.

SUMMARY: The rule amendment will delete unnecessary language and to update and clarify requirements for additional education for initial licensure.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: 456.013(7), 456.033 FS.

LAW IMPLEMENTED: 456.013(7), 456.033 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Board of Medicine, Dietetics and Nutrition Council/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-42.005 Additional Educational Requirements for Initial Licensure.

~~(1)(a) Each applicant for initial licensure shall confirm completion of a three hour course on Human Immunodeficiency Virus and Acquired Immune Deficiency~~

~~Syndrome (HIV/AIDS). The HIV/AIDS course must have been completed within the two years immediately preceding the submission of the application for licensure.~~

~~(b) Applicants for initial licensure, upon showing of good cause by affidavit, shall be given six months from the date of licensure to complete the HIV/AIDS course. Good cause includes applicants for endorsement or examination who have been residing outside of Florida or who have been on active military service.~~

~~(c) The course on HIV/AIDS shall meet all the requirements of Section 456.033, F.S.~~

~~(d) Courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health pursuant to Section 456.033, F.S., are recommended by the Council and approved by the Board.~~

(1)(2)(a) Each applicant for initial licensure shall confirm completion of a two-hour course on the prevention of medical errors, including a study of root-cause analysis, error reduction and prevention, and patient safety. If the course is being offered by a facility licensed pursuant to Chapter 395, F.S., for its employees, up to one hour of the two-hour course may be specifically related to error reduction and prevention methods used in that facility.

(2)(b) Courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health pursuant to Section 456.013(7), F.S., are recommended by the Council and approved by the Board.

Specific Authority 456.013(7), ~~456.033~~ FS. Law Implemented 456.013(7), ~~456.033~~ FS. History—New 7-22-02, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Dietetics and Nutrition Council
NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Board of Medicine
DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: October 5, 2006
DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: July 21, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: 64B8-44.003
RULE TITLE: Disciplinary Guidelines

PURPOSE AND EFFECT: The Council propose the rule amendment to comply with the requirements of subsection 456.072(1)(t), Florida Statutes providing for discipline of licensees who fail to notify patients of practitioner’s license type and for advertisements naming a practitioner that fail to notify the practitioner’s license type.

SUMMARY: The rule amendment will comply with the requirements of subsection 456.072(1)(t), Florida Statutes providing for discipline of licensees who fail to notify patients of practitioner's license type and for advertisements naming a practitioner that fail to notify the practitioner's license type.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: 456.072(1)(t), 456.079, 458.309, 468.507 FS.

LAW IMPLEMENTED: 456.072(1)(t), 456.079, 468.517, 468.518(2) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Board of Medicine, Dietetics and Nutrition Council/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-44.003 Disciplinary Guidelines
(1) through (4)(s) No change.

VIOLATION	RECOMMENDED RANGE OF PENALTY
<p><u>(t) Failure to notify patients of practitioner's license type or Failure to identify license type in advertisement that names a practitioner.</u> (456.072(1)(t), F.S.)</p>	<p><u>First offense from letter of concern to 1 year suspension and an administrative fine of \$300 to \$1,500. After first offense from reprimand to 3 year suspension and an administrative fine of \$1,500 to \$3,000.</u></p>

(5) through (7) No change.

Specific Authority 456.072(1)(t), 456.079, 458.309, 468.507, FS. Law Implemented 456.072 (1)(t), 456.079, 468.517, 468.518(2), FS. History--New 12-4-90, Formerly 21M-50.003, Amended 6-22-94, Formerly 61F6-50.003, 59R-44.003, Amended 3-16-98, 8-19-99, 9-28-00, 9-26-01, 2-13-03, 4-10-06,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Dietetics and Nutrition Council

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 5, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 21, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: 64B8-44.007
RULE TITLE: Standards of Practice

PURPOSE AND EFFECT: The Council proposes the rule amendment to add reference to Section 456.072(1)(t), Florida Statutes to clarify advertising requirements.

SUMMARY: The rule amendment will add reference to Section 456.072(1)(t), Florida Statutes to clarify advertising requirements.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: 456.072(1)(t), 468.053(4), 468.507, 468.516(1)(a), (2)(a) FS.

LAW IMPLEMENTED: 456.072(1)(t), 468.503(4), 468.516, 468.517, 468.518 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Board of Medicine, Dietetics and Nutrition Council/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-44.007 Standards of Practice.

Licensees, under Chapter 468, Part X, F.S., shall comply with the following standards in their professional practice and conduct, which reflect the ethical principles of the dietetic/nutrition professional and outline obligations of the licensee to self, client, society and the profession.

(1) through (4) No change.

(5) The licensee shall inform the public and colleagues of services by use of factual information and shall not advertise in a misleading manner or in violation of the requirements of Section 456.072(1)(t), F.S.

(6) through (21) No change.

Specific Authority 456.072(1)(t), 468.503(4), 468.507, 468.516(1)(a), (2)(a) FS. Law Implemented 456.072(1)(t), 468.503(4), 468.516, 468.517, 468.518 FS. History--New 6-22-94, Formerly 61F6-50.007, Amended 2-20-96, Formerly 59R-44.007, Amended 7-14-03, 4-26-04,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Dietetics and Nutrition Council
NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Board of Medicine
DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: October 16, 2006
DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: August 18, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: 64B8-45.006 RULE TITLE: Continuing Education on HIV/AIDS
PURPOSE AND EFFECT: The Council proposes the rule amendments to update and clarify the requirements for continuing education on HIV/AIDS.
SUMMARY: The rule amendment will update and clarify the requirements for continuing education on HIV/AIDS.
SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.
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.
SPECIFIC AUTHORITY: 456.033 FS.
LAW IMPLEMENTED: 456.033 FS.
IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.
THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Board of Medicine, Dietetics and Nutrition Council /MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-45.006 Continuing Education on HIV/AIDS.

(1) For the first each renewal of licensure, licensees must complete a three hour ~~one hour~~ course on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) within the 24-month period prior to the expiration date of the license.

~~(2) Persons reactivating an inactive license or seeking reinstatement of a suspended or revoked license must submit proof of completion of a three-hour HIV/AIDS course prior to licensure. The HIV/AIDS course must have been completed within the two years immediately preceding the submission of proof.~~

~~(2)(3)~~ No change.

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

Specific Authority 456.033 FS. Law Implemented 456.033 FS. History—New 6-12-01, Amended 7-22-02,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Dietetics and Nutrition Council
NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Board of Medicine
DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: October 5, 2006
DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: July 21, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: 64B8-55.002 RULE TITLE: Citations
PURPOSE AND EFFECT: The Council proposes the rule amendments to delete unnecessary language and address those violations appropriate for issuance of a citation.
SUMMARY: The rule amendments will delete unnecessary language and address those violations appropriate for issuance of a citation.
SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.
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.
SPECIFIC AUTHORITY: 456.077(1),(2) FS.
LAW IMPLEMENTED: 456.072(3)(b), 456.077(1),(2), 478.51, 478.52 FS.
IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.
THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Board of Board of Medicine, Dietetics and Nutrition Council/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-55.002 Citations.

(1) through (2) No change.

(3) All citations include a requirement that the subject correct the violation, if remediable, within a specified period of time not to exceed 60 days, and impose whatever obligations necessary to remedy the offense. The citation may be served upon the licensee by hand delivery or certified mail at the licensee's last known home address. If service by certified mail fails because the licensee had relocated without leaving a forwarding address, then the Department shall endeavor to give the subject actual or constructive notice of the pending disciplinary action as permitted by law.

(4) No change.

(5) The Board designates the following as electrology citations violations in laser or light based hair removal. Failure to have:

- a. Written designation of laser safety officer (64B8-51.006(g)(4), F.A.C.) First time violation \$150, Subsequent violations \$300
- b. Appropriate sign on door of laser room as required by ANSI Standard Z136.1-2000, in effect on June 1, 2006, available from American National Standards Institute, 25 West 43rd Street, 4th Floor, New York, N.Y. 10036. (64B51.006(3)(g)5., F.A.C.) First time violation \$150, Subsequent violations \$300.
- c. Cold water and ice (64B8-51.006(g)(9), F.A.C.) First time violation \$150, Subsequent violation \$300.
- d. Lock on door of laser room (64B8-51.006(g)(6), F.A.C.) First time violation \$150, Subsequent violation \$300.
- e. Fire extinguisher in vicinity of laser room (64B8-51.006(g)(8), F.A.C.) First time violation \$150, Subsequent violation \$300.
- f. Written protocols that are signed, dated, and maintained in a readily available location on the premises where the electrologist practices (64B8-56.002(4)(a), F.A.C.) First time violation \$200, Subsequent violation \$400.
- g. Copy of protocols filed with the Department of Health (64B-56.002(4)(a), F.A.C.) First time violation \$200, Subsequent violation \$400.
- h. Professional liability coverage includes coverage for incidents arising from laser usage in an amount not less than \$100,000. (64B8-56.002(4)(e), F.A.C.) First time violation \$250, Subsequent violation \$500
- i. At least one piece of properly registered laser equipment located within the electrology facility (64B8-56.002 (1)(b), F.A.C.) First time violation \$300, Subsequent violation \$600.
- j. Protective eyewear for all persons in laser room during operation of laser. (64B8-51.006(g)(7), F.A.C.) First time violation \$300, Subsequent violation \$600.
- k. Proof of completion of 30 hours of post-licensure education in laser hair removal for all electrologists using laser equipment in the facility (64B8-52.004 F.A.C.) First time violation \$500, Subsequent violation \$1000.

l. Proof of certification as Certified Medical Electrologist for all persons who use laser equipment in the facility, who are not exempt and are licensed electrologists (64B8-56.002(2)(b), F.A.C.) First time violation \$500, Subsequent violation \$1000.

~~(6)(5)~~ In addition to the penalties established in this rule, the Department ~~shall~~ may recover the costs of investigation ~~in accordance with its rules. When the Department intends to assess the costs of investigation, the~~ The penalty specified in the citation shall be the sum of the penalty established by this rule plus the Department's cost of investigation.

~~(7)(6)~~ No change.

Specific Authority 456.077(1),(2) FS. Law Implemented 456.072(3)(b), 456.077(1),(2), 478.51, 478.52 FS. History--New 11-16-93, Formerly 61F6-80.002, Amended 1-2-95, Formerly 59R-55.002, Amended 11-13-97, 10-12-98, 2-11-01, 2-20-02, 11-12-02, 7-16-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Electrolysis Council
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 5, 2006
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 2, 2006

DEPARTMENT OF HEALTH

School Psychology

RULE NO.: 64B21-500.009
 RULE TITLE: Education Requirements for School Psychologists

PURPOSE AND EFFECT: To update the rule.

SUMMARY: The requirement that each applicant complete a course in domestic violence is stricken from the rule.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 490.015 FS.

LAW IMPLEMENTED: 456.013, 456.031, 490.005(2) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Office of School Psychology/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B21-500.009 Education Requirements for School Psychologists.

(1) through (3) No change.

~~(4) Each applicant for initial licensure as a school psychologist shall complete a course on domestic violence as required by Section 456.031, F.S., and on the prevention of medical errors as required by Section 456.013(7), F.S.~~

Specific Authority 490.015 FS. Law Implemented 456.013, ~~456.031~~, 490.005(2) FS. History–New 4-13-82, Amended 2-2-83, Formerly 21U-500.09, Amended 1-2-92, 6-21-92, Formerly 21U-500.009, 61E9-500.009, Amended 11-13-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Susan Love

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Lucy Gee

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 22, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 29, 2006

DEPARTMENT OF HEALTH

School Psychology

RULE NO.: 64B21-502.001
RULE TITLE: Continuing Education

PURPOSE AND EFFECT: To update the rule.

SUMMARY: The rule amendment requires the domestic violence course to be taken every third biennium and that the licensee keep continuing education records for six years.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 490.007(2), 490.0085, 490.015 FS.

LAW IMPLEMENTED: 456.013, 490.007(2), 490.0085 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Office of School Psychology/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B21-502.001 Continuing Education.

Every applicant for licensure renewal shall complete 30 ~~thirty (30)~~ hours of continuing education credit. Two ~~One (1)~~ of the 30 ~~thirty (30)~~ hours must be taken every third period of

licensure renewal on domestic violence consistent with Section 456.031, F.S. Two ~~(2)~~ of the 30 ~~thirty (30)~~ hours must be on the prevention of medical errors consistent with Section 456.013, F.S. The licensee shall retain for six ~~four (4)~~ years certificates of attendance or other records to document the completion of the continuing education requirement. The Department will audit at random a number of licensees as is necessary to assure that the continuing education requirements are met.

Specific Authority 490.007(2), 490.0085, 490.015 FS. Law Implemented 456.013, 490.007(2), 490.0085 FS. History–New 4-13-82, Amended 11-27-83, 2-21-85, Formerly 21U-502.01, Amended 12-26-91, 6-24-92, Formerly 21U-502.001, 61E9-502.001, Amended 10-16-01, 10-22-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Susan Love

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Lucy Gee

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 22, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 29, 2006

DEPARTMENT OF HEALTH

Council of Licensed Midwifery

RULE NO.: 64B24-2.001
RULE TITLE: Licensure to Practice Midwifery

PURPOSE AND EFFECT: To update the rule.

SUMMARY: To obtain a license the applicant must complete one hour on HIV/AIDS and is not required to complete an hour on domestic violence.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 456.004(5), 467.005 FS.

LAW IMPLEMENTED: 381.0034, 456.013, 456.031, 467.011, 467.0125 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Pamela King, Executive Director, 4052 Bald Cypress Way, Bin #A-06, Tallahassee, Florida 32399-3256

THE FULL TEXT OF THE PROPOSED RULE IS:

64B24-2.001 Licensure to Practice Midwifery.

(1) No change.

(2) The department shall license only those applicants who have completed the application form, remitted the appropriate fees required by Rule Chapter 64B24-3, F.A.C., and who demonstrate to the department that they:

- (a) Are 21 years of age or older;
 - (b) Meet the requirements for licensure by exam pursuant to Rule 64B24-2.003, F.A.C., or licensure by endorsement pursuant to Rule 64B24-2.004, F.A.C.;
 - (c) Have completed a one (+) hour educational course on HIV/AIDS domestic violence that meets the substantive specifications set forth in Section 381.0034 456.031, F.S., as it pertains to the practice of midwifery; and
 - (d) Have completed a two (2) hour course relating to the prevention of medical errors.
- (3) No change.

Specific Authority 456.004(5), 467.005 FS. Law Implemented 381.0034, 456.013, ~~456.031~~, 467.011, 467.0125 FS. History-New 1-26-94, Formerly 61E8-2.001, 59DD-2.001, Amended 10-29-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Pamela King
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Lucy Gee
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 13, 2006
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 29, 2006

DEPARTMENT OF HEALTH

Council of Licensed Midwifery

RULE NO.: 64B24-6.001
RULE TITLE: Continuing Education for Biennial Renewal

PURPOSE AND EFFECT: To update the rule.
SUMMARY: The Department is clarifying what continuing education courses must be completed every biennium and that the course on domestic violence needs to be taken every third biennium.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 456.004(1), 456.031, 467.005 FS.
LAW IMPLEMENTED: 381.0034, 456.013, 456.031, 467.012(2) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Pamela King, Executive Director, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399-3256

THE FULL TEXT OF THE PROPOSED RULE IS:

- 64B24-6.001 Continuing Education for Biennial Renewal
- (1) through (2) No change.
- (3) The following courses are ~~required~~ as part of each licensee's ~~biennial~~ continuing education requirements:
 - (a) One (+) hour in HIV/AIDS every biennium;
 - (b) Two hours ~~One (1) hour~~ in domestic violence during every third biennium;
 - (c) One (+) hour in the laws and rules governing the Midwifery Practice Act every biennium; and
 - (d) Two (2) hours in medical error prevention every biennium.

Specific Authority 456.004(1), 456.031, 467.005 FS. Law Implemented 381.0034, 456.013, 456.031, 467.012(2) FS. History-New 1-26-94, Formerly 61E8-6.001, Amended 6-20-96, Formerly 59DD-6.001, Amended 9-10-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Pamela King
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Lucy Gee
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 13, 2006
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 29, 2006

FISH AND WILDLIFE CONSERVATION COMMISSION

Division of Law Enforcement

RULE NO.: 68D-24.144
RULE TITLE: Monroe County Boating Restricted Areas

PURPOSE AND EFFECT: The purpose of this rule is to reduce the incidence of vessel masts coming into contact with high tension power lines. Masts of sailboats and other masted vessels typically contact the high tension power lines when vessels drag anchor during storm events (hurricanes, winter storms, severe local thunderstorms), presenting grave danger to all persons aboard the vessel and to the vessel itself. These events also have caused power outages affecting thousands of customers in the Lower Keys and present life-threatening dangers to persons in hospitals and to other special-needs patients in the Lower Keys. The effect of this rule will be to prohibit the anchoring of sailboats and other vessels with masts within a portion of Pine Channel adjacent to high tension power lines.

SUMMARY: This rule will prohibit anchoring by sailboats and other vessels with masts within the area between Pine Key and Little Torch Key South of US 1, for a distance of approximately 6,000 feet.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 327.04, 327.46 FS.

LAW IMPLEMENTED: 327.46 FS.

THE FISH AND WILDLIFE CONSERVATION COMMISSION WILL CONDUCT A PUBLIC RULEMAKING HEARING ON THE PROPOSED RULE DURING THE REGULAR MEETING OF THE COMMISSION TO BE HELD AT THE DATES, TIME AND PLACE SHOWN BELOW:

DATES AND TIME: December 6-7, 2006, 8:30 a.m. – 5:00 p.m., each day

PLACE: Marriott Key Largo, 103800 Overseas Highway, Key Largo, Florida; (305)453-0582

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodation to participate in the hearing is asked to advise the Commission at least 5 calendar days prior by calling: ADA Coordinator, (850)488-6411. If you are hearing or speech impaired, please contact the agency by calling (850)488-9542.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Captain Alan S. Richard, Assistant General Counsel, 620 South Meridian Street, Tallahassee, Florida 32399-1600

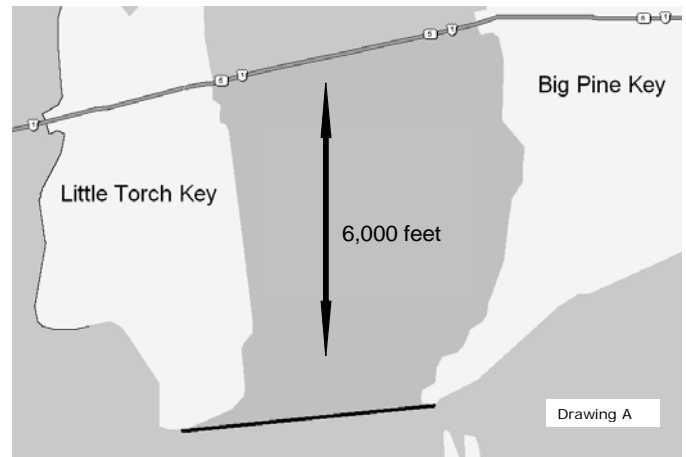
THE FULL TEXT OF THE PROPOSED RULE IS:

68D-24.144 Monroe County Boating Restricted Areas.

(1) For the purpose of regulating the anchoring of vessels in and adjacent to the Pine Channel within Monroe County, the following boating restricted area is established:

Pine Channel – Anchoring of all sailboats and other vessels with masts is prohibited in Pine Channel, shoreline to shoreline, between Big Pine Key and Little Torch Key, from the centerline of U. S. Highway 1 south to a line drawn from the southernmost point on Little Torch Key to the southernmost point on Big Pine Key (a distance approximately 6,000 feet south of the centerline of U. S. Highway 1). If the overhead power lines are removed, the zone established in this paragraph shall no longer be in force or effect.

(2) The boating restricted area is depicted in drawing A:



Specific Authority 327.04, 327.46 FS. Law Implemented 327.46 FS. History–New

NAME OF PERSON ORIGINATING PROPOSED RULE: Ms. Tara Alford, Management Analyst, Boating and Waterways Section, Division of Law Enforcement, 620 South Meridian Street, Tallahassee, Florida 32399-1600

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Colonel Julie Jones, Director, Division of Law Enforcement

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 14, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 6, 2006

DEPARTMENT OF FINANCIAL SERVICES

Division of Worker’s Compensation

RULE NO.:	RULE TITLE:
69L-6.021	Construction Industry Classification Codes, Descriptions, and Operations Scope of Exemption

PURPOSE AND EFFECT: To delete class code 5536 “Heating and Air Conditioning Duct Work – Shop and Outside – and Drivers”, class code 6003 “Pile Driving” and class code 6005 “Jetty or Breakwater Construction – All Operations to Completion and Drivers” from the rule as those class codes have been discontinued in the Florida Contracting Classification Premium Adjustment Program, and published in the Florida exception pages of the National Council on Compensation Insurance, Inc.(NCCI) Basic Manual (October 2005 edition). To include class code 6004 “Land Pile Driving” and class code 6006F “Marine Pile Driving, Dock & Seawall, Jetty or Breakwater, Dike or Revetment Construction – All Operations to Completion & Drivers” in the rule as those class codes have been included in the classification codes and descriptions that are specified in the Florida Contracting Classification Premium Adjustment Program, and published in

the Florida exception pages of the National Council on Compensation Insurance, Inc.(NCCI) Basic Manual (October 2005 edition).

SUMMARY: The proposed rule deletes discontinued class codes and adds new class codes as published in the Florida exception pages in the National Council on Compensation Insurance, Inc. (NCCI) Basic Manual (October 2005 edition).

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: 440.02(8), 440.591 FS.

LAW IMPLEMENTED: 440.02(8) FS.

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: Thursday, November 30, 2006, 2:00 p.m. – 4:00 p.m.

PLACE: 104J Hartman Bldg., 2012 Capital Circle, S.E., Tallahassee, Florida

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: Andrew Sabolic, (850)413-1600 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: Andrew Sabolic, Bureau Chief of Compliance, Division of Workers' Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4228, phone (850)413-1600

THE FULL TEXT OF THE PROPOSED RULE IS:

69L-6.021 Construction Industry Classification Codes, Descriptions, and Operations Scope of Exemption.

- (1) No change.
- (a) through (qq) No change.

~~(rr) 5536 Heating and Air Conditioning Duct Work — Shop and Outside — and Drivers.~~

- ~~(rr)(ss) No change.~~
- ~~(ss)(tt) No change.~~
- ~~(tt)(uu) No change.~~
- ~~(uu)(vv) No change.~~
- ~~(vv)(ww) No change.~~
- ~~(ww)(xx) No change.~~
- ~~(xx)(yy) No change.~~

- ~~(yy)(zz) No change.~~
- ~~(zz)(aaa) No change.~~
- ~~(aaa)(bbb) No change.~~
- ~~(bbb) 6004 Land Pile Driving.~~
- ~~(ccc) 6003 Pile Driving~~
- ~~(ccc) 6006F Marine Pile Driving, Dock & Seawall, Jetty or Breakwater, Dike or Revetment Construction — All Operations to Completion & Drivers.~~
- ~~(ddd) 6005 Jetty or Breakwater Construction — All Operations to Completion and Drivers.~~
- ~~(ddd)(eee) No change.~~
- ~~(eee)(fff) No change.~~
- ~~(fff)(ggg) No change.~~
- ~~(ggg)(hhh) No change.~~
- ~~(hhh)(iii) No change.~~
- ~~(iii)(jjj) No change.~~
- ~~(jjj)(kkk) No change.~~
- ~~(kkk)(lll) No change.~~
- ~~(lll)(mmm) No change.~~
- ~~(mmm)(nnn) No change.~~
- ~~(nnn)(ooo) No change.~~
- ~~(ooo)(ppp) No change.~~
- ~~(ppp)(qqq) No change.~~
- ~~(qqq)(rrr) No change.~~
- ~~(rrr)(sss) No change.~~
- ~~(sss)(ttt) No change.~~
- ~~(ttt)(uuu) No change.~~
- ~~(uuu)(vvv) No change.~~
- ~~(vvv)(www) No change.~~
- ~~(www)(xxx) No change.~~
- ~~(xxx)(yyy) No change.~~
- ~~(yyy)(zzz) No change.~~
- ~~(zzz)(aaaa) No change.~~
- ~~(aaaa)(bbbb) No change.~~
- ~~(bbbb)(cccc) No change.~~
- ~~(cccc)(dddd) No change.~~
- ~~(dddd)(eeee) No change.~~
- ~~(eeee)(ffff) No change.~~
- ~~(ffff)(gggg) No change.~~
- ~~(gggg)(hhhh) No change.~~
- ~~(hhhh)(iiii) No change.~~
- (2) No change.

Specific Authority 440.02(8), 440.591 FS. Law Implemented 440.02(8) FS. History—New 10-21-02, Formerly 4L-6.021, Amended 7-4-04, 3-15-06,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Andrew Sabolic, Bureau Chief, Bureau of Compliance
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Dan Sumner, Workers' Compensation, Assistant Director

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 30, 2006
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 11, 2006

DEPARTMENT OF FINANCIAL SERVICES

Division of Workers' Compensation

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
69L-56	Electronic Data Interchange (EDI) Requirements for Proof of Coverage and Claims (Non-medical)
RULE NOS.:	RULE TITLES:
69L-56.001	Forms and Instructions
69L-56.002	Definitions
69L-56.100	Proof of Coverage (POC) Electronic Reporting Requirements
69L-56.110	Technical Requirements for POC EDI Transmissions
69L-56.200	Policy Cancellation or Non-renewal Requirements
69L-56.210	Time Periods for Filing Electronic Policy Information
69L-56.300	Claims EDI Reporting Requirements and Implementation Schedules
69L-56.301	Electronic First Report of Injury or Illness
69L-56.3012	Electronic Notice of Denial and Rescinded Denial
69L-56.3013	Electronic Periodic Claim Cost Report
69L-56.304	Electronic Notice of Action or Change, Including Change in Claims Administration, Required by the Insurer's Primary Implementation Schedule
69L-56.3045	Electronic Notice of Action or Change, Suspensions, and Reinstatement of Indemnity Benefits Required by the Insurer's Secondary Implementation Schedule
69L-56.307	Electronic Cancellation of Claim
69L-56.310	Technical Requirements for Claims EDI Transmissions
69L-56.320	Claims EDI Test to Production Status Requirements
69L-56.330	Electronic Formats for Reporting the Employee's 8th Day of Disability and the Claim Administrator's Knowledge of 8th Day of Disability
69L-56.500	Insurer Responsibilities Where Third Party Services are Utilized

PURPOSE AND EFFECT: Rule Chapter 69L-56, F.A.C., is being amended to incorporate by reference the revised Florida Division of Workers' Compensation Proof of Coverage (POC) Electronic Data Interchange (EDI) Implementation Manual and the International Association of Industrial Accident Boards and Commission (IAIABC) EDI Implementation Guide for Proof of Coverage using the revised Release 2.1 national standard, and to modify transmission filing requirements to allow for daily receipt/processing of electronic POC files by the Division. Rule Chapter 69L-56, F.A.C., also creates filing requirements of insurers to electronically submit by specified time periods, claims information otherwise reported on Forms DFS-F2-DWC-1, DFS-F2-DWC-12, DFS-F2-DWC-13, DFS-F2-DWC-4, and DFS-F2-DWC-49 adopted in Rule Chapter 69L-3, F.A.C., plus certain electronic changes and cancellation notices for which there are currently no form equivalents promulgated by rule. The rule also incorporates by reference the Florida Division of Workers' Compensation Claims EDI Release 3 Implementation Manual and the IAIABC Claims EDI Implementation Guide for Release 3.

SUMMARY: Rule Chapter 69L-56, F.A.C., is being amended to facilitate Electronic Data Interchange (EDI) transmissions of Proof of Coverage information with the Division, and to mandate the electronic submission of Claims (non-medical) data to the Division. The following changes are being made to Rule Chapter 69L-56, F.A.C.: Rule 69L-56.001, F.A.C., is being amended to incorporate by reference revised EDI Trading Partner forms; Rule 69L-56.002, F.A.C., is being amended to define additional terms used in the rule; Rule 69L-56.100, F.A.C., is being amended to require the new Release 2.1 national IAIABC EDI standard effective 4/2/07 for submission of POC data and to provide for daily processing of POC transmissions; Rule 69L-56.200, F.A.C., is being amended to include failure to pay deductible as a reason an insurer may cancel a policy prior to the otherwise required 30 day notification period; Rule 69L-56.210, F.A.C., is being amended to provide for an additional Triplicate Code to represent an electronic cancellation; Rule 69L-56.300, F.A.C., is being created to specify Claims EDI reporting requirements and to incorporate by reference the FL Claims EDI R3 Implementation Manual, and to identify the implementation schedules for mandated electronic submission of claims (non-medical) information to the Division; Rule 69L-56.301, F.A.C., is being created to set out the filing requirements and timeframes for the Electronic First Report of Injury or Illness; Rule 69L-56.3012, F.A.C., is being created to set out the filing requirements and timeframes for the Electronic Notice of Denial and Rescinded Denial; Rule 69L-56.3013, F.A.C., is being created to set out the filing requirements and timeframes for the Electronic Claim Cost Report; Rule 69L-56.304, F.A.C., is being created to set out the filing requirements and timeframes for the Electronic Notice of Action or Change, including Changes in Claims Administration, required by the insurer's Primary Implementation Schedule; Rule

69L-56.3045, F.A.C., is being created to set out the filing requirements and timeframes for the Electronic Notice of Action Change, Suspensions, and Reinstatement of Indemnity benefits required by the insurer's Secondary Implementation Schedule; Rule 69L-56.307, F.A.C., is being created to set out the filing requirements and timeframe for sending Electronic Cancellations of claims; Rule 69L-56.310, F.A.C., is being amended to identify and require the revised FROI and SROI formats and to provide for daily processing of claims EDI transmissions; Rule 69L-56.320, F.A.C., is being created to set out the testing requirements for Claims EDI filings; Rule 69L-56.330, F.A.C., is being amended to provide an exception for reporting the employee's 8th day of disability by claim administrators voluntarily sending Electronic First Reports of Injury or Illness via the IAIABC EDI Release 1 standard; Rule 69L-56.500, F.A.C., is being amended to include the timely processing of acknowledgements as another obligation of an insurer using a third party vendor.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 440.185(7), 440.42(3), 440.591, 440.593 FS.

LAW IMPLEMENTED: 440.185(7), 440.42(3), 440.591, 440.593, 627.4133(4) FS.

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: Monday, November 20, 2006, 10:00 a.m.

PLACE: 104J Hartman Bldg., 2012 Capital Circle, S.E., Tallahassee, FL

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Linda Yon, EDI Coordinator, Office of Data Quality and Collection, Division of Workers' Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4226, phone (850)413-1702 or Linda.yon@fldfs.com.

Pursuant to the provisions of the Americans with Disability Act, any person requiring special accommodations to participate in this program, please advise the Department at least 5 calendar days before the program by contacting the person listed above.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

69L-56.001 Forms and Instructions.

The following forms are incorporated herein by reference and adopted for use in filing Proof of Coverage (POC) and Claims (non-medical) Electronic Data Interchange (EDI) transactions transmissions to the Division. All of the forms may be obtained from the Division of Workers' Compensation at its website, <http://www.fldfs.com/wc/edi.html>, ~~or by sending a request to the Division of Workers' Compensation, Office of Data Quality & Collection, 200 East Gaines Street, Tallahassee, Florida 32399-4226.~~

(1) DFS-F5-DWC-EDI-1, "EDI Trading Partner Profile" (10/01/2006 ~~01/01/2005~~).

(2) DFS-F5-DWC-EDI-2, "EDI Trading Partner Insurer/Claim Administrator ID List" (10/01/2006 ~~01/01/2005~~).

(3) DFS-F5-DWC-EDI-2A, EDI Trading Partner Claim Administrator Address List (10/01/2006).

~~(4)(3)~~ DFS-F5-DWC-EDI-3, "EDI Transmission Profile-Sender's Specifications" (10/01/2006 ~~01/01/2005~~).

~~(5)(4)~~ DFS-F5-DWC-EDI-4, Secure Socket Layer (SSL)/File Transfer Protocol (FTP) Instructions (10/01/2006 ~~01/01/2005~~).

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History--New 3-5-02, Formerly 38F-56.001, 4L-56.001, Amended 5-29-05, _____.

69L-56.002 Definitions.

Unless otherwise defined in this section, definitions of data elements and terms used in this rule are defined in the Data Dictionary located in Section 6 of the "IAIABC Implementation Guide for Claims: First, Subsequent, Header, Trailer & Acknowledgement Detail Records, Release 3, June 1, 2006 Edition", and in the Data Dictionary located in Section 6 of the "IAIABC Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition", and in the IAIABC "Glossary", and in the IAIABC "Supplement" for both POC 2.1 and Claims R3, all of which are incorporated herein by reference. Copies of the IAIABC guides, supplements, and glossary may be obtained from the IAIABC's website at, www.iaiaabc.org/edi/implementation.asp.

When used in this chapter, the following terms have the following meanings:

(1) "Acknowledged" or "acknowledgement" means a response provided by the Division to communicate the acceptance or rejection of an electronic transaction sent to the Division. An acknowledgement returned by the Division will reflect the assignment of an Application Acknowledgment Code of "TA" (Transaction Accepted) ~~(TA)~~ if the transaction was accepted by the Division, or "TR" (Transaction Rejected) ~~(TR)~~ if the transaction was rejected by the Division. If a transaction was assigned an Application Acknowledgment

Code of “TA” (Transaction Accepted) (TA)”, the date the transaction was received by the Division will be used in determining whether an electronic form ~~equivalent~~ was timely filed with the Division.

(2) “Award/Order Date” means the date an award, stipulated agreement, advance, lump sum settlement order, or order approving attorney fees for a lump sum settlement was signed by a Judge of Compensation Claims.

(3) “Average Wage” means the employee’s average weekly wage as determined in Section 440.14, F.S.

(4)(2) “Batch” means a set of records containing one header record, one or more detailed transactions, and one trailer record.

(5) “Became Medical Only Case” means a work-related injury or illness that was initially reported to the Division in error as a “Lost Time/Indemnity Case” or “Medical Only to Lost Time Case” and subsequently determined to be a “Medical Only Case” where FROI MTC 01 is being filed to cancel the claim. A “Became Medical Only Case” is represented by Claim Type Code “B” (Became Medical Only) and is only allowed for FROI MTC 01 (Cancel) filings.

(6) “Benefit Payment Issue Date” reported for MTC “IP”(Initial Payment), “AP” (Acquired Payment), “PY” (Payment), and “RB” (Reinstatement of Benefits) means the date payment of a specific indemnity benefit corresponding to the MTC being reported left the control of the claim administrator (or the claim administrator’s legal representative if delivery is made by the legal representative) for delivery to the employee or the employee’s representative, whether by U.S. Postal Service or other delivery service, hand delivery, or transfer of electronic funds. “Benefit Payment Issue Date” for MTC “S1-8” (Suspension reasons) means the date the last indemnity check prior to the suspension of benefits left the control of the claim administrator (or the claim administrator’s legal representative if delivery is made by the legal representative) for the delivery to the employee or the employee’s representative, whether by U.S. Postal Service or other delivery service, hand delivery, or transfer of electronic funds. The Benefit Payment Issue Date shall not be sent as the date the check is requested, created, or issued in the claim administrator’s system unless the check leaves the control of the claim administrator the same day it is requested, created, or issued for delivery to the employee or the employee’s representative.

(7) “Business day” means a day on which normal business is conducted by the State of Florida and excludes observed holidays as set out in Section 110.117(1), F.S. (see also www.myflorida.com/myflorida/government/policies/holidays).

(8) “Calculated Weekly Compensation Amount” means 66 2/3 % of the employee’s average weekly wage pursuant to Section 440.14, F.S., subject to the minimum and maximum amounts set out in Section 440.12, F.S., (a/k/a/, the statutory compensation rate).

(9) “Catastrophic Event” means the occurrence of an event outside the control of an insurer, claim administrator, or third party vendor, such as a telecommunications failure due to a natural disaster or act of terrorism (including but not limited to cyber terrorism), in which recovery time will prevent an insurer, claim administrator, or third party vendor from meeting the filing requirements of Chapter 440, F.S., and this rule. Programming errors, systems malfunctions, or electronic data interchange failures that are not the direct result of a catastrophic event are not considered to be a catastrophic event as defined in this rule.

(10)(3) “Claim Administrator” means any insurer, service company/third party administrator, self-serviced self-insured employer or fund, or managing general agent, responsible for adjusting workers’ compensation claims a “Claims Handling Entity” as defined in Rule 69L-3, F.A.C., that is electronically sending its data directly to the Division.

(11) “Claim Administrator Primary Address”, “Claim Administrator Secondary Address”, “Claim Administrator City”, “Claim Administrator State Code”, and “Claim Administrator Postal Code” comprise the address associated with the physical location of the claims office at which a workers’ compensation claim is being adjusted.

(12) “Claim Administrator Alternate Postal Code” means the zip code associated with the Claim Administrator’s mailing address established for receiving mail on behalf of the claims office at which a workers’ compensation claim is being adjusted.

(13) “Claim Type Code” means a code representing the current classification of the claim as either a “Lost Time/Indemnity Case” (Claim Type Code “I”), “Medical Only to Lost Time Case” (Claim Type Code “L”), “Became Medical Only Case” (Claim Type Code “B”) or “Medical Only Case” (Claim Type Code “M”).

(14) “Date of Maximum Medical Improvement” (MMI) means the date on which maximum medical improvement has been achieved with respect to all compensable medical or psychiatric conditions caused by a compensable injury or disease (i.e., overall MMI).

(15) “Date Claim Administrator Had Knowledge of Lost Time” means the date the claim administrator was notified or became aware that the employee was disabled for eight (8) or more days and was entitled to indemnity benefits. If the claim administrator acquires a claim from another claim administrator and is filing the Electronic First Report of Injury or Illness with the Division, the “Date Claim Administrator Had Knowledge of Lost Time” shall be the date the acquiring claim administrator had knowledge of the employee’s 8th day of disability.

(16)(4) “Days” means calendar days, unless otherwise noted.

(17) “Denied Case” means a “Full Denial” or “Partial Denial” case for which all indemnity benefits are initially denied by the claim administrator.

(18)(5) “Department” means the Department of Financial Services.

(19)(6) “Division” means the Division of Workers’ Compensation.

(20)(7) “Electronic Data Interchange” (EDI) means a computer-to-computer exchange of business transactions in a standardized electronic format.

(21)(8) “Electronic Form Equivalent” means information sent in Division-approved electronic formats as specified in this rule, instead of otherwise required paper documents. Electronic form equivalents may require additional information not required in Rule Chapter 69L-3, F.A.C., for paper form filings. Electronic form equivalents do not include information sent by facsimile, file data attached to electronic mail, or computer-generated paper forms.

(22) “Employer Paid Salary in Lieu of Compensation” means the employer paid the employee salary, wages, or other remuneration for a period of disability for which the insurer would have otherwise been obligated to pay indemnity benefits. This does not include the waiting week if the employee was not disabled for 22 or more days.

(23)(9) “File” or “Filed” means a transaction has been received by the Division and passes quality and structural edits and is assigned an Application Acknowledgement Code of “TA” (Transaction Accepted)(TA)”.

(24)(10) “FROI” means the First Report of Injury Record Layout adopted by the IAIABC as a Claims EDI Release 3 standard, “IAIABC Release 1 First Report of Injury (148) format adopted by the IAIABC, and is comprised of the First Report of Injury Record identified by Transaction Set ID “148” paired with the First Report of Injury Companion Record identified by Transaction Set ID “R21”. The “FROI” record layout (148/R21) is located in the Technical Documentation, Section 2, on Pages “4-13” and “4-14” in the IAIABC EDI Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 34, June 1, 2006 February 15, 2002, which is incorporated herein by reference. A copy of the guide may be obtained from the IAIABC’s website found at <http://iaiaabc.org/edi/implementation.asp>, www.iaiaabc.org/EDI/implementation_guide_index.htm.

(25) “Full Denial” means any case for which the claim administrator has denied liability for all workers’ compensation benefits (i.e., both indemnity and medical benefits). A “Full Denial” is represented by a FROI or SROI MTC 04 (Denial).

(26) “Gross Weekly Amount” means the weekly amount payable for a specific Benefit Type and excludes the application of any Benefit Adjustments or Benefit Credits. The Gross Weekly Amount is usually equal to the Calculated

Weekly Compensation Amount (a/k/a/ statutory compensation rate) except when the weekly rate for a Benefit Type is paid as a percentage of either the Calculated Weekly Compensation Amount (Comp Rate), Average Wage, or average temporary total disability benefits, such as for Permanent Total Supplemental Benefits, Death Benefits, and Impairment Income Benefits.

(27)(11) “Header Record” means the first record of a batch. The header record shall uniquely identify a sender, as well as the date and time a batch is prepared, and the transaction set within the batch.

(28)(12) “IAIABC” means the International Association of Industrial Accident Boards and Commissions (www.iaiaabc.org), which is a professional trade association comprised of state workers’ compensation regulators and insurance representatives.

(29) “Industry Code” means the 5 or 6-digit code that represents the nature of the employer’s business as published in the North American Industry Classification System (NAICS) 2002 Edition, hereby incorporated by reference. NAICS code information may be obtained by contacting the NAICS Association, 341 East James Circle, Sandy, Utah, 84070, or from the NAICS website at www.naics.com.

(30) “Initial Date of Lost Time” means the employee’s eighth (8th) day of disability, i.e., the first day on which the employee sustains disability as defined in Section 440.02, F.S., after fulfilling the seven (7) day waiting week requirement in Section 440.12, F.S. The Initial Date of Lost Time does not mean the “Initial Date Disability Began”.

(31) “Initial Disposition” means the first action taken by the claim administrator following its knowledge of an injury to accept or deny compensability of the claim and pay or deny benefits, including payment or denial of both indemnity and medical benefits, or denial of indemnity benefits only.

(32) “Insurer” means an insurer as defined in Section 440.02, F.S.

(33)(13) “Insurer Code #” means the Division-assigned number for the insurer bearing the financial risk of the claim as defined in Chapter 69L-3, F.A.C.

(34)(14) “Jurisdiction Designee Received Date” means the date on which a third party vendor received Proof of Coverage data from an insurer that is not submitting their electronic Proof of Coverage data directly with the Division. This date shall be used in place of the date the Division received electronic Proof of Coverage data for purposes of calculating the effective date of the cancellation or non-renewal, and timely filings of electronic Proof of Coverage data.

(35) “Knowledge” or “Notification” means an entity’s earliest receipt of information, including by mail, telephone, facsimile, direct personal contact, or electronic submission.

(36) “Lost Time/Indemnity Case” means a work-related injury or illness which causes the employee to be disabled for more than 7 calendar days, or for which indemnity benefits

have been paid. A Lost Time/Indemnity Case shall also include: A case involving a compensable volunteer as defined in Section 440.02, F.S., where no indemnity benefits will be paid, but where the employee is disabled for more than 7 calendar days; a compensable death case pursuant to Section 440.16, F.S., for which there are no known or confirmed dependents; a case where a compensable injury results in disability of more than 7 calendar days where the “Employer Paid Salary in Lieu of Compensation” as defined in this section; a case for which indemnity benefits were paid prior to the date the claim administrator learned of a change in jurisdiction and filed SROI MTC S8 (Suspension, Jurisdiction Change); and a case where indemnity benefits were paid but subsequently suspended because the employee could not be located and the claim administrator filed SROI MTC S6 (Suspension, Claimant’s Whereabouts Unknown). The first 7 calendar days of disability do not have to occur consecutively, but are determined on a cumulative basis and can occur over a period of time. A “Lost Time/Indemnity Case” is represented by Claim Type Code “I” (Indemnity).

(37)(15) “Maintenance Type Code” (MTC) is an IAIABC code that defines the specific purpose of individual claims transactions within the batch being sent, i.e., a code that represents the type of filing being sent electronically (For example: MTC IP = initial payment, MTC 04 = Total or Full Denial). MTC’s and data elements required by this rule may not exactly match paper claim forms and associated data reporting requirements set out in Rule Chapter 69L-3, F.A.C.

(38) “Manual Classification Code” means the 4-digit code assigned by the National Council on Compensation Insurance (NCCI) for the particular occupation of the injured employee as documented in the NCCI Scopes™ Manual 2006 Edition, which is hereby incorporated by reference. A listing of Manual Classification Codes may be obtained by contacting NCCI’s Customer Service Center at (800)622-4123.

(39) “Medical Only Case” means a work-related injury or illness which requires medical treatment for which charges will be incurred, but which does not cause the employee to be disabled for more than 7 calendar days. A “Medical Only Case” is represented by Claim Type “M” (Medical Only) and is limited to being reported on MTC 04 and PD filings where the claim was initially accepted as a Medical Only Case prior to the denial of indemnity benefits.

(40) “Medical Only to Lost Time Case” means a work-related injury or illness which initially does not result in disability of more than 7 calendar days, but later results in disability of more than 7 days, where disability is either delayed and does not immediately follow the accident, or where one or more broken periods of disability occur within the first 7 days after disability has commenced and the combined disability periods eventually total more than 7 days. A “Medical Only to Lost Time Case” includes a case for which Impairment Income Benefits are the first and only indemnity

benefits paid, or for which the initial payment of indemnity benefits is made in a lump sum for an award, advance, stipulated agreement or settlement. A “Medical Only to Lost Time Case” is represented by Claim Type Code “L” (Became Lost Time/Indemnity).

(41) “Net Weekly Amount” means the weekly amount paid for an indemnity benefit such as temporary total benefits, impairment income benefits, etc., inclusive of any Benefit Adjustments or Benefit Credits being applied to the benefit type. The Net Weekly Amount equals the “Gross Weekly Amount” where no adjustments or credits are applied.

(42) “Partial Denial” means a case where compensability is accepted but the claim administrator initially denies all indemnity benefits and only medical benefits will be paid; Partial Denial also means a case where a specific indemnity benefit(s) was previously paid but subsequently denied, either in whole or in part. A “Partial Denial” is represented by a SROI MTC “PD”.

(43) “Payment Issue Date” for MTC “IP” (Initial Payment), and “PY” (Payment) means the date payment of a specific indemnity benefit corresponding to the MTC being reported left the control of the claim administrator (or the claim administrator’s legal representative if delivery is made by the legal representative) for delivery to the employee or the employee’s representative, whether by U.S. Postal Service or other delivery service, hand delivery, or transfer of electronic funds. The Payment Issue Date shall not be sent as the date the check is requested, created, or issued in the claim administrator’s system unless the check leaves the control of the claim administrator the same day it is requested, created, or issued for delivery to the employee or the employee’s representative.

(44) “Permanent Impairment Percentage” means “Permanent Impairment” as defined in Section 440.02, F.S.

(45)(16) “Sender” means one of the following entities sending electronic filings to the Division:

- (a) Claim Administrator,
- (b) Insurer, or
- (c) Third Party Vendor (Proof of Coverage only)

For Claims EDI filing purposes, “sender” does not include an entity acting as an intermediary for sending transmissions to the Division on behalf of an insurer or claim administrator where the sender is not the insurer or claim administrator handling the claim.

(46)(17) “SROI” means the Subsequent Report of Injury Record Layout adopted by the IAIABC as a Claims EDI Release 3 standard “IAIABC Release 1 Subsequent Report of Injury (A49)” format adopted by the IAIABC, and includes the Subsequent Report Record identified by Transaction Set “A49” paired with the Subsequent Report Companion Record identified with Transaction Set ID “R22”. The “SROI” record layout (A49/R22) is located in the Technical Documentation, Section 2, on Pages “4 15” and “4 16” in the IAIABC EDI

Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 3.4, ~~June 1, 2006~~ February 15, 2002, and Supplement, which is incorporated herein by reference. A copy of the guide may be obtained from the IAIABC's website at <http://iaiaabc.org/edi/implementation.asp>.

(47)(18) "Third Party Vendor" means an entity acting as a submission agent or vendor on behalf of an insurer, service company or third party administrator, which ~~that~~ has been authorized to electronically send required data to the Division.

(48)(19) "Trading Partner" means an entity approved by the Division to exchange ~~exchanging~~ data electronically with the Division.

(49)(20) "Trailer Record" means the last record that designates the end of a batch of transactions. It shall provide a count of transactions contained within the batch, not including the header and trailer transactions.

(50)(21) "Transaction" is one or more records within a batch which communicates information representing about an ~~particular~~ electronic form equivalent.

(51)(22) "Transaction Accepted Code (TA)" means an Application Acknowledgement Code returned assigned by the Division on the acknowledgement transaction to represent that a transaction was received by ~~sent to~~ the Division and passed required edits.

(52)(23) "Transaction Rejected Code (TR)" means an Application Acknowledgement Code returned assigned by the Division on the acknowledgement transaction to represent that a transaction was received by ~~sent to~~ the Division and did not pass required edits.

(53)(24) "Transmission" consists of one or more batches sent to or received by the Division or a trading partner.

(54)(25) "Triplicate Code" is a series of three two-digit numeric codes that define the specific purpose of individual records in a Proof of Coverage transmission, i.e., new policy, renewal, endorsement, cancellation or non-renewal. It is a combination of the Transaction Set Purpose Code, Transaction Set Type Code and Transaction Set Reason Code as defined in the Data Dictionary, Section 67 of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition ~~May 1, 2002~~, which is incorporated herein by reference. A copy of the guide may be found at <http://iaiaabc.org/edi/implementation.asp>, ~~www.iaiaabc.org/EDI/implementation_guide_index.htm~~.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History--New 3-5-02, Formerly 38F-56.002, 4L-56.002, Amended 5-29-05, _____.

69L-56.100 Proof of Coverage (POC) Electronic Reporting Filing Requirements.

(1) No change.

(a) Every insurer shall send to the Division ~~department~~ by electronic data interchange electronic policy information for Certificates of Insurance, Endorsements, Reinstatements, Cancellations and Non-Renewals pursuant to the filing time periods in Rule 69L-56.210, F.A.C., ~~of this chapter~~. Such policy information shall be sent in accordance with the "EDI Trading Partner Requirements" set forth in Section 2 through 6 of the Florida Division of Workers' Compensation Proof of Coverage Electronic Data Interchange (EDI) Implementation Manual, July 2006 ~~January 2005~~, which is incorporated herein by reference. A copy of the manual may be obtained from the Division of Workers' Compensation at its website, <http://www.fldfs.com/wc/edi.html>, ~~or by sending a request to the Division of Workers' Compensation, Office of Data Quality & Collection, 200 East Gaines Street, Tallahassee, Florida 32399-4226~~. The Division will not accept an electronic transaction that fails to comply with the "EDI Trading Partner Requirements" in Sections 2 through 6 in this manual. The insurer shall send electronic transmissions either directly to the Division or through a third party vendor.

(2) On or before April 2, 2007, all eElectronic form equivalents of Proof of Coverage data shall be sent in the Proof of Coverage formats adopted by the IAIABC and located in Section 2 on Pages "5-7" and "5-8" of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition ~~May 1, 2002~~.

(3)(a) At least one (1) business day before the insurer or third party vendor sends its first transmission to the Division, the insurer or third party vendor shall send to the Division in an email addressed to poc.edi@fldfs.com, their profile information using the following forms adopted in Rule 69L-56.001, F.A.C.:

1. "EDI Trading Partner Profile," DFS-F5-DWC-EDI-1 (10/01/2006 ~~01/01/2005~~), and
2. "EDI Trading Partner Insurer/Claim Administrator ID List", DFS-F5-DWC-EDI-2 (10/01/2006 ~~01/01/2005~~), and
3. "EDI Transmission Profile – Sender's Specifications," DFS-F5-DWC-EDI-3 (10/01/2006 ~~01/01/2005~~).

(b) The insurer or third party vendor shall report changes to its profile information to the Division at least one (1) business day before sending transactions containing new profile-related information. The insurer or third party vendor shall report the new profile information by emailing a revised "EDI Trading Partner Profile", DFS-F5-DWC-EDI-1 (10/01/2006 ~~01/01/2005~~), and if applicable, the "EDI Trading Partner Insurer/Claim Administrator ID List", DFS-F5-DWC-EDI-2 (10/01/2006 ~~01/01/2005~~), and if applicable, the "EDI Transmission Profile – Sender's Specifications", DFS-F5-DWC-EDI-3 (10/01/2006 ~~01/01/2005~~) to the Division at poc.edi@fldfs.com.

(c) If the insurer suspends the use of a third party vendor and begins sending its electronic Proof of Coverage data directly to the Division, the insurer shall, at least one (1) business day prior to the effective date of this change, email a revised “EDI Transmission Profile – Sender’s Specifications,” DFS-F5-DWC-EDI-3 (10/01/2006 ~~01/01/2005~~), to the Division at poc.edi@fldfs.com.

(d) If the insurer changes third party vendors, the insurer shall, at least one (1) business day prior to the effective date of the change, send an email to the Division at poc.edi@fldfs.com to report the name of the new vendor and effective date on which POC transactions will be sent by the new vendor.

(e) Insurers or third party vendors that experience a catastrophic event resulting in the insurer’s failure to meet the filing requirements of this rule, shall submit a written or electronic request to the Division for approval to submit required electronic form equivalents in an alternative filing timeline. The request shall be sent to the Division within 15 business days after the catastrophic event. The request shall contain a detailed explanation of the nature of the event, date of occurrence, and measures being taken to resume electronic submission. The insurer or third party vendor shall also provide an estimated date by which electronic submission of affected EDI filings will be resumed. Approval to submit in an alternative filing timeline shall be granted by the Division if a catastrophic event prevents electronic submission. The approval must be obtained from the Division’s Office of Data Quality and Collection, 200 E. Gaines Street, Tallahassee, Florida 32399-4226, or via email at poc.edi@fldfs.com.

Specific Authority 440.591, 440.593(5), 440.185(7) FS. Law Implemented 440.593, 440.185(7) FS. History—New 3-5-02, Formerly 38F-56.100, 4L-56.100, Amended 5-29-05, _____.

69L-56.110 Technical Requirements for POC EDI ~~Transactions~~.

(1) In order to send Proof of Coverage data electronically to the Division, the insurer or third party vendor shall complete the testing requirements set forth in Section 1 of the Florida Division of Workers’ Compensation Proof of Coverage Electronic Data Interchange (EDI) Implementation Manual, July 2006 January 2005. Each transmission for Test, ~~Pilot~~ or Production purposes shall be in the PC1-Insured Record format and PC2-Employer Record format located in Section 2 on Pages “5-7” and “5-8” of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition May 1, 2002 and Supplement.

(2) Each transmission shall contain the following as set forth in Section 2 on Pages “5-6” and “5-8” of in the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition May 1, 2002:

(a) Header Record.

(b) One or more records – PC1, PC2 (See “Transaction Overview, Sub Type Code Carrier Insurer Submits” column located in Section 4 on Pages “6-7” through “6-12” of the guide).

(c) Trailer Record.

(3) Header records shall include the following information:

(a) Receiver FEIN for the State of Florida: 596001874 ~~59-6001874~~.

(b) “Receiver Postal Code” for the State of Florida: 323994226 effective June 1, 2005. ~~(Receiver Postal Code may be sent as 323990685 through May 31, 2005).~~

(c) Sender Identifier. The Sender Identifier (Sender ID) shall consist of the insurer’s or third party vendor’s FEIN and Postal Code as reported on Form DFS-F5-DWC-EDI-3 (10/01/2006 ~~01/01/2005~~), EDI Transmission Profile – Sender’s Specifications.

(d) “Sender Postal Code” as indicated on in ~~in~~ DWC Form EDI-3 “EDI Transmission Profile- Sender’s Specifications.”

(4) POC EDI transmissions may be sent on a daily basis, and shall be sent via secured File Transfer Protocol (FTP). Effective June 1, 2005, electronic transmissions of Proof of Coverage data required pursuant to this rule, shall be sent to the Division using Secure Socket Layer/File Transfer Protocol (SSL/FTP) ~~with a client software program to accomplish SSL/FTP uploads and downloads~~ in accordance with instructions on Form DFS-F5-DWC-EDI-4 (10/01/2006 ~~01/01/2005~~).

(5) Transmissions received on or before 9:00 p.m., Eastern Standard Time, shall be processed by the Division the same day the transmission was sent to the Division and acknowledged by the Division the next business day. Transmissions received after 9:00 p.m. through 11:59 p.m., Eastern Standard Time, shall be processed by the Division the following day and acknowledged by the Division the next day after the transmission is processed.

~~(5)(a) Transmissions sent Monday through Saturday: In order for a transmission sent Monday through Saturday to be processed as received by the Division and acknowledged the same day the transmission was sent, the insurer or third party vendor shall send the transmissions by 9:00 p.m., Eastern Standard Time, Monday through Saturday. Transmissions received after 9:00 p.m. Eastern Standard Time, Monday through Saturday shall be processed as received by the Division and acknowledged the day after the transmission was sent.~~

~~(b) Transmissions sent Sunday: In order for a transmission sent on Sunday to be processed as received by the Division on Sunday, the insurer or third party vendor shall send the transmission by 4:00 p.m., Eastern Standard Time, Sunday. Transmissions received by 4:00 p.m. Eastern Standard Time, Sunday, will be acknowledged on Monday. Transmissions~~

received after 4:00 p.m. Eastern Standard Time, Sunday, shall be processed as received by the Division on Monday and acknowledged on Monday.

(6) Transmissions shall be sent using the flat file PC1 and PC2 formats located ~~in Section 2 on Pages "5-7" and "5-8"~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition and Supplement May 1, 2002.

(7) ~~For During~~ test ~~and pilot~~ transmissions, the "Test-Production Indicator" in the Header record shall be set to "T." Beginning with authorized production transmissions, the "Test-Production Indicator" shall be set to "P."

(8) All insurers or third party vendors shall have the capability to receive and process the Division's POC EDI Acknowledgement Transaction (AKP), described ~~in Section 2 of on Page "5-8" in~~ the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition May 1, 2002 and Supplement. The Division will also send, when applicable, a re-acknowledgment transaction (ACR) to identify an EDI filing previously acknowledged with Application Acknowledgement Code "TR" (Transaction Rejected) due to improper processing, that was subsequently re-processed by the Division and re-assigned an Application Acknowledgement Code of "TA" (Transaction Accepted). The claim administrator shall have the option of processing re-acknowledgement transactions.

(9) The definitions established in Section ~~6~~ 7 of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition May 1, 2002, and Supplement, shall be utilized when reporting data elements to the Division.

(10) The insurer or third party vendor shall send the PC1 and PC2 transactions required in Rule 69L-56.210, F.A.C., in accordance with the information appearing in the "Sub Type Code Carrier-Insurer Submits" column in the "Proof of Coverage Transaction Overview" document, located ~~in Section 4 on Pages "6-7" through "6-12"~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition May 1, 2002. If the PC2 record is required and is rejected by the Division, both the PC1 and PC2 records shall be re-sent together in the same transmission. The Division will not "hold" a PC1 record in anticipation of the return of a corrected corresponding PC2 record.

(11) through (12) No change.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History--New 3-5-02, Formerly 38F-56.110, 4L-56.110, Amended 5-29-05,_____.

69L-56.200 Policy Cancellation or Non-Renewal Requirements of Workers' Compensation Insurance.

(1) Except for cancellation for nonpayment of premium or failure to pay deductible, or cancellation or non-renewal at the request of the insured, an insurer shall not cancel or non-renew any workers' compensation insurance policy, contract of insurance, or renewal until at least 30 days have elapsed after the insurer has electronically filed a cancellation or non-renewal with the Division, either directly or through a third party vendor. When an insurer files an electronic cancellation or non-renewal directly with the Division for any reason other than non-payment of premium or failure to pay deductible or when cancellation or non-renewal is requested by the insured, the 30-day notice period shall be calculated from the first day following the date on which the electronic cancellation or non-renewal was filed with the Division. If the insurer files an electronic cancellation or non-renewal through a third party vendor for any reason other than non-payment of premium or failure to pay deductible, or when cancellation or non-renewal is requested by the insured, the 30-day notice period shall be calculated from the first day following the "Jurisdiction Designee Received Date".

(2)(a) For any workers' compensation insurance policy, contract of insurance, or renewal with a policy effective date prior to October 1, 2003, an insurer shall not cancel or non-renew the policy for non-payment of premium or failure to pay deductible until and unless 30 days have elapsed after the insurer has electronically filed a cancellation or non-renewal with the Division, either directly or through a third party vendor. When an insurer files an electronic cancellation or non-renewal directly with the Division, the 30-day notice period shall be calculated from the first day following the date on which the electronic cancellation or non-renewal was filed with the Division. If the insurer files an electronic cancellation or non-renewal through a third party vendor, the 30-day notice period shall be calculated from the first day following the "Jurisdiction Designee Received Date".

(b) For any workers' compensation insurance policy, contract of insurance, or renewal with a policy effective date on or after October 1, 2003, an insurer shall not cancel or non-renew the policy for non-payment of premium or failure to pay deductible until and unless the insurer has mailed notification of the cancellation or non-renewal to the employer at least 10 days prior to the effective date of the cancellation or non-renewal. Notification to the Division is not required to cancel or non-renew a workers' compensation insurance policy, contract of insurance, or renewal for non-payment of premium or failure to pay deductible. However, the insurer shall advise the Division of the cancellation or non-renewal due to non-payment of premium or failure to pay deductible in accordance with the electronic filing time periods for policy information set out in subsections 69L-56.210(5) and (6), F.A.C., ~~of this rule.~~

(3) If an insured requests cancellation or non-renewal of any workers' compensation insurance policy, contract of insurance or renewal, the cancellation or non-renewal shall be effective on the date the insurer sends the cancellation or non-renewal to the insured. Notification to the Division is not required to cancel or non-renew a workers' compensation insurance policy, contract of insurance, or renewal when cancellation or non-renewal is requested by the insured. However, the insurer shall advise the Division of the cancellation or non-renewal requested by the insured in accordance with the electronic filing time periods for policy information set out in subsection 69L-56.210(7), F.A.C., of this rule.

(4) No change.

Specific Authority 440.185(7), 440.42(3), 440.591, 440.593(5), 627.4133(4) FS. Law Implemented 440.185(7), 440.42(3), 440.593, 627.4133(4) FS. History—New 5-29-05, Amended _____.

69L-56.210 ~~Electronic Filing~~ Time Periods for Filing Electronic Policy Information.

Pursuant to subsection 440.593(1), F.S., the Division may establish different deadlines for filing required reports electronically than are otherwise required when reporting information by other means. Accordingly, notwithstanding the deadlines for filing policy information by other means as set forth in subsection 440.185(7), F.S., an insurer, other than an individual self-insurer approved under Section 440.38, F.S., must electronically file the following information in accordance with the provisions of this rule, and shall have received an Application Acknowledgement Ceode of “TA” (Transaction Accepted) ~~“(TA)”~~ by the Division within the following deadlines:

(1) through (3) No change.

(4) No later than thirty days prior to the cancellation or non-renewal of any workers' compensation insurance policy, contract of insurance, or renewal, other than a cancellation for non-payment of premium or failure to pay deductible or when cancellation or non-renewal is requested by the insured, every insurer shall send the electronic cancellation or non-renewal.

(5) No later than thirty days prior to the cancellation of any workers' compensation insurance policy, contract of insurance, or renewal with a policy effective date prior to October 1, 2003, that is being cancelled for non-payment of premium or failure to pay deductible, every insurer shall send the electronic cancellation represented by Triplicate Codes “00-41-59” “00-41-69” and “00-60-59”.

(6) No later than ten days prior to the cancellation of any workers' compensation insurance policy, contract of insurance, or renewal with a policy effective date on or after October 1, 2003, that is being cancelled for non-payment of premium or failure to pay deductible, every insurer shall send the electronic cancellation represented by Triplicate Codes “00-41-59” “00-41-69” and “00-60-59”.

(7) No later than ten days after the cancellation or non-renewal of any workers' compensation insurance policy, contract of insurance, or renewal for which an insured has requested cancellation or non-renewal, the insurer shall send the electronic cancellation or non-renewal to the Division. The electronic cancellation or non-renewal shall be represented by Triplicate Codes containing Transaction Set Type Codes “42” & “60”, with the exception of Triplicate Code “00-60-64”, pursuant to the “Transaction Overview” document, located in Section 4 of the on Pages “6-7” through “6-12” IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition and Supplement May 1, 2002.

(8) No change.

Specific Authority 440.185(7), ~~(9)~~, 440.42(3), 440.591, 440.593(5), 627.4133(4) FS. Law Implemented 440.185(7), (9), 440.42(3), 440.593, 627.4133(4) FS. History—New 5-29-05, Amended _____.

69L-56.300 Claims EDI Reporting Requirements and Implementation Schedules.

(1)(a) On or before the implementation schedules set out in paragraphs (3)(a) and (b) of this section, every insurer shall file claims information for all “Lost Time/Indemnity”, “Medical Only to Lost Time”, and “Denied” cases via electronic data interchange (EDI) pursuant to paragraph (d) of this section, rather than by submitting paper forms otherwise required in Rule Chapter 69L-3, F.A.C. The insurer shall file the electronic form equivalent of the First Report of Injury or Illness, Notice of Denial, Claim Cost Report, Notice of Action/Change, and Aggregate Claims Administration Change Report adopted in Rule Chapter 69L-3, F.A.C., pursuant to the requirements and timeframes set out in Rules 69L-56.301, 69L-56.3012, 69L-56.3013, 69L-56.304, and 69L-56.3045, F.A.C., and in accordance with the “FL Claims EDI R3 Trading Partner Filing Specifications” contained in Section 1 of the “Florida Division of Workers’ Compensation Claims Electronic Data Interchange (EDI) R3 Implementation Manual, September 2006” and “Supplement”, incorporated herein by reference, and hereafter referred to as the “FL Claims EDI Implementation Manual”. A copy of the FL Claims EDI Implementation Manual may be obtained from the Division of Workers’ Compensation at its website, www.fldfs.com/WC/edi_clms.html.

(b) The insurer or its claim administrator shall electronically report all First Reports of Injury or Illness for which the claim administrator’s knowledge of the injury is on or after the date the claim administrator is authorized by the Division to send Electronic First Reports of Injury or Illness in production status (i.e., actual production implementation date). All other electronic form equivalents for denials, periodic claim cost information, changes, suspensions, reinstatements, and cancellations required by this rule shall be electronically reported to the Division, regardless of date of injury, once the

claim administrator is approved by the Division to send these electronic filings in production status (i.e., actual production implementation date).

(c) Electronic form equivalents, hereafter also referred to as “Claims EDI Filings” required under this rule do not correspond exactly to, and may require additional information not currently contained on claims forms promulgated under Rule Chapter 69L-3, F.A.C. The term, “insurer”, as defined in this rule chapter, refers to the entity responsible for filing electronic form equivalents on or before the compliance dates established in the insurer’s Primary and Secondary Implementation Schedules set out in paragraphs 69L-56.300(3)(a) and (b), F.A.C. The term, “claim administrator”, as defined in this rule chapter, refers to the trading partner that is sending electronic transactions to the Division, which can be either an insurer filing directly with the Division on its own behalf, or a servicing company/third party administrator filing on the behalf of the insurer. For purposes of this rule, the terms “Claim Administrator” and “Trading Partner” do not mean a third party vendor.

(d) The claim administrator shall report the Claims EDI filings required in Rules 69L-56.301, 69L-56.3012, 69L-56.3013, 69L-56.304, 69L-56.3045, and 69L-56.307, F.A.C., using the First Report of Injury (FROI) and Subsequent Report of Injury (SROI) electronic record layouts adopted by the International Association of Industrial Accident Boards and Commissions (IAIABC). A sample of the FROI, which consists of the 148 and companion R21 records, and a sample of the SROI, which consists of the A49 and companion R22 records, are located in Section 2, “Technical Documentation” of the “IAIABC EDI Implementation Guide for Claims: First, Subsequent, Header, Trailer & Acknowledgement Detail Records, Release 3, June 1, 2006 Edition” and “Supplement”, incorporated herein by reference, and hereafter referred to as the IAIABC Claims EDI Release 3 Implementation Guide. A copy of this guide may be obtained from the IAIABC at its website, <http://www.iaibc.org/edi/implementation.asp>.

1. The claim administrator shall send the FROI (148/R21), SROI (A49/R22), and combination FROI and SROI records with the Maintenance Type Code (MTC) or MTC combinations specified in Rules 69L-56.301, 69L-56.3012, 69L-56.3013, 69L-56.304, 69L-56.3045 and 69L-56.307, F.A.C., to represent the Claims EDI Filing being sent to the Division (Example: FROI MTC 04 = Total Denial of an Electronic First Report of Injury or Illness; SROI MTC FN = Electronic Final Claim Cost Report; FROI MTC 00 with SROI MTC IP = Electronic First Report of Injury or Illness where the Initial Payment is made by claim administrator.)

(e) In addition to the Technical Documentation and Business/Technical Process Rules located in Sections 2 and 4, respectively, of the IAIABC Claims EDI Release 3 Implementation Guide, the claim administrator shall comply

with information contained in the below documents located in the Claims EDI Trading Partner Filing Specifications of the FL Claims EDI Implementation Manual:

1. “FL Claims EDI R3 Event Table” – Identifies the FROI MTC or SROI MTC, and FROI/SROI MTC combinations required to be sent for an electronic form equivalent required by this rule, and the associated filing time periods by which the FROI and SROI MTC’s shall be received by the Division in order to be considered timely filed;

2. “FL Claims EDI R3 Element Requirement Table” – Specifies the data elements required to be sent for each FROI and SROI MTC; and

3. “FL Claims EDI R3 Edit Matrix” – Identifies Division editing that will be applied to data elements and transactions, including transaction sequencing and duplicate processing rules.

(f) The claim administrator shall collect and report all data elements designated with the following codes on the FL Claims EDI R3 Element Requirement Table: “F” (Fatal Technical) – Required to be reported; “M” (Mandatory) – Required to be reported; “MC” (Mandatory/Conditional) – Required to be reported if the condition(s) set out in the table’s FROI or SROI Conditional Requirements or Event Benefits Conditions worksheets are met; “IA” (If Applicable/Available) – Required to be reported if the data element is applicable to the claim (e.g., If the claim administrator has knowledge that the employee’s Last Name Suffix is “Jr”, the claim administrator shall report the Last Name Suffix of “Jr”).

(g) Claims EDI filings that comply with data element reporting requirements and pass edits specified in the “FL Claims EDI R3 Element Requirement Table” and the “FL Claims EDI R3 Edit Matrix” shall be accepted and acknowledged by the Division with Application Acknowledgement Code “TA” (Transaction Accepted). Claims EDI filings that receive an Application Acknowledgement Code of “TA” shall be assigned a “Received by Division Date” for purposes of determining whether an EDI filing was timely filed with the Division in accordance with the timeframes identified in the “FL Claims EDI R3 Event Table” and as required in Rules 69L-56.301, 69L-56.3012, 69L-56.3013, 69L-56.304, 69L-56.3045, and 69L-56.307, F.A.C. The date assigned as the “Received by Division Date” is the date the transmission containing the accepted Claims EDI filing was sent to and received by the Division based on the technical transmission requirements set out in subsection 69L-56.310(4), F.A.C. An electronic First Report of Injury or Illness that receives an Application Acknowledgement Code of “TA” shall also be assigned a “Jurisdiction Claim Number” by the Division which the claim administrator shall report on every subsequent Claims EDI filing for that claim. Electronic transactions that do not satisfy data element requirements and edits specified in the “FL Claims EDI R3 Element Requirement Table” and the “FL Claims EDI R3 Edit Matrix”

shall be rejected and acknowledged by the Division with Application Acknowledgement Code "TR" (Transaction Rejected). The claim administrator shall correct the error(s) identified in the acknowledgement returned by the Division and re-send the Claims EDI filing to the Division as appropriate (e.g., a transaction receiving fatal error # 0002-057 because it was an extra MTC in the transmission or already on file with the Division is not expected to be re-filed with the Division.)

(h) The claim administrator shall receive and process each acknowledgement transaction (AKC) returned by the Division. The Division will also send, when applicable, a re-acknowledgment transaction (ACR) to identify a Claims EDI filing that was previously acknowledged with Application Acknowledgement code "TR" due to improper processing by the Division, and which was subsequently re-processed and re-assigned an Application Acknowledgement Code of "TA". The claim administrator has the option to either process or not process re-acknowledgment transactions sent by the Division.

(i) Claims EDI filings acknowledged with Application Acknowledgement Code "TA" (Transaction Accepted) that invoke one or more non-rejectable (non-fatal) edits depicted as "FL" in the "DN-Error Message Table" of the FL Claims EDI R3 Edits Matrix, shall result in an error message that will be communicated by the Division to the claim administrator in a proprietary report, separate from the acknowledgement transaction (AKC). Non-fatal error reports will be posted to the Division's website in a password-protected file, which the claim administrator shall retrieve via the "Claims EDI" link on the Division's web site. The Division will send an email notification to the claim administrator regarding the posting of all non-fatal error reports that require a response from the claim administrator. The claim administrator shall respond to the Division on or before 21 days after the date the report was posted to the Division's web site. The email notification will be sent to the "EDI Business Contact(s)" identified in the claim administrator's "EDI Trading Partner Profile", Form DFS-F5-DWC-EDI-1. The claim administrator shall notify the Division regarding any additions or deletions of "EDI Business Contacts" for this purpose. The claim administrator shall respond to all other inquiries from the Division, including by telephone, concerning written or electronic requests for information, on or before 21 days after the claim administrator's receipt of the request from the Division.

(j) Unless an explanatory letter is alternatively permitted by this rule chapter, paper copies of Forms DFS-F2-DWC-1, DFS-F2-DWC-4 and DFS-F2-DWC-12 shall continue to be provided by the claim administrator to the employee and employer as required by Rule Chapter 69L-3, F.A.C., and as specified in Rules 69L-56.301, 69L-56.3012, 69L-56.304, and 69L-56.3045, F.A.C., and the FL Claims EDI R3 Event Table ("Paper Form" and "Receiver" columns).

(k) The claim administrator shall produce and mail to the employee and employer the informational brochures required in Rules 69L-3.0035, and 69L-3.0036, F.A.C.

(l) Claim administrators who, directly or through its third party vendor, experience a catastrophic event resulting in the insurer's failure to meet the filing requirements of this rule, shall submit a written or electronic request to the Division for approval to submit required electronic form equivalents in an alternative filing timeline. The request shall be sent to the Division within 15 business days after the catastrophic event. The request shall contain a detailed explanation of the nature of the event, date of occurrence, and measures being taken to resume electronic submission. The claim administrator shall also provide an estimated date by which electronic submission of affected EDI filings will be resumed. Approval to submit in an alternative filing timeline shall be granted by the Division if a catastrophic event prevents electronic submission. The approval must be obtained from the Division's Office of Data Quality and Collection, 200 E. Gaines Street, Tallahassee, Florida 32399-4226, or via email at claims.edi@fldfs.com. If approved, the electronic form equivalents that were due to be filed during the time the claim administrator was unable to file due to a catastrophic event, shall be sent with Late Reason Code "LB" (Late notification/payment due to a Natural Disaster) or "LC" (Late notification/payment due to an act of Terrorism).

(m) Non-compliance by the claim administrator with the electronic reporting requirements in this Rule shall result in referral to the Division's Bureau of Monitoring and Audit, and may constitute a violation of Section 440.525, F.S.

(2) Trading Partner Profile Documents:

(a) At least two (2) business days prior to sending its first test transmission to the Division, the claim administrator shall send to the Division in an email addressed to claims.edi@fldfs.com, the claim administrator's current profile information using the following forms adopted in Rule 69L-56.001, F.A.C.:

1. "EDI Trading Partner Profile", DFS-F5-DWC-EDI-1 (10/01/2006), and
2. "EDI Trading Partner Insurer/Claim Administrator ID List", DFS-F5-DWC-EDI-2 (10/01/2006), and
3. "EDI Trading Partner Claim Administrator Address List", DFS-F5-DWC-EDI-2A (10/01/2006), and
4. "EDI Transmission Profile – Sender's Specifications, DFS-F5-DWC-EDI-3 (10/01/2006).

Claim administrators filing Electronic First Reports of Injury or Illness or Electronic Claim Cost Reports on a voluntary basis using the IAIABC Release 1 standard formats shall re-file their profile information with the Division using the forms in subparagraphs (2)(a)1.-4. above, even if the claim administrator's profile information has not changed since previously reported to the Division.

(b) The claim administrator shall report changes to its profile information required on the forms listed in subparagraphs (2)(a)1.-4. above, at least two (2) business days prior to sending transactions containing revised profile-related information to the Division. The insurer or its claim administrator shall report revisions to its profile information by emailing to the Division at claims.edi@fldfs.com, a revised "EDI Trading Partner Profile", DFS-F5-DWC-EDI-1 (10/02/2006), and if applicable, a revised "EDI Trading Partner Insurer/Claim Administrator ID List", DFS-F5-DWC-EDI-2 (10/01/2006), and if applicable, a revised "EDI Trading Partner Claim Administrator Address List", DFS-F5-DWC-EDI-2A (10/01/2006), and if applicable, a revised "EDI Transmission Profile – Sender's Specifications", DFS-F5-DWC-EDI-3 (10/01/2006). Failure by the claim administrator to report changes to its trading partner profile information using the forms adopted in this rule, including changes to the Submitter ID (i.e., Trading Partner FEIN/Postal Code on the Header Record), may result in the rejection of an entire transmission or individual transaction(s) containing profile information that is different from that reported on profile documents previously filed with the Division by the claim administrator.

(c) If the insurer or its claim administrator contracts with a new third party vendor, the insurer or its claim administrator shall, at least two (2) business days prior to the effective date of the change in vendors, send an email to the Division at claims.edi@fldfs.com to report the name of the new vendor and effective date on which Claims EDI transactions will be sent via the new vendor.

(3) Claims EDI Implementation Schedules:

(a) Primary Implementation Schedule: The insurer shall comply with the following implementation schedule for reporting Electronic First Reports of Injury or Illness specified in Rule 69L-56.301, F.A.C., Electronic Notices of Denial and Rescinded Denial specified in Rule 69L-56.3012, F.A.C., Electronic Periodic Claim Cost Reports specified in Rule 69L-56.3013, F.A.C., Electronic Notices of Actions or Changes, including Changes in Claims Administration specified in Rule 69L-56.304, F.A.C., and Electronic Cancellations Specified in Rule 69L-56.307, F.A.C. The insurer's Primary Implementation Schedule shall consist of three "test to production" periods as described in subparagraphs (3)(a)1.-3., of this subsection. Each insurer shall be assigned to either the first, second, or third "test to production" period based on the insurer's Division-assigned Insurer Code #. If there are multiple or subsidiary insurer entities within an insurer's corporate structure or organization, the insurer's "test to production" period in the Primary Implementation Schedule will be based on the lowest numeric value assigned to any of the insurer's subsidiary companies. Insurers that write large deductible policies for insureds adjusting their own claims are responsible for ensuring those insureds meet the insurer's required "test to production"

timelines and implementation schedules, even if the insured is not using the insurer's computer system to file its Claims EDI Filings with the Division. Claim administrators voluntarily submitting Claims EDI Filings in production status using the IAIABC Release 1 national standard shall convert to Release 3 and be in production status by the same date as that required for the first group of insurers specified in subparagraph (3)(a)1. below, regardless of Insurer Code #. Each "test to production period" shall consist of three calendar months. The insurer's compliance date for the Primary Implementation Schedule shall be the last day of the third month of the insurer's assigned "test to production" period.

1. The first "test to production" period shall commence November 1, 2007, and shall include insurers with Division-assigned Insurer Code #'s 102 through # 199. The compliance date for the Insurer's Primary Implementation Schedule shall be January 31, 2008.

2. The second "test to production" period shall commence February 1, 2008, and shall include insurers with Division-assigned Insurer Code #'s 200 through 599. The compliance date for the insurer's Primary Implementation Schedule shall be April 30, 2008.

3. The third "test to production" period shall commence May 1, 2008 and shall include insurers with Division-assigned Insurer Code #'s 600 through 1122, future Insurer Code #'s 1123 through 4999 and 8000 through #9999. The compliance date for the insurer's Primary Implementation Schedule shall be July 31, 2008.

(b) Secondary Implementation Schedule: The insurer shall comply with the Secondary Implementation Schedule for reporting the additional Electronic Notices of Action or Change, Suspensions, and Reinstatement of indemnity benefits specified in Rule 69L-56.3045, F.A.C., as follows:

No later than 9 months after the compliance date established in the insurer's Primary Implementation Schedule, the insurer shall commence testing its Electronic Notice of Action or Change, Suspension, and Reinstatement of Indemnity benefits required in Rule 69L-56.3045, F.A.C. The insurer shall be in production status within three months after the commencement of testing, i.e., within one year after the compliance date established in the insurer's Primary Implementation Schedule.

(c) Beginning August 1, 2007, a claim administrator may voluntarily commence testing any electronic form equivalent/MTC with the Division using the IAIABC EDI Release 3 standard for Claims, contingent upon the availability of Division resources.

(d) After a claim administrator has been approved for production status for filing electronic form equivalents required in the Primary Implementation Schedule or Secondary Implementation Schedule, if the claim administrator is unable to receive an Application Acknowledgement Code of "TA" from the Division for an electronic form equivalent required by this Rule Chapter, the claim administrator may alternatively

file the formerly required DWC form adopted in Rule 69L-3, F.A.C., for a period not to exceed three months after each of the claim administrator's production implementation dates for the Primary and Secondary Implementation Schedules.

(e) After the conclusion of the three month time period specified in paragraph 69L-56.300(3)(d), F.A.C., above, if the claim administrator is unable to receive an Application Acknowledgement Code of "TA" from the Division for an electronic form equivalent required by this Rule Chapter, and the claim administrator needs to meet the reporting requirements of this rule, the claim administrator shall submit an e-mail to the Division at claims.edi@fldfs.com to request approval to alternatively file a DWC form pursuant to Chapter 69L-3, F.A.C., in lieu of the electronic form equivalent. The request shall include the following information: Claim Administrator Name and FEIN, Employee Name, Employee ID Number (Social Security Number or Division Assigned Number), Date of Injury, Claim Administrator File Number, Maintenance Type Code (MTC), Date Transmission Sent for the MTC(s) attempted unsuccessfully, the DWC form requesting to be filed (i.e., DWC-13), and an explanation of the reasons electronic submission failed. If the Division approves the claim administrator's request to send a DWC form in lieu of the electronic form equivalent, all subsequent filings due for the claim shall be sent via EDI; the claim administrator shall not file additional DWC forms for the claim unless the claim administrator has received advance approval from the Division.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History—New _____.

69L-56.301 Electronic First Report of Injury or Illness.

On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.300(3)(a), F.A.C., the insurer shall file the electronic form equivalent for claims information otherwise reported on Form DFS-F2-DWC-1 adopted in Rule Chapter 69L-3, F.A.C. Pursuant to subsection 440.593(1), F.S., the Division may establish different deadlines for filing required reports electronically than are otherwise required when reporting information by other means. Accordingly, notwithstanding the deadlines for filing the injury report by other means as set forth in subsection 440.185(2), F.S., the insurer or its claim administrator shall send to the Division the electronic form equivalent of the First Report of Injury or Illness for the following cases, and by the following filing time periods:

(1) Initial Payment for "Lost Time Case" or "Medical Only to Lost Time Case".

(FROI MTC 00 with SROI MTC IP, EP, CD, VE, or PY):

(a) Where the initial payment of indemnity benefits, excluding Temporary Partial benefits, Impairment Income benefits, and Lump Sum Payment/Settlement, is made by the

claim administrator, or where the employer is paying salary in lieu of compensation, or for a compensable death with no known dependents, or a compensable volunteer:

1. If disability is immediate and continuous for 8 or more calendar days after the workers' compensation injury, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 21 days after the claim administrator's knowledge of the injury. The claim administrator shall report Claim Type "I" (Lost Time/Indemnity).

2. If the first 7 days of disability are nonconsecutive or delayed, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 13 days after the claim administrator's knowledge of the employee's 8th day of disability. The claim administrator shall report the "Initial Date of Lost Time" (i.e., the employee's 8th day of disability) and the "Date Claim Administrator Had Knowledge of Lost Time". The claim administrator shall also report Claim Type "L" (Became Lost Time/Indemnity).

3. The Electronic First Report of Injury or Illness shall be represented by sending the FROI and SROI records as follows:

a. Initial Payment by Claim Administrator: FROI MTC 00 (Original) with SROI MTC IP (Initial Payment);

b. Employer Paid Salary in Lieu of Compensation: FROI MTC 00 (Original) with SROI MTC EP (Employer Paid);

c. Compensable Death, No Dependents/Payees: FROI MTC 00 (Original) with SROI MTC CD (Compensable Death);

d. Compensable Volunteer: FROI with MTC 00 (Original) with SROI MTC VE (Volunteer);

(b) Where the initial payment of indemnity benefits is for Temporary Partial benefits, Impairment Income benefits, or results from a Lump Sum Payment/Settlement, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 14 days after the date the initial payment of benefits was mailed to the employee or to the employee's legal representative.

1. The Electronic First Report of Injury or Illness shall be represented by sending the FROI and SROI records as follows:

a. Initial Payment of Temporary Partial Benefits (TP): FROI MTC 00 (Original) with SROI MTC IP (Initial Payment) and Benefit Type Code "070" (Temporary Partial);

b. Initial Payment of Impairment Income Benefits (IB): FROI MTC 00 (Original) with SROI MTC IP (Initial Payment) and Benefit Type Code "030" (Permanent Partial Scheduled);

c. Initial Payment of Lump Sum Payment/Settlement: FROI MTC 00 (Original) with SROI MTC PY (Payment Report) and Benefit Type Code that applies to the specific benefit(s) covered by the lump sum payment/settlement.

(2) “Denied Case”:

(FROI MTC 04, or SROI MTC PD with applicable FROI MTC).

(a) Full/Total Denial – If, by the 14th day after the claim administrator’s knowledge of the injury, the employee sustains disability as defined in Section 440.02, F.S., and the claim administrator’s initial disposition is to deny the case in its entirety (i.e., both medical and indemnity benefits are denied), an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of “TA” (Transaction Accepted) on or before 21 days after the claim administrator’s knowledge of the injury. The claim administrator shall report Claim Type Code “L” (to represent the full denial of a “Medical Only to Lost Time Case”) or Claim Type Code “I” (to represent the full denial of a “Lost Time/Indemnity Case”).

1. The Electronic First Report of Injury or Illness reporting a “Full/Total Denial” shall be represented by sending FROI MTC 04 (Denial).

2. The electronic form equivalent of Form DFS-F2-DWC-12 adopted in Rule Chapter 69L-3, F.A.C., required in Rule 69L-56.3012, F.A.C., to be filed with the Division to explain the reason(s) for the denial, shall be accomplished by reporting the applicable Full Denial Reason Code(s), Full Denial Effective Date, and Denial Reason Narrative on the same FROI MTC 04 (Denial).

(b) Medical Only Case that becomes a Total Denial – If the claim administrator is making the decision to deny the case in its entirety (i.e., both medical and indemnity benefits are denied) after the claim administrator’s initial disposition to accept compensability of a “Medical Only Case”, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of “TA” (Transaction Accepted) on or before 14 days after the claim administrator’s decision to deny the entire claim. The claim administrator shall report Claim Type Code “M” (to represent a “Medical Only Case” that is being totally denied).

1. The Electronic First Report of Injury or Illness to report the denial of both indemnity and medical benefits on a case initially determined to be a Medical Only case, shall be represented by sending a FROI MTC 04 (Total Denial).

2. The electronic form equivalent of Form DFS-F2-DWC-12 adopted in Rule Chapter 69L-3, F.A.C., required in Rule 69L-56.3012, F.A.C., to be filed with the Division to explain the reason(s) for the denial, shall be

accomplished by reporting the applicable Full Denial Reason Code(s), Full Denial Reason Effective Date, and Denial Reason Narrative on the same FROI MTC 04 (Denial).

(c) Partial (Indemnity Only) Denial or Medical Only Case that becomes a Partial Denial – If the claim administrator’s initial disposition of a claim is the acceptance of compensability but denial of indemnity benefits only, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of “TA” (Transaction Accepted) on or before 14 days after the claim administrator’s decision to deny indemnity benefits.

1. The Electronic First Report of Injury or Illness reporting a Partial (Indemnity Only) Denial shall be represented by sending FROI MTC 00 (Original) with SROI MTC PD (Partial Denial).

2. The electronic form equivalent of the DFS-F2-DWC-12 adopted in Rule Chapter 69L-3, F.A.C., required in Rule 69L-56.3012, F.A.C., to be filed with the Division to explain the reason(s) for the denial, shall be accomplished by reporting the applicable Partial Denial Code (“A” or “E”) and Denial Reason Narrative on the same SROI MTC PD (Partial Denial).

(3) If the claim administrator receives notification of an injury from the employer via telephone or electronic data interchange where no Form DFS-F2-DWC-1, First Report of Injury or Illness adopted in Rule Chapter 69L-3, F.A.C., has been completed and provided to the employee and employer, the claims administrator shall produce and send to the employee and employer within three (3) business days of the claims administrator’s knowledge of the injury, either Form DFS-F2-DWC-1 or Form IA-1 adopted in Rule Chapter 69L-3, F.A.C. The claim administrator shall not send Form IA-1 to the Division to report the First Report of Injury or Illness.

(4) Any insurer failing to timely file the Electronic First Report of Injury or Illness required under this section is subject to administrative penalties assessable by the Division according to the provisions of Rule Chapter 69L-24, F.A.C., and as allowed for in Section 440.185(9), F.S. If the initial payment is not timely issued in accordance with the time period prescribed in Section 440.20, F.S., or the Electronic First Report of Injury or Illness is not timely filed with the Division in accordance with this section, the claim administrator shall report the appropriate Late Reason Code(s) when sending the Electronic First Report of Injury or Illness. If the initial payment and Electronic First Report of Injury or Illness were originally reported to another jurisdiction and the claim was subsequently transferred to Florida, the claim administrator shall include Late Reason Code “L4” (late notification, jurisdiction transfer) on the Electronic First Report of Injury or Illness that is being re-filed in Florida.

(5) An Electronic First Report of Injury or Illness for a "Medical Only Case" shall not be sent to the Division unless the claim administrator has received a written or electronic request from the Division, or if the claim began as a Medical Only Case and is being reported to the Division as a Full or Partial Denial of indemnity benefits.

(6) When both FROI and SROI transactions are sent to report the Electronic First Report of Injury or Illness, the claim administrator shall ensure the values sent on the FROI and SROI records for data elements identified in the "FROI to SROI" column of the Match Data Table contained in the FL Claims EDI R3 Edit Matrix are the same value.

(7) An Electronic First Report of Injury or Illness filed in accordance with Rule 69L-56.301, F.A.C., or a paper First Report of Injury or Illness must have been received and accepted by the Division before any subsequent electronic filings will be accepted.

(8) Only 2002 NAICS Codes shall be reported for the Industry Code and must be a sent as a minimum of 5 digits. If the insured is a Professional Employment Organization (PEO), the Industry/NAICS Code should represent the nature of the client's/employer's business.

(9) If the employee does not have or wish to provide a Social Security Number, the claim administrator shall contact the Division by following the instructions provided on the Division's website: www.fldfs.com/WC/organization/odqc.html (under Records Management – Division-Assigned Numbers) and obtain a Division-assigned number. Upon receipt of the employee's Social Security Number, the claim administrator shall file MTC 02 (Change) and provide the employee and employer with Form DFS-F2-DWC-4, pursuant to Rule 69L-3.025, F.A.C.

(10) If employee information is exempt from public records disclosure under Section 119.071, F.S., the claim administrator shall submit the employer's address in lieu of the employee's address.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History–New _____.

69L-56.3012 Electronic Notice of Denial and Rescinded Denial.

(FROI/SROI MTC 04, SROI MTC PD) On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.301(3)(a), F.A.C., the insurer shall file the electronic form equivalent for the denial information otherwise reported on Form DFS-F2-DWC-12, adopted in Rule Chapter 69L-3, F.A.C. The claim administrator shall send to the Division an Electronic Notice of Denial to report the reason for the denial of indemnity benefits for the following types of denial notices, and by the following time periods:

(1) Electronic Notice of Denial – Full (Both Indemnity and Medical Benefits Denied):

(a) If the entire compensability of the claim is initially denied and both indemnity and medical benefits will not be paid by the claim administrator, the claim administrator shall file the Electronic Notice of Denial by reporting the applicable Full Denial Reason Code(s) and Full Denial Effective Date on the same FROI MTC 04 (Denial) the claim administrator sends to the Division to report the Electronic First Report of Injury or Illness, in accordance with filing time periods in subsection 69L-56.301(2), F.A.C. The Denial Reason Narrative shall also be sent on the FROI MTC 04 (Denial) to supplement the Full Denial Reason Code(s).

(b) If the claim administrator initially accepts compensability but subsequently denies liability for the entire claim after having previously paid indemnity benefits and the Electronic First Report of Injury or Illness has already been filed with the Division, the claim administrator shall file the Electronic Notice of Denial by sending a SROI MTC 04 (Denial). The Electronic Notice of Denial will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 14 days after the date the claim administrator decided to deny benefits. The claim administrator shall report the applicable Full Denial Reason Code(s) and Full Denial Effective Date on the SROI MTC 04 (Denial). The Denial Reason Narrative shall also be sent on the SROI MTC 04 (Denial) to supplement the Denial Reason Code(s).

(c) In addition to filing the Electronic Notice of Denial with the Division, the claim administrator shall produce and mail a paper copy of Form DFS-F2-DWC-12, Notice of Denial, adopted in Rule Chapter 69L-3, F.A.C., to the employer and employee, in accordance with the filing time period set out for Form DFS-F2-DWC-12 in Rule 69L-3.012, F.A.C.

(2) Electronic Notice of Denial – Partial (Indemnity Only Benefits Denied):

(a) If all indemnity benefits are initially denied but some or all medical benefits will be provided, the claim administrator shall file the Electronic Notice of Denial by reporting Partial Denial Code "A" (Denying Indemnity in whole, but not Medical) or partial Denial Code "E" (Denying Indemnity in whole and Medical in part) on the same SROI MTC PD (Partial Denial) the claim administrator sends with FROI MTC 00 (Original) to report the Electronic First Report of Injury or Illness in accordance with the filing time periods in subsection 69L-56.301(2), F.A.C. The claim administrator shall also report the "Denial Reason Narrative" on the SROI MTC PD to explain the reason for the denial of indemnity benefits.

(b) If payment of a specific indemnity benefit(s) is denied in whole or part subsequent to the claim administrator's initial disposition of the claim and the Electronic First Report of Injury or Illness has already been filed with the Division, the

claim administrator shall file the Electronic Notice of Denial by sending a SROI MTC PD (Partial Denial). The Electronic Notice of Denial will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 14 days after the date the claim administrator decided to deny benefits. The claim administrator shall report the applicable Partial Denial Code as follows: "A" (Denying Indemnity in Whole, but not Medical); "B" (Denying Indemnity in part, but not Medical); "E" (Denying Indemnity in whole and Medical in part); or "G" (Denying both Indemnity and Medical in part). The claim administrator shall also report the "Denial Reason Narrative" on the SROI MTC PD to explain the reason for the denial of indemnity benefits.

(c) In addition to filing the Electronic Notice of Denial with the Division, the claim administrator shall produce and mail a paper copy of Form DFS-F2-DWC-12, Notice of Denial, adopted in Rule Chapter 69L-3, F.A.C., to the employer and employee, in accordance with the filing time period set out for Form DFS-F2-DWC-12 in Rule 69L-3.012, F.A.C.

(3) Electronic Notice of Denial – Medical Only Case that becomes a Total or Partial (Indemnity Only) Denial:

(a) If a case is initially determined to be a compensable Medical Only Case and the claim administrator subsequent to its initial disposition denies both medical and indemnity benefits, i.e., Full/Total Denial, the claim administrator shall file an Electronic Notice of Denial with the Division by reporting the applicable Full Denial Reason Code(s), Full Denial Effective Date, and Denial Reason Narrative on the same FROI MTC 04 (Total Denial) the claim administrator sends to report the Electronic First Report of Injury or Illness, in accordance with the filing time period in subsection 69L-56.301(2), F.A.C.

(b) If a case is initially determined to be a compensable Medical Only Case and the claim administrator subsequent to its initial disposition denies indemnity benefits in whole but some or all medical benefits will be provided, i.e., Partial (Indemnity Only) Denial, the claim administrator shall file an Electronic Notice of Denial with the Division by reporting the applicable Partial Denial Reason Code(s) and Denial Reason Narrative on the same SROI MTC PD (Partial Denial) the claim administrator sends with the FROI MTC 00 (Original) to report the Electronic First Report of Injury or Illness, in accordance with the filing time periods in subsection 69L-56.301(2), F.A.C.

(c) In addition to filing the Electronic Notice of Denial with the Division, the claim administrator shall produce and mail a paper copy of Form DFS-F2-DWC-12, Notice of Denial, adopted in Rule Chapter 69L-3, F.A.C., to the

employer and employee, in accordance with the filing time period set out for Form DFS-F2-DWC-12 in Rule 69L-3.012, F.A.C.

(4) If the claim administrator is invoking the "120 day rule" allowed in Section 440.192(8), F.S., when initiating payment without prejudice to its right to subsequently deny benefits, it may send the Agreement to Compensate Code "W" (Without Liability) on the same SROI MTC IP (Initial Payment) being sent to report the Electronic First Report of Injury or Illness.

(5) The claim administrator shall not file an Electronic Notice of Denial with the Division if it is denying payment of a medical benefit only. However, the claim administrator shall provide Form DFS-F2-DWC-12, Notice of Denial, adopted in Chapter 69L-3, F.A.C., to the employee, employer, and the party(s) requesting payment or authorization of a medical benefit.

(6) Electronic Notice of Rescinded Denial–

(a) Rescission of a Full Denial. If the claim administrator denied the claim in its entirety, either initially by sending an Electronic First Report of Injury or Illness FROI MTC 04 (Denial) or subsequent to its initial disposition by sending an Electronic Notice of Denial SROI MTC 04 (Denial), or if the claim administrator acquired a denied claim for which a First Report of Injury or Illness is already on file with the Division but subsequently accepts compensability of the claim, the claim administrator shall file an Electronic Notice of Rescinded Denial with the Division to report the change in disposition of the claim. The Electronic Notice of Rescinded Denial will be considered timely filed if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before the 14 days after the date the denial was rescinded. The claim administrator shall also notify the employee and employer about the decision to rescind the full denial by sending to the employee and employer, Form DFS-FD2-DWC-12, Notice of Denial, pursuant to Chapter 69L-3, F.A.C., or an explanatory letter. The Electronic Notice of Rescinded Denial shall be represented by sending a SROI MTC as follows:

1. The Electronic Notice of Rescinded Denial reporting payment of indemnity benefits shall be represented by sending SROI MTC IP (Initial Payment); SROI MTC AP (Acquired/Payment) for an acquired claim; SROI MTC PY (Payment Report) reporting a lump sum payment or settlement of indemnity benefits; SROI MTC RB (Reinstatement of Benefits) to report reinstatement of indemnity benefits that were paid by the claim administrator prior to the denial. The claim administrator shall report the "Denial Rescission Date", the date payment of indemnity benefits was mailed, and the type of indemnity benefits paid on the SROI MTC IP, AP, PY, or RB.

2. The Electronic Notice of Rescinded Denial reporting acceptance of a compensable death case where there are no known dependants shall be represented by sending SROI MTC CD (Compensable Death, No Dependents/Payees). The claim administrator shall report the "Denial Rescission Date" on the SROI MTC CD.

3. The Electronic Notice of Rescinded Denial reporting acceptance of a compensable volunteer shall be represented by sending SROI MTC VE (Volunteer). The claim administrator shall report the "Denial Rescission Date" on the SROI MTC VE.

4. The Electronic Notice of Rescinded Denial reporting reinstatement of indemnity benefits by the employer following a denial of indemnity benefits previously paid by the employer shall be represented by sending SROI MTC ER (Employer Reinstatement). The claim administrator shall report the "Denial Rescission Date" on the SROI MTC ER.

5. The Electronic Notice of Rescinded Denial reporting acceptance of compensability where indemnity or medical benefits will be denied in whole or in part, shall be represented by sending SROI MTC PD (Partial (Indemnity Only) Denial). The claim administrator shall report the "Denial Rescission Date" on the SROI MTC PD.

(b) Rescission of a Partial (Indemnity Only) Denial. If the claim administrator initially denied payment of indemnity benefits only and filed an Electronic First Report of Injury or Illness FROI 00 (Original) and SROI MTC PD (Partial Denial) with the Division, or the claim administrator acquired a Partial Denial claim for which a First Report of Injury or Illness is already on file with the Division and the claim administrator subsequently pays indemnity benefits, the claim administrator shall file an Electronic Notice of Rescinded Denial with the Division to report a change in disposition of the claim. The Electronic Notice of Rescinded Denial will be considered timely filed if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before the 14 days after the date the denial was rescinded. The claim administrator shall also notify the employee and employer about the decision to rescind the Partial (Indemnity Only) Denial by sending to the employee and employer, Form DFS-F2-DWC-12, Notice of Denial, pursuant to Rule 69L-3, F.A.C., or explanatory letter. The Electronic Notice of Rescinded Denial shall be represented by sending a SROI MTC as follows:

1. The Electronic Notice of Rescinded Denial reporting payment of indemnity benefits shall be represented by sending SROI MTC IP (Initial Payment), or SROI MTC AP (Acquired/Payment) for an acquired claim. The Electronic Notice of Rescinded Denial reporting a lump sum payment or settlement of indemnity benefits shall be represented by sending SROI MTC PY (Payment Report). The claim administrator shall include the "Denial Rescission Date", the

date the initial payment of indemnity benefits was mailed, and the type of indemnity benefits paid on the SROI MTC IP, AP, or PY.

2. The Electronic Notice of Rescinded Denial reporting acceptance of a compensable death case where there are no known dependants shall be represented by sending SROI MTC CD (Compensable Death, No Dependents/Payees). The claim administrator shall report the "Denial Rescission Date" on the SROI MTC CD.

3. The Electronic Notice of Rescinded Denial reporting acceptance of a compensable volunteer shall be represented by sending SROI MTC VE (Volunteer). The claim administrator shall report the "Denial Rescission Date" on the SROI MTC VE.

4. The Electronic Notice of Rescinded Denial reporting reinstatement of indemnity benefits by the employer following a denial of indemnity benefits previously paid by the employer, shall be represented by sending SROI MTC ER (Employer Reinstatement). The claim administrator shall report the "Denial Rescission Date" on the SROI MTC ER.

(c) Rescission of Partial (Indemnity Only) Denial After Payment. If the claim administrator initially paid indemnity benefits and subsequently denied payment of indemnity benefits only and filed an Electronic Notice of Denial SROI MTC PD (Partial Denial) with the Division and elects to pay indemnity benefits again, or if the claim administrator acquired a claim for which indemnity benefits were previously paid and subsequently denied and the acquiring claim administrator subsequently pays indemnity benefits, the claim administrator shall file an Electronic Notice of Rescinded Denial with the Division to report a change in disposition of the claim. The Electronic Notice of Rescinded Denial will be considered timely filed if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before the 14 days after the date the denial was rescinded. The claim administrator shall also notify the employee and employer about the decision to rescind the partial denial by sending to the employee and employer, Form DFS-F2-DWC-12, Notice of Denial, pursuant to Rule 69L-3, F.A.C., or explanatory letter. The Electronic Notice of Rescinded Denial reporting reinstatement of indemnity benefits following a denial of indemnity benefits shall be represented by sending SROI MTC RB (Reinstatement of Benefits). The Electronic Notice of Rescinded Denial shall report the "Denial Rescission Date" and the type of indemnity benefits paid, on the SROI MTC RB.

(7) Any insurer failing to timely send the Electronic Notice of Denial in accordance with the filing time periods prescribed in this subsection shall be subject to administrative penalties assessable by the Division in accordance with the provisions of Rule Chapter 69L-24, F.A.C., and Section 440.525, F.S.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History—New _____.

69L-56.3013 Electronic Periodic Claim Cost Report.
(SROI MTC SA, FN)

On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.301(3)(a), F.A.C., the insurer shall file the electronic form equivalent for claim cost information otherwise reported on Form DFS-F2-DWC-13 adopted in Rule Chapter 69L-3, F.A.C. If payment has been made for any of the Benefit Type (BT) Codes or Other Benefit Type (OBT) Codes listed in subsections (1) and (2) of this section, the claim administrator shall report on the Electronic Claim Cost Report, the cumulative amount paid (i.e., Benefit Type Amount Paid, Other Benefit Type Amount) in dollars and cents for each applicable BT Code, with the exception of BT Codes reporting employer payment, and OBT Code. The claim administrator shall also report the amount of weeks (i.e., Benefit Type Claim Weeks) and/or days (i.e., Benefit Type Claim Days), the effective date of each indemnity benefit (i.e., Benefit Period Start Date), and the date through which indemnity benefits were paid at the time of reporting (i.e., Benefit Period Through Date), unless otherwise indicated below. For purposes of the Electronic Claim Cost Report, the Benefit Period Start Date shall be reported as the earliest date benefits were paid for a Benefit Type Code, regardless of whether multiple disability periods were paid for the Benefit Type Code.

(1) BENEFIT TYPE (BT) CODES:

(a) BT Code 010: Fatal / Death

(b) BT Code 020: Permanent Total (PT)

(c) BT Code 021: Permanent Total Supplemental (PT Supp).

(d) BT Code 030: Permanent Partial Scheduled / Impairment Income Benefits (IB) (Dates of Injury on or after 1/1/94).

1. The claim administrator shall not report BT Code 030 (IB) or BT Code 530 (Lump Sum Payment/Settlement of IB) if one or more of the following BT Codes have been paid: BT Code 020 (PT), 021 (PT Supp), 520 (Lump Sum Payment/Settlement of PT), or 521 (Lump Sum Payment/Settlement of PT Supp).

(e) BT Code 030: Permanent Partial Scheduled / Wage Loss Benefits (Dates of Injury prior to 1/1/94).

1. Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Period Start Date and Benefit Period Through Date are not required to be reported.

(f) BT Code 040: Permanent Partial Unscheduled / Supplemental Income Benefits (SB) (Dates of Injury 1/1/94 through 9/30/2003).

1. BT Code 040 (SB) or 540 (Lump Sum Payment/Settlement of SB) shall not be sent as the earliest/only indemnity benefit paid.

(g) BT Code 050: Temporary Total (TT)

(h) BT Code 051: Temporary Total Catastrophic (TT @ 80%).

(i) BT Code 070: Temporary Partial (TP)

1. For Dates of Injury prior to 1/1/94, Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Period Start Date and Benefit Period Through Date are not required to be reported.

(j) BT Code 090: Permanent Partial Disfigurement / Permanent Impairment Benefits (PI) (Dates of Injury 8/1/79 through 12/31/1993).

1. The claim administrator shall not report BT Code 090 (PI) or BT Code 590 (Lump Sum Payment/Settlement of PI) if one or more of the following BT Codes have been paid: BT Code 020 (PT), 021 (PT Supp), 520 (Lump Sum Payment/Settlement of PT), or 521 (Lump Sum Payment/Settlement of PT Supp).

2. Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Period Start Date and Benefit Period Through Date are not required to be reported.

(k) BT Code 240: Employer Paid Unspecified / Salary in Lieu of Compensation.

1. The claim administrator may alternatively report BT Code 242: Employer Paid Vocational Rehab Maintenance / specifically for Salary in Lieu of Comp for TT – Training and Education; BT Code 250: Employer Paid Temporary Total / specifically for Salary in Lieu of Comp for TT; BT Code 251: Employer Paid Temporary Total Catastrophic / specifically for Salary in Lieu of Comp for TT @ 80%; and/or BT Code 270: Employer Paid Temporary Partial / specifically for Salary in lieu of Comp for TP Payable; however, if the claim administrator's knowledge of the injury is on or after its production implementation date for reporting the Electronic Claim Cost Report, BT Codes 242, 250, 251, and 270 shall not be reported with BT Code 240.

2. Benefit Type Amount Paid is not required to be reported for BT Codes 240, 242, 250, 251, and 270.

(l) BT Code 410: Vocational Rehab Maintenance / TT Training and Education.

(m) BT Code 500: Unspecified Lump Sum Payment/Settlement of indemnity benefits

1. Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Period Start Date and Benefit Period Through Date are not required to be reported.

(n) BT Code 501: Medical Lump Sum Payment/Settlement. The claim administrator is not required to report BT Code 501: Medical Lump Sum Payment/Settlement, unless it is accompanied or preceded by BT Code 500 Unspecified Lump Sum Payment/Settlement.

1. If BT Code 501 is the only payment reported, the Electronic Claim Cost Report will be rejected.

2. Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Period Start Date and Benefit Period Through Date are not required to be reported.

(o) BT Codes 5xx: Lump Sum Payment/Settlement of a specific BT Code in (1)(a) through (l) of this subsection.

1. Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Period Start Date and Benefit Period Through Date are not required to be reported.

(2) OTHER BENEFIT TYPE (OBT) CODES:

(a) OBT Code 300: Funeral Expenses.

(b) OBT Code 310: Total Penalties.

1. The claim administrator shall not report OBT Code 310 for cases where the Date Claim Administrator Had Knowledge of the Injury is prior to the claim administrator's production implementation date for Electronic Claim Cost Reports (MTC's SA and FN).

(c) OBT Code 311 – Total Employee Penalties.

1. The claim administrator shall file OBT Code 311 (versus OBT Code 310) for cases where the Date Claim Administrator Had Knowledge of the Injury is on or after the claim administrator's production implementation date for Electronic Claim Cost Reports (MTC's SA and FN).

(d) OBT Code 320 – Total Interest.

1. The claim administrator shall not report OBT Code 310 for cases where the Date Claim Administrator Had Knowledge of the Injury is prior to the claim administrator's production implementation date for Electronic Claim Cost Reports (MTC's SA and FN).

(e) OBT Code 321 – Total Employee Interest.

1. The claim administrator shall file OBT Code 321 (versus OBT Code 320) for cases where the Date Claim Administrator Had Knowledge of the Injury is on or after the Claim Administrator's production implementation date for Electronic Claim Cost Reports (MTC's SA and FN).

(f) OBT Code 370: Total Other Medical.

1. OBT Code 370 includes medical expenses (e.g., expenses to build a ramp for a wheelchair-bound employee) not otherwise required to be reported to the Division pursuant to Rule 69L-7.602, F.A.C., (i.e., physician, dental, hospital, pharmacy or durable medical expenses).

(g) OBT Code 380: Total Vocational Rehabilitation Evaluation.

(h) OBT Code 390: Total Vocational Rehabilitation Education.

(i) OBT Code 400: Total Other Vocational Rehabilitation.

(j) OBT Code 430: Total Unallocated Prior Indemnity Benefits.

(k) OBT Code 475: Total Medical Travel Expenses.

(3) The claim administrator shall send Electronic Periodic Claim Cost Reports to the Division for the following cases and by the filing time periods in subsection (3) of this section:

(a) "Lost Time/Indemnity Case";

(b) "Medical Only to Lost Time Case;

(c) "Denied Case" for which any indemnity benefit was paid prior to or after the denial.

(4)(a) Electronic Sub-Annual Claim Cost Report: The claim administrator shall report the Electronic Sub-Annual Claim Cost Report by sending SROI MTC SA (Sub-Annual) every 6 months after the date of injury until the claim is closed. The first Electronic Sub-Annual Claim Cost Report will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) within 30 days after six (6) months from the date of injury. All subsequent Electronic Sub-Annual Claim Cost Reports shall be sent to the Division every six (6) months thereafter. A subsequent Electronic Sub-Annual Claim Cost Report will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) within 30 days of the due date as determined by the following: A subsequent MTC SA due date will be determined by adding six month intervals to the month of injury (e.g. Date of Injury (DOI) = 3/15/06, MTC SA due 9/15/06, next MTC SA due 3/15/07). If the resulting MTC SA due date is not a valid calendar date, the due date for that MTC SA will default to last day of the calculated month (e.g. DOI = 8/30/06, MTC SA due 2/28/07, next MTC SA due 8/30/07).

1. The first Electronic Sub-Annual Claim Cost Report shall not be sent to the Division earlier than six months after the date of injury. However, if the claim administrator closed the case prior to 6 months after the date of injury, the first Electronic Claim Cost Report may be sent prior to six (6) months after the date of injury if it is sent as an Electronic Final Claim Cost Report (MTC FN). If the claim did not become a "Lost Time/Indemnity Case" until more than six (6) months after the date of injury, the first Electronic Sub-Annual Claim Cost Report shall be filed when the next "6 month" SROI MTC SA becomes due (e.g., disability began 9 months after the DOI, 1st MTC SA due 12 months after DOI; disability began 13 months after DOI, 1st MTC SA due 18 months after DOI).

2. Subsequent Electronic Sub-Annual Claim Cost Reports sent more than 7 days prior to the required six (6) month filing interval will be processed as an amendment to the previous Electronic Sub-Annual Claim Cost Report and will not fulfill the filing requirement for the next required Electronic Sub-Annual Claim Cost Report.

(b) Electronic Final Claim Cost Report: The claim administrator shall report the Electronic Final Claim Cost Report by sending SROI MTC FN (Final) for all cases closed since the last required filing of a periodic report. The Electronic Final Claim Cost Report will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 30 days after the due date of the sub-annual.

1. The Electronic Final Claim Cost Report may be sent prior to the due date of the sub-annual if the claim administrator closes the case and will not be paying any further medical or indemnity benefits.

2. If the claim administrator issues payment or changes the amount paid for any Benefit Type Code or Other Benefit Code identified in subsections 69L-56.3013(1) and (2), F.A.C., since the filing of the previous Final Claim Cost Report, the claim administrator shall send an Electronic Final Claim Cost Report on or before 30 days after the due date of the sub-annual to summarize benefits paid since the last Final Claim Cost Report filed with the Division.

3. If the claim administrator is re-opening the claim to pay on-going indemnity benefits, the Electronic Periodic Claim Cost Report should be sent as an Electronic Sub-Annual (SA) Claim Cost Report on or before 30 days after the due date of the Sub-Annual.

4. The claim administrator shall file another Electronic Final (FN) Claim Cost Report if it has paid additional amounts for one or more of the following Other Benefit Type Codes: OBT Code 370 (Total Other Medical), OBT Code 380 (Total Vocational Rehabilitation Evaluation), OBT Code 390 (Total Vocational Rehabilitation Education), OBT Code 400 (Total Other Vocational Rehabilitation), or OBT Code 475 (Total Medical Travel Expenses).

(5) Any insurer failing to timely send an Electronic Periodic Claim Cost Report in accordance with the filing time periods prescribed in this subsection shall be subject to administrative penalties assessable by the Division in accordance with the provisions of Rule Chapter 69L-24, F.A.C., and Section 440.525, F.S.

(6) In the event claims are acquired from another claim administrator, the insurer shall ensure that its former claim administrator provides the acquiring claim administrator with the total amounts paid for indemnity benefits paid prior to the acquisition of the claim by the new claim administrator. Notwithstanding the provision of specific claim costs amounts paid by the former claim administrator(s) for each indemnity benefit type, the acquiring claim administrator shall report on the next required Electronic Periodic Claim Cost Report, cumulative totals for all indemnity benefits paid by the former claim administrator(s) on a transferred case as follows: Cumulative totals for indemnity costs paid by the former claim administrator(s) shall be reported under Other Benefit Type Code 430 (Total Unallocated Prior Indemnity Benefits). The acquiring claim administrator shall report any specific costs paid by the acquiring claim administrator for each applicable Benefit Type Code (indemnity benefits) and Other Benefit Type Code, in addition to the unallocated indemnity amounts paid by the former claim administrator(s).

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History—New _____.

69L-56.304 Electronic Notice of Action or Change, Including Change in Claims Administration, Required by the Insurer's Primary Implementation Schedule.

(FROI/SROI MTC 02, FROI MTC AQ, AU, SROI IP, PY, EP)

(1) Electronic Notice of Action or Change (MTC 02). On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.300(3)(a), F.A.C., the insurer shall file an Electronic Notice of Action or Change for reporting changes to the information specified in paragraphs (1)(a) and (b) of this section. The claim administrator shall file the FROI or SROI MTC 02 (Change) on or before 14 days after the claim administrator has knowledge of the new or changed information. However, MTC 02 shall not be sent if a data element changes as a result of an event that requires the reporting of another MTC in accordance with the definition of Maintenance Type Code (MTC) in the Data Dictionary located in Section 6 of the IAIABC Claims EDI Release 3 Implementation Guide. If there is a change in Insurer FEIN or Claims Administrator FEIN, Claim Administrator Postal Code, and Claim Administrator Claim Number due to the acquisition of a claim, the claim administrator shall file MTC AQ or AU with applicable SROI pursuant to subsection (2) of this section.

(a) The claim administrator shall file a FROI or SROI MTC 02 (Change) as noted below, and provide Form DFS-F2-DWC-4 to the employee and employer pursuant to Rule Chapter 69L-3, F.A.C., if any of the following data elements are changed or reported for the first time:

1. Insurer FEIN not due to change in claims administration (FROI or SROI MTC 02);

2. Claim Administrator FEIN not due to change in claims administration (FROI or SROI MTC 02);

3. Claim Administrator Postal Code not due to change in claims administration (FROI or SROI MTC 02);

4. Claim Administrator Claim Number not due to change in claims administration (FROI or SROI MTC 02);

5. Industry Code (FROI MTC 02 only);

6. Manual Classification Code (FROI MTC 02 only);

7. Employee SSN (FROI or SROI MTC 02);

8. Employee ID Assigned by Jurisdiction (FROI or SROI MTC 02);

9. Employee First/Last Name, Last Name Suffix, Middle Name/Initial (FROI or SROI MTC 02);

10. Date of Injury (FROI or SROI MTC 02);

11. Employee Date of Death (FROI or SROI MTC 02).

(b) The claim administrator shall file MTC 02 (Change) to report a change in any other data element designated with the requirement code of "Y", "Y¹", "Y²", "Y³", "Y⁴" or "FY" in the FROI or SROI MTC 02 column of the FL Claims EDI R3 Element Requirement Table contained in the FL Claims EDI Implementation Manual (e.g., Initial Date Disability Began, Benefit Payment Issue Date, etc.). The provision of Form

DFS-F2-DWC-4 to the employee and employer is not required since these data elements are not contained on Form DFS-F2-DWC-4 adopted in Rule Chapter 69L-3, F.A.C.

(2) Electronic Notice of Action or Change in Claims Administration (MTC AQ, or MTC AU with applicable SROI MTC). If the responsibility for adjusting a “Lost Time/Indemnity Case”, “Medical Only to Lost Time Case” or “Denied Case” has changed due to acquisition of the claim from another claim administrator or due to the employer transferring a large deductible claim to the claim administrator because the claim met the contracted deductible threshold, the new claim administrator shall send FROI MTC AQ (Acquired Claim), to report the change in claims administration, on or before 21 days after the effective date of the new claim administrator’s acquisition of the claim. In place of filing FROI MTC AQ, the claim administrator may file FROI MTC AU (Acquired/Unallocated) with SROI MTC AP, EP, CD, VE, PY, or PD to report the change in claims administration. The claim administrator shall file FROI MTC AQ (Acquired Claim) or FROI MTC AU with applicable SROI MTC prior to sending any subsequent transactions (e.g., subsequent electronic suspension notices, electronic periodic claim cost reports, etc.).

(a) The acquiring claim administrator shall also provide to the employee and employer, Form DFS-F2-DWC-4 adopted in Rule Chapter 69L-3, F.A.C., or an explanatory letter, on or before 21 days from the date of acquisition, to advise the parties about the change in claims administration, except when sending Claims EDI filings identified in subparagraphs 69L-56.304(2)(c)6. & 7., F.A.C., below.

(b) A batch of FROI MTC AQ (Acquired Claim) filings or FROI AU with applicable SROI MTC filings to report a change in claims administration for multiple claims shall replace the former option of the claim administrator to otherwise file with the Division Form DFS-F2-DWC-49, Aggregate Claims Administration Change Report adopted in Rule Chapter 69L-3, F.A.C., in place of Form DFS-F2-DWC-4, Notice of Action/Change, for each affected claim.

(c) If the FROI MTC AQ (Acquired Claim) rejects because a First Report of Injury or Illness was not previously filed with the Division by the former claim administrator, the acquiring claim administrator shall file FROI MTC AU (Acquired/Unallocated) with the appropriate SROI MTC AP, EP, CD, VE, PY, PD, or 04 on or before 14 days after the FROI MTC AQ (Acquired Claim) was assigned an Application Acknowledgement Code “TR” (Transaction Rejected) as follows:

1. If the claim administrator is reporting its initial payment of indemnity benefits other than a lump sum payment/settlement for an acquired claim, the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC “AU” (Acquired/Unallocated) with SROI MTC “AP” (Acquired/Payment).

2. If the claim administrator is reporting its initial payment of indemnity benefits for a lump sum payment or settlement for an acquired claim, the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC “PY” (Payment Report).

3. If the claim administrator is reporting the initial payment of indemnity benefits by the employer on an acquired claim (i.e., salary in lieu of compensation), the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI EP (Employer Paid).

4. If the claim administrator is reporting a Compensable Death, No Dependents/Payees on an acquired claim, the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC CD (Compensable Death, No Dependents/Payees).

5. If the claim administrator is reporting a compensable Volunteer on an acquired claim, the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC VE (Compensable Volunteer).

6. If the claim administrator is reporting a Partial (Indemnity Only) Denial on an acquired claim, the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC PD (Partial Denial).

i. The claim administrator shall file an Electronic Notice of Denial with the Division by reporting the applicable Partial Denial Reason Code and Denial Reason Narrative on the same SROI MTC PD (Partial Denial).

ii. In addition to filing the Electronic Notice of Denial with the Division, the claim administrator shall provide a paper copy of Form DFS-F2-DWC-12, Notice of Denial, adopted in Rule Chapter 69L-3, F.A.C., to the employer and employee, in accordance with the filing time period set out for Form DFS-F2-DWC-12 in Rule 69L-3.012, F.A.C.

7. If the claim administrator is reporting a Full Denial on an acquired claim where indemnity payments were previously paid prior to the full denial, the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC 04 (Denial).

i. The claim administrator shall file an Electronic Notice of Denial with the Division by reporting the applicable Full Denial Reason Code(s) and Full Denial Effective Date on the SROI MTC 04 (Denial). The Denial Reason Narrative shall also be sent on the SROI MTC 04 (Denial) to supplement the Denial Reason Code(s).

ii. In addition to filing the Electronic Notice of Denial with the Division, the claim administrator shall provide a paper copy of Form DFS-F2-DWC-12, Notice of Denial, adopted in

Rule Chapter 69L-3, F.A.C., to the employer and employee, in accordance with the filing time period set out for Form DFS-F2-DWC-12 in Rule 69L-3.012, F.A.C.

(d) If MTC AQ (Acquired Claim) rejects because a First Report of Injury or Illness was not previously filed with the Division by the former claim administrator, and the acquiring claim administrator is denying the entire claim where no indemnity payments have been made, the acquiring claim administrator shall file FROI MTC 04 (Denial) on or before 14 days after the FROI MTC AQ (Acquired Claim) was assigned an Application Acknowledgement Code "TR" (Transaction Rejected) as follows:

1. The claim administrator shall file an Electronic Notice of Denial with the Division by reporting the applicable Full Denial Reason Code(s) and Full Denial Effective Date on the FROI MTC 04 (Denial). The Denial Reason Narrative shall also be sent on the FROI MTC 04 (Denial) to supplement the Denial Reason Code(s).

2. In addition to filing the Electronic Notice of Denial with the Division, the claim administrator shall provide a paper copy of Form DFS-F2-DWC-12, Notice of Denial, adopted in Rule Chapter 69L-3, F.A.C., to the employer and employee, in accordance with the filing time period set out for Form DFS-F2-DWC-12 in Rule 69L-3.012, F.A.C.

(3) Electronic Notice to Report Initial Payment (MTC IP) Following Prior Employer Paid benefits, Compensable Death with no Known Dependents/Payees, or Compensable Volunteer Filing. If the claim administrator makes its initial payment following the prior initial payment of salary in lieu of compensation (SROI MTC EP), or after the prior filing of a SROI MTC CD (Compensable Death), or after the prior filing of a SROI MTC VE (Compensable Volunteer), the claim administrator shall file a SROI MTC IP (Initial Payment) on or before 14 days after the date the claim administrator's initial payment was mailed to the employee. The claim administrator shall provide Form DFS-F2-DWC-4 adopted in Rule Chapter 69L-3, F.A.C., or explanatory letter to the employee and employer regarding the commencement of indemnity benefits by the claim administrator.

(4) Electronic Notice of Lump Sum Payment/Settlement (MTC PY). If an order is signed for a lump sum payment or settlement of indemnity benefits subsequent to the initial payment of indemnity benefits, i.e., an award, advance, stipulated agreement, or final settlement of indemnity benefits, the claim administrator shall file SROI MTC PY (Payment Report), on or before 14 days after the date the award/order was signed. The claim administrator shall report the applicable Lump Sum Payment/Settlement Code as defined in Section 6, Data Dictionary, of the IAIABC Claims EDI R3 Implementation Guide as follows: "SF" (Settlement Full) if both indemnity and medical benefits are settled; "SP" (Settlement Partial) if only indemnity but not medical benefits are settled; "AS" (Agreement Stipulated) if the lump sum

payment is for a non-adjudicated amount; "AW" (Award) if the lump sum payment is for an adjudicated amount; or "AD" (Advance) if the lump sum payment is for benefits in advance of when they were due. If all Impairment Income benefits due are paid in one lump sum amount, regardless of the amount, the claim administrator shall file SROI MTC PY with Benefit Type Code 030 or 530, and report Lump Sum Payment/Settlement Code "AD" (Advance). The claim administrator is not required to file an Electronic Notice of Suspension SROI MTC S7 (Suspension, Benefits Exhausted) to report the conclusion of the payment of Impairment Income benefits when Impairment Income benefits are paid in one lump sum.

(a) The claim administrator shall also report the "Payment Issue Date" on the SROI MTC PY. The Payment Issue Date shall represent the date payment for the lump sum payment/settlement leaves the control of the claim administrator for delivery to the employee or the employee's representative, and shall not be sent as the date the check is requested, created, or issued in the claim administrator's system unless the check leaves the control of the claim administrator the same day it is requested, created, or issued for delivery to the employee or the employee's representative.

(b) The claim administrator shall provide Form DFS-F2-DWC-4, Notice of Action/Change, adopted in Rule Chapter 69L-3, F.A.C., to the employee and employer.

(5) Electronic Notice to Report Employer Payment of Indemnity Benefits that is not the Initial Payment (MTC EP). If the employer pays an indemnity benefit(s) for the first time following payment of and suspension of all indemnity benefits by the claim administrator (e.g., when the employer elects to pay Impairment Income Benefits), the claim administrator shall file SROI MTC EP (Employer Paid) on or before 14 days after the date the claim administrator had knowledge of the payment of indemnity benefits by the employer. The provision of Form DFS-F2-DWC-4 to the employee and employer is not required.

(6) The filing of a FROI or SROI MTC 02 to report a change in Insurer FEIN, Claim Administrator FEIN, or Claim Administrator Postal Code and Claim Administrator Claim Number due to the establishment of a new or elimination of a claims office location or subsidiary entity within the insurer's organization does not negate the obligation of the trading partner (insurer or claim administrator) to file a revised "EDI Trading Partner Profile, DFS-F5-DWC-EDI-1 (10/01/2006), and if applicable, a revised "EDI Trading Partner Insurer/Claim Administrator ID List", DFS-F5-DWC-EDI-2 (10/01/2006), and if applicable, a revised "EDI Trading Partner Claim Administrator Address List", DFS-F5-DWC-EDI-2A (10/01/2006), pursuant to subsection 69L-56.300(2), F.A.C.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History-New _____.

69L-56.3045 Electronic Notice of Action or Change, Suspensions, and Reinstatement of Indemnity Benefits Required by the Insurer's Secondary Implementation Schedule.

(SROI MTC 02, CA, CB, AB, S1-S8, P7, RB, ER)

(1) Electronic Notice of Action or Change (SROI MTC 02). On or before the compliance date established in the insurer's Secondary Implementation Schedule set forth in paragraph 69L-56.300(3)(b), F.A.C., the insurer shall file an Electronic Notice of Action or Change for the reporting of changes to the information in paragraphs (1)(a) and (b) of this section. The claim administrator shall file the SROI MTC 02 (Change) on or before 14 days after the claim administrator has knowledge of the new or changed information. However, MTC 02 shall not be sent if a data element changes as a result of an event that requires the reporting of another MTC pursuant to the definition of Maintenance Type Code (MTC) in the Data Dictionary located in Section 6 of the IAIABC Claims EDI Release 3 Implementation Guide.

(a) The claim administrator shall file SROI MTC 02 (Change) and provide Form DFS-F2-DWC-4 unless otherwise noted in subparagraph 1.-10. below, to the employee and employer, pursuant to Rule Chapter 69L-3, F.A.C., if any of the following data elements are changed:

1. Date of Maximum Medical Improvement.
2. Permanent Impairment Percentage.
3. Initial Return to Work Date.
4. Current Return to Work Date.
5. Return to Work Type Code.
6. Physical Restrictions Indicator.
7. Permanent Impairment Minimum Payment Indicator – No DFS-F2-DWC-4 required.
8. Return to Work with Same Employer Indicator – No DFS-F2-DWC-4 required.
9. Suspension Effective Date.
10. Suspension Narrative – No DFS-F2-DWC-4 required.

(b) The claim administrator shall file SROI MTC 02 and provide Form DFS-F2-DWC-4 unless otherwise noted in subparagraph 1.-15. below, to the employee and employer, pursuant to Rule Chapter 69L-3, F.A.C., if any of the following data elements are changed and there is no resulting change to the Net Weekly Amount because the benefit type being paid will continue to be paid at the same statutory maximum weekly rate, or because the claim administrator is correcting a code, date or amount previously reported in error and the Net Weekly Amount is unchanged:

1. Average Wage.
2. Wage Effective Date.
3. Calculated Weekly Compensation Amount.
4. Gross Weekly Amount – No DFS-F2-DWC-4 required.
5. Gross Weekly Amount Effective Date – No DFS-F2-DWC-4 required.

6. Net Weekly Amount Effective Date – No DFS-F2-DWC-4 required.

7. Benefit Adjustment Code.
8. Benefit Adjustment Start Date.
9. Benefit Adjustment End Date.
10. Benefit Credit Code.
11. Benefit Credit Start Date.
12. Benefit Credit End Date.
13. Benefit Redistribution Code.
14. Benefit Redistribution Amount.
15. Benefit Redistribution Start Date.

16. Benefit Redistribution End Date.i. When the claim administrator is commencing or suspending redirection of a portion of the Net Weekly Amount to another party on the behalf of the employee or the employee's beneficiary due to a court ordered lien for child support, the claim administrator shall report Benefit Redistribution Code "H" that is being applied to a specific indemnity benefit type, and file SROI MTC 02 on or before 14 days after the date the claim administrator has knowledge that a portion of the net weekly amount should be redistributed to another party due to an income deduction order pursuant to Section 61.1301, F.S., or when the redistribution has ended.

(2) Electronic Change in Amount (MTC CA): If the Net Weekly Amount changes from the amount previously reported due to a revised Average Wage (e.g., wage statement, discontinuation of fringe benefits), or due to the application of a Benefit Adjustment Code or Benefit Credit Code specified in paragraph (2)(a) of this section, the claim administrator shall file a SROI MTC CA (Change in Benefit Amount) on or before 14 days after the date the claim administrator has knowledge that the Net Weekly Amount should be amended.

(a) When the claim administrator applies an adjustment or credit which reduces the Net Weekly Amount for a specific indemnity benefit type, the claim administrator shall report the Benefit Adjustment Code or Benefit Credit Code being applied to the specific indemnity benefit type, and file SROI MTC CA (Change in Amount) to report the change as follows:

1. Benefit Adjustment Codes –
 - a. "A" = Apportionment/Contribution. The weekly payment amount is reduced for shared or partial liability with another party.
 - b. "B" = Subrogation (Third Party Offset). The weekly payment amount is reduced for recovery from third party tort-feasor pursuant to Section 440.39(2), F.S.
 - c. "N" = Non-cooperation: Rehabilitation, Training, Education, and Medical. The weekly payment amount is reduced because the employee failed to accept training and education pursuant to Section 440.491(6)(b), F.S., for dates of accident prior to October 1, 2003, or the employee failed to timely cancel an independent medical examination pursuant to Section 440.13(5)(d), F.S.

d. "R" = Social Security Retirement. The weekly payment amount is reduced for retirement benefits paid under the Federal Old Age, Survivors, and Disability Insurance Act, pursuant to Section 440.15(9), F.S.

e. "S" = Social Security Disability. The weekly payment amount is reduced for disability benefits paid under the Federal Old Age, Survivors, and Disability Insurance Act, pursuant to Section 440.15(9), F.S.

f. "U" = Unemployment Compensation. The weekly payment amount is reduced for payment of unemployment compensation insurance benefits, pursuant to Section 440.15(10), F.S.

g. "V" = Safety Violation. The weekly payment amount is reduced for safety violation(s) pursuant to Section 440.09(5), FS.

h. "X" = Death Benefit Reduction (Dependent Change). The weekly payment amount is reduced because of a change in number or kind of dependents entitled to death benefits pursuant to Section 440.16, F.S.

2. Benefit Credit Codes –

a. "C" = Overpayment. The weekly payment amount is reduced for recoupment of benefits paid but not due.

b. "P" = Advance. The weekly payment amount is reduced for reimbursement of benefit payments advanced pursuant to Section 440.20(13), F.S.

(b) In addition to filing MTC CA with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee and employer as required by Rule Chapter 69L-3, F.A.C.

(c) If the Net Weekly Amount is adjusted due to the application of a Social Security Offset, the claim administrator shall also send to the Division a completed Form DFS-F2-DWC-14, Request for Social Security Disability Benefit Information, adopted in Rule Chapter 69L-3, F.A.C., at the same time the claim administrator sends the SROI MTC CA to report the change in the Net Weekly Amount.

(d) If the Net Weekly Amount changes due to a change in the type of indemnity benefits that are being paid, the claim administrator shall file MTC CB (Change in Benefits) required by subsection 69L-56.3045(3), F.A.C., to report a change in the Benefit Type Code (BTC) that results in a change in the Net Weekly Amount payable (e.g., when indemnity benefits change from BTC 050 (Temporary Total) to BTC 070 (Temporary Partial) or BTC 030 (Impairment Income) – The claim administrator shall not file MTC CA (Change in Amount) for this occurrence.

(e) MTC CA is not required to report subsequent changes in the Net Weekly Amount payable for BTC 070 (Temporary Partial) for interim or ongoing fluctuations in the weekly rate due to variations in the employee's weekly earnings, or to report subsequent changes to the Net Weekly Amount payable for BTC 030 (Impairment Income Benefits) due to changes in the employee's weekly work status.

(f) MTC CA is also not required to be filed if the Net Weekly Amount changes due to subsequent applications of varying weekly adjustment or credit amounts against BTC 070 (Temporary Partial) or BTC 030 (Impairment Income) benefits. MTC CA, however, shall be filed to report a change in the Net Weekly Amount due to the ending of an adjustment or credit against BTC 070 (Temporary Partial) or BTC 030 (Impairment Income) benefits.

(3) Electronic Change in Benefit Type (MTC CB): When an indemnity benefit type being paid changes and payments are being continued under a different indemnity benefit type without a break in continuity of payments, the claim administrator shall file a SROI MTC CB (Change in Benefit Type) on or before 14 days after the date the claim administrator has knowledge that the indemnity benefit type being paid should be changed.

(4)(a) Adding Concurrent Benefit (MTC AB): When Permanent Total Benefits (Benefit Type 020) are being paid, and Permanent Total Supplemental Benefits (Benefit Type Code 021) are initiated subsequent to the prior commencement of Permanent Total Benefits (Benefit Type Code 020), the claim administrator shall file SROI MTC AB (Add Concurrent Benefit Type) on or before 14 days after the date the claim administrator has knowledge that Permanent Total Supplemental Benefits (Benefit Type Code 021) should be commenced.

(b) In addition to filing MTC AB with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee and employer as required by Rule Chapter 69L-3, F.A.C.

(5)(a) Electronic Suspension of all indemnity benefits (MTC S1-S8): When all indemnity benefits are suspended because the employee returned to work, or was medically released to return to work and the claim administrator does not anticipate paying further indemnity benefits of any kind, the claim administrator shall file with the Division SROI MTC S1 (Suspension, RTW, or Medically Determined/Qualified RTW) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits.

(b) When all indemnity benefits are suspended because the employee failed to report for an independent medical examination pursuant to Section 440.13(5)(d), F.S., or failed to report for an evaluation by an expert medical advisor appointed by a Judge of Compensation Claims pursuant to Section 440.13(9)(c), F.S., the claim administrator shall file with the Division SROI MTC S2 (Suspension, Medical Non-compliance) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits.

(c) When all indemnity benefits are suspended because the employee failed to comply with one or more of the following statutory sections and rules, the claim administrator shall file

with the Division SROI MTC S3 (Suspension, Administrative Non-compliance) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits:

1. Section 440.15(1)(e)3., F.S. (1994), which is incorporated herein by reference – Employee in Permanent Total status failed to attend vocational evaluation or testing.

2. Section 440.15(1)(f)2.b., F.S. (1994), which is incorporated herein by reference – Employee in Permanent Total status failed to report or apply for Social Security benefits.

3. Section 440.15(2)(d), F.S. (1994), which is incorporated herein by reference – Employee in Temporary Total status failed or refused to complete and return the Form DFS-F2-DWC-19 adopted in Rule Chapter 69L-3, F.A.C.

4. Section 440.15(7), F.S. (1994), which is incorporated herein by reference – Employee in Temporary Partial status failed or refused to complete and return the Form DFS-F2-DWC-19 adopted in Rule Chapter 69L-3, F.A.C.

5. Section 440.15(6), F.S. (2003), which is incorporated herein by reference – Employee refused suitable employment.

6. Section 440.15(9), F.S. (2003), which is incorporated herein by reference – Employee failed or refused to sign and return the release for Social Security benefits earnings on Form DFS-F2-DWC-14, or unemployment compensation earnings on Form DFS-F2-DWC-30 adopted in Rule 69L-3.025, F.A.C.

7. Section 440.491(6)(b), F.S. (2003), which is incorporated herein by reference – Employee failed or refused to accept vocational training or education.

8. Section 440.15(4)(d), F.S. (2003), which is incorporated herein by reference – Employee in Temporary Partial status failed to notify the claims-handling entity of the establishment of earnings capacity within 5 business days of returning to work.

9. Section 440.15(4)(e), F.S. (1994), which is incorporated herein by reference – Employee in Temporary Partial status terminated from post-injury employment due to the employee's misconduct.

10. Section 440.105(7), F.S. (2003), which is incorporated herein by reference – Employee refused to sign and return the fraud statement.

(d) When all indemnity benefits are suspended because the employee died and there are no known or confirmed dependents to whom death benefits must be paid, or if the death was not compensable, the claim administrator shall file with the Division SROI MTC S4 (Suspension, Claimant Death) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits.

(e) When all indemnity benefits are suspended because the employee became an inmate of a public institution and there are no known or confirmed dependents to whom indemnity benefits must be paid, the claim administrator shall file with

the Division SROI MTC S5 (Suspension, Incarceration) on or before 14 days from the date the claim administrator decided to suspend all indemnity benefits.

(f) When all indemnity benefits are suspended because the claim administrator's good faith repeated attempts to locate and send indemnity benefits to the employee have been unsuccessful; or the employee has no known address, representative or guardian to whom the claim administrator can send indemnity benefits; or indemnity benefits have been returned to the claim administrator indicating that the employee has moved and the current or forwarding address is unknown, or the employee no longer resides at the last known address, the claim administrator shall file with the Division SROI MTC S6 (Suspension, Claimant's Whereabouts Unknown) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits.

(g) When all indemnity benefits are suspended because the employee is no longer eligible for or entitled to any indemnity benefits because the limits of or entitlement to indemnity benefits have been exhausted, the claim administrator shall file with the Division SROI MTC S7 (Suspension, Benefits Exhausted) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits.

(h) When all indemnity benefits are suspended because the employee elects to receive workers' compensation benefits under another state's law, or the claim administrator determines the claim is compensable under another compensation act, such as the Federal Employers' Liability Act, the Federal Employees' Compensation Act, the U.S. Longshoremen's and Harbor Workers' Compensation Act, or the Jones Act, the claim administrator shall file with the Division SROI MTC S8 (Suspension, Jurisdiction Change) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits. Until the claim administrator implements the electronic reporting of suspension information as required in Rules 69L-56.304, F.A.C., and 69L-56.3045, F.A.C., the claim administrator shall file Form DFS-F2-DWC-4, Notice of Action/Change adopted in Rule Chapter 69L-3, F.A.C., and report Suspension Reason Code "S8" when there is a change in jurisdiction; however, once the claim administrator is in production status with filing electronic suspension notices, the claim administrator shall report a change in jurisdiction by filing SROI MTC S8 (Suspension, Jurisdiction Change).

(i) In addition to filing MTC SROI S1-S8 with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee and employer as required by Rule Chapter 69L-3, F.A.C.

(j) When Permanent Total Supplemental Benefits (Benefit Type 021) are suspended but Permanent Total Benefits (Benefit Type 020) will continue to be paid, the claim administrator shall file with the Division SROI MTC P7 (Partial Suspension, Benefits Exhausted) on or before 14 days after the date Permanent Total Supplemental Benefits were suspended. In

addition to filing MTC P7 with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee and employer as required by Rule Chapter 69L-3, F.A.C.

(6) Electronic Reinstatement of Indemnity Benefits (MTC RB, ER):

(a) When payment of indemnity benefits are resumed by the claim administrator after having been previously suspended, the claim administrator shall file with the Division a SROI MTC RB (Reinstatement of Benefits) on or before 14 days after the date the claim administrator had knowledge of the need to reinstate indemnity benefits. In addition to filing SROI MTC RB with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee and employer as required by Rule Chapter 69L-3, F.A.C.

(b) When the employer reinstates payment of salary in lieu of compensation following a prior suspension of all indemnity benefits paid by the employer, the claim administrator shall file with the Division SROI MTC ER (Employer Reinstatement) on or before 14 days after the date the claim administrator received notification about the reinstatement of salary in lieu of compensation. Form DFS-F2-DWC-4 is not required to be sent to the employee or employer.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History—New _____.

69L-56.307 Electronic Cancellation of Claim. (FROI MTC 01).

(1) The claim administrator shall send FROI MTC 01 (Cancel) immediately upon the claim administrator's knowledge of the need to cancel if any of the following occur:

(a) An Electronic First Report of Injury or Illness was accepted by the Division and the claim administrator subsequently determined the claim was filed in error because it was actually a Medical Only Case. The FROI MTC 01 shall reflect the Claim Type as "B" (Became Medical Only).

(b) An Electronic First Report of Injury or Illness was accepted by the Division and the claim administrator subsequently determined the claim was filed with inaccurate identifying information and was a duplicate of another accepted claim.

(2) If a claim has been cancelled via FROI MTC 01 (Cancel) after an Electronic First Report of Injury or Illness was previously filed with the Division and the claim administrator determines the claim should not be cancelled after all, the claim administrator shall re-file a subsequent Electronic First Report of Injury or Illness using the applicable MTC(s) specified in this rule for reporting an Electronic First Report of Injury or Illness. The original Electronic First Report of Injury or Illness sent to the Division shall be disregarded and considered not filed with the Division. The due date for filing the subsequent Electronic First Report of Injury or Illness shall correspond to the filing timeframes specified in this rule for the

applicable MTC(s) required for an Electronic First Report of Injury. If un-cancelling a claim to file a full or partial denial of indemnity benefits, the claim administrator shall provide to the employee and employer, Form DFS-F2-DWC-12 adopted in Rule Chapter 69L-3, F.A.C.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History—New _____.

69L-56.310 Technical Requirements for Voluntary Claims EDI Transmissions.

(1) ~~Effective June 1, 2005, as a voluntary alternative to paper filing pursuant to Rule 69L-3 F.A.C., Insurers shall may elect to send Claims EDI Filings required in Rule 69L-56.301, 69L-56.3012, 69L-56.3013, 69L-56.304, 69L-56.3045, 69L-56.307, and 69L-56.330, F.A.C., electronic transmissions of the First Report of Injury or Illness (Form DFS F2 DWC 1 as incorporated by reference in Chapter 69L-3, F.A.C.), Claim Cost Report (Form DFS F2 DWC 13 as incorporated by reference in Chapter 69L-3, F.A.C.), and the Division approved electronic formats for reporting the employee's 8th day of disability and claim administrator's knowledge of the 8th day of disability required in Chapter 69L-3, F.A.C., to the Division using only the following transmission methods:~~

(a) Advantis Value Added Network (VAN), or

(b) Secure Socket Layer/File Transfer Protocol (SSL/FTP) ~~using a client software program to accomplish SSL/FTP uploads and downloads in accordance with instructions on Form DFS-F5-DWC-EDI-4 (10/1/2006 01/01/2005).~~

(2) ~~Effective June 1, 2005, voluntary E~~electronic transmissions of ~~Claims EDI Filings the First Report of Injury or Illness (DFS F2 DWC 1), and the Claim Cost Report (DFS F2 DWC 13), shall be sent to the Division using the First Report of Injury (FROI)/148 flat file transaction set, including the R21 companion record, and the Subsequent Report (SROI)/A49 flat file transaction set, including the R22 companion record, described in Section 2, "Technical Documentation", on Pages "4-13" through "4-16" of the IAIABC Claims EDI Release 3 Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1 February 15, 2002. The claim administrator shall not send transmissions containing files in the ANSI 148 format to the Division on or after June 1, 2005.~~

(3)(a) Each ~~voluntary~~ FROI transmission shall contain at least one batch in the FROI format, a sample of which is located in Section 2, Technical Documentation, ~~on Pages "4-13" and "4-14" in the IAIABC Claims-EDI Release 3 Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1 February 15, 2002. Each voluntary SROI transmission shall contain at least one batch in the SROI format located in Section~~

2, Technical Documentation, Record Layouts, on Pages “4-15” and “4-16” in the IAIABC Claims EDI Release 3 Implementation Guide.

(b) Each batch shall contain only one of the following transaction types:

1. First Report of Injury (FROI/148 transaction with R21 companion record), or
2. Subsequent Report of Injury (SROI/A49 transaction with R22 companion record).

(c) A batch shall contain the following as set forth in Section 2, Technical Documentation, on Pages “4-11” through “4-19” in the IAIABC Claims EDI Release 3 Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1 February 15, 2002:

1. No change.
2. One or more transactions – FROI 148’s with R21, or SROI A49’s, with R22.
3. No change.

(d) Header records shall include the following information:

1. No change.
2. Receiver Postal Code for the State of Florida: 323994226 effective June 1, 2005 (Receiver Postal Code 323996085 may be sent through May 31, 2005.)
3. No change.

(4) To ~~voluntarily~~ report the electronic equivalent of the First Report of Injury or Illness (Form DFS-F2-DWC-1 adopted in Rule Chapter 69L-3, F.A.C.), where for which total compensability of the claim has not been denied, the claim administrator shall send to the Division both the FROI and SROI within the processing times set out in subsection (5) of this section. If either the FROI or SROI contains an error that results in the rejection of one of the transactions, both the FROI and SROI shall be rejected and the claim administrator shall re-send both the corrected FROI and SROI to the Division within the processing times set out in paragraph (5) of this rule section, in order for the two transactions to be processed together. The Division will only pair for processing purposes, FROI’s and SROI’s that are received by the Division on the same day, as set out in paragraph (5) of this rule section.

(5) Transmissions received on or before 9:00 p.m., Eastern Standard Time, shall be processed by the Division the same day the transmission was sent to the Division and acknowledged by the Division the next day. Transmissions received after 9:00 p.m. through 11:59 p.m., Eastern Standard Time, shall be processed by the Division the following day and acknowledged by the Division the next day after the transmission is processed.

~~(a) Transmissions sent Monday through Saturday: In order for a transmission sent Monday through Saturday to be processed as received by the Division the same day the transmission was sent, the claim administrator shall send~~

~~voluntary Claims EDI transmissions by 9:00 p.m., Eastern Standard Time, Monday through Saturday. Transmissions received by 9:00 p.m., Eastern Standard Time, will be acknowledged the next business day after Division receipt and processing. Transmissions received between after 9:00 p.m. and 11:59 p.m., Eastern Standard Time, Monday through Saturday, shall be processed as received by the Division the day after the transmission was sent, and will be acknowledged the next business day after Division receipt and processing.~~

~~(b) Transmissions sent Sunday: In order for a transmission sent on Sunday to be processed as received by the Division on Sunday, the claim administrator shall send voluntary Claims EDI transmissions by 4:00 p.m., Eastern Standard Time, Sunday. Transmissions received by 4:00 p.m., Eastern Standard Time, Sunday will be acknowledged on Tuesday. Transmissions received after 4:00 p.m., Eastern Standard Time, Sunday shall be processed as received by the Division on Monday and will be acknowledged on Tuesday.~~

(6) During the test ~~and pilot~~ phases, the “Test-Production Code Indicator” in the Header record shall be set to “T”. After the claim administrator has been approved by the Division to send transmissions in production status, the “Test-Production Code Indicator” shall be set to “P”.

(7) The claim administrator shall have the capability to receive and process the Division’s Claims EDI AKC AK+ Acknowledgement transaction described in Section 2, Technical Documentation, on Page “4-11” of in the IAIABC Claims EDI Release 3 Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records Release 1 February 15, 2002. The Claim Administrator shall update its database with the Division’s Jurisdiction Agency Claim Number (JCN) (ACN) provided by the Division on the EDI AKC AK+ Acknowledgement transaction for each successfully filed transaction.

(8) Formats and meaning of data elements ~~voluntarily~~ reported via EDI to the Division pursuant to under this rule section shall match format specifications and data element definitions established in Sections 2 4 and 6 of the IAIABC Claims EDI Release 3 Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1 February 15, 2002, unless otherwise defined in Rule 69L-56.002, F.A.C.

(9) through (10) No change.

(11) If a vendor is submitting files on behalf of more than one insurer or claim administrator, the vendor shall send separate header and trailer records for each claim administrator. The Sender ID on the Header Record shall represent the insurer’s or claim administrator’s FEIN and Postal Code, not that of the vendor.

Specific Authority 440.591, 440.593 FS. Law Implemented 440.593. FS. History—New 5-29-05, Amended _____.

69L-56.320 Claims EDI Test and Production Status Requirements.

(1) Prior to sending an initial test transmission, the claim administrator shall file the EDI Trading Partner forms required in subsection 69L-56.300(2), F.A.C. If a form is incomplete and does not contain responses to all of the required fields in accordance with the form instructions, testing with the Division will not commence until the corrected form(s) is re-filed with the Division.

(2) If the claim administrator has contracted with a vendor to send Claims EDI filings on its behalf to the Division, the claim administrator shall comply with the testing requirements in this section before being approved for production status, even if the vendor has been previously approved by the Division for production status with another client.

(3) During the Claims EDI testing period and until the claim administrator is approved for production status for sending the required electronic form equivalents required by this rule, the claim administrator shall continue to file Forms DFS-F2-DWC-1, DFS-F2-DWC-12, DFS-F2-DWC-13 and DFS-F2-DWC-4 and DFS-F2-DWC-49 in accordance with Rule Chapter 69L-3, F.A.C.

(4) The claim administrator shall send test files in the correct IAIABC Release 3 formats specified in Section 2, Technical Documentation, of the IAIABC Claims EDI Release 3 Implementation Guide, and comply with transmission requirements set out in Rule 69L-56.310, F.A.C.

(5) The insurer or claim administrator shall indicate the Maintenance Type Codes (MTC's) it will be sending, if not all MTC's will be initially tested at the same time (e.g., MTC's not required until the insurer's Secondary Implementation Schedule). The claim administrator shall file a revised Form DFS-F5-DWC-EDI-3, EDI Transmission Profile – Sender Specifications, to report any new MTC's that will be added during the test to production periods.

(6) The claim administrator shall also indicate on its Form DFS-F5-DWC-EDI-3, Transmission Profile – Sender Specifications, the frequency with which files will be sent to the Division, i.e., daily, weekly. Test files shall consist of Claims EDI Filings that correspond with Forms DFS-F2-DWC-1, DFS-F2-DWC-12, DFS-F2-DWC-13, and DFS-F2-DWC-4 adopted in Rule Chapter 69L-3, F.A.C., that were previously mailed to the Division at least one week prior to the date the test transmission containing the corresponding Electronic First Report of Injury or Illness, Electronic Notice of Denial, Electronic Periodic Claim Cost Report, and Electronic Notice of Action or Change, Suspension, and Reinstatement of Indemnity Benefits information is sent to the Division. If the claim administrator is unable to transmit test files on a daily or weekly basis due to a low volume of actual claim filings being mailed to the Division during the specified testing frequency, the claim administrator may create and send "mock" paper and electronic filings for Claims EDI testing

purposes. The claim administrator shall clearly mark any mock paper filings as an "EDI Test Filing" and fax the mock paper filings to the Division's Claims EDI Team at (850)488-3453.

(7) Data element values sent on the test Claims EDI filings shall match values reported on the corresponding paper form filing. If differences are detected and cited in a written parallel analysis report issued to the claim administrator by the Division, the claim administrator shall confirm if the electronic version contained the accurate data, or otherwise provide an explanation for the discrepancy. The claim administrator shall investigate and reconcile its database as necessary in conjunction with data errors identified during the test period(s).

(8) The claim administrator shall send the following minimum number of Claims EDI filings during the test period(s), of which 90% of each of the required categories specified in paragraphs (5)(a) through (f) of this section shall receive an Application Acknowledgement Code of "TA":

(a) Ten (10) Electronic First Report of Injury or Illness filings utilizing at least two of each of the following required FROI/SROI MTC combinations: 00/IP, 00/EP, and 00/PY. MTC's 00/CD, 00/VE, and AU/AP may be optionally included in the testing period. The claim administrator shall send one of the two required MTC 00/IP filings with Claim Type "I" and the other required MTC 00/IP filing with Claim Type "L".

(b) Five (5) Electronic Denied First Report of Injury or Illness filings utilizing at least one FROI MTC 04 (Full Denial) and one FROI MTC 00 with SROI PD (Partial Denial). The Electronic First Report of Injury or Illness shall include the applicable Full Denial Reason Code(s) and Partial Denial Code with Denial Reason Narrative, to report the Electronic Notice of Denial information.

(c) Ten (10) Electronic Periodic Claim Cost filings utilizing at least two each of the following SROI MTC's: SA or FN. A corresponding paper or Electronic First Report of Injury or Illness must have been previously accepted in test or production status before testing MTC SA or FN.

(d) Five (5) Electronic Notice of Denial filings (post-EDI DWC-1) utilizing at least one each of the following SROI MTC's: MTC 04 and PD (Electronic First Report of Injury or Illness must have been previously accepted in test or production status before testing these EDI filings.)

(e) Five (5) Electronic Notice of Action or Change transactions based on electronic filings required in the insurer's Primary Implementation Schedule for the initial testing period if not all MTC's will be implemented by the insurer during its Primary Implementation Schedule, utilizing either FROI or SROI MTC 02 (Change). A corresponding paper or Electronic First Report of Injury or Illness must have been previously accepted in test or production status before testing these EDI filings with the Division.

(f) Five (5) of the following Electronic Notice of Action or Changes, Suspension and Reinstatement of Indemnity Benefits filings required in the insurer's Secondary Implementation

Schedule utilizing at least two MTC 02 filings, one of which shall report a change in the Average Wage with no change to the Net Weekly Amount and one MTC 02 that reports a Benefit Redistribution.. The claim administrator shall also send at least one each of the following MTC's: S1-S8 (Suspensions); RB (Reinstatement); CA (Change in Amount), CB (Change in Benefit Type).

(9) To be approved for production status:

(a) The claim administrator shall achieve a 90% acceptance rate for Claims EDI Filings sent during the test period(s), i.e., 90% of all test Claims EDI Filings shall be accepted and assigned an Application Acknowledgement Code "TA" (Transaction Accepted), and 10% or less of all Claims EDI filings shall be assigned an Application Acknowledgement Code "TR" (Transaction Rejected); and.

(b) The claim administrator must achieve a 95% accuracy rate for correctly reporting the following data elements:

1. Benefit Payment Issue Date and Payment Issue Date (represents the date payment was mailed to the employee); and

2. Employee SSN and Date of Injury (unless Form DFS-FS-DWC-4, Notice of Action/Change adopted in Rule Chapter 69L-3, F.A.C., was filed to report a change in Employee SSN and Date of Injury that explains the different value sent on the test EDI filing compared to the value sent on the prior paper or EDI filing ; and

3. Benefit Type reported on the Division paper form promulgated under Rule Chapter 69L-3, F.A.C., compared to the test Electronic First Report of Injury or Illness filing; and

4. Initial Date of Lost Time; and

5. Date Claim Administrator Had Knowledge of Lost Time; and

6. Any penalties and/or Interest reported on the prior paper filing compared to the test Electronic First Report of Injury or Illness, and

(c) The claim administrator has responded to all parallel pilot analysis reports issued during the test period(s).

(10) The claim administrator shall send a minimum of two transmissions containing the test MTC's pursuant to subsection (8) of this section for evaluation by the Division before the claim administrator will be approved for production status.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History--New _____.

69L-56.330 Electronic Formats for Reporting the Employee's 8th Day of Disability and the Claim Administrator's Knowledge of 8th Day of Disability.

(1) Until required by this rule to report Claims EDI filings using the IAIABC Release 3 standard, if a claim administrator is voluntarily reporting Claims EDI information using the IAIABC EDI Release 1 standard and reports the electronic First Report of Injury or Illness If the electronic form equivalent of the DFS-F2-DWC-1, First Report of Injury or Illness, as incorporated by reference in Rule 69L-3, F.A.C., is

~~voluntarily sent via EDI~~ with Claim Type "L" ("Became Lost Time/Indemnity", a.k.a., Medical Only to Lost Time), the claim administrator shall report the employee's 8th day of disability and the claim administrator's knowledge of the 8th day of disability at the same time the electronic form equivalent of Form DFS-F2-DWC-1 is required to be sent to the Division as specified in Rule ~~69L-56.301, 69L-24.0231~~, F.A.C., using any of the electronic formats approved by the Division and adopted by reference in this rule ~~section~~.

(2) ~~If the initial payment of benefits is for Impairment Income Benefits or settlement agreement or order for indemnity benefits, or follows a total or partial denial, the claim administrator is not required to electronically report the employee's 8th day of disability and the claim administrator's knowledge of 8th day of disability.~~

(3) The claim administrator shall utilize the electronic format, "Electronic Supplement to the First Report of Injury (DWC-1) Transaction (January 2005)", from the Division's web site at www.fldfs.com/wc/edi.html, or the "8th Day of Disability For EDI Submitters" database located at www.fldfs.com/wc/ to report the employee's 8th day of disability and the claim administrator's knowledge of the 8th day of disability required in Rule Chapter 69L-3, F.A.C.

~~The requirement to report the employee's 8th day of disability and the claim administrator's knowledge of the 8th day of disability via an alternative electronic format shall commence upon the effective date of this rule.~~

Specific Authority 440.591, 440.593 FS. Law Implemented 440.593 FS. History--New 5-29-05, Amended _____.

69L-56.500 Insurer Responsibilities Where Third Party Services are Utilized.

If an insurer contracts with a claim administrator or third party vendor to electronically send transactions to the Division on the insurer's behalf, or uses a claim administrator or third party vendor's software product for electronically sending transactions to the Division, the insurer shall remain responsible for the timely filing of transactions required by this rule processing of acknowledgements, electronic form equivalents, and any penalties and fines that may result from untimely electronic filings.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.20(8)(b), 440.593 FS. History--New 5-29-05, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Linda Yon, Systems Project Administrator, Office of Data Quality and Collection

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Dan Sumner, Workers' Compensation, Assistant Director

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 9, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 25, 2006

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NO.: 69O-137.001
 RULE TITLE: Annual and Quarterly Reporting Requirements

PURPOSE, EFFECT AND SUMMARY: To adopt the 2006 NAIC Quarterly and Annual Statement Instructions and NAIC’s Accounting Practices and Procedures Manual, as permitted by Section 624.424, F.S.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: 624.308(1), 624.424(1) FS.

LAW IMPLEMENTED: 624.424(1) FS.

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: November 20, 2006, 10:00 a.m.

PLACE: Room 142, Larson Building, 200 East Gaines Street, Tallahassee, Florida

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 calendar days before the workshop/meeting by contacting: Kerry Krantz, Life and Health Financial Oversight, Office of Insurance Regulation, E-mail: kerry.krantz@dfs.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).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kerry Krantz, Life and Health Financial Oversight, Office of Insurance Regulation, E-mail: kerry.krantz@dfs.state.fl.us

THE FULL TEXT OF THE PROPOSED RULE IS:

69O-137.001 Annual and Quarterly Reporting Requirements.

- (1) through (3) No change.
- (4) Manuals Adopted.

(a) Annual and quarterly statements shall be prepared in accordance with the following manuals, which are hereby adopted and incorporated by reference:

1. The NAIC’s Quarterly and Annual Statement Instructions, Property and Casualty, 2006 ~~2005~~;

2. The NAIC’s Quarterly and Annual Statement Instructions/Life, Accident and Health, 2006 ~~2005~~;

3. The NAIC’s Quarterly and Annual Statement Instructions/Health, 2006 ~~2005~~; and

4. The NAIC’s Quarterly and Annual Statement Instructions/Title, 2006; and

~~5.4. The NAIC’s Accounting Practices and Procedures Manual, as of March 2006~~ ~~2005~~.

(b) No change.

Specific Authority ~~624.307~~, 624.308(1), 624.424(1) FS. Law Implemented ~~624.307(1)~~, 624.424(1) FS. History–New 3-31-92, Amended 8-24-93, 4-9-95, 4-9-97, 4-4-99, 11-30-99, 2-11-01, 4-5-01, 12-4-01, 12-25-01, 8-18-02, 7-27-03, Formerly 4-137.001, Amended 1-6-05, 9-15-05,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Kerry Krantz, Actuary, Life and Health Financial Oversight, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Richard Robleto, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 21, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 17, 2006

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NO.: 69O-138.001
 RULE TITLE: NAIC Financial Condition Examiners Handbook Adopted

PURPOSE, EFFECT AND SUMMARY: To adopt the 2006 NAIC Financial Condition Examiners Handbook Adopted, as permitted by Section 624.316, F.S.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: 624.308(1), 624.316(1)(c) FS.

LAW IMPLEMENTED: 624.316(1)(c), 624.316(1)(c) FS.

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: November 20, 2006, 10:00 a.m.

PLACE: Room 142, Larson Building, 200 East Gaines Street, Tallahassee, Florida

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 calendar days before the workshop/meeting by contacting: Kerry Krantz, Life and Health Financial Oversight, Office of Insurance Regulation, E-mail: kerry.krantz@fldfs.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).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kerry Krantz, Life and Health Financial Oversight, Office of Insurance Regulation, E-mail: kerry.krantz@fldfs.com

THE FULL TEXT OF THE PROPOSED RULE IS:

69O-138.001 NAIC Financial Condition Examiners Handbook Adopted.

(1) The National Association of Insurance Commissioners Financial Condition Examiners Handbook (2006 ~~2005~~) is hereby adopted and incorporated by reference.

(2) through(3) No change.

Specific Authority 624.308(1), 624.316(1)(c) FS. Law Implemented 624.316(1)(c) ~~624.307(4)~~ FS. History–New 3-30-92, Amended 4-9-97, 4-4-99, 11-30-99, 2-11-01, 12-25-01, 8-18-02, 7-27-03, Formerly 4-138.001, Amended 1-6-05, 9-15-05,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Kerry Krantz, Actuary, Life and Health Financial Oversight, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Richard Robleto, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 21, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 17, 2006

FINANCIAL SERVICES COMMISSION

Indexing Agency Orders

RULE CHAPTER NO.: RULE CHAPTER TITLE:
69T-1 Organizational Structure of the Office of Financial Regulation

RULE NO.: RULE TITLE:
69T-1.001 Organizational Structure

PURPOSE AND EFFECT: The purpose of the rule is to establish the organizational structure of the Office of Financial Regulation as required by Section 20.121(3)(b), F.S.

SUMMARY: The rule establishes the organizational structure of the Office of Financial Regulation.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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.

SPECIFIC AUTHORITY: 20.121(3)(b) FS.

LAW IMPLEMENTED: 20.121(3)(b), 20.055(2) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Andrea Moreland, Executive Senior Attorney, Office of Financial Regulation, Room 118K, Fletcher Building, 200 East Gaines Street, Tallahassee, Florida 32399-0370, Telephone: (850)410-9662, e-mail: andrea.moreland@fldfs.com

THE FULL TEXT OF THE PROPOSED RULE IS:

69T-1.001 Organizational Structure.

(1) The following organizational units are established in the Office of Financial Regulation:

(a) Office of Inspector General.

(b) Office of Legal Services.

(c) Division of Financial Institutions, which shall include the following bureaus:

1. Bureau of Bank Regulation District I.

2. Bureau of Bank Regulation District II.

3. Bureau of Credit Union Regulation.

(d) Division of Securities, which shall include the following bureaus:

1. Bureau of Securities Regulation.

2. Bureau of Regulatory Review.

(e) Division of Finance, which shall include the following bureaus:

1. Bureau of Finance Regulation.

2. Bureau of Regulatory Review.

3. Bureau of Money Transmitter Regulation.

(f) Bureau of Financial Investigations as required by s. 20.121(3)(a)2., F.S.

(2) There is established under the Director of the Office of Financial Regulation the position of assistant director. The assistant director will aid the director in fulfilling the director's statutory obligations. The director may be known as the Commissioner of Financial Regulation and the assistant director may be known as the Deputy Commissioner of Financial Regulation.

(3) The Office of Inspector General shall be headed by an inspector general.

(4) The Office of Legal Services shall be headed by a general counsel.

(5) Each division shall be headed by a director.

(6) Each bureau shall be headed by a chief.

Specific Authority 20.121(3)(b) FS. Law Implemented 20.121(3)(b), 20.055(2) FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Don B. Saxon, Commissioner
 NAME OF SUPERVISOR OR PERSON WHO APPROVED
 THE PROPOSED RULE: Financial Services Commission
 DATE PROPOSED RULE APPROVED BY AGENCY
 HEAD: October 17, 2006
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT
 PUBLISHED IN FAW: October 6, 2006

Section III
Notices of Changes, Corrections and
Withdrawals

**BOARD OF TRUSTEES OF THE INTERNAL
 IMPROVEMENT TRUST FUND**

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF CORRECTIONS

RULE NO.: RULE TITLE:
 33-601.210 Custody Classification
 NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32, No. 39, (September 29, 2006), issue of the Florida Administrative Weekly:

- 33-601.210 Custody Classification.
- (1) through (3) No change.
- (4) Progress Assessments.
- (a) through (b) No change.
- (c) Unless precluded for security or other substantial reasons, all inmates shall be scheduled to appear and be present for assessments and reviews. An inmate shall be notified a minimum of forty-eight hours in advance of an assessment and review unless the inmate waives such notice in writing. Assessments and reviews shall be completed as follows:
 - 1. through 4. No change.
 - (d) through (m) No change.
 - (5) No change.

Specific Authority 944.09, 958.11 FS. Law Implemented 20.315, 921.20, 944.09, 944.17(2), 944.1905, 958.11 FS. History—New 12-7-81, Formerly 33-6.09, Transferred from 33-6.009, Amended 6-8-82, 10-26-83, 6-8-86, 7-8-86, 10-27-88, 1-1-89, 7-4-89, 10-12-89, 1-2-91, 7-21-91, 8-30-92, 5-13-96, 6-12-96, 11-19-96, 10-15-97, Formerly 33-6.0045, Amended 9-19-00,_____.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF ENVIRONMENTAL PROTECTION

RULE NOS.:	RULE TITLES:
62-303.200	Definitions
62-303.320	Aquatic Life-Based Water Quality Criteria Assessment
62-303.360	Primary Contact and Recreation Use Support
62-303.370	Fish and Shellfish Consumption Use Support
62-303.380	Drinking Water Use Support and Protection of Human Health
62-303.420	Aquatic Life-Based Water Quality Criteria Assessment
62-303.450	Interpretation of Narrative Nutrient Criteria
62-303.460	Primary Contact and Recreation Use Support
62-303.470	Fish and Shellfish Consumption Use Support
62-303.480	Drinking Water Use Support and Protection of Human Health
62-303.720	Delisting Procedure

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32 No. 31, August 4, 2006 issue of the Florida Administrative Weekly.

CHAPTER 62-303

IDENTIFICATION OF IMPAIRED SURFACE WATERS
PART I GENERAL

62-303.200 Definitions.

As used in this chapter:

- (1) No change.
- (2) "BioRecon" shall mean a biological evaluation conducted in accordance with standard operating procedures (SOPs) FT 3000, FS 7410, and LT 7100, as promulgated in Rule Chapter 62-160.800, F.A.C.
- (3) through (21) No change.
- (22) "Stream Condition Index" shall mean a biological evaluation conducted in accordance with SOPs FT 3000, FS 7420, and LT 7200, as promulgated in Rule Chapter 62-160.800, F.A.C.
- (23) through (30) No change.

Specific Authority 403.061, 403.067 FS. Law Implemented 403.062, 403.067 FS. History—New 6-10-02, Amended_____.

PART II THE PLANNING LIST

62-303.320 Aquatic Life-Based Water Quality Criteria Assessment.

(1) Water segments shall be placed on the planning list if, using objective and credible data, as defined by the requirements specified in this section, the number of samples that do not meet an applicable water quality criterion due to pollutant discharges is greater than or equal to the number listed in Table 1 for the given sample size. For sample sizes up to 500, waters are placed on the planning list when 10% or more of the samples do not meet the applicable criteria with a minimum of an 80% confidence level using a binomial distribution. For sample sizes greater than 500, the Department shall calculate the number of samples not meeting the criterion that are needed to list the waterbody with an 80% confidence level for the given sample size using the binomial distribution.

Table 1: No change.

(2) No change.

(3) Unless information presented to the Department demonstrates otherwise, data older than ten years at the time the water segment is proposed for listing on the planning list are not representative of current conditions and shall not be used to develop planning lists, except to evaluate historical trends in chlorophyll a or TSIs. Any determinations by the Department to use data older than 10 years shall be documented, and the documentation shall include the basis for the decision that the data are representative of current conditions. Further, more recent data shall take precedence over older data if:

(a) through (b) No change.

(4) To place a water segment on the planning list using Table 1, a water segment shall have a minimum of ten samples for the ten-year period, with at least five temporally independent samples. To be treated as a temporally independent sample, samples shall be at least one week apart, regardless whether the samples are collected at different locations within the segment.

(a) through (c) No change.

(d) In making the determination to list water segments, the Department shall consider ambient background conditions, including seasonal and other natural variations.

(5) No change.

(6) Notwithstanding the requirements of paragraph (4), water segment shall be included on the planning list if:

(a) No change.

~~(b) There are more than one sample does not meet exceedance~~ of an acute toxicity-based water quality criterion listed in Chapter 62-302.530, F.A.C., or a water quality criterion for a synthetic organic compound or synthetic pesticide in any three year period.

(7) through (11) No change.

Specific Authority 403.061, 403.067 FS. Law Implemented 403.062, 403.067 FS. History–New 6-10-02, Amended.

62-303.360 Primary Contact and Recreation Use Support.

(1) A Class I, II, or III water shall be placed on the planning list for evaluating primary contact and recreation use support if:

(a) through (d) No change.

(e) The water segment includes a sampling location that has two or more monthly geometric mean average values above the monthly geometric mean average fecal coliform or enterococci criterion during the planning period. To calculate a monthly ~~average value for a sampling location, which shall be calculated as a~~ geometric mean, there shall be at least ~~five~~ ~~ten~~ samples collected within that month, with at least one sample from each full week of the month, ~~or~~.

(f) The water segment includes a sampling location that exceeds 400 counts per 100 ml in more than ten percent of the samples collected in at least two different months during the planning period. To assess the monthly data for a sampling location, there shall be at least five samples collected within that month, with at least one sample from each full week of the month.

~~(2) When evaluating a water segment for bacteriological quality under subparagraph (1)(a), the criterion used for fecal coliforms shall be that the Most Probable Number (MPN) or Membrane Filter (MF) shall not exceed 400 counts per 100 ml.~~

(3) through (4) No change.

Specific Authority 403.061, 403.067 FS. Law Implemented 403.062, 403.067 FS. History–New 6-10-02, Amended.

62-303.370 Fish and Shellfish Consumption Use Support.

A Class I, II, or III water shall be placed on the planning list for fish and shellfish consumption if:

(1) through (2) No change.

(3) For Class II waters, the water segment includes an area that ~~is has been~~ classified by the Department of Agriculture and Consumer Services' Shellfish Environmental Evaluation and Assessment Section (SEAS) in one of the following shellfish harvesting classifications:

(a) through (c) No change.

(4) No change.

(5) When evaluating a water segment for bacteriological quality under paragraph (1), the criterion in Rule 62-302.530(6), F.A.C. used for fecal coliform shall be that the MPN ~~or MF~~ shall not exceed 43 counts per 100 ml.

Specific Authority 403.061, 403.067 FS. Law Implemented 403.062, 403.067 FS. History–New 6-10-02, Amended.

62-303.380 Drinking Water Use Support and Protection of Human Health.

(1) A Class I water shall be placed on the planning list for drinking water use support if:

(a) through (b) No change.

(c) The water segment includes a sampling location that has two or more monthly geometric mean average values above the monthly geometric mean average fecal coliform criterion during the planning period. To calculate a monthly geometric mean average value for a sampling location, there shall be at least five samples collected within that month, with at least one sample from each full week of the month.

(2) through (3) No change.

(a) through (b) No change.

~~(4) The water segment includes a sampling location that exceeds 400 counts per 100 ml in more than ten percent of the samples collected in at least two different months during the planning period. To assess the monthly data for a sampling location, there shall be at least five samples collected within that month, with at least one sample from each full week of the month. When evaluating a water segment for bacteriological quality under subparagraph (1)(a), the criterion used for fecal coliforms shall be that the MPN or MF shall not exceed 400 counts per 100 ml.~~

Specific Authority 403.061, 403.067 FS. Law Implemented 403.062, 403.067 FS. History–New 6-10-02, Amended.

PART III THE VERIFIED LIST

62-303.420 Aquatic Life-Based Water Quality Criteria Assessment.

(1) The Department shall reexamine the data used in Rule 62-303.320, F.A.C., to determine whether water quality criteria are met.

(a) If values exceeding the criteria are not due to pollutant discharges or reflect natural background conditions, including seasonal or other natural variations, the water shall not be listed on the verified list. In such cases, the Department shall note for the record why the water was not listed and provide the basis for its determination that the exceedances were not due to pollutant discharges.

(b) No change.

(2) through (4) No change.

(5) Values that exceed possible physical or chemical measurement constraints (pH greater than 14, for example) or that represent data transcription errors, outliers the Department determines are not valid measures of water quality, water quality criteria exceedances due solely to violations of specific effluent limitations contained in state permits authorizing discharges to surface waters, water quality criteria exceedances within permitted mixing zones for those parameters for which the mixing zones are in effect, and water quality data collected following contaminant spills, discharges due to upsets or bypasses from permitted facilities, or rainfall in excess of the 25-year, 24-hour storm, shall be excluded from the assessment carried out under this rule. However, the Department shall note for the record that the data were excluded and explain why they were excluded.

(6) No change.

(7) Notwithstanding the requirements of paragraph (2), water segments shall also be included on the verified list if, based on representative data collected and analyzed in accordance with Chapter 62-160, F.A.C.:

(a) No change.

(b) Scientifically credible and compelling information regarding the magnitude, frequency, or duration of samples that do not meet an applicable water quality criterion ~~that~~ provides overwhelming evidence of impairment. Any determinations to list waters based on this provision shall be documented, and the documentation shall include the basis for the decision.

(c) No change.

Specific Authority 403.061, 403.067 FS. Law Implemented 403.062, 403.067 FS. History–New 6-10-02, Amended.

62-303.450 Interpretation of Narrative Nutrient Criteria.

(1) A water shall be placed on the verified list for impairment due to nutrients if there are sufficient data from the last five years preceding the planning list assessment, combined with historical data (if needed to establish historical chlorophyll a levels or historical TSIs), to meet the data sufficiency requirements of rule 62-303.350(2). If there are insufficient data, additional data shall be collected as needed to meet the requirements. Once these additional data are collected, the Department shall determine if there is sufficient information to develop a site-specific threshold that better reflects conditions beyond which an imbalance in flora or fauna occurs in the water segment. ~~If there is sufficient information, the Department shall re-evaluate the data using the site-specific thresholds. If there is insufficient information, the Department shall re-evaluate the data using the thresholds provided in Rules 62-303.351-.353, F.A.C., for streams, lakes, and estuaries, respectively, or alternative, site-specific thresholds that more accurately reflect conditions beyond which an imbalance in flora or fauna occurs in the water segment.~~ In any case, the Department shall limit its analysis to the use of data collected during the five years preceding the planning list assessment and the additional data collected in the second phase. If alternative thresholds are used for the analysis, the Department shall provide the thresholds for the record and document how the alternative threshold better represents conditions beyond which an imbalance in flora or fauna is expected to occur.

(2) No change.

(3) The thresholds for impairment due to nutrients ~~impairment~~ used under this section are not required to be used during development of wasteload allocations or TMDLs.

Specific Authority 403.061, 403.067 FS. Law Implemented 403.062, 403.067 FS. History–New 6-10-02, Amended.

62-303.460 Primary Contact and Recreation Use Support.

(1) through (2) No change.

(3) Water segments shall be included on the verified list if:

(a) The number of samples that do not meet the applicable single-sample bacteriological water quality criteria ~~that are not stated as monthly averages~~ meet the requirements in subsection 62-303.420(6), F.A.C. ~~or~~

(b) There are two or more exceedances of a bacteriological water quality criterion expressed as a monthly geometric mean average during a calendar year or more than four exceedances of a monthly geometric mean average criterion over the verified period, or,

(c) There are two or more months during a calendar year or more than four months during the verified period in which greater than 10 percent of the samples at a given station exceed 400 counts per 100 ml.

(d) As to paragraphs (3)(b) and (c) above, to assess the monthly data for a sampling location, there shall be at least five samples collected within that month, with at least one sample from each full week of the month.

Specific Authority 403.061, 403.067 FS. Law Implemented 403.062, 403.067 FS. History—New 6-10-02, Amended.

62-303.470 Fish and Shellfish Consumption Use Support.

(1) through (2) No change.

(3) Class II waters shall be included on the verified list for coliform impairment if, following review of the available data as described in subsection 62-303.460(2), F.A.C.

(a) The number of samples above 43 counts per 100 ml ~~that do not meet the applicable single-sample criteria~~ meet the requirement in subsection 62-303.420(6), F.A.C., or,

(b) No change.

(4) No change.

Specific Authority 403.061, 403.067 FS. Law Implemented 403.062, 403.067 FS. History—New 6-10-02, Amended.

62-303.480 Drinking Water Use Support and Protection of Human Health.

If the water segment was listed on the planning list due to exceedances of a human health-based water quality criterion and there were insufficient data from the last five years preceding the planning list assessment to meet the data sufficiency requirements of Section 303.320(4), F.S., additional data will be collected as needed to meet the requirements. Once these additional data are collected, the Department shall re-evaluate the data using the methodology in subsection 62-303.380(2), F.A.C., and limit the analysis to data collected during the five years preceding the planning list assessment, the additional data collected pursuant to this paragraph (not to include data older than 7.5 years), and data older than 7.5 years if it is demonstrated to be representative of current conditions. Any determinations to use older data shall

be documented by the Department, and the documentation shall provide the basis for the decision that the data are representative of current conditions. For this analysis, the Department shall exclude any data meeting the requirements of subsection 62-303.420(5), F.A.C. The following water segments shall be listed on the verified list:

(1) For human health-based criteria expressed a maximums, water segments that meet the requirements in subsection 62-303.420(6)(7), F.A.C., or

(2) No change.

(3) For bacteriological water quality criteria, water segments shall be included on the verified list if:

(a) The number of samples that do not meet the applicable single-sample bacteriological water quality criteria meet the requirements in subsection 62-303.420(6), F.A.C.

(b) There are two or more exceedances of a bacteriological water quality criterion expressed as a monthly geometric mean during a calendar year or more than four exceedances of the monthly criterion over the verified period, or

(c) There are two or more months during a calendar year or more than four months during the verified period in which greater than 10 percent of the samples at a given station exceed 400 counts per 100 ml.

(d) As to paragraphs (3)(b) and (c) above, to assess the monthly data for a sampling location, there shall be at least five samples collected within that month, with at least one sample from each full week of the month.

Specific Authority 403.061, 403.067 FS. Law Implemented 403.062, 403.067 FS. History—New 6-10-02, Amended.

PART IV MISCELLANEOUS PROVISIONS

62-303.720 Delisting Procedure.

(1) No change.

(2) Water segments shall be removed from the State's verified list only after completion of a TMDL for all pollutants causing impairment of the segment or upon demonstration that the water meets the water quality standard that was previously established as not being met.

(a) through (f) No change.

(g) For waters listed pursuant to paragraphs 62-303.460(3)(b) and (c), or 62-303.480(3)(b) and (c), F.A.C., based on a monthly average or median water quality criteria for bacteriological quality, the water shall be delisted when the criteria applicable to those sections are met for three consecutive years. For waters listed pursuant to paragraphs 62-303.460(3)(b) and (c), or 62-303.480(3)(b) and (c), F.A.C., based on a monthly average criterion, there shall be sufficient data available to calculate monthly average values for at least the same seasons in which the exceedances occurred.

(h) through (k) No change.

(3) No change.

Specific Authority 403.061, 403.067 FS. Law Implemented 403.062, 403.067 FS. History–New 6-10-02, Amended.

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: 64B8-9.0092
RULE TITLE: Approval of Physician Office Accrediting Organizations

NOTICE OF PUBLIC HEARING

The Board of Medicine hereby gives notice of a public hearing on the above-referenced rule to be held on Thursday, November 30, 2006, at 6:00 p.m., at the Rosen Centre, 9840 International Drive, Orlando, Florida 32819. The rule was originally published in Vol. 32, No. 36, of the September 8, 2006, Florida Administrative Weekly.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Larry McPherson, Executive Director, Board of Medicine, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253.

Any person requiring a special accommodation at this hearing because of a disability or physical impairment should contact the Board’s Executive Director at least five calendar days prior to the hearing. If you are hearing or speech impaired, please contact the Board office using the Florida Dual Party Relay System which can be reached at 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

DEPARTMENT OF HEALTH

Board of Nursing Home Administrators

RULE NO.: 64B10-11.012
RULE TITLE: Notification of Change of Address or Employing Facility

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 32, No. 36, September 8, 2006 issue of the Florida Administrative Weekly.

The date of the Notice of Proposed Rule Development was incorrectly published. The correct date for the publication of the Notice of Proposed Rule Development is: July 21, 2006.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Executive Director, Board of Nursing Home Administrators/MQA, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3253.

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NO.: 69O-170.0155
RULE TITLE: Forms

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32, No. 36, September 8, 2006 issue of the Florida Administrative Weekly.

These changes are being made to address concerns expressed at the public hearing.

1. Paragraph (j) of subsection (1) is changed to read:
 - (j) Effective March 1, 2007, OIR-B1-1655, “Notice of Premium Discounts for Hurricane Loss Mitigation”, (Rev. 3/07), is adopted and incorporated herein by reference.
 2. Form OIR-B1-1655, “Notice of Premium Discounts for Hurricane Loss Mitigation”, (Rev. 3/07), has been changed. Copies are available by contacting Michael Milnes at E-mail: Michael.Milnes@fldfs.com.
 3. Sections 627.701, 627.0629, and 215.5586, F.S. are added to the Law Implemented.

The remainder of the rule reads as previously published.

**Section IV
Emergency Rules**

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

DEPARTMENT OF THE LOTTERY

RULE NO.: 53ER06-52
RULE TITLE: Instant Game Number 672, SURPRIZE PACKAGE

SUMMARY OF THE RULE: This emergency rule describes Instant Game Number 672, “SURPRIZE PACKAGE,” for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Faith L. Schneider, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:


53ER06-52 Instant Game Number 672, SURPRIZE PACKAGE.

(1) Name of Game. Instant Game Number 672, "SURPRIZE PACKAGE."

(2) Price. SURPRIZE PACKAGE lottery tickets sell for \$1.00 per ticket.

(3) SURPRIZE PACKAGE lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning SURPRIZE PACKAGE lottery ticket, the ticket must meet the applicable requirements of Rule 53ER06-4, F.A.C.

(4) The "YOUR NUMBERS" play symbols and play symbol captions are as follows:

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX
7 SEVEN	8 EIGHT	9 NINE	10 TEN	11 ELEVEN	12 TWELVE
13 THIRTEEN	14 FOURTEEN	15 FIFTEEN	16 SIXTEEN	17 SEVENTEEN	18 EIGHTEEN
19 NINETEEN	 WIN				

(5) The "WINNING NUMBER" play symbols and play symbol captions are as follows:

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX
7 SEVEN	8 EIGHT	9 NINE	10 TEN	11 ELEVEN	12 TWELVE
13 THIRTEEN	14 FOURTEEN	15 FIFTEEN	16 SIXTEEN	17 SEVENTEEN	18 EIGHTEEN
19 NINETEEN					

(6) The prize symbols and prize symbol captions are as follows:

TICKET	\$1.00	\$2.00	\$4.00	\$5.00	
TICKET	ONE	TWO	FOUR	FIVE	
\$10.00	\$25.00	\$50.00	\$100	\$200	\$1,000
TEN	THY FIV	FIFTY	ONE HUN	TWO HUN	ONE THOU

(7) The legends are as follows:

WINNING NUMBER YOUR NUMBERS

(8) Determination of Prizewinners.

(a) A ticket having a number in the "YOUR NUMBERS" play area that matches the number in the "WINNING NUMBER" play area shall entitle the claimant to the corresponding prize shown. The prizes are: TICKET, \$1.00, \$2.00, \$4.00, \$5.00, \$10.00, \$25.00, \$50.00, \$100, \$200 and \$1,000.



(b) A ticket having a "WIN" symbol in the "YOUR NUMBERS" play area shall entitle the claimant to \$25. A claimant who is entitled to a prize of a "TICKET" shall be entitled to a prize of a \$1.00 instant ticket, except as follows. A person who submits by mail a SURPRIZE PACKAGE lottery ticket which entitles the claimant to a prize of a \$1.00 instant ticket and whose mailing address is outside the state of Florida will receive a check for \$1.00 in lieu of an actual ticket.

(9) The estimated odds of winning, value and number of prizes in Instant Game Number 672 are as follows:

GAME PLAY	WIN	ODDS OF	NUMBER OF WINNERS IN 56 POOLS OF 180,000 TICKETS PER POOL
TICKET	\$1	1 IN 10.00	1,008,000
\$1	TICKET	12.50	806,400
\$2	\$2	30.00	336,000
\$4	\$4	300.00	33,600
\$1 + (\$2 x 2)	\$5	150.00	67,200
\$1 x 5	\$5	50.00	201,600
\$5	\$5	150.00	67,200
\$2 x 5	\$10	300.00	33,600
\$10	\$10	300.00	33,600
\$5 + (\$10 x 2)	\$25	1,800.00	5,600
\$5 x 5	\$25	1,800.00	5,600
\$25 (MONEYBAG)	\$25	450.00	22,400
\$10 x 5	\$50	18,000.00	560
(\$5 x 3) + \$10 + \$25	\$50	1,800.00	5,600
\$50	\$50	18,000.00	560
\$25 x 4	\$100	30,000.00	336
(\$25 x 2) + \$50	\$100	22,500.00	448
\$100	\$100	36,000.00	280
\$200 x 5	\$1,000	1,260,000.00	8
\$1,000	\$1,000	1,260,000.00	8

(10) The estimated overall odds of winning some prize in Instant Game Number 672 are 1 in 3.83. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(11) For reorders of Instant Game Number 672, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(12) By purchasing a SURPRIZE PACKAGE lottery ticket the player agrees to comply with and abide by all prize payment rules of the Florida Lottery.

(13) Payment of prizes for SURPRIZE PACKAGE lottery tickets shall be made in accordance with rules of the Florida Lottery governing payment of prizes.

A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

Specific Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History—New 10-13-06.

THIS EMERGENCY RULE TAKES EFFECT IMMEDIATELY UPON BEING FILED WITH THE DEPARTMENT OF STATE:

EFFECTIVE DATE: October 13, 2006

DEPARTMENT OF THE LOTTERY

RULE NO.: 53ER06-53
 RULE TITLE: Instant Game Number 673, MONOPOLY

SUMMARY OF THE RULE: This emergency rule describes Instant Game Number 673, “MONOPOLY,” for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Faith L. Schneider, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER06-53 Instant Game Number 673, MONOPOLY.

(1) Name of Game. Instant Game Number 673, “MONOPOLY.”

(2) Price. MONOPOLY lottery tickets sell for \$2.00 per ticket.

(3) MONOPOLY lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning MONOPOLY lottery ticket, the ticket must meet the applicable requirements of Rule 53ER06-4, F.A.C.

(4) The “YOUR NUMBERS” play symbols and play symbol captions are as follows:

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX
7 SEVEN	8 EIGHT	9 NINE	10 TEN	11 ELEVEN	12 TWELVE
13 THIRTEEN	14 FOURTEEN	15 FIFTEEN	16 SIXTEEN	17 SEVENTEEN	18 EIGHTEEN
19 NINETEEN	20 TWENTY				

(5) The “WINNING NUMBERS” play symbols and play symbol captions are as follows:

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX
7 SEVEN	8 EIGHT	9 NINE	10 TEN	11 ELEVEN	12 TWELVE
13 THIRTEEN	14 FOURTEEN	15 FIFTEEN	16 SIXTEEN	17 SEVENTEEN	18 EIGHTEEN
19 NINETEEN	20 TWENTY				

(6) The prize symbols and prize symbol captions are as follows:

TICKET TICKET	\$1.00 ONE	\$2.00 TWO	\$5.00 FIVE	\$10.00 TEN
\$25.00 TWENTY FIVE	\$50.00 FIFTY	\$100 ONE HUNDRED	\$1,000 ONE THOUSAND	\$10,000 TEN THOUSAND

(7) The legends are as follows:

YOUR NUMBERS WINNING NUMBERS

(8) Determination of Prizewinners.

(a) A ticket having a number in the “YOUR NUMBERS” play area that matches either number in the “WINNING NUMBERS” play area shall entitle the claimant to the corresponding prize shown for that number.

(b) The prizes are: TICKET, \$1.00, \$2.00, \$5.00, \$10.00, \$25.00, \$50.00, \$100, \$1,000 and \$10,000. A claimant who is entitled to a prize of a “TICKET” shall be entitled to a prize of a \$2.00 instant ticket or combination of instant tickets with a total value of \$2.00, except as follows. A person who submits by mail a MONOPOLY lottery ticket which entitles the claimant to a prize of a \$2.00 instant ticket and whose mailing address is outside the state of Florida will receive a check for \$2.00 in lieu of an actual ticket.

(9) The estimated odds of winning, value, and number of prizes in Instant Game Number 673 are as follows:

GAME PLAY	WIN	ODDS OF	NUMBER OF WINNERS IN 68 POOLS OF 180,000 TICKETS PER POOL
TICKET	\$2 TICKET	1 IN 8.33	1,468,800
\$2	\$2	25.00	489,600
\$2 x 2	\$4	37.50	326,400

\$1 + (\$2 x 2)	\$5	30.00	408,000
\$5	\$5	30.00	408,000
(\$1 x 2) + (\$2 x 4)	\$10	150.00	81,600
\$5 x 2	\$10	150.00	81,600
\$10	\$10	150.00	81,600
\$5 x 5	\$25	150.00	81,600
\$5 x 10	\$50	900.00	13,600
\$10 x 5	\$50	900.00	13,600
\$50	\$50	900.00	13,600
\$10 x 10	\$100	3,600.00	3,400
(\$25 x 2) + \$50	\$100	2,571.43	4,760
\$100	\$100	6,000.00	2,040
\$100 x 10	\$1,000	408,000.00	30
\$1,000	\$1,000	510,000.00	24
\$10,000	\$10,000	3,060,000.00	4

(10) The estimated overall odds of winning some prize in Instant Game Number 673 are 1 in 3.52. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(11) For reorders of Instant Game Number 673, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(12) By purchasing a MONOPOLY lottery ticket the player agrees to comply with and abide by all prize payment rules of the Florida Lottery.

(13) Payment of prizes for MONOPOLY lottery tickets shall be made in accordance with rules of the Florida Lottery governing payment of prizes.

A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

Specific Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History—New 10-13-06.

THIS EMERGENCY RULE TAKES EFFECT IMMEDIATELY UPON BEING FILED WITH THE DEPARTMENT OF STATE.

EFFECTIVE DATE: October 13, 2006

DEPARTMENT OF THE LOTTERY

RULE NO.: 53ER06-54
 RULE TITLE: Instant Game Number 674, MONOPOLY

SUMMARY OF THE RULE: This emergency rule describes Instant Game Number 674, “MONOPOLY,” for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Faith L. Schneider, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER06-54 Instant Game Number 674, MONOPOLY.

(1) Name of Game. Instant Game Number 674, “MONOPOLY.”

(2) Price. MONOPOLY lottery tickets sell for \$1.00 per ticket.


(3) MONOPOLY lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning MONOPOLY lottery ticket, the ticket must meet the applicable requirements of Rule 53ER06-4, F.A.C.

(4) The play symbols and play symbol captions are as follows:

TICKET	\$1.00	\$2.00	\$4.00	\$5.00	
TICKET	ONE	TWO	FOUR	FIVE	
\$10.00	\$50.00	\$100	\$500	\$5,000	
TEN	FIFTY	ONE HUN	FIVE HUN	FIVE THOU	WIN

(5) Determination of Prizewinners.

(a) A ticket having three like amounts in the play area shall entitle the claimant to a prize of that amount. The prize amounts are: \$1.00, \$2.00, \$4.00, \$5.00, \$10.00, \$50.00, \$100, \$500 and \$5,000.

(b) A ticket having a “ WIN” symbol in the play area shall entitle the claimant to a prize of \$25. A claimant who is entitled to a prize of a “TICKET” shall be entitled to a prize of a \$1.00 instant ticket, except as follows. A person who submits by mail a MONOPOLY lottery ticket which entitles the claimant to a prize of a \$1.00 instant ticket and whose mailing address is outside the state of Florida will receive a check for \$1.00 in lieu of an actual ticket.

(6) The estimated odds of winning, value, and number of prizes in Instant Game Number 674 are as follows:

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

<u>GAME PLAY</u>	<u>WIN</u>	<u>ODDS OF</u> <u>1 IN</u>	<u>NUMBER OF</u> <u>WINNERS IN</u> <u>68 POOLS OF</u> <u>180,000</u> <u>TICKETS</u> <u>PER POOL</u>
<u>TICKET</u>	<u>\$1 TICKET</u>	<u>10.00</u>	<u>1,224,000</u>
<u>\$1</u>	<u>\$1</u>	<u>13.64</u>	<u>897,600</u>
<u>\$2</u>	<u>\$2</u>	<u>25.00</u>	<u>489,600</u>
<u>\$4</u>	<u>\$4</u>	<u>300.00</u>	<u>40,800</u>
<u>\$5</u>	<u>\$5</u>	<u>30.00</u>	<u>408,000</u>
<u>\$10</u>	<u>\$10</u>	<u>150.00</u>	<u>81,600</u>
<u>\$25 (MONEYBAG)</u>	<u>\$25</u>	<u>300.00</u>	<u>40,800</u>
<u>\$50</u>	<u>\$50</u>	<u>1,666.67</u>	<u>7,344</u>
<u>\$100</u>	<u>\$100</u>	<u>18,000.00</u>	<u>680</u>
<u>\$500</u>	<u>\$500</u>	<u>306,000.00</u>	<u>40</u>
<u>\$5,000</u>	<u>\$5,000</u>	<u>2,040,000.00</u>	<u>6</u>

(7) The estimated overall odds of winning some prize in Instant Game Number 674 are 1 in 3.84. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(8) For reorders of Instant Game Number 674, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(9) By purchasing a MONOPOLY lottery ticket the player agrees to comply with and abide by all prize payment rules of the Florida Lottery.

(10) Payment of prizes for MONOPOLY lottery tickets shall be made in accordance with rules of the Florida Lottery governing payment of prizes.

A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

Specific Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History—New 10-13-06.

THIS EMERGENCY RULE TAKES EFFECT IMMEDIATELY UPON BEING FILED WITH THE DEPARTMENT OF STATE.

EFFECTIVE DATE: October 13, 2006

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

WATER MANAGEMENT DISTRICTS

NOTICE IS HEREBY GIVEN that on October 10, 2006, the St. Johns River Water Management District has issued an order.

The St. Johns River Water Management District (SJRWMD) Governing Board hereby gives notice that on October 10, 2006, it issued a Final Order Granting Variance under Section 120.542, F.S. (SJRWMD FOR # 2006-15), to Gulfstream Partners, Inc. (Petitioner). The Petition for Variance was received by SJRWMD on January 19, 2006. Notice of receipt of the petition requesting the variance was published in the F.A.W., Vol. 32, No. 5 on February 3, 2006. No public comment was received. This order provides a temporary variance from subparagraph 40C-41.063(1)(c)1., of the Florida Administrative Code and Section 11.1.3 of the Applicant's Handbook: Management and Storage of Surface Waters (February 1, 2005). These rules provide in pertinent part that a surface water management system may not result in an increase in the amount of water being diverted from the Upper St. Johns River Hydrologic Basin to intercoastal receiving waters. Generally, the Order sets forth the basis of the Governing Board's decision to grant the variance as follows: 1) requiring Petitioner to comply with these rules onsite would create a technological hardship, and 2) Petitioner's financial contribution to the C-1 Rediversion Project or an Alternative Rediversion Project will accomplish the purpose of Chapter 373 of the Florida Statutes to prevent harm to the water resources, by facilitating the project's implementation. The C-1 Rediversion Project is a restoration project designed to allow water that would be diverted from the St. Johns River to coastal receiving waters by the Melbourne Tillman Water Control District canal system to drain once again to the St. Johns River. A copy of the Order may be obtained by contacting: Timothy A. Smith, Senior Assistant General Counsel, Office of General Counsel, St. Johns River Water Management District, 4049 Reid Street, Palatka, Florida 32177-2529, or by telephone at (386)312-2347.

NOTICE IS HEREBY GIVEN that on October 10, 2006, the St. Johns River Water Management District has issued an order.

Granting Variance under Section 120.542, F.S. (SJRWMD FOR # 2006-68), to Palm Vista Preserve, LLC (Petitioner). The Petition for Variance was received by SJRWMD on June 9, 2006. Notice of receipt of the petition requesting the variance was published in the F.A.W., Vol. 32, No. 26 on June 30, 2006. No public comment was received. This order provides a temporary variance from subparagraph 40C-41.063(1)(c)1. of the Florida Administrative Code and Section 11.1.3 of the Applicant's Handbook: Management and Storage of Surface Waters (February 1, 2005). These rules provide in pertinent part that a surface water management system may not result in an increase in the amount of water being diverted from the Upper St. Johns River Hydrologic Basin to intercoastal receiving waters. Generally, the Order sets forth the basis of the Governing Board's decision to grant the variance as follows: 1) requiring Petitioner to comply with these rules onsite would create a technological hardship, and 2) Petitioner's financial contribution to the C-1 Rediversion Project or an Alternative Rediversion Project will accomplish the purpose of Chapter 373 of the Florida Statutes, to prevent harm to the water resources, by facilitating the project's implementation. The C-1 Rediversion Project is a restoration project designed to allow water that would be diverted from the St. Johns River to coastal receiving waters by the Melbourne Tillman Water Control District canal system to drain once again to the St. Johns River.

A copy of the Order may be obtained by contacting: Timothy A. Smith, Senior Assistant General Counsel, Office of General Counsel, St. Johns River Water Management District, 4049 Reid Street, Palatka, Florida 32177-2529, (386)312-2347.

NOTICE IS HEREBY GIVEN that the South Florida Water Management District (SFWMD) Governing Board issued an Order Granting Waiver under Section 120.542, Fla. Stat. (SFWMD 2006-147-DAO-ROW), on October 12, 2006, to Palm Beach County Water Utilities Department. The petition for waiver was received by the SFWMD on August 3, 2006. Notice of receipt of the petition requesting the waiver was published in the F.A.W., Vol. 32, No. 33, on August 18, 2006. No public comment was received. This Order provides a waiver of the District's criteria for the proposed installation of a subaqueous force main and water main transmission line crossing C-18W at the Mecca Farms Property, then becoming buried, and parallel run installations within the north right of way of C-18W running northeasterly and exiting the District's right of way at the Beeline Highway (S.R. 710); S28,32,33/T43S/R42E, Palm Beach County. Specifically, the Order grants a waiver from paragraph 40E-6.221(2)(j), Fla. Admin. Code, and the Basis of Review for Use or Occupancy of the Works or Lands of the District Permit Applications

within the South Florida Water Management District, incorporated by reference in subsection 40E-6.091(1), Fla. Admin. Code, which governs the use of the District's rights of way for transmission lines and requires applicants to acquire their own right of way for such installations within Works or Lands of the District. Generally, the Order sets forth the basis of the Governing Board decision to grant the waiver, as follows: 1) the facilities will not significantly interfere with the SFWMD's ability to perform necessary construction, alteration, operation and maintenance activities; and 2) the Order granting a waiver from the subject rule would prevent Palm Beach County Water Utilities Department from suffering a substantial hardship.

A copy of the Order can be obtained from: Kathie Ruff, South Florida Water Management District, 3301 Gun Club Road, MSC 1410, West Palm Beach, FL 33406-4680, telephone number (561)682-6320; or by e-mail kruff@sfwmd.gov.

NOTICE IS HEREBY GIVEN that the South Florida Water Management District (SFWMD) Governing Board issued an Order Granting Waiver under Section 120.542, Fla. Stat. (SFWMD 2006-148-DAO-ROW), on October 12, 2006, to Gregory S. Sembler, General Partner of Sembler Family Partnership #42 Ltd. The petition for waiver was received by the SFWMD on August 6, 2006. Notice of receipt of the petition requesting the waiver was published in the F.A.W. Vol. 32, No. 34 on August 25, 2006. No public comment was received. This Order provides a waiver of the District's criteria to allow an existing temporary culvert bridge crossing the Henderson Creek Canal at Rattlesnake Hammock Road to remain and a waiver of the District's Rule requiring payment of an Application Processing Fee associated with the review and consideration of the issuance of a Right of Way Occupancy Permit; S23/T50S/R26E, Collier County. Specifically, the Order grants a waiver from subsection 40E-6.091(1), Fla. Admin. Code, and the Basis of Review for Use or Occupancy of the Works or Lands of the District Permit Applications within the South Florida Water Management District, incorporated by reference in subsection 40E-6.091(1), Fla. Admin. Code, which governs the payment of Application Processing Fees associated with the review of Applications for issuance of Right of Way Occupancy Permits within Works or Lands of the District. Generally, the Order sets forth the basis of the Governing Board decision to grant the waiver, as follows: 1) the facilities will not significantly interfere with the SFWMD's ability to perform necessary construction, alteration, operation and maintenance activities; and 2) the Order granting a waiver from the subject rule would prevent Gregory S. Sembler from suffering a substantial hardship.

A copy of the Order can be obtained from: Kathie Ruff, South Florida Water Management District, 3301 Gun Club Road, MSC 1410, West Palm Beach, FL 33406-4680, telephone number (561)682-6320; or by e-mail kruff@sfwmd.gov.

NOTICE IS HEREBY GIVEN that on September 22, 2006, South Florida Water Management District (District) received a petition for waiver from Florida Department of Transportation, Application No. 06-0922-2M, for utilization of Works or Lands of the District known as the C-12 Canal, Broward County, for minor encroachments that weave in and out of the District's north right of way of C-12 beginning east of SR7 to N. W. 34th Avenue consisting of portions of an existing guardrail with the placement of a proposed handrail, installation of a sidewalk with an aluminum pedestrian handrail, small portion of a concrete barrier wall as well as the replacement of the guardrail at the District's S-33 water control access opening; Sections 6, 31, Township 49, 50S, Range 42E. The petition seeks relief from subsections 40E-6.011(4) and (6), Fla. Admin. Code, which governs the placement of permanent and/or semi-permanent above ground structures within 40' of the top of the canal bank within Works or Lands of the District.

A copy of the petition may be obtained from Kathie Ruff at (561)682-6320 or e-mail at kruff@sfwmd.gov. The District will accept comments concerning the petition for 14 days from the date of publication of this notice. To be considered, comments must be received by the end of business on the 14th day at: South Florida Water Management District, 3301 Gun Club Road, MSC 1410, West Palm Beach, FL 33406, Attn.: Kathie Ruff, Office of Counsel.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

NOTICE IS HEREBY GIVEN that on October 11, 2006, the Bureau of Elevator Safety received a Petition for Emergency Variance from Rule 2000.7a, ASME A18.1, 1999 edition, as adopted by Chapter 3001.2, 2004 Florida Building Code, limiting travel to 12 feet. The petition was received from Johnny Lamkin of Schindler Elevator on behalf of Faith Lutheran Church in Eustis, Florida (Petition VW 2006-254).

A copy of the Petition can be obtained from: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013. The Bureau of Elevator Safety will accept comments concerning the Petition for 14 days from the date of publication of this notice. To be considered, comments must be received on or before 5:00 p.m.

NOTICE IS HEREBY GIVEN that on September 25, 2006, the Division of Hotels and Restaurants received a Petition for an Emergency Variance for subsection 61C-4.010(7), Florida Administrative Code, from Brothers and Sisters Barbeque Restaurant located in Winter Garden. The above referenced

F.A.C. states ...each public food service establishment shall maintain a minimum of one public bathroom for each sex, properly designated.... They are requesting a variance to not add an additional bathroom facility for customer use and have a seating capacity of thirty-two (32).

This variance was approved October 10, 2006, and is contingent upon the Petitioner ensuring the public bathroom inside Brothers and Sisters Barbeque Restaurant is functional, has hot and cold running water at all times, provided with soap and an approved method to dry hands, and kept in a clean and sanitary manner. Seating shall not exceed thirty-two (32) which includes inside and outside seating. Any violation of the variance is the equivalent of a violation of the Rule and may result in a rescission of the variance, and subject the Petitioner to disciplinary sanctions as enumerated in Section 509.261, Florida Statutes.

NOTICE IS HEREBY GIVEN that on October 11, 2006, the Board of Accountancy, received a petition for variance or waiver of subsection 61H1-31.001(10), Florida Administrative Code, and the requirement that a licensee pay a \$50.00 delinquency fee for submitting a CPE reporting form after July 15th of the licensee's reestablishment period. Petitioner is also seeking a variance or waiver of paragraph 61H1-33-003(1)(b), F.A.C., and the requirement that a licensee completes an additional 8 hours of continuing education in Accounting and Auditing subjects for not meeting the deadline for obtaining the required continuing education hours by June 30th of the licensee's reestablishment period.

A copy of the Petition for Variance or Waiver may be obtained by contacting John Johnson, Division Director, Board of Accountancy, at the above address or by telephone at (352)333-2505.

NOTICE IS HEREBY GIVEN that on October 11, 2006, the the Board of Accountancy, received a petition for William Harmon, seeking a variance or waiver of paragraph 61H1-27.002(2)(a), Florida Administrative Code, and the requirement that an applicant for licensure must hold a baccalaureate degree from an accredited college or university with an additional 30 semester or 45 quarter hours in excess of those required for the degree, and that 36 semester or 54 quarter hours earned must be accounting education above the elementary level to include coverage of auditing, cost and marginal accounting, financial accounting, accounting information systems, and taxation.

A copy of the Petition for Variance or Waiver may be obtained by contacting John Johnson, Division Director, Board of Accountancy, at the above address or by telephone at (352)333-2505.

NOTICE IS HEREBY GIVEN that on October 11, 2006, the the Board of Accountancy, received a petition for Mark Krpan, seeking a variance or waiver of subsection 61H1-31.001(10), Florida Administrative Code, and the requirement that a licensee pay a \$50.00 delinquency fee for submitting a CPE reporting form after July 15th of the licensee's reestablishment period. Petitioner is also seeking a variance or waiver of paragraph 61H1-33-003(1)(b), F.A.C., and the requirement that a licensee completes an additional 8 hours of continuing education in Accounting and Auditing subjects for not meeting the deadline for obtaining the required continuing education hours by June 30th of the licensee's reestablishment period.

A copy of the Petition for Variance or Waiver may be obtained by contacting John Johnson, Division Director, Board of Accountancy, at the above address or by telephone at (352)333-2505.

NOTICE IS HEREBY GIVEN that on October 4, 2006, the Board of Accountancy, received a petition for Phil Newman by Seann Frazier, Esquire, seeking a variance or waiver of subsection 61H1-27.001(5), Florida Administrative Code, and the requirement that an applicant for licensure who does not hold a degree from an accredited college or university obtain 15 semester or 22 quarter hours in post-baccalaureate education from an accredited institution.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Veloria Kelly, Acting Division Director, Board of Accountancy, 240 N. W. 76th Dr., Suite A, Gainesville, Florida 32607, or by telephone at (352)333-2505. Comments on this petition should be filed with the Board of Accountancy within 14 days of publication of this notice.

NOTICE IS HEREBY GIVEN that on September 26, 2006, the Board of Accountancy, received a petition for Roxanne Ortiz, seeking a variance or waiver of subsection 61H1-33.006(2), Florida Administrative Code, and the requirement that an applicant for licensure reactivation complete a specified number of continuing professional education hours in addition to the regular renewal requirements.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Veloria Kelly, Acting Division Director, Board of Accountancy, 240 N. W. 76th Dr., Suite A, Gainesville, Florida 32607, or by telephone at (352)333-2505. Comments on this petition should be filed with the Board of Accountancy within 14 days of publication of this notice.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF HEALTH

The Board of Medicine hereby gives notice that it has received a petition filed on October 6, 2006, by Chaitanya H. Yajnik, M.D., seeking a waiver or variance from Rule 64B8-4.009, F.A.C., with regard to the requirement for official transcripts from Petitioner's medical school.

Comments on this petition should be filed with: Board of Medicine, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3053, within 14 days of publication of this notice. For a copy of the petition, contact Larry McPherson, Jr., Executive Director, Board of Medicine, at the above address, or telephone (850)245-4131.

The Board of Opticianry hereby gives notice that it has received a petition, filed with the Office of the Deputy Clerk on August 17, 2006. Petitioner Sherrie L. Button, seeks a waiver variance pursuant to Rule 64B12-9.016, Florida Administrative Code, with respect to the eligibility of individuals practicing or licensed in another state.

Comments on the petition should be filed with: Board of Opticianry, 4052 Cypress Way, Bin # C08, Tallahassee, Florida 32399-3253, within 14 days of publication of this notice. Copies of the petition may be obtained by written request from Sue Foster, Executive Director, Board of Opticianry, at the above address.

Section VI Notices of Meetings, Workshops and Public Hearings

The following state governmental agencies, boards and commissions announce a public meeting to which all persons are invited:

State Board of Administration
 Financial Services Commission
 Department of Veterans' Affairs
 Department of Highway Safety and Motor Vehicles
 Department of Law Enforcement
 Department of Revenue
 Department of Education
 Administration Commission
 Florida Land and Water Adjudicatory Commission
 Board of Trustees of the Internal Improvement Trust Fund
 Department of Environmental Protection

DATE AND TIME: November 14, 2006, 9:00 a.m.

PLACE: Cabinet Meeting Room, Lower Level, The Capitol, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED:
 Regular scheduled meeting of the Governor and Cabinet

The State Board of Administration will take action on matters duly presented on its agenda, which may include such matters as Executive Director's reports; approval of fiscal sufficiency of state bond issues; approval of sale of local bonds at an interest rate in excess of statutory interest rate limitation; report on investment performance; designation of banks as depositories for state funds; adoption of rules and regulations; investment of state funds pursuant to Chapter 215, F.S.; and consideration of other matters within its authority pursuant to Chapters 215 and 344, F.S., and Section 16 of Article IX of the Florida Constitution of 1885, as continued by subsection 9(c) of Article XII of the Florida Constitution of 1968. The Division of Bond Finance of the State Board of Administration will take action on matters duly presented on its agenda, which will deal with the issuance of State bonds, arbitrage compliance and related matters.

The Financial Services Commission will take action on matters duly presented on its agenda which may include, but not be limited to, matters relating to rulemaking for all activities concerning insurers and other risk bearing entities, including licensing, rates, policy forms, market conduct, claims, adjusters, issuance of certificates of authority, solvency, viatical settlements, premium financing, and administrative supervision, as provided under the Insurance Code or Chapter 636, F.S., and for all activities relating to the regulation of banks, credit unions, other financial institutions, finance companies, and the securities industry.

The Department of Veterans' Affairs will take action on matters duly presented on its agenda which may include the administration of the Department as well as actions taken to further the Department's mission of providing assistance to veterans and their dependents, pursuant to Section 292.05, F.S.

The Department of Highway Safety and Motor Vehicles will take action on matters duly presented on its agenda, which may include such matters as approval of agency policies, taking agency action with regard to administrative procedure matters, and considering other matters within its authority pursuant to Florida Statutes.

The Department of Law Enforcement will take action on matters duly presented on its agenda which may include but not be limited to such matters as transfer of agency funds or positions, formulation of Departmental Rules, administrative procedure matters, submittal of reports as required, enter into contracts as authorized and to consider other matters within its authority pursuant to Chapters 20, 23, 120 and 943, F.S.

The Department of Revenue will act on matters duly presented on its agenda which may include approval of rules, legislative concept proposals, contracts over \$100,000, Departmental budgets, taking final action on formal and informal hearings under Chapter 120, F.S., and consideration of other matters within its authority.

The Department of Education will finalize agency action on the business of the Florida Department of Education.

The Administration Commission will take action on matters duly presented on its agenda which may include such matters as to create or transfer agency funds or positions, approve Career Service rules, administrative procedure matters, environmental matters arising under Chapter 380, F.S., comprehensive planning issues pursuant to Section 163.3184, F.S., determine sheriffs' budget matters, and consider other matters within its authority pursuant to Chapters 110, 215 and 216, F.S.

The Florida Land and Water Adjudicatory Commission will take action on matters duly presented on its agenda including appeals of local government development orders in areas of critical state concern or of developments of regional impact under Section 380.07, F.S.; and review of water management matters under Chapter 373, F.S. The Commission will also review Department of Environmental Protection's rules and orders which, prior to July 1, 1993, the Governor and Cabinet, sitting as the head of the Department of Natural Resources, had authority to issue or promulgate.

The Board of Trustees of the Internal Improvement Trust Fund will take action on matters duly presented on its agenda which may include such matters as mineral leases or sales, state or sovereign land leases, sales, exchanges, dedications, and easements, Conservation and Recreation Lands (CARL) and other land purchases; land planning matters and other matters within its authority. Additionally, the Board will take action on matters presented by the Marine Fisheries Commission as set forth in Sections 370.025, 370.026 and 370.027, F.S., and matters pertaining to the Office of Greenways Management, the Office responsible for the management of lands which formerly fell within the Cross Florida Barge Canal project corridor.

The Department of Environmental Protection, while not a Cabinet agency, will present for consideration on its agenda those matters required by law to be reviewed by the Governor and Cabinet and those pertaining to the siting of power plants, electric and natural gas transmission lines and hazardous waste facilities; coastal zone management consistency and standards adopted by the Environmental Regulation Commission.

A copy of any of the above agendas (when applicable) may be obtained by contacting each agency.

Accommodations can be made for persons with disabilities provided several days' notification is received. Please notify the Governor's Cabinet Office, (850)488-5152.

The Governor and Cabinet will proceed through each agenda, item by item, in the order given above.

CABINET AIDES BRIEFING: On the Wednesday of the week prior to the above meeting, there will be a meeting of the aides to the Governor and Cabinet Members at 9:00 a.m., Cabinet Meeting Room, Lower Level, The Capitol, Tallahassee,

Florida. The purpose of this briefing is to review and gather information regarding each agenda to be considered by the Governor and Cabinet.

DEPARTMENT OF STATE

The **Division of Historical Resources**, Grove Advisory Council announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, November 14, 2006, 10:00 a.m.

PLACE: The Grove, 100 East 1st Avenue, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business meeting.

A copy of the agenda may be obtained by writing to: Division of Historical Resources, 500 South Bronough Street, Tallahassee, Florida 32399-0250 or calling (850)245-6360.

Should any person wish to appeal any decision made with respect to the above referenced meeting, she or he may need to ensure verbatim recording of the proceedings in order to provide a record for judicial review.

Pursuant to Section 286.26, Florida Statutes, people with disabilities wishing to attend this meeting should contact the agency at least 48 hours prior to the meeting in order to request any special assistance.

The **Department of State, Division of Historical Resources**, Bureau of Historic Preservation, Florida Historical Commission announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, November 30, 2006, 9:00 a.m. – 5:00 p.m.

PLACE: Omni Jacksonville Hotel, Pensacola Room, 245 Water Street, Jacksonville, Florida 32202

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business meeting and to review Florida National Register Nomination Proposals.

A copy of the agenda may be obtained by writing to: Division of Historical Resources, Bureau of Historic Preservation, Attn.: Survey and Registration Section, 500 South Bronough Street, Tallahassee, Florida 32399-0250 or by calling 1(800)847-7278.

Some Panelists may participate by telephone conference call. Should any person wish to appeal any decision made with respect to the above referenced meeting, he/she may need to obtain a verbatim recording of the proceedings in order to provide a record for judicial review. Pursuant to the provisions of the Americans with Disabilities Act, persons with disabilities who wish to arrange special accommodations should contact the Survey and Registration Section of the Bureau of Historic Preservation, at 1(800)847-7278 or by fax at (850)245-6437.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

The Florida **Department of Agriculture and Consumer Services** announces a public meeting, Wood-Destroying Organisms (WDO) Form Workshop, to which all interested persons are invited.

DATE AND TIME: November 16, 2006, 9:00 a.m. – 12:00 Noon

PLACE: Mid-Florida Research and Education Center, 2725 Binion Road, Apopka, FL, (407)884-2034

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss revisions to the Wood-Destroying Organisms (WDO) form.

CONTACT: Michael J. Page, Chief, Bureau of Entomology and Pest Control, (850)921-4177.

The Florida **Department of Agriculture and Consumer Services** announces the meeting of the Florida Tropical Fruit Advisory Council.

DATE AND TIME: Thursday, November 9, 2006, 10:00 a.m.

PLACE: Miami-Dade Extension Office, 18710 S. W. 288 Street, Homestead, FL 33030

GENERAL SUBJECT MATTER TO BE CONSIDERED: Board Meeting. The purpose of this meeting is to conduct the general business of the Florida Tropical Fruit Advisory Council.

For additional information or if you need special accommodations, call Louise King at (305)401-1502.

The **Florida Citrus Production Research Advisory Council**, announces a General Meeting to which all interested persons are invited.

DATE AND TIME: Thursday November 16, 2006, 10:00 a.m. – 12:00 Noon

PLACE: Sebring Agri-Civic Center, 4509 George Blvd., Sebring, FL 33875

GENERAL SUBJECT MATTER TO BE CONSIDERED: General meeting to review, discuss, and establish approval on research pre-proposals for calendar year for 2007-2008, and discussion of general council issues.

If you need special accommodations due to disability or for directions please call Marshall Wiseheart, (850)488-4366.

The Florida **Department of Agriculture and Consumer Services** announces the meeting of the Florida Agriculture Center and Horse Park Authority, Inc.

DATE AND TIME: November 16, 2006, 3:00 p.m.

PLACE: Florida Horse Park, 11008 S. Highway 475, Ocala, FL 34480

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct general business of the Florida Agriculture Center and Horse Park Authority, Inc.

If you need special accommodations due to disability or for directions please call: (850)921-1727.

The Florida **Department of Agriculture and Consumer Services, Division of Aquaculture** announces a meeting of the Florida Aquaculture Interagency Coordinating Council to which all interested persons are invited.

DATE AND TIME: Monday, November 13, 2006, 1:00 p.m.

PLACE: Division of Aquaculture Conference Room, 1203 Governor's Square Boulevard, Fifth Floor, Tallahassee, FL 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss issues affecting the growth of aquaculture in Florida.

A copy of the agenda can be obtained by contacting: Kal Knickerbocker, 1203 Governor's Square Boulevard, Fifth Floor, Tallahassee, FL 32301, (850)488-4033.

If special accommodations are needed to attend this meeting because of disability, please contact Kal Knickerbocker as soon as possible.

DEPARTMENT OF EDUCATION

The State of Florida, **Department of Education, Education Practices Commission**, announces a Teacher Hearing Panel to which all persons are invited.

DATE AND TIME: A Teacher Hearing Panel, November 3, 2006, 9:00 a.m.

PLACE: Embassy Suites Tampa Airport/Westshore, 555 North Westshore Boulevard, Tampa, Florida 33609, (813)875-1555

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Hearing Panel of the Education Practices Commission will consider final agency action in matters dealing with the disciplining of certified educators.

If a person decides to appeal any decision made by the Commission with respect to any matter considered at this hearing, he or she will need to ensure that a verbatim record of the proceeding is made. The record will include the testimony and evidence upon which the appeal is to be based.

Additional information may be obtained by writing to: Education Practices Commission, 325 W. Gaines Street, 224 Turlington Building, Tallahassee, Florida 32399-0400.

SPECIAL ACCOMMODATION: Any person requiring a special impairment accommodation should contact Kathleen M. Richards at (850)245-0455 at least five (5) calendar days prior to the hearing. Persons who are hearing or speech impaired can contact the Commission using the Florida Dual Party Relay System at 711.

The **Florida Public Archaeology Network** announces a meeting to which all persons are invited.

DATE AND TIME: Tuesday, November 7, 2006, 9:00 a.m. (CST) – 11:00 a.m. approximately

PLACE: The public may join the conference call by dialing from any telephone. The phone number and access code needed to join the conference call may be obtained by contacting: Cheryl Phelps, Office Administrator, FPAN: Phone (850)595-0050, Fax (850)595-0052; Email cphelps@uwf.edu

GENERAL SUBJECT MATTER TO BE CONSIDERED: A follow-up to the FPAN Board of Director's meeting held on October 27, 2006, to discuss additional consideration for proposals for Regional Centers. Should all business be concluded on October 27, 2006, then this conference call will be cancelled.

An agenda will be posted October 30, 2006, on the web site at www.flpublicarchaeology.org

The Florida **Department of Education**, Office of Independent Education and Parental Choice, announces a public meeting of the Florida Schools of Excellence subcommittee to which all persons are invited.

DATE AND TIME: November 7, 2006, 9:00 a.m. – 11:00 a.m.

PLACE: Conference Call: (850)488-7483, Suncom 278-4783

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Schools of Excellence Commission will be holding a conference call Executive Director Search Sub-Committee Meeting to discuss requirements of the vacant Executive Director position.

Special Accommodations: Persons with disabilities who require assistance to participate in these hearings are requested to contact: Office of Independent Education and Parental Choice, 325 West Gaines Street, Suite 522, Tallahassee, Florida 32399 or by phone at (850)245-0502.

The Florida **Department of Education**, Office of Independent Education and Parental Choice, announces a public hearing of the Florida Schools of Excellence Commission to which all persons are invited.

DATE AND TIME: November 9, 2006, 10:00 a.m. – until completion

PLACE: Committee Meeting Room 301, Senate Building, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Per Section 1002.335(3)(c), Florida Statutes. The Florida Schools of Excellence Commission shall meet each month at the call of the chair. Agenda is forthcoming.

Special Accommodations: Persons with disabilities who require assistance to participate in these hearings are requested to contact: Office of Independent Education and Parental Choice, 325 West Gaines Street, Suite 522, Tallahassee, Florida 32399 or by phone at (850)245-0502.

The Florida **Community College at Jacksonville**, District Board of Trustees announces the following meetings to which the public is invited.

STRATEGIC CONVERSATION

DATE AND TIME: November 7, 2006, 12:00 Noon – 2:00 p.m.

PLACE: Advanced Technology Center, Room T-140, 401 West State Street, Jacksonville, Florida 32202

GENERAL SUBJECT MATTER TO BE CONSIDERED: Joint meeting with Duval County School Board to discuss educational matters of interest to both boards.

REGULAR MONTHLY BOARD MEETING

DATE AND TIME: November 7, 2006, 2:00 p.m. – 3:00 p.m.

PLACE: Donald T. Martin Center for College Services, Room 451, 501 West State Street, Jacksonville, Florida 32202

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular meeting.

DISCUSSION OF COLLEGE OPERATIONAL MATTERS, TIME PERMITTING

DATE AND TIME: November 7, 2006, 3:00 p.m. – 4:00 p.m.

PLACE: Donald T. Martin Center for College Services, Room 462, 501 West State Street, Jacksonville, Florida 32202

GENERAL SUBJECT MATTER TO BE CONSIDERED: College operational matters.

Copies of the agenda will be available for inspection on and after Tuesday, October 31, 2006 and copies will be provided upon written request and the payment of approved duplicating charges.

Any person wishing to address agenda items will be provided an opportunity to do so by appearing before the Board at the meeting.

All objections to this notice or the propriety of the scheduled public meeting should be filed in writing with the College President, Florida Community College at Jacksonville on or before November 7, 2006. All legal issues should be brought to the College's attention and an attempt made to resolve them prior to the public meeting.

Any person wishing to appeal a decision made by the Board with respect to any matter considered at this meeting will need a record of the proceeding for such an appeal and may, therefore, need to ensure that a verbatim record is made.

Board will hold informal meetings

DATES AND TIME: Through the months of October and November 2006, each Thursday, 12:00 Noon – 4:00 p.m.

PLACE: Donald T. Martin Center for College Services, Room 462

GENERAL SUBJECT MATTER TO BE CONSIDERED: For the purpose of discussing College business as appropriate.

FCCJ does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and is an equal access/equal

opportunity/affirmative action college. If special accommodations are required, please advise human resources 24 hours in advance of the meeting.

DEPARTMENT OF COMMUNITY AFFAIRS

The **Department of Community Affairs**, Century Commission for a Sustainable Florida (Century Commission) announces the following meeting to which all interested persons are invited.

DATES AND TIMES: Sunday, November 12, 2006, 5:00 p.m. through Monday, November 13, 2006, 4:00 p.m.

PLACE: The Holiday Inn Select, 316 W. Tennessee Street, Tallahassee, Florida 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED: This will be the seventh meeting of the Century Commission. The members will continue to discuss the Commission's statutory role, including how to address the impacts of population growth during the next 25-50 years.

A copy of the agenda and other information regarding the meeting and the Century Commission may be obtained at the Internet address (www.dca.state.fl.us) or by contacting Steve Seibert, (850)321-9051 (steve@seibertlaw.com) or Rachel Roberts, (850)488-8466 (Rachel.Roberts@dca.state.fl.us).

Any person requiring special accommodation at the meeting because of a disability or physical impairment should contact the above mentioned: Rachel Roberts, Department of Community Affairs, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100 or at her contact number or email address listed above.

If you are hearing or speech impaired, please contact the Department of Community Affairs using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) or 1(800)955-8771 (TDD).

DEPARTMENT OF TRANSPORTATION

The Florida **Department of Transportation**, District Two announces Public Hearings to present the Department's Tentative Work Program for Fiscal Years beginning July 1, 2007, through June 30, 2012, to which all persons are invited.

DATE AND TIME: Tuesday, November 28, 2006, 5:30 p.m.

PLACE: Suwannee River Water Management District, Board Room #103, 9225 County Road 49, Live Oak, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Live Oak Hearing: Specific notice is provided to the County Commissioners for Taylor, Lafayette, Madison, Hamilton, and Suwannee counties serving as MPO for their respective counties.

DATE AND TIME: Monday, December 4, 2006, 5:30 p.m.

PLACE: FDOT Jacksonville Urban Office, Training Facility, 2198 Edison Avenue, Jacksonville, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Jacksonville Hearing: Specific notice is provided to the First Coast Metropolitan Planning Organization (FCMPO) and the County Commissions for Putnam, St. Johns, Nassau, Baker, Clay, and Duval counties serving as MPO for their respective counties.

DATE AND TIME: Tuesday, December 5, 2006, 5:30 p.m.

PLACE: FDOT Lake City District Office, Madison Room, 1109 South Marion Avenue, Lake City, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Lake City Hearing: Specific notice is provided to the Gainesville Metropolitan Transportation Planning Organization (MTPO) and the County Commissions for Dixie, Levy, Gilchrist, Bradford, Alachua, Columbia and Union counties serving the MPO for the respective counties.

The proposed improvements have been developed in accordance with the Civil Rights Act of 1964, and the Civil Rights Act of 1968. Under Title VI and Title VIII of the United States Civil Rights Act and person(s) or beneficiary who believes they have been subjected to discrimination because of race, color, religion, sex, age, national origin, disability or familial status may file a written complaint to the Department of Transportation's Equal Opportunity Office in Tallahassee or contact the District Title VI and Title VIII Coordinator in Lake City. Assistance for disabled persons may be arranged by contacting Mr. Bill Henderson, District Planning and Environmental Manager, Lake City District Office at 1(800)749-2967 at least ten (10) days in advance of the Public Hearings.

Central Office: Florida Department of Transportation, Equal Opportunity Office, 605 Suwannee Street, MS 65, Tallahassee, Florida 32399-0450.

District Office: Florida Department of Transportation, District Two, Title VI and Title VIII Coordinator, 1109 South Marion Avenue, MS 2016, Lake City, Florida 32025-8574.

These Public Hearings are being conducted pursuant to Section 339.135(4)(c), Florida Statutes, to consider the Department's Tentative Work Program for the period 2007-2008 through 2011-2012, and to consider the necessity of making any changes to the Program.

Written comments from the Commissions and other interested parties will be received by the Department at the Public Hearings and within ten days thereafter. Comments should be addressed to: Mr. Charles W. Baldwin, P.E., District Secretary, Florida Department of Transportation, District Two, 1109 South Marion Avenue, Lake City, Florida 32025-5874, Telephone 1(800)749-2967.

The **Commercial Motor Vehicle Review Board** announces a public meeting to which all persons are invited.

DATE AND TIME: November 9, 2006, 8:30 a.m.

PLACE: Best Western All Suites Busch Gardens, 3001 University Center Drive, Tampa, Florida

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 person 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.

Any person aggrieved by the imposition of a civil penalty pursuant to Sections 316.3025 or 316.550, Florida Statutes, may apply to the Commercial Motor Vehicle Review Board for a modification, cancellation, or revocation of the penalty.

A copy of the agenda may be obtained by writing to: Christine Jones, Executive Assistant, Commercial Motor Vehicle Review Board, 325 John Knox Rd., Bldg. K, Tallahassee, FL 32303.

Anyone needing an agenda or public hearing information or special accommodations under the Americans with Disabilities Act of 1990 should write to the address given above or call Christine Jones at (850)245-7914. Special accommodation requests under the Americans with Disabilities Act should be made at least 48 hours prior to the public meeting.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

The **Acquisition and Restoration Council** announces a public meeting to which all persons are invited.

DATE AND TIME: November 8, 2006, 6:00 p.m.

PLACE: Suwannee River Water Management District, Suwannee Room, 9225 County Road 49, Live Oak, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Acquisition and Restoration Council, established pursuant to Section 259.035, Florida Statutes, will take testimony from members of the public on all Florida Forever land acquisition projects and new proposals.

A copy of the agenda may be obtained by contacting: Wanda Gleaton, DEP, 3900 Commonwealth Blvd., MS 140, Tallahassee FL 32399-3000, (850)245-2784, or Wanda.Gleaton@dep.state.fl.us

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

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 Wanda Gleaton at the above address/phone. 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 Wanda Gleaton at the above address/phone.

DEPARTMENT OF CITRUS

The **Department of Citrus** announces a public meeting of the Processing Statistics Reporting Advisory Committee to which all persons are invited.

DATE AND TIME: Thursday, November 9, 2006, 1:30 p.m.

PLACE: Florida Department of Citrus, 1115 East Memorial Blvd., Lakeland, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: There will be a meeting to discuss its purpose, structure, scope, and responsibilities as an advisory committee to the Florida Citrus Commission. The current reporting process will also be discussed. The Committee will also discuss any other issues that may properly come before the Committee.

In accordance with the Americans with Disabilities Act, any person requiring special accommodations to participate in this meeting is asked to advise the Department at least 48 hours before the meeting by contacting Mr. Bill Jones at the above address or by telephone at (863)499-2500.

PUBLIC SERVICE COMMISSION

The Florida **Public Service Commission** will conduct two public hearings in the service territory of Embarq Florida, Inc. to elicit public testimony regarding the company's petition seeking recovery of its 2005 Tropical System Related Costs and Expenses pursuant to Section 364.051(4), Florida Statutes. (Docket No. 060644-TL). Public testimony will be received relating to the factors outlined in Section 364.051(4), Florida Statutes, which the Commission must consider in making its decision in this matter.

DATE AND TIME: Thursday, November 16, 2006, 10:00 a.m. – 1:00 p.m. (EST)

PLACE: School Board of Lee County, Board Room, Dr. James A. Adams Public Education Center, 2055 Central Avenue, Ft. Myers, Florida

DATE AND TIME: Wednesday, December 13, 2006, 10:00 a.m. – 1:00 p.m. (CST)

PLACE: Ft. Walton Beach City Hall, City Commission Chambers, 107 Miracle Strip Parkway, S. W., Ft. Walton Beach, Florida

The Florida **Public Service Commission** will consider at its November 21, 2006, Agenda Conference, Docket No. 060672-EI, Application by Progress Energy Florida, Inc., for

authority to issue and sell securities pursuant to Section 366.04, Florida Statutes, and Chapter 25-8, Florida Administrative Code. The Company seeks PSC approval pursuant to Section 366.04, Florida Statutes, to issue, sell or otherwise incur during 2007 up to \$1.5 billion of any combination of equity securities and long-term debt securities and other long-term obligations. Additionally, the Company requests authority to issue, sell or otherwise incur during 2007 and 2008 up to \$1 billion outstanding at any time of short-term debt securities and other obligations, which amount shall be in addition to and in excess of the amount the Company is authorized to issue pursuant to Section 366.04, Florida Statutes, which permits the Company to issue short-term securities aggregating to more than five percent of the par value of the Company's other outstanding securities.

DATE AND TIME: Tuesday, November 21, 2006, Agenda Conference begins at 9:30 a.m., although the time at which this item will be heard cannot be determined at this time

PLACE: Commission Hearing Room 148, Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, Florida 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED: To take final action on Docket No. 060672-EI.

For additional information, please contact Katherine Fleming, Office of the General Counsel, (850)413-6218.

Any person requiring some accommodation at this hearing because of a physical impairment should call the Division of the Commission Clerk and Administrative Services at (850)413-6770 at least 48 hours prior to the hearing. Any person who is hearing or speech impaired should contact the Florida Public Service Commission by using the Florida Relay Service, 1(800)955-8771 (TDD).

REGIONAL PLANNING COUNCILS

The **Central Florida Regional Planning Council** will hold its public meeting and the Council's Executive Committee meeting, to which all persons are invited.

DATE AND TIME: Wednesday, November 8, 2006, 9:30 a.m.

PLACE: Four Points by Sheraton Sebring, Chateau Elan, 150 Midway Drive, Sebring, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular Monthly Meeting of the Council and the Executive Committee.

A copy of the agenda may be obtained by writing to: Central Florida Regional Planning Council, P. O. Box 2089, Bartow, Florida 33831.

If any person desires to appeal any decision with respect to any matter considered at the above cited meeting, such persons will need a record of the proceeding. For such purpose, he may

need to ensure that a verbatim record of the proceeding is made to include the testimony and evidence upon which the appeal is to be based.

The **Central Florida Regional Planning Council** announces a public meeting of the Local Emergency Planning Committee (LEPC), and its Membership Sub-Committee, Spill Review Sub-Committee, Public Relations Sub-Committee, and Exercise Sub-Committee, to which all persons are invited.

DATE AND TIME: Wednesday, November 8, 2006, 9:30 a.m.
 PLACE: Highlands County Agricultural Extension Building, Conf. Rm. 2. 4509 West George Boulevard, Sebring, Florida 33875

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular Bi-Monthly Meeting of the LEPC, and Special Sub-Committees, and to discuss the provisions of the Emergency Planning and Community Right To Know Law (EPCRA).

A copy of the agenda may be obtained by writing to: Central Florida Regional Planning Council, P. O. Box 2089, Bartow, Florida 33831.

If any person desires to appeal any decision with respect to any matter considered at the above cited meeting, such persons will need a record of the proceeding. For such purpose, he may need to ensure that a verbatim record of the proceeding is made to include the testimony and evidence upon which the appeal is to be based.

WATER MANAGEMENT DISTRICTS

The **Suwannee River Water Management District** announces the following public meetings to which all interested persons are invited.

DATE AND TIME: November 16, 2006, 8:30 a.m.
 PLACE: Lafayette County Commission Room, 2nd Floor, Lafayette County Courthouse, Corner of Fletcher and Maine, Mayo, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: Board Meeting. To consider District business, and conduct public hearings on regulatory and land acquisition matters. Public hearing in accordance with Section 373.59, F.S., concerning the proposed conveyance of 157 acres +/- to the United States Department of Agriculture, Forest Service, to be acquired with WSA Mitigation Funds as an addition to the Osceola National Forest in Columbia County.

DATE AND TIME: November 16, 2006, 2:30 p.m.
 PLACE: Fiddler's Restaurant, 1306 S. E. Riverside Drive, Steinhatchee, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: District Programs Workshop.

DATE AND TIME: November 17, 2006, 8:30 a.m.
 PLACE: Fiddler's Restaurant, 1306 S.E. Riverside Drive, Steinhatchee, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: Continuation of District Programs Workshop.

A copy of the agenda(s) may be obtained by writing: SRWMD, 9225 CR 49, Live Oak, Florida 32060.

If any person decides to appeal any decision with respect to any matter considered at the above cited meeting, such person may need to ensure that a verbatim record of the proceedings is made to include the testimony and evidence upon which the appeal is to be based.

Persons with disabilities who need assistance in order to participate in this meeting may contact Lisa Cheshire, (386)362-1001 or 1(800)226-1066 (Florida only), at least two business days in advance to make appropriate arrangements.

The **Southwest Florida Water Management District** (SWFWMD) announces the following public meetings to which all interested persons are invited.

MANATEE CHAMBER WATER ALTERNATIVES COMMITTEE

DATE AND TIME: Friday, November 3, 2006, 8:00 a.m.
 PLACE: Manatee Chamber Building, 222 – 10th Street, West, Bradenton, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Consider Committee business.

SUNCOAST PARKWAY'S SCENIC HIGHWAY DEDICATION

DATE AND TIME: Friday, November 3, 2006, 1:00 p.m.
 PLACE: Anderson Snow Sports Complex, 1360 Anderson Snow Road, Spring Hill, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Dedication ceremony.

PARTNERS IN WATERSHED EDUCATION AWARDS

DATE AND TIME: Wednesday, November 8, 2006, 11:30 a.m.
 PLACE: Magnolia Building, Mirror Lake Complex, 702 S. Orange Street, Lakeland, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Recognize community and youth water resources education project winners.

These are public meetings; agendas are available by contacting: Southwest Florida Water Management District, Executive Department, 2379 Broad Street, Brooksville, Florida.

The District does not discriminate based on disability. Anyone requiring reasonable accommodation under the ADA should contact 1(800)423-1476 (Florida only), extension 4606, TDD only 1(800)231-6103 (Florida only), Fax (352)754-6874.

The **South Florida Water Management District** announces a private closed door attorney-client session.

DATES AND TIMES: Wednesday, November 8, 2006, 9:00 a.m. – completed; Thursday, November 9, 2006, 9:00 a.m. – completed

PLACE: The Ocean Reef Club, 35 Ocean Reef Drive, Kay Largo, Florida 33037 (All or part of this meeting may be conducted as a teleconference in order to permit maximum participation of Governing Board members)

GENERAL SUBJECT MATTER TO BE CONSIDERED: Closed door attorney-client session pursuant to Fla. Stat. Section 286.011(8)(2005) to discuss strategy related to litigation expenditures in *United States of America v. South Florida Water Management District, et al.* United States District Court, Southern District of Florida, Case No. 88-1886-CIV-Moreno. The subject matter shall be confined to the pending litigation.

ATTENDEES: Governing Board Members I. Bague, M. Burt-Stewart, A. Carlson, M. Collins, N. Gutiérrez, L. Lindahl, K. McCarty, H. Thornton; Executive Director C. Wehle; District attorneys S. Wood, S. Echemendia, S. Glazier, S. Nall, G. Miller and K. Burns.

A copy of the agenda may be obtained at the (1) District Website (<http://www.sfwmd.gov/agenda.html>) or (2) by writing to: South Florida Water Management District, Mail Stop 1130, P. O. Box 24680, West Palm Beach, FL 33416-4680.

Pursuant to Florida Law, the entire attorney-client session shall be recorded by a certified court reporter. No portion of the session shall be off the record. A copy of the transcript will be made part of the public record at the conclusion of the litigation.

Those who want more information, please contact: Director, Governing Board and Executive Services, District Headquarters, 3301 Gun Club Road, Mail Stop Code 1130, West Palm Beach, FL 33406, (561)682-6371.

The South Florida Water Management District announces a private closed door attorney-client session.

DATES AND TIMES: Wednesday, November 8, 2006, 9:00 a.m. – completed; Thursday, November 9, 2006, 9:00 a.m. – completed

PLACE: The Ocean Reef Club, 35 Ocean Reef Drive, Key Largo, Florida 33037 (All or part of this meeting may be conducted as a teleconference in order to permit maximum participation of Governing Board members)

GENERAL SUBJECT MATTER TO BE CONSIDERED: Closed door attorney-client session pursuant to Fla. Stat. Section 286.011(8)(2005) to discuss strategy related to litigation expenditures in *Friends of the Everglades, Inc. and Fishermen Against Destruction of the Environment, Inc. v. South Florida Water Management District, et al.*, United States District Court, Southern District of Florida, Case No. 02-80309-CV-Altonaga/Turnoff; *Miccosukee Tribe of Indians of Florida v. South Florida Water Management District, et al.*, United States District Court, Southern District of Florida, Case No. 98-6056-CIV-Lenard/Klein; and *Friends of the Everglades v. South Florida Water Management District, United States*

District Court, Southern District of Florida, Case No. 98-6057-CIV-Lenard/Klein. The subject matter shall be confined to the pending litigation.

ATTENDEES: Governing Board Members I. Bague, M. Burt-Stewart, A. Carlson, M. Collins, N. Gutiérrez, L. Lindahl, K. McCarty, H. Thornton; Executive Director C. Wehle; District attorneys S. Wood, S. Echemendia, S. Glazier, S. Nall, G. Miller, J. Nutt, E. Artau, M. Compagno.

A copy of the agenda may be obtained at the (1) District Website (<http://www.sfwmd.gov/agenda.html>) or (2) by writing to: South Florida Water Management District, Mail Stop 1130, P. O. Box 24680, West Palm Beach, FL 33416-4680.

Pursuant to Florida Law, the entire attorney-client session shall be recorded by a certified court reporter. No portion of the session shall be off the record. A copy of the transcript will be made part of the public record at the conclusion of the litigation.

Those who want more information, please contact Director, Governing Board and Executive Services, District Headquarters, 3301 Gun Club Road, Mail Stop Code 1130, West Palm Beach, FL 33406, (561)682-6371.

The **South Florida Water Management District** announces a private closed door attorney-client session.

DATES AND TIMES: Wednesday, November 8, 2006, 9:00 a.m. – completed; Thursday, November 9, 2006, 9:00 a.m. – completed

PLACE: The Ocean Reef Club, 35 Ocean Reef Drive, Key Largo, Florida 33037 (All or part of this meeting may be conducted as a teleconference in order to permit maximum participation of Governing Board members)

GENERAL SUBJECT MATTER TO BE CONSIDERED: Closed door attorney-client session pursuant to Fla. Stat. Section 286.011(8)(2005) to discuss strategy related to litigation expenditures in *Tohopekaliga Water Authority v. St. Johns River Water Management District and Orange County Utilities Division, St. Johns River Water Management District, CUP No. 3317.* The subject matter shall be confined to the pending litigation.

ATTENDEES: Governing Board Members I. Bague, M. Burt-Stewart, A. Carlson, M. Collins, N. Gutiérrez, L. Lindahl, K. McCarty, H. Thornton, M. Wade; Executive Director C. Wehle; District attorneys S. Wood, S. Echemendia, S. Nall, S. Glazier, G. Miller, B. Ross, C. Ross, S. Menton.

A copy of the agenda may be obtained at the (1) District Website (<http://www.sfwmd.gov/agenda.html>) or (2) by writing to: South Florida Water Management District, Mail Stop 1130, P. O. Box 24680, West Palm Beach, FL 33416-4680.

Pursuant to Florida Law, the entire attorney-client session shall be recorded by a certified court reporter. No portion of the session shall be off the record. A copy of the transcript will be made part of the public record at the conclusion of the litigation.

Those who want more information, please contact: Director, Governing Board and Executive Services, District Headquarters, 3301 Gun Club Road, Mail Stop Code 1130, West Palm Beach, FL 33406, (561)682-6371.

The **South Florida Water Management District** announces a public meeting to which all interested parties are invited.

DATE AND TIME: Tuesday, November 14, 2006, 10:00 a.m.

PLACE: The South Florida Water Management Headquarters, Building B-1, Auditorium, 3301 Gun Club Road, West Palm Beach, Florida 33406

GENERAL SUBJECT MATTER TO BE CONSIDERED: Special meeting of the Everglades Technical Oversight Committee (TOC).

A copy of the agenda may be obtained at the (1) District Website: <http://www.sfwmd.gov/org/ema/toc/draftagenda.html> or (2) by writing to: South Florida Water Management District, Mail Stop 2130, P. O. Box 24680, West Palm Beach, FL 33416-4680.

Appeals from any South Florida Water Management District Board decision require a record of the proceedings. Although Governing Board meetings and hearings are normally recorded, affected persons are advised that it may be necessary for them to ensure that a verbatim record of the proceeding is made, including the testimony and evidence upon which the appeal is to be based.

Persons with disabilities who need assistance may contact the District Clerk, at (561)686-8800, at least two business days in advance of the meeting to make appropriate arrangements.

Those who want more information, please contact: Dr. Garth Redfield, Environmental Resource Assessment Department, District Headquarters, 3301 Gun Club Road, Mail Stop Code 4610, West Palm Beach, FL 33406, (561)682-6611.

The **South Florida Water Management District** announces the following public meetings to which the public and all interested parties are invited.

DATES AND TIMES: Wednesday, November 8, 2006, 2:00 p.m.; Thursday, November 9, 2006, 9:00 a.m. The meetings will end on each day upon completion of the business determined by the Governing Board to be addressed on that particular day.

PLACE: Ocean Reef Club, North Ballroom, 35 Ocean Reef Drive, Key Largo, Florida 33037

GENERAL SUBJECT MATTER TO BE CONSIDERED: Governing Board Workshop, and Regular Governing Board Meeting to discuss and consider District business, including

regulatory and non-regulatory matters. Governing Board action may be taken at either the Workshop or Regular Governing Board meeting.

All or part of these meetings may be conducted as a teleconference in order to permit maximum participation of Governing Board members.

A copy of the proposed agenda for these meetings, including detailed information on the budget amendment, may be obtained 7 days before the meeting at the (1) District Website (<http://www.sfwmd.gov/agenda.html>) or (2) by writing to: South Florida Water Management District, Mail Stop 1130, P. O. Box 24680, West Palm Beach, FL 33416-4680. These agendas may be supplemented and revised and the order in which items are considered may be changed by the Governing Board at the meetings.

Appeals from any South Florida Water Management District Board decision require a record of the proceedings. Although Governing Board meetings and hearings are normally recorded, affected persons are advised that it may be necessary for them to ensure that a verbatim record of the proceeding is made, including the testimony and evidence upon which the appeal is to be based.

Persons with disabilities who need assistance may contact the District Clerk at (561)682-2087, at least two business days in advance of the meeting to make appropriate arrangements.

Those who want more information, please contact the District Clerk at: District Headquarters, 3301 Gun Club Road, Mail Stop Code 1130, West Palm Beach, FL 33406, (561)682-2087.

COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

The Florida **Commission for the Transportation Disadvantaged** announces the following Commission Meetings to which all persons are invited. These meetings will occur in the order in which they are listed, beginning at 9:00 a.m. and ending upon completion.

Executive Committee Meeting; Commission Business Meeting; Working Group Meeting

DATE AND TIME: Thursday, November 16, 2006, 9:00 a.m.

PLACE: Rosen Centre Hotel, 9840 International Drive, Orlando, Florida 32819, (407)996-9840. Conference Call Numbers: (850)414-1710, Suncom 994-1710

Finance Committee Meeting

DATE AND TIME: Friday, November 17, 2006, 9:00 a.m.

PLACE: Rosen Centre Hotel, 9840 International Drive, Orlando, Florida 32819, (407)996-9840. Conference Call Numbers: (850)487-8783, Suncom 277-8783

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct Commission business.

In accordance with the Americans with Disabilities Act, persons in need of special accommodations to participate in the meeting or an agenda should contact Niki Branch at the

following address and telephone number: Commission for the Transportation Disadvantaged, 605 Suwannee Street, MS-49, Tallahassee, FL 32399-0450, (850)410-5700 or 1(800)983-2435.

The meeting is subject to change upon chairperson's request.

LAND AND WATER ADJUDICATORY COMMISSION

The Florida **Land and Water Adjudicatory Commission** announces a public meeting to which all persons are invited.

DATE AND TIME: November 14, 2006, 9:00 a.m.

PLACE: Cabinet Meeting Room (Room LL-03), The Capitol, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: This meeting is a regularly scheduled Cabinet meeting. The Florida Land and Water Adjudicatory Commission will consider adoption of an amendment to Rule 42LL-1.002, F.A.C., Boundary. The amendment to Rule 42LL-1.002, F.A.C., which addresses the boundary of the Tomoka Community Development District, was published in the F.A.W. on September 8, 2006 (Vol. 32, No. 36).

A copy of the agenda may be obtained by contacting: Barbara Leighty, Florida Land and Water Adjudicatory Commission, The Capitol, Room 1801, Tallahassee, Florida 32399-0001, telephone (850)487-1884.

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

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 two days before the workshop/meeting by contacting: Barbara Leighty, Florida Land and Water Adjudicatory Commission, The Capitol, Room 1801, Tallahassee, Florida 32399-0001, (850)487-1884. 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: Barbara Leighty, Florida Land and Water Adjudicatory Commission, The Capitol, Room 1801, Tallahassee, Florida 32399-0001, (850)487-1884.

AGENCY FOR HEALTH CARE ADMINISTRATION

The **Agency for Health Care Administration**, in conjunction with the Department of Elder Affairs, announces the following public meeting to which all interested persons are invited.

DATE AND TIME: Monday, November 13, 2006, 1:00 p.m. – 4:00 p.m. (Eastern Time)

PLACE: Marks Street Senior Recreation Center, Ballroom, 99 East Marks Street, Orlando, FL 32803

GENERAL SUBJECT MATTER TO BE CONSIDERED: This meeting is being held to afford interested persons the opportunity to express their views concerning the development of Choice Counseling as a part of Florida Senior Care. Section 409.912(5), Florida Statutes, mandates the Agency for Health Care Administration, in consultation with the Department of Elder Affairs, to create an "integrated, fixed-payment delivery system for Medicaid recipients who are 60 years of age or older. The Agency for Health Care Administration shall implement the integrated system initially on a pilot basis in two areas of the state." The Agency for Health Care Administration submitted waiver applications to the Centers for Medicare and Medicaid Services on January 26, 2006 and received Federal approval on September 13, 2006. This managed integrated long-term care program will be implemented in the following areas upon Legislative approval: The Panhandle Pilot Area – Escambia, Santa Rosa, Okaloosa and Walton Counties; and the Central Florida Pilot Area – Seminole, Orange, Brevard and Osceola Counties.

In accordance with the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in these meetings should advise the Agency at least seven (7) days before the meeting by contacting: Sarala Hermes, 2727 Mahan Drive, Mail Stop 20, Tallahassee, FL 32308, (850)487-2618, E-mail: hermess@ahca.myflorida.com

The **Agency for Health Care Administration** announces the following public meetings of the Low Income Pool (LIP) Council to which all persons are invited.

DATE AND TIME: November 8, 2006, 1:00 p.m. – 3:00 p.m.

PLACE: Via Conference Call: (850)487-8587

GENERAL SUBJECT MATTER TO BE CONSIDERED: Discussion of the LIP program including funding methodology, policies and procedures in accordance with the approved Medicaid Reform Section 1115 Demonstration. Contact Edwin Stephens, (850)413-8067 or Suncom 294-8067, with any questions or to obtain an agenda when it is set.

DEPARTMENT OF MANAGEMENT SERVICES

The State of Florida, **State Technology Office** announces a Chief Information Officers (CIO) Council Meeting to which all persons are invited.

DATE AND TIME: Monday, November 20, 2006, 10:00 a.m. – 12:00 Noon

PLACE: Betty Easley Conference Center, Room 166, 4075 Esplanade Way, Tallahassee, FL 32399-0850

GENERAL SUBJECT MATTER TO BE CONSIDERED: To enhance communication among the Chief Information Officers of all state agencies and assist in identifying critical statewide information technology issues.

If you would like an agenda for this meeting or require special accommodations due to disability or physical impairment, please contact: Amy Caldeira at amy_caldeira@doh.state.fl.us or call (850)245-4444, ext 3811 or Mary Jane Boland at maryjane_boland@doh.state.fl.us, (850)245-4471.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

The **Pilotage Rate Review Board** announces the following public hearing to which all persons are invited to attend.

DATE AND TIME: November 7, 2006, 9:00 a.m.
PLACE: Holiday Inn Palm Beach Airport, 1301 Belvedere Road, West Palm Beach, FL 33405

GENERAL SUBJECT MATTER TO BE CONSIDERED: Fact finding proceeding for the Port of Palm Beach's rate application by the Investigative Committee pursuant to Rule 61E13-2.007, Florida Administrative Code. (No board business will be transacted.)

To obtain further information, or submit written or other physical evidence, contact in writing: Pilotage Rate Review Board, 1940 N. Monroe St., Tallahassee, Florida 32399-0773.

If a person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need a record of the proceedings, and for such purpose he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact the Board office at (850)922-6096, at least five calendar days prior to the meeting. If you are hearing or speech impaired, please contact the Board office using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

The **Florida Building Code Administrators and Inspectors Board** announces the following meetings to which all persons are invited to attend.

DATES AND TIME: December 12-15, 2006, 9:00 a.m.
PLACE: Department of Business and Professional Regulation, Board Conference Room, 1940 N. Monroe Street, Tallahassee, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: Application Review Committee, Rules and Legislation, Examination and Continuing Education, Executive Committee Meetings and General Board and Business Meeting.

Any person deciding to appeal a decision made with respect to any matter considered at this meeting will need to ensure that a verbatim record of the proceeding is made. Such record must include testimony and evidence upon which the appeal is to be based.

Any person requiring special accommodations at this meeting because of a disability or physical impairment should contact Department of Business and Professional Regulation, Building Code Administrators and Inspectors Board, at (850)922-6096, at least forty-eight (48) hours prior to the meeting. If you are hearing or speech impaired, please contact the board office using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

The **Board of Accountancy**, Committee on Continuing Professional Education announces the following public meeting to which all persons are invited.

DATE AND TIME: Monday, November 6, 2006, 9:00 a.m.
PLACE: Via Conference Call

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Committee will meet to review and approve providers and courses for the new ethics requirement.

If you wish to participate in this meeting or receive a copy of the agenda, please contact: Karan Lee, Board of Accountancy, 240 N. W. 76th Drive, Suite A, Gainesville, Florida 32607, (850)487-1395.

The **Board of Accountancy**, Committee on Continuing Professional Education announces the following public meeting to which all persons are invited.

DATE AND TIME: Tuesday, December 5, 2006, 9:00 a.m.
PLACE: Via Conference Call

GENERAL SUBJECT MATTER TO BE CONSIDERED: To review reporting forms and requests for course approval.

If you wish to participate in this meeting or receive a copy of the agenda, please contact: Karan Lee, Board of Accountancy, 240 N. W. 76th Drive, Suite A, Gainesville, Florida 32607, (850)487-1395.

The Probable Cause Panel of the **Florida Real Estate Appraisal Board** announces a telephone conference call to be held via meet me number.

DATE and TIME: Monday, November 6, 2006, 9:30 a.m., or the soonest thereafter (Portions of the probable cause proceedings are not open to the public)

PLACE: Department of Business and Professional Regulation, Division of Real Estate, Room 901, Ninth Floor, North Tower, 400 West Robinson Street, Orlando, Florida, or Meet Me Number: (850)488-8295

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a private meeting to review cases for which a determination of probable cause is to be made and to conduct a public meeting to review cases on which probable cause has been made.

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence upon which the appeal is to be made.

NOTE: In accordance with the Americans with Disabilities Act, any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact the Division of Real Estate, (407)481-5632 (between the hours of 9:00 a.m. – 4:00 p.m.), at least five (5) calendar days prior to the meeting. If you are hearing or speech impaired, please call the Division of Real Estate using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

The **Department of Environmental Protection** announces a public meeting to which all persons are invited.

DATE AND TIME: November 8, 2006, 10:00 a.m.

PLACE: Hart Springs, 4240 S. W. 86th Ave., Bell, FL 32619

GENERAL SUBJECT MATTER TO BE CONSIDERED: Nature and Heritage tourism opportunities along the Suwannee River Wilderness Trail.

A copy of the agenda may be obtained by contacting: Amy Thompson, 1(800)868-9914, Amy Thompson, DEP, P. O. Box 849, White Springs, FL 32096, or Amy.Thompson@dep.state.fl.us

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

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: Amy Thompson, 1(800)868-9914, Amy Thompson, DEP, P. O. Box 849, White Springs, FL 32096 or Amy.Thompson@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).

For more information, you may contact: Amy Thompson, 1(800)868-9914, Amy Thompson, DEP, P. O. Box 849, White Springs, FL 32096 or Amy.Thompson@dep.state.fl.us.

The **Department of Environmental Protection** announces a public meeting to which all persons are invited.

DATE AND TIME: November 9, 2006, 9:00 a.m.

PLACE: Leesburg Community Building, 109 E Dixie Ave., Leesburg, FL 34748

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Upper Ocklawaha River Basin TMDL Working Group was formed to provide a forum for stakeholders to discuss issues related to the Upper Ocklawaha River Basin TMDLs, including development, allocation, and implementation of the TMDLs. The focus of the meeting will be a discussion of the portions of the Upper Ocklawaha Basin Management Action Plan proposed for adoption by Secretarial Order.

A copy of the agenda may be obtained by contacting: Mary Paulic, Department of Environmental Protection, 2600 Blair Stone Road, Watershed Planning and Coordination Section, MS 3565, Tallahassee, Florida 32399-2400 or by calling her at (850)245-8560.

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: Mary Paulic, Department of Environmental Protection, 2600 Blair Stone Road, Watershed Planning and Coordination Section, MS 3565, Tallahassee, Florida 32399-2400 or by calling her at (850)245-8560. 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 **Department of Environmental Protection**, Bureau of Invasive Plant Management announces a public meeting to which all persons are invited.

DATE AND TIME: November 15, 2006 10:00 a.m. – completion of business

PLACE: Department of Environmental Protection, 3900 Commonwealth Blvd., Carr Building, Room 170, Tallahassee, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: A public meeting to discuss the implementation of the Statewide Invasive Species Management Plan for Florida, a comprehensive plan that coordinates the responsibilities of the state agencies to manage and prevent biological invasions.

A copy of the agenda may be obtained by contacting: Don C. Schmitz, Department of Environmental Protection, Division of State Lands, Bureau of Invasive Plant Management, 3900 Commonwealth Boulevard, M.S. 705, Tallahassee, FL 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 48 hours before the workshop/meeting by contacting Don Schmitz, (850)245-2809. 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).

NOTICE OF CANCELLATION – The Florida **Department of Environmental Protection, Division of Recreation and Parks** announces a public meeting to which all persons are invited.

DATE AND TIME: CANCELLED November 8, 2006, 7:00 p.m. (CT)

PLACE: CANCELLED Walton County Public Library, 336 Greenway Trail, Santa Rosa Beach, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: CANCELLED Presentation and discussion of the proposed land management plan for Topsail Hill Preserve State Park with the public.

A copy of the agenda may be obtained by contacting: Topsail Hill Preserve State Park, 7525 West Scenic Highway 30-A, Santa Rosa Beach, Florida 32459, (850)267-0299.

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 Topsail Hill Preserve State Park at (850)267-0299. 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 Mr. Thomas Ervin, Park Manager at (850)267-0299.

NOTICE OF CANCELLATION – The Florida **Department of Environmental Protection, Division of Recreation and Parks** announces a public meeting to which all persons are invited.

DATE AND TIME: CANCELLED November 9, 2006, 9:00 a.m. (CT)

PLACE: CANCELLED Walton County Public Library, 336 Greenway Trail, Santa Rosa Beach, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: MEETING CANCELLED Discussion of the Topsail Hill Preserve State Park proposed land management plan with the Advisory Group Members.

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: 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: Mr. Thomas Ervin, Park Manager at (850)267-0299.

DEPARTMENT OF HEALTH

The Florida **Department of Health**, Division of Medical Quality Assurance announces a meeting to review the treatment programs for impaired practitioners.

DATE AND TIME: Monday, November 13, 2006, 10:00 a.m. – 3:00 p.m.

PLACE: Betty Easley Center, Room 148, Capitol Center Office Complex, 4075 Esplanade Way, Tallahassee, FL 32399-3250. Telephone MQA Director’s Office: (850)245-4224.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose is to review the treatment programs for impaired practitioners as required by Section 456.076, F.S.

Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact the Florida Medical Quality Assurance, (850)245-4124, at least five (5) calendar days prior to the meeting. If you are hearing or speech impaired, please call Florida Medical Quality Assurance using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771(TDD).

A copy of the agenda may be obtained by writing: Sylvia Sanders, CP, Medical Quality Assurance, 4052 Bald Cypress Way, Bin #C00, Tallahassee, Florida 32399-3253.

The **Board of Chiropractic Medicine** will hold a duly noticed meeting and telephone conference call, to which all persons are invited to attend.

DATE AND TIME: Friday, November 3, 2006, 8:30 a.m.

PLACE: Crowne Plaza, 1601 Belvedere Road, West Palm Beach, Florida 33406, (561)689-6400

GENERAL SUBJECT MATTER TO BE CONSIDERED: General board business.

A copy of the agenda item may be obtained by writing to: Joe Baker, Jr., Executive Director, Board of Chiropractic Medicine, 4052 Bald Cypress Way, Bin #C07, Tallahassee, FL 32399-3257 or accessing www.doh.state.fl.us/mqa/chiro/index.html

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

Any person requiring special accommodations at this meeting because of a disability or physical impairment should contact the Board at (850)245-4355, at least 48 hours prior to the meeting. If you are a hearing or speech impaired, please contact the Board office using the Dual Party Relay System at 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

The **Department of Health, Division of Medical Quality Assurance**, Florida Board of Medicine, Probationers' Committee announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, November 3, 2006, 9:00 a.m.

PLACE: Marriott Westshore, 1001 N. West Shore Blvd., Tampa, FL 33607, (813)287-2555

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct general business of the Committee.

A copy of the agenda may be obtained by writing to: Lisa Nickerson, Medical Compliance Officer, Department of Health, Division of Medical Quality Assurance, Client Services Unit, 4052 Bald Cypress Way, Bin C01, Tallahassee, FL 32399-3251.

Please note that if a person decides to appeal any decision made by the Board with respect to any matter considered at the above cited meeting, he/she will need a record of the proceeding, and for such purpose, he/she may need to insure that a verbatim proceeding is made, which record includes the testimony and evidence upon which the appeal is to be based.

NOTE: In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this proceeding should contact Lisa Nickerson at (850)245-4444, Ext. 3546, no later than seven (7) days prior to the meeting at which such special accommodation is required. Hearing or speech-impaired persons may contact the Compliance Officer at the address noted above; or, via the Florida Dual Party Relay System, 1(800)955-8771 (TDD) or 1(800)955-8770(Voice).

The Florida **Board of Medicine**, Probable Cause Panel (South), announces a telephone conference call to be held via meet me number.

DATE AND TIME: November 3, 2006, 2:00 p.m.

PLACE: Meet Me Number: (850)414-5775, Suncom 994-5775

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a private meeting to review cases for which a determination of probable cause is to be made and to conduct a public meeting to review cases on which probable cause has been made.

A copy of the agenda may be obtained by writing to: Gaynetta Rosier, Regulation Specialist II, Agency for Health Care Administration, Medical Services, Palmer Building, P. O. Box 14229, Tallahassee, Florida 32317-4229.

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence upon which the appeal is to be made.

NOTE: In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this proceeding should contact the Medical Litigation Section no later than seven (7) days prior to the proceeding or meeting at which such special accommodation is required.

The Medical Litigation Section may be contacted at: P. O. Box 14229, Tallahassee, Florida 322317-4229, (850)922-2414, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice) via Florida Relay Service.

The Florida **Board of Medicine**, Credentials Committee, announces a meeting to which all persons are invited.

DATE AND TIME: Saturday, November 18, 2006, 8:00 a.m. or soon thereafter

PLACE: Tampa Airport Marriott, Tampa International Airport, Tampa, Florida 33607, (813)879-5151

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct general business of the Committee.

A copy of the agenda may be obtained by writing to: Larry McPherson, Board Director, Medical Quality Assurance, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253.

Please note that if a person decides to appeal any decision made by the committee with respect to any matter considered at the above cited meeting or hearing, he will need a record of the proceedings, and for such purpose, he may need to insure that a verbatim record of the proceeding is made, which record includes the testimony and evidence upon which the appeal is to be based.

Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact the Florida Board of Medicine, (850)245-4131 at least five (5) calendar days prior to the meeting. If you are hearing or speech impaired, please call the Florida Board of Medicine using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

The **Board of Nursing**, Central Probable Cause Panel will hold a duly noticed teleconference call meeting, to which all persons are invited to attend.

DATE AND TIME: November 15, 2006, 12:30 p.m. – 3:30 p.m.

PLACE: Department of Health, Tallahassee at Meet Me Number (850)414-1706

GENERAL SUBJECT MATTER TO BE CONSIDERED: For cases previously heard by the panel.

A copy of the agenda item may be obtained by writing to: Florida Board of Nursing, 4052 Bald Cypress Way, Bin #C02, Tallahassee, FL 32399-3257. If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to

ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

Any person requiring special accommodations at this meeting because of a disability or physical impairment should contact the Board at (850)245-4125, at least 48 hours prior to the meeting. If you are a hearing or speech impaired, please contact the Board office using the Dual Party Relay System at 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

The Probable Cause Panel of the **Board of Osteopathic Medicine** announces a meeting to which all interested persons are invited.

DATE AND TIME: Thursday, November 17, 2006, 10:00 a.m. or soon thereafter

PLACE: Rosen Plaza Hotel, 9700 International Blvd., Orlando, FL 32819, (407)996-9700

GENERAL SUBJECT MATTER TO BE CONSIDERED: To review those cases on which a determination of existence of probable cause has already been made.

A copy of the PUBLIC portion of the agenda may be obtained by writing to: Kathryn Price, Senior Attorney, Department of Health, Prosecution Services, 4052 Bald Cypress Way, #C-65, Tallahassee, FL 32399.

NOTE: In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this proceeding should contact the Practitioner Regulation Section no later than seven (7) days prior to the proceeding or meeting at which such special accommodation is required. The Practitioner Regulation Section may be contacted at 4052 Bald Cypress Way, #C-65, Tallahassee, FL 32399, 1(800)955-8771 (TDD) or 1(800)955-8770 via Florida Relay Service.

The Florida **Board of Osteopathic Medicine** will hold the following meeting to which all persons are invited.

DATES AND TIMES: Friday, November 17, 2006, 4:00 p.m., or shortly thereafter; Saturday, November 18, 2006, 9:00 a.m., or shortly thereafter

PLACE: Rosen Plaza Hotel, 9700 International Blvd., Orlando, FL 32819, (407)996-9700

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular Board business.

A copy of any item on the agenda may be obtained by writing: Pamela King, Executive Director, Board of Osteopathic Medicine, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256, or you may call (850)488-0595. You will be charged seventeen cents per page for the number of copies desired.

If a person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he may need to ensure that a verbatim record of the proceedings is made, which records includes the testimony and evidence upon which the appeal is to be based.

Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact Christy Robinson, (850)488-0595, at least five calendar days prior to the meeting. Persons who are hearing or speech impaired, can contact Christy Robinson using the Florida Dual Party Relay System which can be reached at 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

NOTICE OF CANCELLATION – The **Board of Pharmacy**, Professional Practice Committee, announces a public meeting to which all persons are invited.

DATE AND TIME: October 27, 2006

PLACE: Marriott Tampa Airport, Tampa International Airport
GENERAL SUBJECT MATTER TO BE CONSIDERED: This meeting has been cancelled.

The **Drugs, Devices, and Cosmetics Program**, Formerly the Bureau of Statewide Pharmaceutical Services, announces a workshop to which all persons are invited.

DATE AND TIME: November 16, 2006, 1:00 p.m. – 4:00 p.m.

PLACE: Betty Easley Conference Center, 4075 Esplanade Way, Room 148, Tallahassee, FL 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: Draft language will be developed for the pedigree paper requirements for prescription medical device convenience kits that contain prescription drugs.

If you would like to submit language to be considered, please e-mail to maxine_wenzinger@doh.state.fl.us, or Fax (850)413-6982 by November 10.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

The **Agency for Persons with Disabilities** announces a meeting to which all interested persons are invited.

DATE AND TIME: November 6, 2006, 3:00 p.m.

PLACE: Agency for Persons with Disabilities, 4030 Esplanade Way, Room 370-A, Tallahassee, Florida 32399. This meeting will be via conference call.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Final Contract negotiations with Public Partnerships, LLC, for Consumer Directed Care Plus Fiscal Employer Agent Services. Public Partnerships was selected as contractor in response to Request for Proposal (RFP) Number 05L06KS1.

The **Department of Children and Family Services**, District 12, Community Alliance ByLaws/Officer Elections/Nominating Committee announces a public meeting to which all persons are invited.

DATE AND TIME: November 2, 2006, 8:30 a.m.

PLACE: Department of Children and Family Services, 210 N. Palmetto Ave., Conference Room 430, Daytona Beach, Florida
 GENERAL SUBJECT MATTER TO BE CONSIDERED: General Meeting.

A copy of the agenda may be obtained by writing to: Department of Children and Family Services, 210 N. Palmetto Avenue, Daytona Beach, FL 32114-3284 (Attn.: Denise Kelly). If you need special accommodations (i.e. assisted listening devices, sign language interpreter, etc.) please notify Denise Kelly at (386)238-4648, at least 48 hours in advance of the meeting. If you are hearing or speech impaired, please use Florida Relay Service for TDD or TTY at 1(800)955-8771.

The members of the **Florida Diabetes Advisory Council** (DAC) announce their quarterly business meeting.

DATE AND TIME: November 7, 2006, 9:00 a.m. – 12:00 Noon

PLACE: Florida Medical Quality Assurance, Inc. (FMQAI), Tampa, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Quarterly Business Meeting.

This is a public meeting. If you would like to attend, have questions, or require further information, please contact Mrs. M.R. Street at (850)245-4444, ext. 2842.

All requests for special accommodations must be received by Monday, October 31, 2006 at 5:00 p.m. (Eastern Time).

DEPARTMENT OF FINANCIAL SERVICES

The **Department of Financial Services, Division of Treasury**, Bureau of Deferred Compensation, announces the following Advisory Council meeting to which all persons are invited.

DATE AND TIME: Tuesday, November 14, 2006, 9:30 a.m.

PLACE: The Hermitage Centre, Conference Room 415, 1801 Hermitage Blvd., Tallahassee, FL 32308

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Council will meet to discuss regular business of the Deferred Compensation Program.

For more information or a copy of the agenda contact: Kandi Winters, Chief of Deferred Compensation, 200 East Gaines Street, Tallahassee, Florida 32399-0346 or call 1(877)299-8002.

FINANCIAL SERVICES COMMISSION

The **Office of Insurance Regulation** announces a hearing to which all persons are invited.

DATE AND TIME: November 9, 2006, 10:00 a.m.

PLACE: 401 Senate Office Building, Tallahassee, Florida (adjacent to The Capitol)

GENERAL SUBJECT MATTER TO BE CONSIDERED: St. Johns Insurance Company has requested a 22.4% average statewide rate increase with regard to its homeowners policies. The requested rate increase is not uniform and some areas are subject to a higher rate increase than other areas.

Florida law allows the Office of Insurance Regulation to hold a public hearing for any purpose within the scope of the Insurance Code deemed to be necessary. Input from interested parties will be received at this public hearing. If you are unable to attend this public hearing, please forward your comments to ratehearings@fldfs.com. The subject line of your e-mail should read “St. Johns Filing.”

A copy of the agenda may be obtained by contacting Paul Norman, Esquire, (850)413-4142 or Sam Coskey (850)413-2616.

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 Sam Coskey at (850)413-2616 or e-mail him at sam.coskey@fldfs.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).

For more information, you may contact Paul Norman, Esquire (850)413-4142 or Sam Coskey (850)413-2616.

The **Office of Insurance Regulation** announces a hearing to which all persons are invited.

DATE AND TIME: November 9, 2006, 1:00 p.m.

PLACE: 401 Senate Office Building, Tallahassee, Florida (adjacent to The Capitol).

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Hanover American Insurance Company, The Hanover Insurance Company and Massachusetts Bay Insurance Company have requested a 68.8% average statewide rate increase with regard to its homeowners policies. The requested rate increase is not uniform and some areas are subject to a higher rate increase than other areas.

Florida law allows the Office of Insurance Regulation to hold a public hearing for any purpose within the scope of the Insurance Code deemed to be necessary. Input from interested parties will be received at this public hearing. If you are unable to attend this public hearing, please forward your comments to ratehearings@fldfs.com. The subject line of your e-mail should read “Hanover Filing.”

A copy of the agenda may be obtained by contacting Paul Norman, Esquire, (850)413-4142 or Sam Coskey, (850)413-2616.

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 Sam Coskey, (850)413-2616 or e-mail him at sam.coskey@fldfs.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). For more information, you may contact Paul Norman, Esquire, (850)413-4142 or Sam Coskey (850)413-2616.

PROPERTY AND CASUALTY JOINT UNDERWRITING ASSOCIATION

NOTICE OF CHANGE – The Board of Governors of the **Property and Casualty Joint Underwriting Association** announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, November 16, 2006, 9:00 a.m. (Please note the time has been changed from 10:00 a.m. – 9:00 a.m.)

PLACE: Tampa Airport Marriott located at the Tampa International Airport

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Business Meeting.

A copy of the Agenda may be obtained via the internet at www.floir.com.

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

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 Susan Dawson, Assistant General Counsel, Office of Insurance Regulation, (850)413-4195. 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 Susan Dawson, Assistant General Counsel, Office of Insurance Regulation, (850)413-4195.

TREASURE COAST EDUCATION, RESEARCH AND DEVELOPMENT AUTHORITY

The **Treasure Coast Education, Research and Development Authority** announces a public meeting to which all interested persons are invited.

DATE AND TIME: Tuesday, October 31, 2006, 1:00 p.m.

PLACE: University of Florida, Indian River Research and Education Center, 2199 South Rock Road, Fort Pierce, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Interview candidates for Executive Director position and such other business as the Authority may deem appropriate.

Those who desire a copy of the agenda or more information should contact Linda W. Cox, Chairman, at (772)595-9999.

Anyone with a disability requiring accommodation to attend this meeting should contact Velma Spencer, IRREC Office Manager, (772)468-3922, Ext. 113, at least forty-eight (48) hours prior to the meeting.

ENTERPRISE FLORIDA

Enterprise Florida, Inc. announces a public meeting to which all persons are invited.

Meeting: Rural Economic Development Catalyst Project within Florida’s Northwest Rural Area of Critical Economic Concern

DATE AND TIME: Monday, November 6, 2006, 2:00 p.m. – 5:00 p.m.

PLACE: Community Center; Veteran’s Memorial Park, 10405 N. W. Theo Jacobs Way, Bristol, FL 32321

GENERAL SUBJECT MATTER TO BE CONSIDERED: This is the third meeting within the Northwest Rural Area of Critical Economic Concern for Enterprise Florida’s new marketing opportunity that will be conducted within Florida’s three Rural Areas of Critical Economic Concern. This catalyst project will lead to the identification of top industry clusters within each of the three rural regions, the identification of regional sites, the development of a template for dispersing increased revenue, and a targeted marketing campaign.

If an accommodation is needed for a disability or physical impairment, please contact April Money at (850)488-9366, at least one (1) day prior to the activity. Persons who are hearing or speech impaired can contact the Florida Dual Party Relay System at 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

Enterprise Florida, Inc. announces a public meeting to which all persons are invited.

Meeting: Rural Economic Development Catalyst Project within Florida’s South Central Rural Area of Critical Economic Concern

DATE AND TIME: Wednesday, November 8, 2006, 1:00 p.m. – 4:30 p.m.

PLACE: Sebring Civic Center, 355 West Center Ave., Sebring, FL 33870

GENERAL SUBJECT MATTER TO BE CONSIDERED: This is the third meeting within the South Central Rural Area of Critical Economic Concern for Enterprise Florida’s new marketing opportunity that will be conducted within Florida’s three Rural Areas of Critical Economic Concern. This catalyst project will lead to the identification of top industry clusters

within each of the three rural regions, the identification of regional sites, the development of a template for dispersing increased revenue, and a targeted marketing campaign.

If an accommodation is needed for a disability or physical impairment, please contact April Money at (850)488-9366 at least one (1) day prior to the activity. Persons who are hearing or speech impaired can contact the Florida Dual Party Relay System at 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

FLORIDA WORKERS' COMPENSATION INSURANCE GUARANTY ASSOCIATION

The **Florida Workers' Compensation Insurance Guaranty Association** announces an Investment Committee meeting to which all interested persons are invited.

DATE AND TIME: November 28, 2006, 9:00 a.m. (Eastern Time) – recessing as soon as business has been concluded

PLACE: The Peabody Orlando, Orlando, Florida 32819

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Investment Committee of the Florida Workers' Compensation Insurance Guaranty Association will meet regarding the regular business of the Committee.

A copy of the agenda may be obtained by contacting Cathy Irvin, (850)386-9200.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in the meeting is asked to advise the Association by contacting Cathy Irvin, (850)386-9200 at least 48 hours before the session. A person who is hearing or speech impaired may also contact the TDD at 1(800)955-1339.

The **Florida Workers' Compensation Insurance Guaranty Association** announces a Board of Directors' Meeting to which all interested parties are invited to attend.

DATE AND TIME: November 28, 2006, 9:00 a.m. – 12:00 Noon (Eastern Time), or as soon as business has been concluded

PLACE: The Peabody Orlando Hotel, Orlando, FL 32819

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Board of Directors of the Florida Workers' Compensation Insurance Guaranty Association will meet regarding the regular business of the Association.

A copy of the agenda may be obtained by contacting Cathy Irvin at (850)386-9200.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in the meeting is asked to advise the Association by contacting Cathy Irvin, (850)386-9200, at least 48 hours before the session. A person who is hearing or speech impaired may also contact the TDD at 1(800)955-1339.

Section VII Notices of Petitions and Dispositions Regarding Declaratory Statements

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

NOTICE IS HEREBY GIVEN that the Division of Florida Land Sales, Condominiums, and Mobile Homes, Department of Business and Professional Regulation, State of Florida, received a Petition for Declaratory Statement In Re: Petition for Declaratory Statement, Beverly Dittrich, Petitioner, The Lands of the President Condominium Two, Inc.; Docket No. 2006052664.

The petition seeks the agency's opinion as to the applicability of Section 718.111(11), Florida Statutes, as it applies to the Petitioner.

Whether the association is responsible for the cost of repairing mold and mildew damage to the condominium unit drywall caused by the 2004 hurricanes under Section 718.111(11), Florida Statutes.

A copy of the Petition for Declaratory Statement, Docket Number 2006052664 may be obtained by writing to: Agency Clerk, Department of Business and Professional Regulation, Division of Florida Land Sales, Condominiums, and Mobile Homes, 1940 North Monroe Street, Tallahassee, Florida 32399-2217. Please refer all comments to: Janis Sue Richardson, Chief Assistant General Counsel, Department of Business and Professional Regulation, Division of Florida Land Sales, Condominiums, and Mobile Homes, 1940 North Monroe Street, Tallahassee, Florida 32399-2202.

NOTICE IS HEREBY GIVEN THAT the Electrical Contractors' Licensing Board has issued an order disposing of the petition for declaratory statement filed by Michael P. Donaldson, Esquire, on behalf of Outdoor Lighting Perspectives, Inc. (OLP) on May 24, 2006. The following is a summary of the agency's disposition of the petition:

The Notice of Petition for Declaratory Statement was published in the F.A.W., Vol. 32, No. 25, of the June 23, 2006. Petitioner sought the Board's interpretation of Chapter 489, Florida Statutes, entitled "Contracting" and Rule 61G6-7.001, F.A.C., entitled "Specialty Electrical Contractors," and whether an OLP franchisee or OLP in its capacity as a franchiser is required to be licensed as an electrical or specialty

contractor, and if either OLP or a franchisee is required to be licensed, what specific category of licensure is appropriate. The Electrical Contractors' Licensing Board considered the Petition at its meeting held on July 21, 2006, in Sarasota, Florida. The Board's Order, filed on September 28, 2006, answered the first two questions of the Petition for Declaratory Statement in the affirmative, finding that the Petitioner and franchisees are required to have electrical contractors' licenses to perform the services set forth in the Petition. The Board answered the third question asserting that the appropriate category of electrical contractor license necessary for Petitioner and local franchisees to perform the services set out in the Petition, is a Limited Energy Systems Specialty contractor's license.

A copy of the Order Disposing of the Petition for Declaratory Statement may be obtained by contacting: Anthony Spivey, Executive Director, Electrical Contractors' Licensing Board, 1940 North Monroe Street, Tallahassee, Florida 32399-0783.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

**Section VIII
Notices 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 have been filed by the Division of Administrative Hearings on the following rules:

NONE

**Section IX
Notices 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

NOTICE TO PROFESSIONAL CONSULTANTS

Request for Qualifications (RFQ)

Annual Services – Districtwide Building Systems Functional Performance Assurance Services

The Office of Facilities Design and Construction announces that professional services are required entitled "Districtwide Building Systems Functional Performance Assurance Services" for Duval County Public Schools. DCPS may select up to three firms and award service contracts to these firms for independent, third-party consulting services. Services may be provided at any DCPS facility districtwide. Firms will report directly to DCPS and work on DCPS's behalf in cooperation with project-specific design/build firms, construction managers, A/E firms, etc. The firms selected under this solicitation will be responsible for the professional services described in the RFQ during the design, bid, construction and post-construction periods of various renovation and construction projects in order to ensure that DCPS is provided with facilities that are healthy, efficient and productive learning environments. This will be a multiple award, delivery order type contract for an initial period of one year with an option to renew for four additional one-year periods.

Applications are to be sent to: Duval County Public Schools
Facilities Design and Construction
1701 Prudential Drive
5th Floor
Jacksonville, FL 32207-8182

PROJECT MANAGER: Gary Stengl
PHONE NO.: (904)390-2279
RESPONSE DUE DATE: RFQ's ARE DUE ON OR BEFORE November 28, 2006 AND WILL BE ACCEPTED UNTIL 4:30 p.m.

MBE GOALS: 5% Overall

Information on the selection process can be found at www.educationcentral.org/facilities under Selection Booklets, Selection Criteria of the Building Systems Functional Performance Assurance Services.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

REGIONAL TRANSPORTATION AUTHORITY

REQUEST FOR PROPOSAL NO. 06-621

FEDERAL LEGISLATIVE CONSULTANT SERVICES

South Florida Regional Transportation Authority (SFRTA) an agency of the state of Florida, operates a seventy-one (71) mile commuter railroad with nineteen (19) stations in Miami-Dade, Broward and Palm Beach Counties.

THE PURPOSE of the Request for Proposal (RFP) is to enter into an Agreement with a consultant to provide federal legislative consulting services. Any contract issued as a result of this solicitation will be for a two (2) year period, with SFRTA's sole option to renew for an additional three (3) one (1) year option periods, commencing approximately January 26, 2007.

THE SCOPE of the work may include, but not be limited to, the review, analysis and tracking of all federal legislation that may have an impact on SFRTA. Additionally, the consultant will work with Congressional members and committee staff on annual Appropriations securing the maximum amount of funding for SFRTA in any given year. It is expected the consultant will work with CSXT and Amtrak staff in coordinating all legislative and regulatory matters that affect both parties. The consultant must have working knowledge of Federal Transit Administration (FTA), Federal Railroad Administration (FRA), and Tea-21 regulations and guidelines.

A REQUEST FOR DOCUMENTS should be directed to Bryan Kohlberg at SFRTA, 800 N. W. 33 Street, Suite 100, Pompano Beach, Florida 33064, (954)788-7910. The cost of the solicitation document is \$50.00, non-refundable. Checks or money orders, made in favor of SFRTA should be forwarded to Mr. Kohlberg at the address above. Solicitation documents will be available on or about Monday, October 23, 2006.

A PRE-PROPOSAL CONFERENCE will be held in the SFRTA Board Room at the address above on Friday, November 3, 2006, at 2:00 p.m. The purpose of the meeting will be for SFRTA to respond to questions from document holders and clarify requirements in an open forum. Attendance is not mandatory but is highly recommended.

RECEIPT OF SEALED PROPOSALS: All proposals must be received in a sealed envelope no later than 4:00 p.m., Monday, November 27, 2006, at the SFRTA office in Pompano Beach. All envelopes must clearly indicate PROPOSERS NAME, RFP NUMBER AND TITLE AND THE OPENING DATE.

Proposals shall be submitted with one (1) complete original document and five (5) exact copies.

All RFP's shall be subject to all applicable state and federal laws, subject to approval of a financial assistance contract between SFRTA and the U.S. Department of Transportation and/or the Florida Department of Transportation, and in compliance with all applicable Equal Employment Opportunity Laws and Regulations.

DBE PARTICIPATION: SFRTA solicits and encourages Disadvantaged Business Enterprise (DBE) participation. DBE's will be afforded full consideration of their responses and will not be subject to discrimination. SFRTA's DBE program goal is 10% of total contract expenditures.

SFRTA reserves the right to postpone, to accept, or reject any and all proposals in whole or in part. All Proposers must certify that they are not on the State of Florida Comptroller General's List of Ineligible Bidders. All proposals must remain in effect for one hundred eighty (180) days from the date of Proposal Opening.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

Notice of Bid/Request for Proposal
NOTICE OF INVITATION TO BID
BID NO. BDC 32-06/07

The Department of Environmental Protection, Division of Recreation and Parks, Bureau of Design and Construction is soliciting formal competitive bids for the project listed below:

PROJECT NAME: Terra Ceia Preserve State Park – Haley House Rehabilitation

SCOPE OF WORK: The contractor shall provide the necessary labor, supervision, equipment and materials required to successfully complete rehabilitation work on the historic Haley House. The scope of work to include but is not limited to, a new accessible bathroom and plumbing on the first floor of the Visitors Center; construct accessible entrance facility to Visitors Center; replace floor decking, damaged floor beam and joist on North porch; repair exterior siding and trim; repaint all exterior elements; provide new railing to west and south porches with steps to match original; replace missing doors and repair missing doors on the East porch; provide and install new fixture and outlets for new accessible bathroom, northeast room, AHU closet and water heater closet on 1st

floor; provide new HVAC system for 1st floor-main building; and repair damaged windows at north wall, as indicated in plans and specifications.

PARK LOCATION: Terra Ceia Preserve State Park – 130 Terra Ceia Road, Terra Ceia, Florida

PROJECT MANAGER: Hubert Baxter, Bureau of Design and Construction, Telephone Number: (850)488-5372, Fax Number: (850)488-3537.

MINORITY BUSINESS REQUIREMENT: The Department of Environmental Protection supports diversity in its Procurement Program and requests that all sub-contracting opportunities afforded by this bid embrace diversity enthusiastically. The award of sub-contracts should reflect the full diversity of the citizens of the State of Florida. The Department will be glad to furnish a list of Minority Owned Firms that could be offered sub-contracting opportunities.

PREQUALIFICATION: When the total bid price including alternates exceeds \$200,000.00, each bidder whose field is governed by Chapter 399, 489, and 633 of the Florida Statutes for licensure or certification must submit prequalification data of their eligibility to submit bids five (5) calendar days prior to the opening date.

INSTRUCTIONS: Any firm desiring plans and bid specifications for this project may obtain a copy by writing the address or calling the telephone number below. Plans and specifications will be available on October 27, 2006 at: Terra Ceia Preserve State Park, c/o Gamble Plantation Administration, 3708 Patten Avenue, Ellenton, Florida 34222, Attention: Don Bergeron, Telephone Number: (941)723-4536, Fax Number: (941)723-4538.

ADA REQUIREMENTS: Any person with a qualified disability shall not be denied equal access and effective communication regarding any bid/proposal documents or the attendance at any related meeting or bid/proposal opening. If accommodations are needed because of disability, please contact Mike Renard with the Bureau of Design and Construction at (850)488-5372 at least five (5) workdays prior to openings. If you are hearing or speech impaired, please contact the Florida Relay Services by calling 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

BID SUBMITTAL DUE DATE: No later than 3:30 p.m., Tuesday, November 21, 2006, to the below address: Florida Department of Environmental Protection Bureau of Design and Construction, 3540 Thomasville Road, Tallahassee, Florida 32309. The Department reserves the right to reject any or all bids. Michael Renard, Contracts Manager, Bureau of Design and Construction.

Notice of Bid/Request for Proposal
NOTICE OF INVITATION TO BID
BID NO. BDC 33-06/07

The Department of Environmental Protection, Division of Recreation and Parks, Bureau of Design and Construction is soliciting formal competitive bids for the project listed below:

PROJECT NAME: Ft. Clinch State Park – Boardwalk/Overlook

SCOPE OF WORK: The contractor shall provide the necessary labor, supervision, equipment and materials required to successfully complete the boardwalk/overlook, ADA stabilized walking path and six vehicle parking lot. **PARK LOCATION:** Ft. Clinch State Park – 2601 Atlantic Avenue, Fernandina, Florida

PROJECT MANAGER: Heath Alboher, Assistant Park Manager, Ft. Clinch State Park Telephone Number: (904)277-7274, Fax Number: (904)277-7225.

MINORITY BUSINESS REQUIREMENT: The Department of Environmental Protection supports diversity in its Procurement Program and requests that all sub-contracting opportunities afforded by this bid embrace diversity enthusiastically. The award of sub-contracts should reflect the full diversity of the citizens of the State of Florida. The Department will be glad to furnish a list of Minority Owned Firms that could be offered sub-contracting opportunities.

PREQUALIFICATION: When the total bid price including alternates exceeds \$200,000.00, each bidder whose field is governed by Chapter 399, 489, and 633 of the Florida Statutes for licensure or certification must submit prequalification data of their eligibility to submit bids five (5) calendar days prior to the opening date.

INSTRUCTIONS: Any firm desiring plans and bid specifications for this project may obtain a copy by writing the address or calling the telephone number below. Plans and specifications will be available on October 27, 2006 at: Ft. Clinch State Park, 2601 Atlantic Avenue, Fernandina, Florida 32034, Attention: Heath Alboher, Telephone Number: (904)277-7274, Fax Number: (904)277-7225.

ADA REQUIREMENTS: Any person with a qualified disability shall not be denied equal access and effective communication regarding any bid/proposal documents or the attendance at any related meeting or bid/proposal opening. If accommodations are needed because of disability, please contact Mike Renard with the Bureau of Design and Construction at (850)488-5372 at least five (5) workdays prior to openings. If you are hearing or speech impaired, please contact the Florida Relay Services by calling 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

BID SUBMITTAL DUE DATE: No later than 4:00 p.m., Tuesday, November 21, 2006, to the below address: Florida Department of Environmental Protection Bureau of Design and Construction, 3540 Thomasville Road, Tallahassee, Florida

32309. The Department reserves the right to reject any or all bids. Michael Renard, Contracts Manager, Bureau of Design and Construction.

Notice of Bid/Request for Proposal
NOTICE OF INVITATION TO BID
BID NO. BDC 35-06/07

The Department of Environmental Protection, Division of Recreation and Parks, Bureau of Design and Construction is soliciting formal competitive bids for the project listed below:

PROJECT NAME: Blue Springs State Park- Floating dock

SCOPE OF WORK: The contractor shall provide the necessary labor, supervision, equipment and materials required to successfully remove all exiting wooden dock components and pilings, including old submerged piles within the dockage area and legally dispose off site. Additionally, the contractor is to provide and install a new pre-engineered concrete floating dock and all associated permits.

PARK LOCATION: Blue Spring State Park – 2100 W. French Avenue, Orange City, Florida

PROJECT MANAGER: Dale Quick, Project Manager, Bureau of Design and Construction, Telephone Number: (850)488-5372, Fax Number: (850)488-1141.

MINORITY BUSINESS REQUIREMENT: The Department of Environmental Protection supports diversity in its Procurement Program and requests that all sub-contracting opportunities afforded by this bid embrace diversity enthusiastically. The award of sub-contracts should reflect the full diversity of the citizens of the State of Florida. The Department will be glad to furnish a list of Minority Owned Firms that could be offered sub-contracting opportunities.

PREQUALIFICATION: When the total bid price including alternates exceeds \$200,000.00, each bidder whose field is governed by Chapter 399, 489, and 633 of the Florida Statutes for licensure or certification must submit prequalification data of their eligibility to submit bids five (5) calendar days prior to the opening date.

INSTRUCTIONS: Any firm desiring plans and bid specifications for this project may obtain a copy by writing the address or calling the telephone number below. Plans and specifications will be available on October 27, 2006 at: Blue Springs State Park, 2100 W. French Avenue, Orange City, Florida 32763, Attention: Bob Rundle, Telephone Number: (386)775-3663, Fax Number: (386)775-7794.

ADA REQUIREMENTS: Any person with a qualified disability shall not be denied equal access and effective communication regarding any bid/proposal documents or the

attendance at any related meeting or bid/proposal opening. If accommodations are needed because of disability, please contact Mike Renard with the Bureau of Design and Construction at (850)488-5372, at least five (5) workdays prior to openings. If you are hearing or speech impaired, please contact the Florida Relay Services by calling 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

PRE BID MEETING: There will be a pre bid meeting on November 13, 2006, 11:00 am. Interested contractors will meet at the entrance station and reconvene at the site. Attendance is highly encouraged, but not mandatory.

BID SUBMITTAL DUE DATE: No later than 4:30 p.m., Tuesday, November 21, 2006 to the below address: Florida Department of Environmental Protection Bureau of Design and Construction, 3540 Thomasville Road, Tallahassee, Florida 32309. The Department reserves the right to reject any or all bids. Michael Renard, Contracts Manager, Bureau of Design and Construction.

SARASOTA MEMORIAL HOSPITAL

Request for Proposals #10-20-06

Sale and Conversion of Waldemere Medical Plaza

Issued by the Sarasota County Public Hospital District
Sarasota, Florida

This Request for Proposals is offered by:

Sarasota County Public Hospital District
1700 South Tamiami Trail
Sarasota, FL 34239

Note: This RFP packet consists of this cover page and 10 additional pages.

BACKGROUND AND CONTEXT

The Sarasota County Public Hospital District (the "Hospital District") is an independent special district authorized by Chapter 2003-359, Laws of Florida, as amended, to own and operate hospitals and health facilities. As such, it owns and operates the "Sarasota Memorial Health Care System," including Sarasota Memorial Hospital (the "Hospital"), located at 1700 South Tamiami Trail, Sarasota, Florida and Waldemere Medical Plaza, located at 1921 Waldemere Street, Sarasota, Florida. Sarasota is located approximately 50 miles south of Tampa, on Florida's west coast. The main hospital campus, along with the adjacent Waldemere Medical Plaza, is depicted in the aerial map below. The District is governed by the Sarasota County Public Hospital Board (the "Hospital Board").



As a public entity, the Hospital District is subject to the requirements of Section 286.011, Florida Statutes, known as the “Sunshine Law;” and Chapter 119, Florida Statutes, known as the “Public Records Act.”

OBJECTIVES

The Hospital District desires to ground lease the existing Waldemere medical office building site (the “Land”) and sell the medical office building (the “Building”) to a qualified buyer/developer (the “Developer”). The Developer will be required to convert the Building to condominium units or another type of equity ownership which will be successful in maintaining and attracting strategically aligned physicians on both a short term and long term basis.

The Hospital District seeks an arrangement that will satisfy the objectives outlined above and those detailed below:

- (1) Ensure that the Hospital District receives full fair market value for the ground lease of the Land and the sale of the Building (the Hospital District’s most recent appraisal is available upon request);
- (2) Provide the Hospital District with an opportunity to retain occupancy of the approximately 20,000 sq. ft. B.G.S.F it currently occupies in the Building and a right to obtain ownership of such space or to purchase any equity interests related to such space

- (3) Provide to all physicians and others who are presently leasing office space within the Building a first right to obtain ownership of their space or to purchase any equity interests related to their space (the “Right of First Refusal”);
- (4) Provide on a short term and long term basis appropriate occupancy and equity opportunities to ensure full occupancy of the Building, and appropriately address ownership issues arising from physician turnover (including those caused by retirement, death, etc.);
- (5) Unless approved by the Hospital District, ensure the Building is used only as a medical office building by medical doctors, doctors of osteopathy, and podiatrists who have staff privileges at Sarasota Memorial Hospital or a similar facility owned by the Hospital District (“Qualified Physicians”) and minor incidental uses (such as coffee cart, ATM facilities, etc.);
- (6) Unless approved by the Hospital District, ensure the medical uses of the Building are confined to uses incidental and routinely performed in a physician’s primary medical practice for the physician’s own patients and not offered to the general public (including solicitation of referrals from other physicians or providers of such services);
- (7) Comply with the Hospital’s Master Campus Plan;
- (8) Comply with the City of Sarasota’s comprehensive plan and land development regulations; and
- (9) Ensure the completion of the conversion to equity ownership within 12 months or less of closing of the sale and purchase transaction.

SITE INFORMATION

1. Description:

The Land and Building is situated at 1921 Waldemere Street, Sarasota, Florida, adjacent to the Sarasota Memorial Hospital building. Specifically, the Building is situated at the southeast corner of Waldemere Street and Lasula Court. The Sarasota County Property Appraiser’s Parcel ID number for the Land is 2037-08-0051; 2037-08-0056.

The Building consists of an 8-story medical office building. The Land contains approximately 52,597 square feet. The Building contains approximately 161,234 B.G.S.F. square feet of interior space, and 5,399 is interstitial space. The Building is of steel, masonry and glass construction with a 2 story atrium lobby, a rotunda entry, spandrel and vision panels, faux stone panel wall finishes, decorative columns, and marble/tile flooring. The existing lobby contains a built-in coffee/snack bar and information desk facilities. Second level pedestrian bridges connect the building to the Lasula Court parking garage, Waldemere parking garage and card access to the main hospital building level 3. Parking is expected to be provided pursuant to an agreement with the Hospital District utilizing primarily the Lasula Court parking garage.

There is a central public elevator/staircase core with three 3,500 pound capacity elevators and one 4,500 pound capacity elevator. Public area/corridor finishes include ceramic tile and carpet flooring, wall papered/paint drywall walls, acoustical tile ceilings, and fluorescent lighting. In addition to the wide variety of office configurations, the Building offers conference, training/meeting room facilities, and a small auditorium and board room facility.

A compliance survey, together with a detailed analysis of the property, may reveal that the Building does not conform in certain respects to the requirements of the ADA. If so, the Building may require alterations in order to meet these requirements.

The Building was originally constructed in 1990.

Attached as Appendix A are representative photographs of both the exterior and interior features of the Building, along with representative floor plans for each of the eight floors.

2. Site Utilities:

Water, sanitary sewer, electricity, telephone, cable television and gas are all available to the site. As part of the proposed arrangement, services (other than telephone) will be segregated from the Hospital District. The Hospital District will continue to provide the existing telephone services and the related 917 extensions in return for fair market value compensation. Otherwise, a new telephone system and telephone numbers must be obtained for the Building.

Service	Provider	Telephone
Water	City of Sarasota	(941)955-2325
Sanitary Sewer	City of Sarasota	(941)955-2325
Electricity	Florida Power & Light	(941)927-4237
Cable Television	Comcast	(941)342-2112
Gas	TECO	(941)342-4006

3. Environmental Conditions:

Any documentation in possession of the Hospital District regarding environmental conditions on the property will be made available to all interested proposers. Nevertheless, the Hospital District makes no representations or warranties, expressed or implied, about the existing or future environmental condition of the property, including possible present or future pollution of the air, water or soil from any sources including, without limitation, underground migration or seepage (including radon gas). The Hospital District expressly disclaims any liability for any type of damages, whether direct, indirect or consequential, which the various properties or any person may suffer because of any existing or future environmental conditions.

4. Comprehensive Plan Designation:

The property is currently designated in the Comprehensive Plan of the City of Sarasota as follows: Metropolitan Regional.

5. Zoning:

The property is currently zoned by the City of Sarasota as follows: SMH district.

The intent and purpose of these zoning districts, along with regulations applicable to the districts, are available in the Zoning Code on the City of Sarasota’s website, www.sarasotagov.com. Condominium or other conversions shall comply with the applicable zoning district requirements.

6. Additional Restrictions:

The Hospital District is currently involved in the development of a 3-story medical office condominium building at the northwest corner of Hillview Street and Laurent Place and a 10-story medical office condominium building on the Doctors Gardens condominium parcel located on Arlington Street. The Hospital District has executed a non-binding Letter of Intent with the developer of such development and is in the process of negotiating definitive development documents. The Letter of Intent contains the following provision: “If SMH causes or permits the Waldemere Tower building to be submitted to condominium ownership, SMH will not sell, or permit the developer of the condominium to sell, any unit within the condominium prior to June 30, 2011 (or, if earlier, the closing by Developer of 80 percent of the condominium units within the buildings constructed by Developer on the Hillview Parcel and the Doctors Gardens Parcel), to any party other than an existing tenant of the Waldemere Tower building, nor shall SMH sell, or permit the developer of the condominium to sell, any unit within the condominium for less than fair market value.”

PROCESS

1. Submittal of Proposals:

Respondents shall submit written proposals in accordance with the requirements outlined in this Request for Proposals (“RFP”).

2. Evaluation and Ranking of Proposals:

An evaluation committee will evaluate the proposals using the evaluation criteria outlined in this RFP. The evaluation committee will consist of:

- Bill Lyons, Board Member
- Phyllis Cobb, Board Member
- Greg Carter, Board Member
- Bob K. Strasser, Board Member
- Michael Harrington, Board Member
- Gwen MacKenzie, Board Member

The evaluation committee may conduct interviews of any or all of the respondents. The evaluation committee will rank the proposals and forward its recommendations to the Hospital Board. The Hospital Board, with staff input, will determine the final ranking of the proposals, after which the Hospital will transmit written notice of the final ranking to all proposers. Substitution of evaluation committee members may be made as circumstances warrant.

3. Negotiations:

Following the ranking of the proposers, Hospital District staff will commence negotiations of definitive documents in conjunction with Hospital District legal counsel with the first ranked Developer. If a tentative agreement cannot be reached with the first ranked Developer within ninety (90) days of announcement of the final ranking, negotiations with the next ranked buyer may be commenced at the discretion of the Hospital District, and so on, until an agreement has been reached with a qualified Developer.

The definitive documents will include, without limitation, requirements for coordination and communication with all present tenants within the Building.

4. Buyer Deposit:

No payment is required to be made in conjunction with submission of a proposal. The Hospital District will require a non-refundable deposit of \$25,000.00 to be made by the first ranked Developer within ten (10) days of receiving written notice of the Hospital District's ranking. In the event that definitive documents cannot be successfully negotiated with the first ranked Developer, the second and subsequent ranked Developers shall make a non-refundable deposit of \$25,000.00 within ten (10) days of written notification from the Hospital District.

5. Contact Person:

Procedural questions related to the RFP process should be directed to:

Deborah Taylor
 Operations Director, Corporate Business Development
[http://www.smh.com/sections/corporate/
 Construction_Renovations/Projects_RFPs.html](http://www.smh.com/sections/corporate/Construction_Renovations/Projects_RFPs.html)
 1991 Main Street, Suite 245
 Sarasota, FL 34236
 (941)917-1426 (telephone)
 (941)917-1875 (facsimile)
 e-mail: Deborah-Taylor@smh.com

Requests for substantive clarification or information should be submitted in writing to the same address. All responses to written requests will be posted on the Hospital's web site:

http://www.smh.com/sections/corporate/Construction_Renovations/Projects_RFPs.html

6. Schedule:

It is anticipated that important dates within the RFP process will be as follows:

Event	Date
Request for Proposals is advertised	FL Administrative Weekly 10/20/06 & 10/27/06 Sarasota Herald Tribune 10/20/06 & 10/27/06
Pre-submittal conference is conducted	10/30/06
Deadline for written requests for additional information	11/10/06
Due date for proposals	11/13/06
Evaluation Committee short-lists proposals	11/21/06

Evaluation Committee interviews short-listed proposers and ranks proposers	12/1/06
Evaluation Committee makes recommendations to Hospital Board	
Committee, Mission and Planning	12/7/06
Hospital Board determines final ranking	12/18/06
Proposers are notified of final ranking	12/19/06
Negotiations begin	12/31/06

EVALUATION CRITERIA

The evaluation of the proposals will occur in two stages. The first stage will consider evaluation criteria 1 and 2 below. This first stage review of threshold-level abilities will be used to determine viable proposals. Using these criteria, a determination will be made of proposals that will be considered in stage two.

The second stage will include an evaluation of viable proposals using all criteria listed below.

1. Background, experience and qualifications of the Respondent.
2. Financial stability of the Respondent.
3. Demonstrated ability of the Respondent to complete the project.
4. Demonstrated ability of the Respondent to meet the objectives outlined in the RFP.
5. Whether a firm is a State Certified Minority Business Enterprise certified in accordance with Section 287.0943, Florida Statutes, and/or whether a portion of the work effort will be performed by a State Certified Minority Subcontractor/Subconsultant certified in accordance with Section 287.0943, Florida Statutes.

The Hospital Board reserves the right to reject any or all proposals, waive informalities, request additional information and to negotiate an agreement with the most qualified proposer on such terms as the Hospital deems to be fair, competitive and reasonable.

SUBMITTAL REQUIREMENTS

1. Deadline for submittal of responses to this RFP: Proposals must be received by the Hospital before 12 p.m. (noon) on November 13, 2006.
2. Form and number of copies: Each proposer shall submit one unbound original and 10 bound copies of its proposal in 8 1/2 inch x 11 inch format. The proposals shall be submitted in a sealed opaque envelope marked in bold:

Sarasota Memorial Hospital RFP #10-20-06
 Sale and Conversion of Waldemere Medical Plaza

3. Address for submittal: Proposals shall be delivered to:

If by hand delivery:

Sarasota Memorial Hospital
 Construction/Renovation
 Attn.: Tom Perigo
 1833 Hawthorne Street,
 Sarasota, FL 34239

If by mail or courier:

Sarasota Memorial Hospital
 Construction/Renovation
 Attn.: Tom Perigo
 1700 S Tamiami Trail
 Sarasota, FL 34239

4. Minimum contents of proposals:

Respondents shall submit the following information in their proposals in the order listed below.

- a. Name and address of Respondent and the name, mailing address, phone number and e-mail address of the representative authorized to act on behalf of Respondent.
- b. A signature on the proposal provided by an authorized individual of the Respondent's organization, committing the organization to the performance of the services described by the RFP. This signed document shall identify the form of the business organization including state of incorporation or formation of partnership, if any. The document shall also identify one individual authorized to negotiate on behalf of Respondent.
- c. A list of major team members with a description of the role of each member of the team and a description of the Respondent's organizational structure.
- d. The financial terms, including purchase price and ground lease payments and any proposed contributions by the Hospital District, financial or otherwise.
- e. A summary of how the Respondent's proposal meets each of the Hospital District's objectives outlined in this RFP.
- f. Audited financial reports, or other corporate financial records acceptable to the Hospital District, demonstrating the Respondent's financial capability to guarantee completion of the project.
- g. A demonstration of the Respondent's ability to secure (i) financing from a financial institution for this undertaking, (ii) liability insurance coverage, and (iii) performance bonding.
- h. A graphic and written description of representative development projects, of a similar scale and character, carried out by the Respondent. Describe the role of individual team members in each of these projects.

- i. The Respondent's lead team members' professional qualifications and experience in producing projects of a similar scale and character.
- j. A list of references for lead team members, including contact names, addresses, telephone and facsimile numbers.

DISCLOSURES AND DISCLAIMERS

The information contained in this RFP is provided solely for the convenience of the Respondents. The Hospital District has assembled the information in a good faith effort to assist in the disposition process; however, the Hospital District makes no representation, warranty or guarantee as to the accuracy of the information. It is the responsibility of the Respondent to verify that the information presented is accurate and complete and any reliance on the information contained herein or on communications with the Hospital District's representatives or its advisor(s) is and shall be at the respondent's sole and exclusive risk.

The Hospital District reserves the right to accept any proposals deemed to be in the best interest of the Hospital District, to waive any irregularities in any proposals, or to reject any and/or all submittals and/or proposals and to re-advertise for new proposals.

The Hospital District assumes no financial or other obligation to any respondent. Any proposal submitted in response to this RFP is at the sole financial risk and responsibility of the party submitting such proposal.

The Respondent will not pay a brokerage, finder's or referral fee, however styled, to any party in connection with this RFP, which includes the Hospital District, the Hospital Board, or any employees of the Hospital District or Sarasota Memorial Hospital.

The responsibility for submitting a proposal to this RFP on or before the stated time and date will be solely and exclusively the responsibility of the Respondent. No proposal received after the stated time and date will be considered.

Each Respondent shall examine all RFP documents and shall judge all matters relating to the adequacy and accuracy of such documents. The Hospital District shall not be responsible for oral interpretations given by any Hospital District employee, representative, or others. The issuance of a written addendum by the Hospital District is the only official method where interpretation, clarification, or additional information may be given. If any addenda are issued to this RFP, the Hospital District will attempt to notify all prospective firms who have secured the same.

However, it shall be the responsibility of each firm, prior to submitting a proposal, to contact Ms. Deborah Taylor at (941)917-1426 to determine if addenda were issued and to submit a proposal in accordance with such addenda.

All written responses, other submissions, correspondence, and all records made thereof, as well as negotiations conducted pursuant to this Request for Proposals, shall be handled in compliance with Chapters 119 and 286, Florida Statutes. The Hospital District gives no assurance as to the confidentiality of any portion of the proposal once submitted.

By offering a submission to the RFP, the Respondent certifies that the Respondent has not divulged to, discussed or compared its competitive response with other responders and has not colluded with any other responders or parties to this competitive response whatsoever.

GENERAL TERMS AND CONDITIONS

1. Responses must comply in all respects with the RFP requirements. Deviations from requirements may, at the option of the Hospital District, render the proposal non-responsive and the proposer ineligible for award.
2. The Hospital District assumes no responsibility for proposals received after the advertised deadline or at any office or location other than that specified herein, whether due to mail delays, courier mistake, mishandling, or any other reason.
3. The Hospital District reserves the right to waive and/or accept minor irregularities when, in the sole opinion of the Hospital District, such waiver or acceptance is deemed to be in the best interest of the Hospital District.
4. The Hospital District reserves the right to reject any or all proposals, in whole or in part, for any reason whatsoever.
5. All documentation submitted with the proposal must reference the RFP number.
6. The Hospital District reserves the right, in the sole discretion of the Hospital District, to require oral presentations from all Respondents or from a shortened list of Respondents, during any stage of the evaluation and/or selection process.
7. All proposals shall be signed by an authorized individual of the Respondent's organization, committing the Respondent's organization to the performance of the services described by this RFP. The proposer shall identify the form of the business organization of the proposer and the proposer shall authorize the Hospital District to negotiate exclusively with a specified individual.
8. All proposals shall remain in effect for 180 days after the due date for proposals.
9. In the event there is any material change to the terms of a proposal, including ownership or control of the respondent or the participation of any key individuals designated in a proposal, the Hospital District reserves the right to reject

such proposal or terminate negotiations. Such determination shall be made at the sole discretion of the Hospital District.

10. Proposers, their agents and associates shall not contact or solicit any Hospital Board member or Hospital District employee regarding this RFP during any phase of the RFP process. Only that individual listed as the contact person in the RFP shall be contacted. Failure to comply with this provision may result in disqualification of the proposer, at the option of the Hospital District.
11. The successful proposer shall enter into an agreement with the Hospital District that shall be acceptable to the Hospital District in form and content.
12. If the agreement awarded as a result of this RFP is terminated, the Hospital District reserves the right to negotiate with the next ranked proposer for performance of the balance of the agreement.
13. Proposer acknowledges that all information contained within its proposal is part of the public domain, as defined by the Florida Sunshine and Public Records Laws. No information should be labeled confidential unless exempted under said laws.
14. There shall be no discrimination as to race, sex, color, creed, handicaps or national origin in the operations conducted under this RFP.
15. All applicable laws of the State of Florida shall apply to this RFP and resulting agreement.
16. The Hospital District reserves the right to award an agreement which is the most advantageous to and in the best interest of the Hospital District. The Hospital District shall be the sole judge of the proposals and the resulting negotiated agreement that is in the Hospital District's best interest, and the Hospital District's decision shall be final and binding.
17. A mandatory pre-submittal conference is scheduled for October 30, 2006, at 8:00 a.m., at Waldemere Medical Plaza, Papaya Room, 1921 Waldemere Street, Sarasota, FL 34239.

FLORIDA STATE COURTS

Notice of Bid/Request for Proposal
THIRD DISTRICT COURT OF APPEAL
INVITATION TO BID

Pursuant to Section 287.057, F.S., sealed bids will be received by the Third District Court of Appeal, 2001 S. W. 117th Ave., Miami, FL 33175-1716, until 3:00 p.m. (Local Time), on November 30, 2006. For the selection of a contractor supplying all labor and materials required for the removal, acquisition

and installation of an air conditioning system for the Annex building of the Courthouse, Project # 06-001. Scope of Work and Contractor Requirements of ITB 06-001 are located at www.3dca.flcourts.org. Additional information can be obtained from the Marshal's Office, (305)229-3200, ext. 3234. Americans With Disability Act of 1991 – Contact the Marshal's Office if special accommodations are needed in order to attend the pre-proposal conference.

Section XII Miscellaneous

DEPARTMENT OF COMMUNITY AFFAIRS

APPLICATION DEADLINE EXTENSION ANNOUNCEMENT – WEATHERIZATION ASSISTANCE PROGRAM (WAP) and the WEATHERIZATION--LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (WAP-LIHEAP) SEEKING PROVIDER AGENCY FOR SEMINOLE COUNTY

The Department of Community Affairs announces an extension of the original October 20, 2006 deadline for application to serve as Seminole County's Weatherization Assistance Program Provider.

Deadline has been extended until November 3, 2006.

PURPOSE: The Department of Community Affairs (DCA) is seeking a public or nonprofit entity to administer the Weatherization Assistance Program (WAP) and the Weatherization-Low Income Home Energy Assistance Program (WAP-LIHEAP) in Seminole County. Selection of an entity will be based on the entity's experience and performance in weatherization or housing renovation activities, and in assisting low-income persons in the area to be served, and the entity's capacity to undertake a timely and effective weatherization program. Preference will be given to any Community Action Agency or other public or nonprofit entity which has, or is currently administering an effective DCA funded Weatherization Assistance Program. The following qualities will be reviewed: (1) the extent to which the past or current program achieved or is achieving weatherization goals in a timely fashion; (2) the quality of work performed by the entity; (3) the number, qualifications, and experience of the staff members of the entity; (4) the ability of the entity to secure volunteers, train participants and public service employment workers; and (5) maintain compliance with administration and financial management requirements.

ACTIONS TO BE TAKEN: The DCA will review all submitted applications, and make a decision regarding each entity's eligibility to provide Weatherization Assistance Program services to Seminole County. Recommendations will then be prepared by the Department staff for the selected entity for subsequent consideration and approval or disapproval by the Department's Secretary.

ADDITIONAL INFORMATION: Requests for additional information or questions may be addressed to: Norm Gempel, Manager, Florida Department of Community Affairs, Sadowski Building, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100, (850)488-7541, or Fax (850)488-2488.

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Notice of Publication for a New Point Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes (2005), Kinroad, LP, intends to allow the establishment of Cycles & More, Inc., as a dealership for the sale of Kinroad motorcycles at 5797 South Ridgewood Avenue, Port Orange (Volusia County), Florida 32127, on or after October 17, 2006.

The name and address of the dealer operator(s) and principal investor(s) of Cycles & More, Inc., are dealer operator(s): Jeanne P. Ciriello, 5797 South Ridgewood Avenue, Port Orange, Florida 32127; principal investor(s): Jeanne P. Ciriello, 5797 South Ridgewood Avenue, Port Orange, Florida 32127.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by U.S. Mail to: Davin Smith, Kinroad, LP, 1210 Champion Circle, Suite 120, Carrollton, Texas 75006.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes (2005), Golden Vale, Inc., intends to allow the establishment of Cycles & More, Inc., as a dealership for the sale of Roketa motorcycles at 5797 South Ridgewood Avenue, Port Orange (Volusia County), Florida 32127, on or after October 10, 2006.

The name and address of the dealer operator(s) and principal investor(s) of Cycles & More, Inc., are dealer operator(s): Jeanne P. Ciriello, 5797 South Ridgewood Avenue, Port Orange, Florida 32127; principal investor(s): Jeanne P. Ciriello, 5797 South Ridgewood Avenue, Port Orange, Florida 32127.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by U.S. Mail to: Larry Wan, Goldenvale, Inc., 2041 South Turner Avenue, Ontario, Canada 91761.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes (2005), Global Electric intends to allow the establishment of M & W Ventures, LLC, d/b/a GEM of Marco Island, as a dealership for the sale of GEM vehicles at 9 Front Street, Marco Island (Collier County), Florida 34145, on or after November 1, 2006.

The name and address of the dealer operator(s) and principal investor(s) of M & W Ventures, LLC, d/b/a GEM of Marco Island, are dealer operator(s): Michael Harris, 7 Blue Hill Court, Marco Island, Florida 34145; principal investor(s): Wayne Rose, 287 Meadowlark Court, Marco Island, Florida 34145, and Michael Harris, 7 Blue Hill Court, Marco Island, Florida 34145.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by U.S. Mail to: Russell J. Kiefer, Director of Sales and Marketing, Global Electric Motorcars, LLC, 1301 39th Street Northwest, Suite 2, Fargo, North Dakota 58102.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes (2005), QLINK, LP, intends to allow the establishment of Pine Woods Center, Inc., d/b/a Pasco Cycle, as a dealership for the sale of

Zongshen and Chunfeng motorcycles at 10312 State Road 52, Hudson (Pasco County), Florida 34669, on or after October 11, 2006.

The name and address of the dealer operator(s) and principal investor(s) of Pine Woods Center, Inc., d/b/a Pasco Cycle are dealer operator(s): Andrew Hennosy, 10312 State Road 52, Hudson, Florida 34669, and Connie Hennosy, 10312 State Road 52, Hudson, Florida 34669; principal investor(s): Andrew Hennosy, 10312 State Road 52, Hudson, Florida 34669, and Connie Hennosy, 10312 State Road 52, Hudson, Florida 34669.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by U.S. Mail to: Johnny Tai, Manager, QLINK, LP, 756 Port America Place, Suite 200, Grapevine, Texas 76051.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

Notice of Publication for a New Point
Franchise Motor Vehicle Dealer in a County of More
than 300,000 Population

Pursuant to Section 320.642, Florida Statutes (2005), BMW of North America, LLC, intends to allow the establishment of Tom Bush Volkswagen, Inc., d/b/a Tom Bush BMW Jacksonville, as a dealership for the sale of BMW cars and light trucks, at 6914 Blanding Boulevard, Jacksonville (Duval County), Florida 32244, on or after October 31, 2006.

The name and address of the dealer operator(s) and principal investor(s) of Tom Bush Volkswagen, Inc., d/b/a Tom Bush BMW Jacksonville, are dealer operator(s): John P. Bush, 1737 Park Terrace, West, Atlantic Beach, Florida 32233;

principal investor(s): John P. Bush, Revocable Living Trust, John P. Bush, Trustee, 1737 Park Terrace, West, Atlantic Beach, Florida 32233, Sole Beneficiary - John P. Bush; Tom M. Bush, Jr., Revocable Living Trust, John P. Bush, Trustee, 1737 Park Terrace West, Atlantic Beach, Florida 32233, Sole Beneficiary - Estate of Tom M. Bush, Jr.; and Thomas Bush, Jr., Irrevocable GST Trust, John P. Bush, Trustee, 1737 Park Terrace, West, Atlantic Beach, Florida 32233, Sole Beneficiary - Estate of Tom M. Bush, Jr.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by U.S. Mail to: Peter Suomala, Center Development Manager, Southern Region, BMW of North America, LLC, 1280 Hightower Trail, Atlanta, Georgia 30350.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

Notice of Publication for a New Point
Franchise Motor Vehicle Dealer in a County of More
than 300,000 Population

Pursuant to Section 320.642, Florida Statutes (2005), Bentley Motors, Inc. ("BMP"), intends to allow the establishment of TT of Collier, Inc., d/b/a Bentley Naples, as a dealership for the sale and service of Bentley vehicles at 850 Tamiami Trail North, Naples (Collier County), Florida 34102, on or after November 15, 2006.

The name and address of the dealer operator(s) and principal investor(s) of TT of Collier, Inc., d/b/a Bentley Naples, are dealer operator(s): Terry Taylor, 515 North Flagler Drive, P-400, West Palm Beach, Florida 33401; principal investor(s): Terry Taylor, 515 North Flagler Drive, P-400, West

Palm Beach, Florida 33401; Stephen Terry, 515 North Flagler Drive, P-400, West Palm Beach, Florida 33401; and Derek Bell, 515 North Flagler Drive, P-400, West Palm Beach, Florida 33401.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by U.S. Mail to: Thomas G. Holtman, Network Development Manager, Bentley Motors, Inc., 3800 Hamlin Road, Auburn Hills, Michigan 48326.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by U.S. Mail to: Jack Mullinax, Sales Manager, Carter Brothers Manufacturing, 1871 U.S. Highway 231, Brundidge, Alabama 36010.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

STATE BOARD OF ADMINISTRATION

NOTICE IS HEREBY GIVEN by the State Board of Administration ("the Board") of its estimate of the borrowing capacity and the projected year-end (as of December 31, 2006) fund balance for the Florida Hurricane Catastrophe Fund ("the Fund"), in compliance with the requirements of Section 215.555(4)(c)2., Florida Statutes. This estimate is as of October 1, 2006. The projected year-end balance on December 31, 2006, is estimated to be \$978.3 million assuming no losses related to the 2006 hurricane season. The Fund's estimated

Notice of Publication for a New Point
Franchise Motor Vehicle Dealer in a County of More
than 300,000 Population

Pursuant to Section 320.642, Florida Statutes (2005), Carter Brothers Manufacturing, intends to allow the establishment of XZILR8ING Enterprises, LLC, d/b/a TRM Rides, as a dealership for the sale of Sanyang motorcycles at 913 49th Street South, Gulfport (Pinellas County), Florida 33707, on or after October 1, 2006.

The name and address of the dealer operator(s) and principal investor(s) of XZILR8ING Enterprises, LLC, d/b/a TRM Rides are dealer operator(s): Tom Matlin, 913 49th Street South, Gulfport, Florida 33707; principal investor(s): Tom Matlin, 913 49th Street South, Gulfport, Florida 33707.

borrowing capacity, defined as the maximum amount that the Board is able to raise through the issuance of revenue bonds under Section 215.555(6), Florida Statutes, pursuant to the limitations in Section 215.555(4), Florida Statutes, is \$14,021.7 million. The liability of the Board under the Act and the Reimbursement Contracts for payment of reimbursable losses under all Reimbursement Contracts for a Contract Year in which a Covered Event has occurred will not exceed the actual claims-paying capacity of the Fund, up to a limit of \$15 billion for that Contract Year. This limit is \$15 billion for a Contract Year adjusted based upon the reported exposure from the prior Contract Year to reflect the percentage growth in exposure to the Fund for covered policies since 2004 provided the dollar growth in limit does not increase in any one year by an amount greater than the dollar growth in cash balance. Therefore, the Board's obligation is to raise up to \$14,021.7 million, rather than the total capacity determined by using all of the available 6 percent for year one or 10 percent overall emergency assessment capability.

This estimate is based on the Board's good faith assessment of the current global market conditions and is net of required debt service reserve funds and the costs of issuing the bonds. These conditions may or may not be the same if and when the Board determines that it is necessary to seek the issuance of revenue bonds. The Board's estimate is also based upon projected year-end reimbursement premiums. Emergency assessments are based on data available as of this estimate. This estimate is provided to comply with the requirements of Section 215.555(4)(c)2., Florida Statutes, and should only be relied upon after careful consideration of all relevant assumptions and reservations, including those set forth below.

Assumptions:

- 1) The Board assumes that both the annual reimbursement premiums and the 6% emergency assessment described in Section 215.555(6)(b)2., Florida Statutes, will be used as the revenue source to service the debt and to provide debt service coverage.
- 2) The debt service coverage ratio is assumed to be 2.19x. This means that the revenue stream available to service the debt is 2.19 times the amount actually needed to service the debt. The debt service coverage ratio is sensitive to actual reimbursement premiums collected during the year.

Changes in deductible distributions and other factors that impact actual reimbursement premiums may impact the coverage ratio.

- 3) The Board has assumed interest rates reflecting market conditions on October 1, 2006. Many factors will impact the interest rates that will ultimately be used when the Board determines that bonds must be issued. It is impossible to predict with any certainty what those rates will be.
- 4) In accordance with the requirements of Section 215.555(6)(a)2., Florida Statutes, the Board has completed the bond validation process. The circuit court hearing held on November 12, 1996, resulted in a favorable ruling. The validation was then immediately appealed to the Florida Supreme Court. The Florida Supreme Court ruled on September 18, 1997, that the bonds are valid.
- 5) In response to the private letter ruling received in March 1998, and renewed on June 13, 2003, the Internal Revenue Service ruled that interest on the bonds issued under Section 215.555(6), Florida Statutes, is exempt from federal taxation.
- 6) The Fund has issued bonds. On July 6, 2006, Series 2006A, in the amount of \$1,350,025,000 in post-event revenue bonds were issued. On July 21, 2006, Series 2006B, in the amount of \$2,800,000,000 in pre-event revenue notes were issued.

Reservations:

- 1) If additional bonding is necessary, there are a number of uncertainties. Among these are the following: the financial condition of the insurance industry at the time of a catastrophic loss, the stability of the revenue stream and potential litigation.
- 2) A more general uncertainty is the condition of the financial markets at the time the bonds are issued and the degree of familiarity of potential investors with the Fund.
- 3) Another general uncertainty is the ability of the capital markets to absorb a bond issue of this magnitude at the time of the bond issuance.

As of October 1, 2006, the Board's good faith estimate of its bonding capacity is \$14,021.7 million to reach the current statutory upper limit of \$15 billion (based on the Board's projected year-end balance of \$978.3 million). The Board

recognizes the importance of this estimate and is committed to make every effort to assure its ability to issue up to \$14,021.7 million in bonds, if and when the necessity arises.

ADMINISTRATION COMMISSION

Pursuant to Rule 28-108.002, Florida Administrative Code, the Administration Commission hereby gives notice of final disposition on the "Petition to Amend its Exceptions and Create an Exception to the Uniform Rules of Procedure" filed by the Florida Public Service Commission. The Governor and Cabinet, sitting as the Administration Commission, met on October 17, 2006, and granted amendments to certain previous exceptions from Chapters 28-102 and 28-106, Florida Administrative Code, Uniform Rules of Procedure. In addition, the Administration Commission granted a new exception from Chapters 28-102, and 28-106, Florida Administrative Code, Uniform Rules of Procedure. This action was taken in response to the Florida Public Service Commission's Petition filed November 21, 2005.

A copy of the Florida Public Service Commission's Petition, the Administration Commission's Final Order, and the transcript of the October 17, 2006, Administration Commission meeting can be obtained by contacting: Barbara Leighty, Administration Commission, Executive Office of the Governor, Office of Policy and Budget, Room 1801, The Capitol, Tallahassee, Florida 32399-0001, (850)487-1884.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF HEALTH

On October 16, 2006, M. Rony François, M.D., M.S.P.H., Ph.D., Secretary of the Department of Health, issued an Order of Emergency Suspension with regard to the license of Julio Cardona, C.N.A., license number CNA 129771. This Emergency Suspension Order was predicated upon the Secretary's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8), and 120.60(6), Florida Statutes. The Secretary determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

FINANCIAL SERVICE COMMISSION

NOTICE OF FILINGS

Notice is hereby given that the Office of Financial Regulation, Division of Financial Institution, has received the following application. Comments may be submitted to the Director, 200 East Gaines Street, Tallahassee, Florida 32399-0371, for inclusion in the official record without requesting a hearing. However, pursuant to provisions specified in Chapter 69U-105, Florida Administrative Code, any person may request a public hearing by filing a petition with the Clerk, Legal Services Office, Office of Financial Regulation, Division of Financial Institutions, 200 East Gaines Street, Tallahassee, Florida 32399-0379. The Petition must be received by the Clerk within twenty-one (21) days of publication of this notice (by 5:00 P.M., November 17, 2006):

APPLICATION FOR A NEW FINANCIAL INSTITUTION
Applicant and Proposed Location: FirstCity Bank of Commerce, 11011 U.S. Highway #1, North Palm Beach, Palm Beach County, Florida 33408

Correspondent: John P. Greeley, 255 South Orange Avenue, Suite 800, Orlando, Florida 32802

Received: October 16, 2006

Section XIII
Index to Rules Filed During Preceding Week

**RULES FILED BETWEEN October 9, 2006
 and October 13, 2006**

Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
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DEPARTMENT OF REVENUE

12-18.003	10/10/06	10/30/06	32/2	32/31
12-18.004	10/10/06	10/30/06	32/2	32/31

Miscellaneous Tax

12B-7.0225	10/10/06	10/30/06	32/25	32/36
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Corporate, Estate and Intangible Tax

12C-2.0115	10/10/06	10/30/06	32/2	32/5
12C-3.008	10/10/06	10/30/06	32/2	32/35

Division of Child Support Enforcement

12E-1.012	10/10/06	10/30/06	32/25	32/34
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DEPARTMENT OF CORRECTIONS

33-601.820	10/10/06	10/30/06	32/34	
33-602.220	10/11/06	10/31/06	32/32	
33-602.222	10/11/06	10/31/06	32/32	

FLORIDA LAND AND WATER ADJUDICATORY COMMISSION

Capital Region Community Development District

42CC-1.002	10/12/06	11/1/06	32/27	
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DEPARTMENT OF MANAGEMENT SERVICES

Division of Administrative Hearings

60Q-6.101	10/12/06	11/1/06	32/29	
60Q-6.102	10/12/06	11/1/06	32/29	
60Q-6.103	10/12/06	11/1/06	32/29	
60Q-6.104	10/12/06	11/1/06	32/29	
60Q-6.105	10/12/06	11/1/06	32/29	
60Q-6.106	10/12/06	11/1/06	32/29	
60Q-6.107	10/12/06	11/1/06	32/29	
60Q-6.108	10/12/06	11/1/06	32/29	
60Q-6.110	10/12/06	11/1/06	32/29	
60Q-6.111	10/12/06	11/1/06	32/29	
60Q-6.113	10/12/06	11/1/06	32/29	
60Q-6.114	10/12/06	11/1/06	32/29	
60Q-6.115	10/12/06	11/1/06	32/29	
60Q-6.116	10/12/06	11/1/06	32/29	
60Q-6.117	10/12/06	11/1/06	32/29	
60Q-6.118	10/12/06	11/1/06	32/29	
60Q-6.119	10/12/06	11/1/06	32/29	
60Q-6.120	10/12/06	11/1/06	32/29	

Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
60Q-6.121	10/12/06	11/1/06	32/29	
60Q-6.122	10/12/06	11/1/06	32/29	
60Q-6.123	10/12/06	11/1/06	32/29	
60Q-6.124	10/12/06	11/1/06	32/29	
60Q-6.125	10/12/06	11/1/06	32/29	
60Q-6.127	10/12/06	11/1/06	32/29	
60Q-6.128	10/12/06	11/1/06	32/29	

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
Barbers' Board

61G3-16.0092	10/13/06	11/2/06	32/35	
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Construction Industry Licensing Board

61G4-17.001	10/13/06	11/2/06	32/23	32/37
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Board of Pilot Commissioners

61G14-12.001	10/13/06	11/2/06	32/36	
61G14-12.002	10/13/06	11/2/06	32/36	

Board of Professional Surveyors and Mappers

61G17-9.004	10/9/06	10/29/06	32/31	
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DEPARTMENT OF HEALTH

Board of Massage

64B7-33.001	10/13/06	11/2/06	32/34	
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Board of Medicine

64B8-30.003	10/10/06	10/30/06	32/35	
64B8-54.0022	10/13/06	11/2/06	32/18	32/35

Board of Osteopathic Medicine

64B15-6.003	10/10/06	10/30/06	32/35	
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DEPARTMENT OF FINANCIAL SERVICES

Division of Workers' Compensation

69L-5.102	10/9/06	10/29/06	31/49	32/34
69L-6.012	10/10/06	10/30/06	32/33	
69L-6.031	10/9/06	10/29/06	31/49	32/34

OIR Insurance Regulation

69O-141.021	10/13/06	11/2/06	32/25	
69O-149.005	10/13/06	11/2/06	32/17	32/28
69O-149.006	10/13/06	11/2/06	32/17	32/28
69O-149.007	10/13/06	11/2/06	32/17	32/28
69O-154.203	10/13/06	11/2/06	32/25	
69O-154.204	10/13/06	11/2/06	32/25	