

Review, Office of Insurance Regulation, E-mail: Tracie.Lambright@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 DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Tracie Lambright, Life & Health Product Review, Office of Insurance Regulation, E-mail: Tracie.Lambright@fldfs.com

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

## Section II Proposed 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 CORRECTIONS

RULE NO.: 33-601.727  
RULE TITLE: Visitor Conduct

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to clarify that all food and beverages purchased by visitors shall be purchased and consumed in the visiting area.

SUMMARY: Amends the rule to provide that all food and beverages purchased by visitors shall be purchased and consumed in the visiting area.

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, 944.23 FS.

LAW IMPLEMENTED: 944.09, 944.23, 944.47, 944.8031 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, Office of the General Counsel, Department of Corrections, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE FULL TEXT OF THE PROPOSED RULE IS:

33-601.727 Visitor Conduct.

(1) Visitors must conduct themselves in accordance with the following requirements while on department property.

(a) through (i) No change.

(j) Visitors shall not give to or receive from the inmate any item of any description nor take any article whatsoever from the visiting area or grounds of the institution unless authorization is first obtained from the warden or duty warden. The only exceptions are food and beverage items purchased by visitors from vending machines or canteens and photographs purchased through the inmate photo project. The visitor may pass the food or beverage only to the inmate he or she is visiting. However, all food and beverages shall be purchased and consumed in the visiting area. The visitor shall not give cash or currency directly to an inmate.

(k) 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, 9-29-03,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: George Sapp, Assistant Secretary of Institutions

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Hieteenthia "Tina" Hayes, Acting Deputy Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 27, 2006

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

### DEPARTMENT OF ELDER AFFAIRS

#### Federal Aging Programs

RULE NOS.:	RULE TITLES:
58A-2.0236	Residential Units
58A-2.025	Physical Plant Requirements (Inpatient Facility and Unit)
58A-2.026	Comprehensive Emergency Management Plan

PURPOSE AND EFFECT: The purpose of the proposed rule amendments is to delete the physical plant standards, including fire safety standards, in Rules 58A-2.0236, Residential Units, and 58A-2.025, Physical Plant Requirements (Inpatient Facility and Unit), F.A.C., which are incorporated under the Florida Building Code, 2004 Edition, 2006 Supplements, Section 437; to incorporate changes in Section 400.610(1)(b)1., F.S., in accordance with Chapter No. 2006-71, Section 24, Laws of Florida, regarding the hospice's responsibility to provide the same type and quantity of services to hospice patients in a special needs shelter that were being provided prior to evacuation; and to incorporate changes to the Hospice Comprehensive Emergency Management reporting form, incorporated by reference in the rule.

SUMMARY: Deletion of physical plant standards, including fire safety standards, for residential units and inpatient facilities and units, which are included under the Florida Building Code, 2004 Edition, 2006 Supplements, Section 437; the responsibility of hospices to provide the same type and quantity of services to hospice patients in special needs shelters that were being provided prior to evacuation; and changes in the Hospice Comprehensive Emergency Management Plan reporting form.

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: 400.605, 400.6051, 400.610(1)(b) FS., Chapter 2005-191, Laws of Florida.

LAW IMPLEMENTED: 400.605, 400.605(1)(i), 400.610, 553.73(2) FS., Chapter 2005-191, Laws of Florida.

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

DATE AND TIME: February 14, 2007, 9:30 a.m. – 11:00 a.m.

PLACE: Department of Elder Affairs, 4040 Esplanade Way, Conference Room 225F, Tallahassee, FL 32399-7000

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 72 hours before the workshop/meeting by contacting: Jim Crochet, Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, FL 32399-7000; telephone number (850)414-2000; Email address: crocethj@elderaffairs.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Jim Crochet, Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, FL 32399-7000; telephone number (850)414-2000; Email address: crocethj@elderaffairs.org

THE FULL TEXT OF THE PROPOSED RULES IS:

58A-2.0236 Residential Units.

(1) through (6) No change.

(7) Residential units shall comply with the requirements of Section 400.6051, F.S. and Section 553.73(2), F.S., which incorporates the Florida Building Code, 2004 Edition, 2006 Supplements, Section 437, following codes and standards:

(a) All new facilities and additions and renovations to existing facilities shall be in compliance with:

1. The Florida Building Code, as described in Chapter 3 of Section 311.2 (R4) as adopted by the Florida Building Commission and incorporated by reference in subsection 9B-3.047(1), F.A.C., dated December 16, 2001, by the Department of Community Affairs and obtainable from the Southern Building Code Congress International, Inc., 900 Montclair Road, Birmingham, Alabama 35213-1206;

2. The National Fire Protection Association Life Safety Code 101, Chapter 32, Residential Board and Care Occupancy and incorporated by reference in Rule 4A-3.012, F.A.C., dated November 6, 2001, by the Division of State Fire Marshal at the Department of Finance and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 9101, Quincy, Massachusetts 02269-9101; and

3. Chapter 11, Section 11-6.1(1) of the Florida Building Code, as adopted by the Florida Building Commission and incorporated by reference in subsection 9B-3.047(1), F.A.C., dated December 16, 2001, by the Department of Community Affairs and obtainable from the Southern Building Code Congress International, Inc., 900 Montclair Road, Birmingham, Alabama 35213-1206.

(b) All existing facilities shall comply with National Fire Protection Association Life Safety Code 101, Chapter 33, Residential Board and Care Occupancy and incorporated by reference in Rule 4A-3.012, F.A.C., dated November 6, 2001, by the Division of State Fire Marshal at the Department of Finance and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 9101, Quincy, Massachusetts, 02269-9101.

Specific Authority 400.605, 400.6051 FS., Chapter 2005-191, Laws of Florida. Law Implemented 400.605(1)(i), 553.73(2) FS., Chapter 2005-191, Laws of Florida. History—New 4-27-94, Formerly 59A-2.0236, Amended 6-5-97, 8-10-03,\_\_\_\_\_.

58A-2.025 Physical Plant Requirements (Inpatient Facility and Unit).

(1) As used in this rule, “inpatient facility and unit” means the location where inpatient services are provided to hospice patients that are in need of hospice inpatient care.

(2) All new inpatient facilities and units, and additions or renovations to existing facilities and units shall be in compliance with the requirements of Section 400.6051, F.S. and Section 553.73(2), F.S., which incorporates the Florida Building Code, 2004 Edition, 2006 Supplements, Section 437 Codes and Standards.

(a) ~~All new inpatient units and facilities, and additions or renovations to existing units and facilities shall be in compliance with the requirements for:~~

1. ~~Institutional Occupancy—Group I, Unrestrained, of the Florida Building Code as described in Chapter 3 of Section 309.1 as adopted by the Florida Building Commission and incorporated by reference in subsection 9B-3.047(1), F.A.C., dated December 16, 2001, by the Department of Community~~

Affairs and obtainable from the Southern Building Code Congress International, Inc., 900 Montclair Road, Birmingham, Alabama 35213-1206, after 8-10-03; and

2. The National Fire Protection Association Life Safety Code 101, Chapter 18, New Health Care Occupancy, as described in Rule 4A-3.012, F.A.C., Standards of the National Fire Protection Association and incorporated by reference in Rule 4A-3.012, F.A.C., dated November 6, 2001, by the Division of State Fire Marshal at the Department of Finance and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 9101, Quincy, Massachusetts, 02269-9101, after 8-10-03.

All new inpatient facilities and units will be made accessible and shall comply with the requirements of the Florida Building Code, Chapter 11, as adopted by the Florida Building Commission and Section 11-6.1(1) of the Florida Building Code and incorporated by reference in subsection 9B-3.047(1), F.A.C., dated December 16, 2001, by the Department of Community Affairs and which is incorporated by reference and obtainable from the Southern Building Code Congress International, Inc., 900 Montclair Road, Birmingham, Alabama 35213-1206, after 8-10-03.

a. In renovations and additions to existing facilities, only that portion of the total facility affected by the project must comply with applicable sections of the codes for new facilities and units, after 8-10-03.

b. Existing portions of the facility that are not included in the renovation or addition but are essential to the functioning of the complete facility, as well as existing areas which receive less than substantial amounts of new work, shall comply with the applicable sections of the codes for existing inpatients facilities and units, after 8-10-03.

(b) All existing inpatient facilities and units licensed by the Agency for Health Care Administration before the date this rule is promulgated, shall be in compliance with National Fire Protection Association Life Safety Code 101, Chapter 19, Existing Health Care Occupancy, and incorporated by reference in Rule 4A-3.012, F.A.C., dated November 6, 2001, by the Department of Community Affairs and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 9101, Quincy, Massachusetts 02269-9101, after 8-10-03.

(3) Construction Requirements. The following shall be provided in each inpatient facility and unit:

(a) The hospice shall be responsible for assuring that the planning and decoration of the facilities, both contractual arrangements and free standing, shall be coordinated to provide a homelike atmosphere. For purposes of this rule, a "homelike atmosphere" means at a minimum, items typically found at home or in a residence that enhance quality of life. The following items are examples of a "homelike atmosphere": window treatments, lamps, guest seating, and wall decorations.

A hospital or nursing home room shall not be required to be in compliance with this section of the rule by the fact of its licensure.

(b) Each patient sleeping room shall have a minimum room area exclusive of toilet room, or permanently attached or built-in closets, lockers or wardrobes, of one hundred (100) square feet (9.29 square meters) per bed for private rooms and eighty (80) square feet (7.70 square meters) per bed for double occupancy rooms.

(c) Each patient sleeping room shall have a window or door with a clear glass light in compliance with Chapter 12 of Section 1203, Light and Ventilation, of the Florida Building Code and incorporated by reference in subsection 9B-3.047(1), F.A.C., dated December 16, 2001, by the Department of Community Affairs and obtainable from the Department of Community Affairs, Building Codes and Standards, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100, (850)487-1824 after 8-10-03. The window or door shall open directly to an atrium or to the outside of the building with a minimum of twenty (20) feet (6.10 meters) in clear and unobstructed vista measured perpendicularly from the window or door.

(d) Each patient sleeping room shall have a wardrobe, locker or closet suitable for hanging clothing of the patient.

(e) Other than a patient sleeping room located in a hospital or nursing home, each patient sleeping room shall have access to a toilet room without having to enter the general corridor area. One toilet room shall serve no more than four beds and no more than two resident rooms. The door shall be side hinged, swing out from the toilet room, and unless otherwise required by this code, be at least 32 inches (81.28 centimeters) wide. The toilet room shall contain a water closet with grab bars on both sides and an emergency nurse call station. The water closet shall be equipped with a bedpan rinsing device.

(f) A hand washing facility shall be provided within each patient toilet room or within each patient bedroom.

(g) A nurses' station, clean workroom and soiled workroom shall be provided. Access to these rooms shall be from a corridor.

(h) A charting space for clinical staff shall be provided at each nurses' station.

(i) A hand washing facility shall be located in or near each nurses' station.

(j) The clean workroom shall be provided with a work counter, hand wash facility, storage facilities and covered waste receptacle.

(k) The soiled workroom shall be provided with a service sink equipped with rinsing device, work counter, a hand washing facility, storage facilities, covered waste receptacle, and covered linen receptacle.

~~(l) A drug distribution system shall be provided with provisions for the locked storage of medications. Nothing in this section shall prohibit the use of the clean workroom for drug distribution.~~

~~(m) A clean linen storage room or closet shall be provided.~~

~~(n) A nourishment station with equipment for preparing or serving nourishments between scheduled meals shall be provided and shall be available for patient, family, volunteers, guests and staff use. Provisions shall be made for the use and storage of small appliances requiring less than 220 volts of service such as coffee makers or toasters.~~

~~(o) A nurse calling system accessible by the patient shall be provided.~~

~~(p) Storage for administrative supplies shall be provided.~~

~~(q) Parking for stretchers and wheelchairs in an area out of the path of normal traffic and of adequate size for the unit shall be provided.~~

~~(r) A janitor's closet with a floor receptor and storage space for housekeeping equipment and supplies shall be provided.~~

~~(s) A multi purpose lounge suitable and furnished for reception, recreation, dining, visitation, group social activities, and worship shall be provided.~~

~~(t) A conference or consultation room for patient and family use shall be provided.~~

~~(u) A washer and dryer for patients' personal use shall be provided.~~

~~(4) Room furnishings for each patient shall include an adjustable frame hospital type bed with side rails, a bedside stand, an over the bed table, an individual reading light easily accessible to the patient, and a comfortable sitting chair.~~

~~(5) Room decor shall be non-institutional in design and function. Patients shall be permitted to bring personal items of furniture or furnishings into their rooms unless medically contraindicated.~~

~~(6) Details:~~

~~(a) Fixtures such as drinking fountains, public telephone, vending machines, and portable equipment shall not be located or stored so as to restrict corridor traffic or reduce the minimum required corridor width.~~

~~(b) Doors to patient tub rooms, showers, and water closets that swing into the room shall be equipped with reversible hardware that will allow the door to swing out in an emergency.~~

~~(c) Doors, except those to closets or spaces not subject to occupancy, shall not swing into the exit access corridors.~~

~~(d) Windows and outer doors, if used for ventilation, shall be equipped with insect screens.~~

~~(e) Thresholds and expansion joint covers shall be made flush with the floor surface.~~

~~(f) Grab bars shall be provided at all patient toilets, showers, and tubs. The bars shall have a clearance of 1-1/2 inches (38.1 millimeters) to the walls and shall be sufficiently anchored to sustain a concentrated applied load of not less than 250 pounds (113.4 kilograms).~~

~~(g) Single paper towel dispensers, soap dispensers and covered waste receptacles shall be provided at all hand washing facilities.~~

~~(h) Staff hand washing facilities shall be fitted with wrist blades and a gooseneck type spout.~~

~~(i) All hand washing facilities shall be securely anchored to withstand an applied vertical load of not less than two hundred and fifty pounds on the front of the fixture.~~

~~(7) Elevators. In new multistory units and facilities an elevator shall be provided in compliance with the requirements of Chapter 30 of the Florida Building Code, as adopted by the Florida Building Commission and incorporated by reference in subsection 9B 3.047(1), F.A.C., dated December 16, 2001, by the Department of Community Affairs and obtainable from the Southern Building Code Congress International, Inc., 900 Montclair Road, Birmingham, Alabama 35213 1206, after 8-10-03. In addition, a hospital type elevator large enough to accommodate a bed and attending staff shall service all patient sleeping rooms and patient treatment areas located above the ground floor. The car shall be at least 5 feet 8 inches (1.73 meters) wide by 9 feet (2.74 meters) deep and the car doors shall have a clear opening of not less than 4 feet (1.22 meters) wide and 7 feet (2.13 meters) high.~~

~~(8) Mechanical System Requirements:~~

~~(a) Air conditioning, heating and ventilating systems:~~

~~1. All patient occupied areas shall be heated or cooled by individual or central units. Heating units shall be designed to provide a minimum of 72 degrees Fahrenheit (22.22 Celsius) ambient indoor temperature and air conditioning units shall be designed to provide a minimum of 78 degrees Fahrenheit (25.55 Celsius) ambient indoor temperature.~~

~~2. All air supply and air exhaust systems shall be mechanically operated. Fans serving exhaust systems shall be located at the discharge end of the system.~~

~~(b) Plumbing and other piping systems. Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing, and hand washing facilities for patients' personal use shall not exceed 110 degrees Fahrenheit (43.3 degrees Celsius).~~

~~(9) Electrical System Requirements:~~

~~(a) Lighting:~~

~~1. All spaces occupied by people, machinery, and equipment within the building, approaches to building, and parking areas shall have electric lighting.~~

~~2. All patients' rooms shall have general lighting and night lighting. General room luminaries shall be switched at the entrance to the patient room.~~

(b) ~~Receptacles. All patient rooms shall have hospital grade duplex grounding type receptacles.~~

(10) ~~Emergency Electrical System:~~

~~(a) A Type 1 essential electrical system shall be provided in all hospice facilities as described in National Fire Protection Association Life Safety Code 99, "Health Care Facilities", and incorporated by reference in Rule 4A-3.012, F.A.C., dated November 6, 2001, by Division of State Fire Marshal at the Department of Finance and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 9101, Quincy, Massachusetts 02269-9101, after 8-10-03. The emergency power for this system shall meet the requirements of a Level 1, type 10, Class 48 generator as described in National Fire Protection Association Life Safety Code 110, "Emergency Standby Power Systems", and incorporated by reference in Rule 4A-3.012, F.A.C., dated November 6, 2001, and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 9101, Quincy, Massachusetts 02269-9101, after 8-10-03.~~

~~(b) In new construction, the normal main service equipment shall be separated from the emergency distribution equipment by locating it in a separate room. Transfer switches shall be considered emergency distribution equipment for this purpose.~~

~~(c) Switches for critical branch lighting shall be completely separate from normal switching. The devices or cover plates shall be of a distinctive color. Critical branch switches are permitted to be adjacent to normal switches. Switches for life safety lighting are not permitted except as required for dusk to dawn automatic control of exterior lighting fixtures.~~

~~(e) A minimum of one elevator per bank serving any patient use floor shall be connected to the equipment branch of the essential electric system and arranged for manual or automatic operation during loss of normal power. Elevator cab lighting, controls, and communication and signal systems shall be connected to the life safety branch. (d) There shall be selected life safety lighting provided at a minimum of 1 footcandle and designed for automatic dusk to dawn operation along the travel paths from the exits to the public way or to safe areas located a minimum of 30 feet (9.14 meters) from the building.~~

~~(f) There shall be a dedicated low fuel alarm for the day tank supplying the emergency generator driver. A manual pump shall also be provided for the day tank. The alarm shall be located at the generator derangement panel.~~

~~(g) Transfer switch contacts shall be of the open type and shall be accessible for inspection and replacement.~~

~~(h) If required by the facility's emergency food plan, there shall be power connected to the equipment branch of the essential electrical system for kitchen refrigerators, freezers~~

~~and range hood exhaust fans. Selected lighting within the kitchen and dry storage areas shall be connected to the critical branch of the essential electrical system.~~

~~Specific Authority 400.605, 400.6051 FS., Chapter 2005-191, Laws of Florida. Law Implemented 400.605(1)(i), 553.73(2) FS., Chapter 2005-191, Laws of Florida. History--New 8-10-03, Amended \_\_\_\_\_.~~

58A-2.026 Comprehensive Emergency Management Plan.

(1) Pursuant to Section 400.610(1)(b), F.S., each hospice shall prepare and maintain a comprehensive emergency management plan, hereinafter referred to as "the plan," in accordance with the "Comprehensive Emergency Management Planning (CEMP) Format Criteria for Hospices," DOEA Form H-001004H, 2007 October 2004, which is incorporated by reference. This document is available ~~from~~ through the Agency for Health Care Administration, Licensed Home Health Programs Unit, 2727 Mahan Drive, Mail Stop 34, Tallahassee, Florida, 32308, or the agency Web site at http://ahca.myflorida.com under "Licensing and Certification", "Hospices", and shall be included as part of the hospice's comprehensive emergency management plan.

(2) The plan shall be submitted electronically for review to the local cCounty hHealth dDepartment in each county that the hospice is licensed to serve. Any method other than electronic submission of the form shall be expressly approved by the local county health department or by the Department of Health pursuant to Section 400.610(1)(b), F.S., in those counties where the Department of Health receives funding for such reviews, pursuant to Section 381.0303(7), F.S.

(a) Upon approval of the plan by the local County Health Department or the Department of Health, in counties where the Department has authority to approve the plan, the hospice shall provide a copy of the plan to the local emergency management agency in each county served by the hospice.

(3) The hospice shall report cChanges in the after-hours emergency telephone number and address of those staff who are coordinating the hospice's emergency response shall be reported by the hospice to the hospice's local emergency management agency and county health department. The telephone numbers must include all numbers where the coordinating staff can be contacted outside the hospice's regular office hours. All hospices must report these changes, whether the plan has been previously reviewed or not, as defined in subsection (2) above.

(4) Upon a change of ownership, the new owner shall submit a new plan identifying any substantive changes, including facility renovations, and changes noted in subsection (3) above. Those hospices, which previously have had the plan reviewed by the local cCounty hHealth dDepartment or by the Department of Health, as defined in subsection (2) above, shall report any substantive changes to the reviewing entity.

(5) The plan shall describe:

(a) Procedures to ensure ~~adequate~~ preparation of hospice patients for potential or imminent emergencies and disasters.

(b) Procedures for annual review of the plan and for the governing body to incorporate making substantive changes to the plan by the governing body.

(6) In the event of an emergency or disaster, the hospice shall implement the hospice's plan in accordance with Section 400.610, F.S.

(7) On admission, each hospice patient and, where applicable, home ~~hospice~~ caregiver shall be informed of the hospice plan and of the special-needs registry maintained by the local emergency management agency, pursuant to Section 252.355, F.S. The hospice shall document in the patient's file if:

(a) ~~If T~~the patient plans to evacuate the ~~patient's~~ home or the hospice facility;

(b) ~~If during the emergency T~~the caregiver can take responsibility for services normally provided by the hospice during the emergency or disaster to the home patient; or

(c) ~~If T~~the hospice needs to arrange for alternative caregiver services for the patient.

(8) Upon imminent threat of an emergency or disaster, the hospice shall confirm each patient's plan during and immediately following an emergency or disaster.

(9) When the hospice is unable to provide services during an emergency or disaster, the hospice shall make all reasonable efforts to inform, where applicable, those facility and home patients whose services will be interrupted during the emergency or disaster, including patients sheltering in place; and shall inform when services are anticipated to be restored.

(10) Each hospice shall contact each ~~the~~ local emergency management agency in counties ~~each county~~ served by that hospice to determine procedures for registration of special-needs registrants as referenced in Section 252.355, F.S.

(11) Upon admission of a patient, ~~e~~Each hospice shall collect ~~upon admission~~ registration information for special-needs registrants who will require continuing care or services during a disaster or emergency, consistent with Section 252.355, F.S. This registration information shall be submitted, when collected, to the local emergency management agency, or on a periodic basis as determined by the local emergency management agency.

(12) The hospice shall educate patients registered with the special-needs registry that services provided by the hospice in special-needs shelters shall meet the requirements of Section 400.610(1)(b), F.S. ~~re an option of last resort and that services may not be equal to those received in the hospice programs.~~

(13) The hospice shall maintain a current list of patients ~~clients~~ who are special-needs registrants, and shall forward this list to the local emergency management agency upon imminent threat of disaster or emergency and in accordance with the local emergency management agency procedures.

(14) Each hospice ~~patient~~ record for patients who are listed in the special-needs registry established pursuant to Section 252.355, F.S., shall include a description of how care or services will be continued in the event of an emergency or disaster pursuant to Section 400.610(1)(b), F.S. The hospice shall discuss the emergency provisions with the patient and the patient's caregiver, including where and how the patient is to evacuate, procedures for notifying the hospice in the event that the patient evacuates to a location other than the shelter identified in the patient record, and advance directives; ~~and the hospice shall make arrangements to make the list of medications, supplies, and equipment available to each patient in the event of an evacuation.~~

(15) The hospice shall maintain for each ~~patient who is a~~ special-needs patient ~~registrant~~ a list of client-specific medications, supplies, and equipment required for continuing care and service, should the patient be evacuated. If the hospice provides services to home patients, the hospice shall make arrangements to make the list of medications, supplies, and equipment available to each special-needs registrant in the event of an evacuation. The hospice shall notify the patient ~~registrant~~ that he/she ~~the registrant~~ is responsible for maintaining a supply of medications in the home. The list ~~of medication~~ shall include the names of all medications, dose, frequency, times, ~~and~~ any other special considerations for administration, any allergies, names of physicians and telephone numbers, and name and telephone number of the patient's pharmacy. If the patient gives consent, the list may also include the patient's diagnosis.

Specific Authority 400.605, 400.610(1)(b) FS. Law Implemented 400.605, 400.610 FS. History--New 8-6-02, Amended \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jim Crochet

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Charles T. Corley, Interim Secretary  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 15, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 22, 2006

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Board of Professional Engineers**

RULE NO.: 61G15-31.010  
RULE TITLE: Design of Aluminum Structures  
PURPOSE AND EFFECT: Purpose and effect is to provide direction concerning engineering standards for the design of aluminum structures.

SUMMARY: Engineering standards for the design of aluminum structures are incorporated into the responsibility rules for engineers.

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: 471.008, 471.033 FS.

LAW IMPLEMENTED: 471.033 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: Paul Martin, Executive Director, Board of Professional Engineers, 2507 Callaway Road, Suite 200, Tallahassee, Florida 32301

THE FULL TEXT OF THE PROPOSED RULE IS:

61G15-31.010 Design of Aluminum Structures.

(1) The engineer of record for the structure is responsible for all structural aspects of the structure's design including the design of the structure's components and connections, and structural engineering documents.

(2) The structural engineering documents shall include:

(a) The project and its location on plan and elevation drawings for a particular site.

(b) Drawings which show all structural components and connection details and/or alternate details.

(c) Material specifications for all structural components and fasteners, including tolerances.

(d) The nature, magnitude, and location of all design loads and the load cases for the structure.

(e) The location and magnitude of the structure's reactions for each load case.

(3) Supporting structural engineering calculations and documents shall include

(a) Material specifications for all structural components and fasteners.

(b) The support conditions assumed in the design.

(c) Calculations showing the maximum stress, allowable stress, and span to deflection ratio for each structural component type, and calculations showing the maximum force and allowable force for each connection type.

Specific Authority 471.008, 471.033 FS. Law Implemented 471.033 FS. History--New \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Professional Engineers

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 6, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 22, 2006

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Florida Real Estate Appraisal Board**

RULE NO.: RULE TITLE:

61J1-2.001 Fees

PURPOSE AND EFFECT: The Florida Real Estate Appraisal Board is revising Rule 61J1-2.001, F.A.C., to eliminate the wall certificate fee.

SUMMARY: Rule 61J1-2.001, F.A.C., is revised to eliminate the wall certificate fee.

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: 475.614 FS.

LAW IMPLEMENTED: 215.34, 215.405, 455.217, 455.2281, 455.271(6)(b), 475.6147, 475.615, 475.618 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: Thomas O'Bryant, Deputy Director, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N801, Orlando, Florida 32801

THE FULL TEXT OF THE PROPOSED RULE IS:

61J1-2.001 Fees.

(1) through (16) No change.

~~(17) Wall Certificate~~ \$10.00

Specific Authority 475.614 FS. Law Implemented 215.34, 215.405, 455.217, 455.2281, 455.271(6)(b), 475.6147, 475.615, 475.618 FS. History--New 10-15-91, Amended 6-7-92, 5-6-93, Formerly 21VV-2.001, Amended 9-22-93, 7-5-94, 5-22-95, 8-20-96, 11-11-97, 10-1-98, 10-29-98, 1-7-99, 11-15-99, 11-10-03, 2-21-06, 9-21-06, 12-4-06, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Florida Real Estate Appraisal Board

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Florida Real Estate Appraisal Board

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 4, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 22, 2006

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Florida Real Estate Appraisal Board**

**RULE NO.:** 61J1-3.001 **RULE TITLE:** Application by Individuals  
**PURPOSE AND EFFECT:** The Florida Real Estate Appraisal Board is revising Rule 61J1-3.001, F.A.C., to eliminate newly adopted language with respect to fingerprinting because of concerns expressed by J.A.P.C. The fingerprint procedure is within the authority of the Department, not the Board.  
**SUMMARY:** Rule 61J1-2.001, F.A.C. is revised to eliminate newly adopted language with respect to fingerprinting because of concerns expressed by J.A.P.C. The fingerprint procedure is within the authority of the Department, not the Board.  
**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:** 475.614 FS.  
**LAW IMPLEMENTED:** 475.613, 475.615, 475.617, 475.624 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:** Thomas O'Bryant, Deputy Director, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N801, Orlando, Florida 32801

**THE FULL TEXT OF THE PROPOSED RULE IS:**

- 61J1-3.001 Application by Individuals.
- (1) An applicant for registration, or certification as an appraiser shall submit an application in such a manner as provided by the Department.
  - ~~(a) Beginning July 1, 2006, every person applying for any real estate appraiser certification or registration must provide fingerprints in electronic format along with his or her application for real estate appraiser certification or registration.~~
  - ~~(b) Every person applying for any real estate appraiser certification or registration must have his or her fingerprints taken electronically by a Department of Business and Professional Regulation approved electronic fingerprint service provider or vendor. The Department of Business and Professional Regulation shall maintain a list of approved electronic fingerprint service providers and vendors.~~
  - ~~(c) The Department of Business and Professional Regulation approved electronic fingerprint service providers and vendors shall be responsible for submitting each~~

~~applicant's electronic fingerprints to the Florida Department of Law Enforcement for purposes of processing the fingerprint card to determine if the applicant has a criminal history record.~~

(2) through (7) No change.

Specific Authority 475.614 FS. Law Implemented 475.613, 475.615, 475.617, 475.624 FS. History—New 10-15-91, Formerly 21VV-3.001, Amended 10-29-98, 1-7-99, 2-21-02, 5-25-04, 1-8-06, 12-4-06, \_\_\_\_\_.

**NAME OF PERSON ORIGINATING PROPOSED RULE:** Florida Real Estate Appraisal Board  
**NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE:** Florida Real Estate Appraisal Board  
**DATE PROPOSED RULE APPROVED BY AGENCY HEAD:** December 4, 2006  
**DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW:** December 22, 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 ENVIRONMENTAL PROTECTION**

**RULE CHAPTER NO.:** 62-730 **RULE CHAPTER TITLE:** Hazardous Waste  
**RULE NOS.:** 62-730.150 **RULE TITLES:** General  
62-730.186 Universal Pharmaceutical Waste  
62-730.900 Forms

**PURPOSE AND EFFECT:** The proposed rule amendments are intended to allow flexibility in the management of hazardous waste pharmaceuticals by regulating such waste as universal waste in Florida, and to clarify standards applicable to handlers of hazardous waste pharmaceuticals. The new rule does not require generators to manage hazardous waste pharmaceuticals as universal waste, and does not require reverse distributors to become handlers of hazardous waste pharmaceuticals. The new rule does not impose any new regulatory requirements. It merely allows a less stringent management option for persons who generate hazardous waste pharmaceuticals and for reverse distributors who choose to accept hazardous waste pharmaceuticals. This proposed rule replaces the version published on September 15, 2006, which is hereby withdrawn.

**SUMMARY:** This rule establishes requirements for handlers of hazardous waste pharmaceuticals. It includes definitions; prohibitions; notification; waste and container management; labeling; accumulation time limits; employee training; response to releases; off-site shipments; record-keeping; and conditions related to handlers who are reverse distributors.



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, 403.061, 403.0611, 403.087, 403.151, 403.704, 403.72, 403.721, 403.7234, 403.8055 FS.

LAW IMPLEMENTED: 120.52, 120.53, 120.54, 120.55, 403.061, 403.0611, 403.0875, 403.091, 403.151, 403.704, 403.72, 403.721, 403.722, 403.7222, 403.7234 FS.

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

DATE AND TIME: February 22, 2007, 9:00 a.m.

PLACE: Douglas Building, Conference Room A, 3900 Commonwealth Boulevard, 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 48 hours before the workshop/meeting by contacting: Nancy Mould at (850)245-2242 or nancy.mould@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). 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 RULES IS: Julie Rainey, Environmental Manager; Hazardous Waste Regulation, Mail Station 4560, Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, (850)245-8713; julie.c.rainey@dep.state.fl.us

THE FULL TEXT OF THE PROPOSED RULES IS:

62-730.150 General.

(1) No change.

(2)(a) All generators (except generators that are conditionally exempt pursuant to 40 CFR 261.5 [as adopted in subsection 62-730.030(1), F.A.C.]), all transporters, and all persons who own or operate a facility which treats, stores, or disposes of hazardous waste, must notify the Department using Form 62-730.900(1)(b), 8700-12FL – Florida Notification of Regulated Waste Activity, effective date January 29, 2006, which is hereby adopted and incorporated by reference, unless they have previously notified. Rule 62-730.900, F.A.C., contains information on obtaining a copy of this form. In addition, transporters are subject to the reporting requirements of Rule 62-730.170, F.A.C.

(2)(b) through (7) No change.

Specific Authority 403.0611, 403.087, 403.704, 403.721, 403.7234, 403.8055 FS. Law Implemented 403.061, 403.0611, 403.091, 403.151, 403.704, 403.721, 403.722, 403.7222, 403.7234 FS. History—New 5-19-82, Amended 1-5-84, 7-5-85, 7-22-85, Formerly 17-30.15, Amended 5-5-86, Formerly 17-30.150, Amended 8-13-90, 10-14-92, 10-7-93, Formerly 17-730.150, Amended 1-5-95, 9-7-95, 10-10-02, 10-1-04, 1-29-06, \_\_\_\_\_.

62-730.186 Universal Pharmaceutical Waste

(1) The requirements of this section apply to:

(a) “Hazardous waste pharmaceuticals” (as defined in paragraph 62-730.186(4)(e), F.A.C.) while they are managed in Florida: and

(b) Large and small quantity handlers of universal pharmaceutical waste as defined in paragraphs 62-730.186(4)(f) and (l), F.A.C., including persons who handle universal pharmaceutical waste on an infrequent or episodic basis, as well as those who handle such waste routinely or periodically.

(2) The requirements of this section do not apply to:

(a) Pharmaceuticals that are not hazardous waste;

(b) Pharmaceuticals that have not been discarded and that are:

1. Returned with a reasonable expectation of credit through the pharmaceutical reverse distribution system to a manufacturer, wholesaler or reverse distributor, in accordance with an agreement or policy of the manufacturer, due to an oversupply, expiration of the recommended shelf life, a manufacturer recall, a shipping error or damage to the exterior packaging;

2. Donated to a charitable organization as described in the Internal Revenue Code and permitted pursuant to the requirements of Chapter 64F-12, F.A.C.; or

3. Sold to persons who resell and do not discard the pharmaceuticals;

(c) Pharmaceuticals that are biomedical waste as defined in Section 403.703, Florida Statutes (F.S.);

(d) Spill residues, cleanup materials, and media that are contaminated with pharmaceuticals as the result of a spill or discharge; and

(e) Raw materials or ingredients used in the manufacture of pharmaceuticals.

(3) Hazardous waste pharmaceuticals are considered to be universal waste in Florida when managed in accordance with this section.) Hazardous waste pharmaceuticals not managed as universal waste in accordance with this section shall be managed in accordance with Chapter 62-730, F.A.C., and shall be disposed of at a permitted hazardous waste treatment, storage or disposal facility.

(4) Definitions. As used in this section:

(a) “Consumer packaging” means the packaging that surrounds or encloses a container, in a form intended or suitable for a healthcare or retail venue, or rejected during the

manufacturing process as long as it is enclosed in its bottle, jar, tube, ampule, or package for final distribution to a healthcare or retail venue.

(b) "Container" means the receptacle, such as a bottle, jar, tube, or ampule, into which a pharmaceutical is placed, packaged for transport and/or transported and intended for distribution or dispensing to an ultimate user, and does not include any element of a pharmaceutical that is intended to be absorbed, inhaled or ingested.

(c) "Distribute" means to deliver a pharmaceutical by means other than by administering or dispensing.

(d) "Distributor" means a person who distributes.

(e) "Hazardous waste pharmaceutical" means a "non-viable" "pharmaceutical" [as defined in paragraphs 62-730.186(4)(i) and 62-730.186(4)(h), F.A.C., respectively] that exhibits a characteristic as described in 40 CFR Part 261, Subpart C or is listed hazardous waste pursuant to 40 CFR Part 261, Subpart D. If the waste formulation includes a commercial chemical product listed in Subpart D as the sole active ingredient, then the entire formulation is considered a hazardous waste pharmaceutical, unless excluded by 40 CFR 261.3(g). A pharmaceutical becomes a waste when it is no longer "viable" (as defined in paragraph 62-730.186(4)(n), F.A.C.); when a decision is made to discard the pharmaceutical; or when the pharmaceutical is abandoned as described in 40 CFR 261.2(b). A pharmaceutical does not meet the definition of a "solid waste" under 40 CFR 261.2 and is considered product as long as it is viable, a decision to discard it has not been made, and it is not abandoned as described in 40 CFR 261.2(b). Pharmaceuticals that are produced by a pharmaceutical manufacturer without reasonable expectation of sale, returned or delivered without a reasonable expectation of credit to a manufacturer, wholesaler, reverse distributor or any type of waste broker, are non-viable and are discarded. Once a decision has been made to discard a viable pharmaceutical, it becomes non-viable. Non-viable pharmaceuticals that are hazardous waste may be handled as universal waste under this rule. 40 CFR Part 261 and all sections thereof as cited in this paragraph have been adopted by reference as state regulations in subsection 62-730.030(1), F.A.C.

(f) "Large quantity handler of universal waste" means a "universal waste handler" [as defined in 40 CFR 273.9 (as adopted in subsection 62-730.185(1), F.A.C.)] that, at any time:

1. Accumulates 5,000 kilograms or more total of universal waste (batteries, pesticides, thermostats, lamps, or pharmaceuticals, calculated collectively), or

2. Accumulates universal pharmaceutical waste consisting of more than one kilogram total of pharmaceuticals listed in 40 CFR 261.33(e) [as adopted in subsection 62-730.030(1), F.A.C.] as acute hazardous waste ("p-listed wastes"). The designation as a large quantity handler of universal waste is

retained through the end of the calendar year in which the universal waste, identified in subparagraphs 1. and 2. of paragraph 62-730.186(4)(f), F.A.C., is accumulated.

(g) "Manufacturer" means a person who prepares, derives, manufactures, or produces a pharmaceutical.

(h) "Pharmaceutical" means a manufactured chemical product that is intended to be inhaled, ingested, injected, or topically applied for use in the diagnosis, cure, mitigation, treatment, therapy, or prevention of disease or injury in humans or other animals.

(i) "Non-viable" means a pharmaceutical that cannot be sold, returned to the manufacturer, wholesaler or reverse distributor with a reasonable expectation of credit, or donated to a charitable organization. Pharmaceuticals that are obviously "waste-like", such as partial intravenous formulations; partial vials used in the preparation of intravenous (IV) formulations; outdated samples; other outdated items repackaged at the pharmacy; partial vials or vials used on the unit and not emptied (such as insulin and epinephrine dispensing devices); partial ointments, creams and lotions; partial inhalants; partial containers that are not empty as defined in 40 CFR 261.7 [as adopted in subsection 62-730.030(1), F.A.C.]; patient's personal medications that have been left at the hospital; filled finished products that are rejected during the manufacturing process, so long as they are in their consumer package (such as bottle, jar, tube, or ampule), do not support a reasonable expectation of credit and therefore are non-viable pharmaceuticals.

(j) "Pharmaceutical reverse distribution system" means the established practice of shipping expired or other unsaleable prescription drugs from pharmacies, medical practitioners, over-the-counter pharmaceutical retailers, and pharmaceutical wholesalers to pharmaceutical reverse distributors and then to manufacturers with the intent of receiving credit. These items may be shipped directly to manufacturers depending on manufacturer return policies.

(k) "Reverse distributor" means a person engaged in the reverse distribution of prescription drugs who:

1. Operates a warehouse licensed by the Department of Health Bureau of Statewide Pharmaceutical Services under Chapter 499, F.S., as a reverse distributor; and

2. Has management systems in place to ensure compliance with applicable requirements of 40 CFR Parts 260 through 273 [as adopted in Rules 62-730.021 and 62-730.183, and subsections 62-730.020(1), 62-730.030(1), 62-730.160(1), 62-730.170(1), 62-730.180(1) & (2), 62-730.181(1), 62-730.185(1), and 62-730.220(1), F.A.C.] and Chapter 62-730, F.A.C.

NOTE: The Federal Drug Enforcement Administration has registration requirements for persons engaged in the reverse distribution of

prescription drugs who handle controlled substances in Schedules II through V promulgated under United States Code, Title 21, Section 812.

(l) "Small quantity handler of universal waste" means a "universal waste handler" [as defined in 40 CFR 273.9 (as adopted in subsection 62-730.185(1), F.A.C.)] that does not:

1. Accumulate 5,000 kilograms or more total of universal waste (batteries, pesticides, thermostats, lamps or pharmaceuticals, calculated collectively); or

2. Accumulate universal pharmaceutical waste consisting of more than one kilogram total of pharmaceuticals listed in 40 CFR 261.33(e) [as adopted in subsection 62-730.030(1), F.A.C.] as acute hazardous waste ("p-listed wastes").

(m) "Universal waste" means any of the following hazardous wastes that are subject to the universal waste requirements of 40 CFR Part 273 [as adopted in subsection 62-730.185(1), F.A.C.], Chapter 62-730, F.A.C., or Chapter 62-737, F.A.C.: batteries as described in 40 CFR 273.2; pesticides as described in 40 CFR 273.3; thermostats as described in 40 CFR 273.4; lamps as described in 40 CFR 273.5; mercury-containing devices as described Chapter 62-737, F.A.C.; and pharmaceuticals as defined in paragraph 62-730.186(4)(e), F.A.C.

(n) "Viable" means a pharmaceutical can be sold, returned to the manufacturer, wholesaler or reverse distributor with a reasonable expectation of credit, or donated to a charitable organization meeting the definition in the Internal Revenue Code and permitted in accordance with Chapter 64F-12, F.A.C.

(o) "Wholesaler" means a person who sells or distributes for resale any pharmaceutical as defined in paragraph 62-730.186(4)(e), F.A.C., to any entity other than the ultimate user.

(5) A large or small quantity handler of universal pharmaceutical waste ("handler") is prohibited from:

(a) Disposing of universal pharmaceutical waste; and

(b) Diluting or treating universal pharmaceutical waste, except when responding to releases as described in subsection 62-730.186(10), F.A.C., or when managing waste as described in subsection 62-730.186(7), F.A.C.

(6) A handler or a transporter of universal pharmaceutical waste shall notify the Department in writing and receive an EPA Identification Number before accumulating universal pharmaceutical waste, or offering such waste for transport, or transporting such waste, and shall use Form 62-730.900(1)(b), 8700-12FL, Florida Notification of Regulated Waste Activity, effective date \_\_\_\_\_ [as adopted by reference in paragraph 62-730.150(2)(b), F.A.C.] to do so. A handler or transporter of hazardous waste that has already notified the Department of its hazardous waste management activities and obtained an EPA Identification Number is not required to renotify under this section.

(7) A handler shall implement proper universal pharmaceutical waste management activities that include the following:

(a) A handler shall contain any universal pharmaceutical waste that shows evidence of leakage, spillage, or damage that could cause leakage under reasonably foreseeable conditions. A handler shall manage universal pharmaceutical waste in a way that prevents releases of any universal pharmaceutical waste or component of a universal pharmaceutical waste to the environment. The universal pharmaceutical waste shall be contained in one or more of the following:

1. A container that remains closed (except when adding or removing waste), is structurally sound, and compatible with the pharmaceutical, and that lacks evidence of leakage, spillage, or damage that could cause leakage under reasonably foreseeable conditions;

2. A container that does not meet the requirements of subparagraph 62-730.186(7)(a)1., F.A.C., provided the unacceptable container is overpacked in a container that does meet the requirements; and

3. A tank that meets the requirements of 40 CFR Part 265 Subpart J [as adopted in subsection 62-730.180(2), F.A.C.], except for 40 CFR 265.197(c), 265.200 and 265.201.

(b) A handler shall clearly label containers and tanks accumulating waste pharmaceuticals with the phrase "universal pharmaceutical waste" or "universal waste pharmaceuticals," and with specific hazardous waste codes applicable to the universal pharmaceutical waste in the container or tank.

(c) A handler may conduct the following activities as long as the innermost container of each individual pharmaceutical remains intact and closed, and marked with the applicable hazardous waste code:

1. Sorting or mixing individual pharmaceuticals in one outer container, as long as the pharmaceuticals are compatible;

2. Disassembling packages containing several pharmaceuticals into individual pharmaceuticals; and

3. Removing pharmaceuticals from consumer packaging.

(d) A handler of universal pharmaceutical waste may generate solid waste as a result of the activities in paragraph 62-730.186(7)(c), F.A.C., of this subsection. A handler of universal pharmaceutical waste that generates solid waste shall determine whether the solid waste is hazardous waste identified in 40 CFR Part 261 Subpart C or D [as adopted in subsection 62-730.030(1), F.A.C.] If the solid waste is a hazardous waste, it shall be managed in compliance with all applicable requirements of Chapter 62-730, F.A.C. The handler is considered the generator of the hazardous waste and is subject to 40 CFR Part 262 [as adopted in subsection 62-730.160(1), F.A.C.] If the solid waste is not hazardous waste, the handler may manage the waste in any way that is in compliance with applicable federal, state and local solid waste regulations.

2. A reverse distributor or wholesaler that makes determinations as to whether pharmaceuticals are viable shall:(e) 1. A reverse distributor or wholesaler who meets the definition of "universal waste handler" in 40 CFR 273.9 [as adopted in subsection 62-730.185(1), F.A.C.] shall meet the requirements for "handlers" in subsections 62-730.186(6) through (12), F.A.C., of this section.

a. Begin the process of distinguishing viable pharmaceuticals from universal pharmaceutical waste or hazardous waste within 14 days of receipt of a complete shipment of returns from a handler, and in no event more than 21 days from the receipt of the first installment of a partial shipment;

b. Complete the universal pharmaceutical waste or hazardous waste identification process within 21 days of receipt of the complete shipment, and in no event more than 30 days from receipt of the first installment of a partial shipment; and

c. Keep a record of each shipment of returns by any method that clearly demonstrates the date on which the shipment was received and the date on which the reverse distributor or wholesaler determined the universal pharmaceutical waste or hazardous waste status of all items in the shipment.

(8) The following are accumulation time limits and verification practices for handlers of universal pharmaceutical waste:

(a) A small quantity handler of universal waste may accumulate universal pharmaceutical waste for no longer than one year from the date the universal pharmaceutical waste were generated, unless the requirements of paragraph 62-730.186(8)(c), F.A.C., are met.

(b) A large quantity handler of universal waste may accumulate universal pharmaceutical waste for no longer than 6 months from the date the universal pharmaceutical wastes are generated, unless the requirements of paragraph 62-730.186(8)(c), F.A.C., are met.

(c) A handler may accumulate universal pharmaceutical waste for a longer period of time than specified in paragraphs 62-730.186(8)(a) and (b), F.A.C., if such activity is solely for the purpose of accumulation of such quantities of universal pharmaceutical waste as are necessary to facilitate proper recovery, treatment or disposal. However, the handler bears the burden of proving that the extended accumulation time is solely for these purposes.

(d) A handler shall be able to demonstrate the accumulation time for the universal pharmaceutical waste. The handler may make this demonstration by:

1. Placing the universal pharmaceutical waste in a container and marking or labeling the container with the earliest date that any universal pharmaceutical waste in the container became a waste;

2. Marking or labeling each individual item of universal pharmaceutical waste (e.g., each individual pharmaceutical container or package) with the date it became a waste;

3. Maintaining an inventory system on-site that identifies the date each universal pharmaceutical waste became a waste;

4. Maintaining an inventory system on-site that identifies the earliest date that any universal pharmaceutical waste in a group of universal pharmaceutical wastes, or a group of containers of universal pharmaceutical wastes, became waste; or

5. Using any other method which clearly demonstrates the length of time the universal pharmaceutical wastes have been accumulating from the date they became a waste.

(9) A handler shall ensure that all employees handling or managing universal pharmaceutical waste successfully complete a program of classroom instruction or on-the-job training.

(a) The training shall ensure that all employees are thoroughly familiar with proper waste management procedures relevant to their responsibilities during normal facility operations and emergencies. The training shall include response to releases as required by subsection 62-730.186(10), F.A.C.

(b) Employees working at a handler's facility on [effective date] shall successfully complete the training program required in paragraph 62-730.186(9)(a), F.A.C., within three months after the effective date. Employees hired or assigned after [effective date] shall successfully complete the training program within three months after the date of their employment at or assignment to the handler's facility. These employees shall not manage universal pharmaceutical waste unsupervised until they have completed the training requirements.

(c) Employees shall take part in an annual review of the initial training required in paragraph 62-730.186(9)(a), F.A.C., and the handler shall ensure that the annual review is available to the employees.

(d) A handler shall document the training given to each employee. The documents shall include the employee's name, signature, date of hire or assignment, date of training, and type of training. The training documents shall be kept at the handler's place of business for at least three years.

(10) A handler shall immediately contain all releases of universal pharmaceutical waste (including spills that occur indoors). A handler shall determine whether any material resulting from a release is hazardous waste. A handler shall manage any such hazardous waste in compliance with the requirements of 40 CFR Parts 260 through 272 [as adopted in Rules 62-730.021, and 62-730.183, and subsections 62-730.020(1), 62-730.030(1), 62-730.160(1), 62-730.170(1), 62-730.180(1) & (2), 62-730.181(1), and 62-730.220(1), F.A.C.] The handler is considered the generator of the material resulting from the release and shall manage the material in

compliance with 40 CFR Part 262 [as adopted in subsection 62-730.160(1), F.A.C.] Material resulting from the release of universal pharmaceutical waste may not be managed as universal pharmaceutical waste.

(11) Off-site shipments of universal pharmaceutical waste shall meet the following requirements:

(a) A handler is prohibited from sending or taking universal pharmaceutical waste to a place other than to a handler or a reverse distributor who has notified the department pursuant to subsection 62-730.186(6), F.A.C.; a destination facility as defined in 40 CFR 273.9 [as adopted in subsection 62-730.185(1), F.A.C.]; or a foreign destination in accordance with the requirements of paragraph 62-730.186(11)(j), F.A.C.

(b) A reverse distributor is prohibited from taking or sending universal pharmaceutical waste to a place other than a destination facility that is permitted pursuant to 40 CFR Parts 264 [as adopted in subsection 62-730.180(1), F.A.C.] and 270 [as adopted in subsection 62-730.220(1), F.A.C.] for treatment, storage or disposal of hazardous waste, or a foreign destination in accordance with the requirements of paragraph 62-730.186(11)(j), F.A.C.

(c) If a handler self-transport universal pharmaceutical waste off-site, the handler becomes a universal waste transporter for those self-transportation activities and shall comply with the transporter requirements of 40 CFR Part 273 Subpart D [as adopted in subsection 62-730.185(1), F.A.C.] while transporting the universal pharmaceutical waste.

(d) A person who transports, at any one time, more than 5000 kilograms of universal pharmaceutical waste or more than one kilogram of p-listed universal pharmaceutical waste shall comply with the financial responsibility requirements of subsection 62-730.170(2), F.A.C.

(e) A handler that intends to transport a universal pharmaceutical waste that meets the definition of hazardous materials in 49 CFR Parts 171 through 180 is advised of its duty to comply with the applicable Department of Transportation regulations in 49 CFR Parts 172 through 180. These regulations address packaging, labeling, marking and placarding the shipment, and preparing proper shipping papers. Handlers are further advised to consult 49 CFR 172.101 for a list of hazardous materials and a table summarizing shipping requirements.

(f) A handler that transports a universal pharmaceutical waste to a reverse distributor or another handler must provide the reverse distributor with written information sufficient to allow the reverse distributor or other handler to make knowledgeable decisions about the safe handling and proper disposal of the universal pharmaceutical waste.

(g) Prior to sending a shipment of universal pharmaceutical waste to a destination facility, the originating handler shall ensure that the destination facility agrees in

writing to receive the shipment. One agreement to accept universal waste from a handler can cover more than one shipment.

(h) If a handler sends a shipment of universal pharmaceutical waste to a destination facility and the shipment is rejected by the destination facility, the originating handler shall either:

1. Receive the waste back when notified that the shipment has been rejected; or

2. Agree with the destination facility on a alternate destination facility to which the shipment will be sent.

(i) If a destination facility receives a shipment containing hazardous waste that is labeled universal pharmaceutical waste but is not in fact universal pharmaceutical waste, the destination facility shall immediately notify the Department of the mislabeled shipment and provide the name, address, and telephone number of the originating handler. The destination facility shall handle the hazardous waste in accordance with the requirements of Chapter 62-730, F.A.C.

(j) If a destination facility receives a shipment of non-hazardous, non-universal waste pharmaceuticals, the destination facility may manage the waste pharmaceuticals in any way that is in compliance with applicable federal, state and local solid waste regulations.

(k)1. A handler who sends universal pharmaceutical waste to a foreign destination which is one of the following designated member countries of the Organization for Economic Cooperation and Development (OECD): Australia, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Luxembourg, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, Turkey, and United Kingdom, is subject to the requirements of 40 CFR Part 262 Subpart H [as adopted in subsection 62-730.160(1), F.A.C.]

2. A handler who sends universal pharmaceutical waste to a foreign destination other than those listed in subparagraph 62-730.186(11)(j)1., F.A.C., must:

a. Comply with the requirements applicable to a primary exporter in 40 CFR 262.53, 262.56(a)(1) through (4), (6), and (b), and 262.57 [as adopted in subsection 62-730.160(1), F.A.C.];

b. Export such universal pharmaceutical waste only upon consent of the receiving country and in conformance with the EPA Acknowledgement of Consent as defined in 40 CFR 262.51 [as adopted in subsection 62-730.160(1), F.A.C.]; and

c. Provide a copy of the EPA Acknowledgement of Consent for the shipment to the transporter who transports the shipment for export.

(l) This section applies to hazardous waste pharmaceuticals only while they are managed in Florida. Handlers are advised to meet the regulatory requirements of the receiving state when hazardous waste pharmaceuticals are shipped out of state.

(12) A handler shall keep a record of each shipment of universal pharmaceutical waste sent to another handler, a reverse distributor, destination facility, or foreign destination. The record shall consist of a written receipt, manifest, bill of lading or other written documentation. A handler shall retain the records at its place of business for at least three years from the date of shipment. The record for each shipment of universal pharmaceutical waste shall include the following information:

(a) The name and address of the handler, reverse distributor, destination facility or foreign destination to which the universal pharmaceutical wastes were sent;

(b) The quantity of universal pharmaceutical waste sent; and

(c) The date the shipment of universal pharmaceutical waste left the handler's facility.

(13) This section constitutes state authorization for reverse distributors and wholesalers to manage hazardous pharmaceutical waste from conditionally exempt hazardous waste generators (CESQGs) and authorization for CESQGs to ensure delivery of their hazardous waste pharmaceuticals to a reverse distributor or wholesaler, pursuant to 40 CFR 261.5(f)(3)(iii) and 40 CFR 261.5(g)(3)(iii) [as adopted in subsection 62-730.030(1), F.A.C.] Wholesalers are authorized by this section to manage hazardous pharmaceutical waste only from the CESQGs to whom they distributed the pharmaceutical(s) which became waste.

Specific Authority 403.061, 403.151, 403.704, 403.72, 403.721 FS. Law Implemented 120.52, 120.54, 403.061, 403.151, 403.704, 403.72, 403.721 FS. History—New \_\_\_\_\_.

62-730.900 Forms.

(1)(a) No change.

(b) 8700-12FL – Florida Notification of Regulated Waste Activity, \_\_\_\_\_ January 29, 2006. [Form number 62-730.900(1)(b)]

(2) through (8) No change.

Specific Authority 120.53, 403.061, 403.0611 FS. Law Implemented 120.52, 120.53, 120.55, 403.0611, 403.0875, 403.7234 FS. History—New 11-30-82, Amended 4-1-83, 5-5-83, 8-21-83, 3-1-84, 5-31-84, 9-17-84, 10-29-84, 2-11-85, Formerly 17-1.207(1), (3)-(6), Amended 2-6-86, 4-8-86, 9-23-87, Formerly 17-30.401, Amended 6-28-88, 12-12-88, Formerly 17-30.900, Amended 7-3-89, 8-13-90, 9-10-91, 10-14-92, 10-7-93, Formerly 17-730.900, Amended 1-5-95, 10-10-02, 1-29-06, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Tim Bahr, Environmental Administrator, Hazardous Waste Regulation, Department of Environmental Protection

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Mary Jean Yon, Director, Division of Waste Management, Department of Environmental Protection

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 8, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 2, 2003

**DEPARTMENT OF JUVENILE JUSTICE**

**Residential Services**

<b>RULE NOS.:</b>	<b>RULE TITLES:</b>
63E-4.001	Purpose and Scope
63E-4.002	Definitions
63E-4.003	Administration
63E-4.004	Sanitation
63E-4.005	Safety and Security
63E-4.006	Disaster Planning
63E-4.007	Behavior Management
63E-4.008	Case Management
63E-4.009	Intake
63E-4.010	Orientation
63E-4.011	Youth Services
63E-4.012	Construction
63E-4.013	Program Monitoring and Evaluation
63E-4.014	Research Projects

**PURPOSE AND EFFECT:** The rule establishes the standards and requirements for the implementation, operation and administration of the Intensive Residential Treatment (IRT) program for youth less than 13 years of age.

**SUMMARY:** Standards are provided for facility construction, safety and security, sanitation, and disaster planning. The procedures for youth intake and orientation are established, and standards are described to govern youth services, case management, research projects and behavior management. Program administration, including monitoring and evaluation are also addressed.

**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.

**LAW IMPLEMENTED:** 985.483 F.S.

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

**DATE AND TIME:** Tuesday, February 13, 2007, 10:00 a.m.

**PLACE:** DJJ Headquarters, Knight Building, Suite 312, 2737 Centerview Drive, Tallahassee, Florida

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS:** Michael Moore, 2737 Centerview Dr., Ste. 200, Tallahassee, FL 32399-3100, e-mail: michael.moore@djj.state.fl.us

**THE FULL TEXT OF THE PROPOSED RULES IS:**

63E-4.001 Purpose and Scope.

This rule establishes the standards and requirements for the department's administration, operation and implementation of the Intensive Residential Treatment (IRT) program for youth less than 13 years of age.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483 FS. History--New

63E-4.002 Definitions.

For the purpose of this rule the following words shall have the meanings indicated.

(1) Admission – The admitting of a youth, committed by the court, into a specific residential commitment facility.

(2) Assessment – An evaluation of the youth to determine treatment needs. The assessment process is a gender-specific, comprehensive assessment of a youth that is based on the systematic review of all existing information and updated information secured through interviews and assessment tools. The assessment process identifies risk factors and protective factors, including the youth's strengths, and culminates in prioritization of the youth's criminogenic needs.

(3) Balanced and Restorative Justice (BARJ) – A blueprint for putting the restorative justice philosophy into practice that involves active participation of victims, the community, and youthful offenders. The BARJ approach focuses on accountability to victims and the community, competency development, and community safety.

(4) Behavior Management System – An organized system designed to promote positive behavior through the giving or taking of rewards or privileges based on youth behavior.

(5) Case Management – The processes and procedures utilized in a residential commitment program to ensure a youth's treatment, social, habilitative, and educational/vocational needs are implemented, evaluated, reported, and documented.

(6) Central Placement Authority – The headquarters unit responsible for coordinating, managing, and supervising the commitment placement process on a statewide basis.

(7) Commitment Manager – A department employee responsible for coordinating the placement of youth in residential commitment programs with the Central Placement Authority and the residential programs.

(8) Commitment/Transfer Packet – A compilation of legal, medical, and social history documents provided to a residential commitment program for each committed youth.

(9) Continuity of Operations Plan (COOP) – A plan that provides for the continuity of mission-essential functions of an organization in the event an emergency prevents occupancy of its primary physical plant or location.

(10) Contracted Provider – An entity contractually providing juvenile services to the department.

(11) Designated Health Authority – A Florida licensed physician (Medical Doctor or Doctor of Osteopathy) who, by agreement, employment, contract or other arrangement, provides and/or supervises the provision of health care within a detention center or residential program.

(12) Designated Mental Health Authority – A specified licensed mental health professional who, by agreement, employment, contract or other arrangement, provides and/or supervises the provision of mental health care within a detention center or residential program.

(13) Direct-Care Staff – Employees whose primary job responsibility is to provide care, custody, and control of youth committed to the facility. This definition includes those who directly supervise staff responsible for the daily care, custody, and control of youth.

(14) Evidence-based Treatment and Practices – Treatment and practices which have been independently evaluated using sound methodology, including, but not limited to, random assignment, use of control groups, valid and reliable measures, low attrition and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects of adequate effect size and duration. In addition, there must be evidence that replication by different implementation teams at different sites is possible with similar positive outcomes. Behavior management within the IRT facility shall be based on specific techniques that have been found to be effective with offenders younger than 13 years of age, and take into account their level of cognitive ability, emotional maturity, and other personal characteristics.

(15) Facility Entry Screening – The gathering of preliminary information used in determining a youth's need for further evaluation, assessment, or for referral for substance abuse, mental health, or other services through means such as psychosocial interviews, urine and breathalyzer screenings and reviews of available educational, delinquency, and dependency records of the youth.

(16) Grievance Procedure – A procedure for addressing youth grievances in residential programs.

(17) High-risk Restrictiveness Level – This is one of five statutorily authorized restrictiveness levels utilized by the courts for commitment of youth to the department. Youth assessed and classified for this level of placement require close supervision in a structured residential setting that provides 24-hour-per-day secure custody, care and supervision. Placement in programs at this level is prompted by a concern for public safety that outweighs placement in programs at lower restrictiveness levels. Programs or program models at this level are staff or physically secure residential commitment facilities.

(18) Institutional Review Board (IRB) – The department’s management group responsible for overseeing, reviewing, and approving access to departmental records and youth in the department’s care, custody, and supervision for the purpose of research.

(19) Juvenile Probation Officer (JPO) – The officer responsible for the direct supervision of a youth in the community or on post-commitment probation or conditional release.

(20) Licensed Mental Health Professional – A psychiatrist licensed pursuant to Chapter 458 or 459, F.S., a psychologist licensed pursuant to Chapter 490, F.S., a mental health counselor, marriage and family therapist, or clinical social worker licensed pursuant to Chapter 491, F.S., or a psychiatric nurse as defined in Section 394.455(23), F.S.

(21) Orientation – The process that occurs within 24 hours of the youth’s admission whereby facility staff inform the youth of the rules, expectations, services, goals of the residential program, and the means to access the Abuse Registry and Advocacy Center for Persons with Disabilities.

(22) Performance Plan – An individualized plan developed by the treatment team and youth that stipulate measurable goals the youth must achieve prior to release from the program. Performance plan goals are based on the prioritized needs identified during assessment of the youth and may be updated as appropriate. The plan identifies the youth’s and staff’s responsibilities and the timelines associated with completion of each goal. The performance plan also serves as the basis for the youth’s post-residential services plan since it includes the transition goals and activities identified at the transition conference conducted at least 60 days prior to the youth’s anticipated release.

(23) Performance Summary – A written document used to inform the youth, committing court, youth’s Juvenile Probation Officer, parent or guardian, and other pertinent parties of the youth’s performance in the program, including status of and progress toward performance plan goals, academic status, behavior and adjustment to the program, significant incidents (positive and negative), and justification for a request for release, discharge or transfer, if applicable.

(24) Physically Secure – The use of hardware security devices, such as fencing and locks, to ensure that all entrances and exits of the program are under the exclusive control of program staff, preventing youth from leaving the program without permission.

(25) Program – A contracted or state-operated non-residential environment providing supervision of youth who have been identified to receive services within the community. This includes, but is not exclusively limited to, non-secure detention, home detention, Intensive Delinquency Diversion Services (IDDS) programs, conditional release programs, screening and intake units, and day treatment programs.

(26) Program Director – The on-site administrator of a residential commitment program for juvenile offenders, whether state or privately operated; who is accountable for the on-site operation of the program.

(27) Protective Action Response (PAR) – The department-approved verbal and physical intervention techniques and the application of mechanical restraints used in accordance with Chapter 63H-1, F.A.C.

(28) Protective Action Response Certification – Certification awarded to an employee who has successfully completed PAR training as described in this rule. Only employees who are PAR certified are authorized to use PAR.

(29) Qualified Researcher – Any person who has a Masters or Doctoral level proficiency in conducting research projects or designs and who has been approved through the department’s Institutional Review Board (IRB) proposal process to conduct a research project with youth in the care, custody and supervision of the department.

(30) Safety and Security Coordinator – The person responsible for the oversight of the facility’s safety and security program which includes, but is not limited to: facility security, fire safety and awareness, disaster preparedness, and the oversight of equipment and tool management within the facility.

(31) Sick Call Care – The health care delivery system component intended to provide care in response to episodic complaints of illness or injury of a non-emergency nature.

(32) Temporary Release – Any court-approved period of time during which an eligible youth is allowed to leave a residential program without the direct supervision of program staff or properly screened and trained interns or volunteers. The purpose of temporary release activities is to provide youth with opportunities to develop skill competencies and prepare for transition upon release or discharge from the program. Examples of temporary release include, but are not limited to, home visits and community employment.

(33) Transfer – The movement of a youth from one residential program to another, at the same restrictiveness level, a lower restrictiveness level, or a higher restrictiveness level.

(34) Transition Conference – A conference conducted at least 60 days prior to a youth’s anticipated release at which the youth, residential staff, the youth’s JPO and/or post-residential service provider, the youth’s parent(s) or guardian(s), and other pertinent parties establish transition activities, responsibilities, and timelines necessary for the youth’s successful release and reintegration into the community.

(35) Transition Planning – The process of establishing transition activities to facilitate a youth’s successful release and reintegration into the community.

(36) Treatment Team – A multidisciplinary team consisting of representatives from the program’s administrative, educational, vocational, residential, medical,



mental health, substance abuse, and counseling components which assesses each youth to identify needs and risk factors, develop rehabilitative treatment goals, ensure service delivery, and assess and report the youth's progress. The youth is a member of the treatment team.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483 FS. History--New \_\_\_\_\_.

#### 63E-4.003 Administration.

An IRT program for youth less than 13 years of age shall include the following:

(1) A treatment modality for youth less than 13 years of age that includes evidence-based treatment and practices of changing negative or inappropriate behavior and promotes positive pro-social behavior;

(2) An on-site administrator who is accountable for the daily operation of the program. This administrator is ultimately responsible for ongoing program planning and evaluation to ensure the integrity, safety, security, and effective operation of the program;

(3) A facility management team established by the on-site administrator that will meet at least monthly to discuss the ongoing operational issues of the program, strategize resolution of problems and ensure contract compliance;

(4) A Program Director who is responsible for ensuring that the daily operations of the program are conducted in a manner that provides a positive quality of life for the youth. Each program is responsible for providing, at a minimum, the following:

- (a) Shelter;
- (b) Security and safety;
- (c) Clothing;
- (d) Food;
- (e) Process to address youth grievances;
- (f) Access to the Abuse Hotline;
- (g) Healthcare;
- (h) Mental health and substance abuse services;
- (j) Educational and prevocational/vocational services;
- (k) Opportunities for recreation and large muscle exercise;
- (l) Opportunity for expression of religious beliefs;
- (m) Visitation;
- (n) Access to incoming mail and opportunities to send outgoing mail; and

(o) Telephone access.

(5) Pre-employment screened employees (Level 2) pursuant to Chapter 435 and Section 985.644(5), F.S.;

(6) Orientation training in accordance with job responsibilities within the first 15 days of employment. This training, at a minimum shall include:

(a) The department's mission and how the program fits and interacts within the overall continuum of care;

(b) The program's mission, philosophy and treatment approach;

(c) The program rules and the behavior management system;

(d) Personnel policies;

(e) Job responsibilities;

(f) Confidentiality (Section 985.04, F.S.);

(g) Introduction to safety and security issues;

(h) Child abuse reporting (as defined in Chapters 39 and 827, F.S.);

(j) Incident reporting; and

(k) Professional ethics issues and employee standards of conduct, including disciplinary and legal consequences for noncompliance with departmental or facility rules.

(7) Direct-care employees who are certified in Protective Action Response (PAR) within 90 days of hire. Staff who are not PAR certified may provide direct-care supervision of youth only if directly supervised by a PAR certified staff as set forth in Chapter 63H-1, F.A.C.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483 FS. History--New \_\_\_\_\_.

#### 63E-4.004 Sanitation.

(1) The IRT facility is responsible for ensuring the physical plant and its grounds are maintained in a safe and sanitary manner in compliance with Florida Administrative Code (F.A.C.) provisions in the following areas:

(a) Water supply: Rule 64E-12.003, F.A.C. (8-7-96).

(b) Food Service: Chapter 64E-11, F.A.C.:

1. General: Rule 64E-11.001, F.A.C. (8-28-96).

2. Definitions: Rule 64E-11.002, F.A.C. (7-14-03).

3. Food Supplies: Rule 64E-11.003, F.A.C. (7-14-03).

4. Food Protection: Rule 64E-11.004, F.A.C. (7-14-03).

5. Personnel: Rule 64E-11.005, F.A.C. (7-14-03).

6. Food Equipment and Utensils: Rule 64E-11.006, F.A.C. (7-14-03).

7. Sanitary Facilities and Control: Rule 64E-11.007, F.A.C. (7-14-03).

8. Other Facilities and Operations: Rule 64E-11.008, F.A.C. (3-15-98).

9. Temporary Food Service Events: Rule 64E-11.009, F.A.C. (3-15-98).

10. Procedure When Infection Is Suspected: Rule 64E-11.011, F.A.C. (2-21-91).

11. Manager Certification: Rule 64E-11.012, F.A.C. (7-14-03).

12. Certificates and Fees: Rule 64E-11.013, F.A.C. (7-14-03).

(c) Housing: Rule 64E-12.005, F.A.C. (8-7-96).

(d) Insect and Rodent Control: Rule 64E-12.006, F.A.C. (8-7-96).

(e) Laundry: Rule 64E-12.008, F.A.C. (6-18-87).

(f) Poisonous or Toxic Substances: Rule 64E-12.009, F.A.C. (6-18-87).

(g) Garbage and Rubbish: Rule 64E-12.010, F.A.C. (8-7-96).

(h) Recreational Areas: Rule 64E-12.011, F.A.C. (8-7-96).

(2) The superintendent or designee shall conduct a weekly sanitation inspection and document findings.

(3) Biohazardous waste shall be disposed of in accordance with Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030. Youth shall not be allowed to clean, handle, or dispose of any other person's biohazardous material, bodily fluids or human waste.

(4) All facilities shall be inspected annually by the appropriate persons in reference to state health, sanitation and food service standards.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483 FS. History--New \_\_\_\_\_.

#### 63E-4.005 Safety and Security.

(1) The Program Director of an IRT program shall designate a Safety and Security Coordinator to oversee the facility's safety and security program and systems. The coordinator's duties and responsibilities shall include, at a minimum, the following:

(a) Ensuring that the facility has operating procedures addressing safety and security;

(b) Ensuring that the physical plant, grounds and perimeter are maintained so that the environment is safe and secure for youth, staff, visitors and the community;

(c) Conducting the program's internal security audit on a monthly basis per the facility operating procedure and overseeing follow-up corrective action as needed;

(d) Conducting internal safety inspections on a monthly basis per the facility operating procedure and overseeing follow-up corrective action as needed;

(e) Working with the Program Director and other program staff to develop corrective actions warranted as a result of safety and security deficiencies found during any reviews, audits, or inspections, and overseeing implementation of actions that ensure the deficiencies are corrected and appropriate systems are in place to maintain compliance;

(f) Serving as, or working cooperatively with, the program's Disaster Coordinator and Continuity of Operations Plan (COOP) Coordinator in planning for, practicing and, if necessary, mobilizing the program's Disaster Plan and/or COOP, and

(g) Ensuring that staff are sufficiently trained on any safety and security procedures and appropriate use of security features and equipment commensurate with their job duties.

(2) Physical security features for an IRT program shall meet the requirements the department has established for programs designated as high-risk. The required physical security features include a security fence of at least 12 feet in height with an inside overhang or razor wire; electronic door locks with manual override on entry, exit, and passage doors; a closed circuit videotaped television surveillance system with inside and outside cameras; a sally port with intercom; an electric or manual secure pedestrian gate with intercom capability; secure windows that are break-resistant or screened glass; sleeping room doors that open outward; exterior security lighting; electronic search equipment; and radio or cell phone communication devices for staff.

(3) Direct-care staffing for an IRT program shall be based on the high-risk level of the resident population. At a minimum, the staff to youth ratio is 1 staff to 9 youth during the awake shifts, 1: 12 during the sleep shift and 1:5 for off campus activities.

(4) The program shall institute a tool management system to prevent youth from using equipment and tools as weapons or a means of escape. Tool management shall address, at a minimum:

(a) Inventorying tools and procedures addressing missing tools;

(b) Storing tools;

(c) Training youth to use tools appropriately and safely;

(d) Issuing tools to youth and staff;

(e) Training staff on procedures and on appropriate and safe tool usage;

(f) Replacing and disposing of dysfunctional tools (in disrepair or unsafe condition); and

(g) Assessing youth to determine whether they may participate in vocational training, work projects, public service, or disciplinary work activities that involve the use of tools.

(5) The program shall maintain strict control of flammable, poisonous, and toxic items. At a minimum, the program shall:

(a) Maintain a complete inventory of all such items used in the facility.

(b) Maintain a current list of personnel identified by position, title or function, who are authorized to handle these items.

(c) Not allow youth to handle these items and restrict their access to areas where these items are being used.

(d) Dispose of hazardous items and toxic substances or chemicals in accordance with OSHA standards.

(e) Maintain Material Safety Data Sheets (MSDS) on site as required by OSHA.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483 FS. History--New \_\_\_\_\_.

63E-4.006 Disaster Planning.

(1) The Program Director shall oversee the development of a Disaster Plan and Continuity of Operations Plan (COOP) or one comprehensive plan that incorporates both. The intent is for each program to have a planned and comprehensive approach to effectively manage emergencies and disaster events, including those that require the program to re-locate its youth and staff while maintaining operations, safety, and security. The program's Disaster Plan shall:

(a) Address, but not be limited to, fire and fire prevention/evacuation, severe weather, disturbances or riots, bomb threats, taking of hostages, chemical spills, flooding, or terrorist threats or acts;

(b) Be conspicuously posted in the facility and readily available to staff members, youth, and visitors, and shall be disseminated to appropriate local authorities. If the plan is too voluminous to post, the program shall post a notice that identifies the various locations within the facility where staff can easily access the plan;

(c) Identify the key facility personnel and define their specific responsibilities during emergency or disaster situations;

(d) Specify the equipment and supplies required to maintain the continuous operation of services during an emergency or disaster, plans to ensure the provision of such, and directions as to their location within the facility for provisions that can be kept on-site. Equipment and supplies may include, but are not limited to, food, medicine, first aid supplies, vehicles, generators, clothing, cell phones, alternative housing plans, flashlights, batteries, fire safety equipment, computers (laptops), information on computer disks that ensures care, custody and control of youths and assists in the continuous and uninterrupted delivery of departmental services and ensures public safety;

(e) Indicate essential or key personnel (designated by the Program Director) who, due to their position and/or training, are responsible during an emergency or disaster for ensuring that the program remains operational and responsive to the needs of the youth, as well as continued to ensure the safety of youth, staff, and the public;

(f) Be compatible with or combined with the program's COOP;

(g) Be compatible with the department Residential Region's Disaster Plan and its COOP.

(2) The program shall have a COOP that provides for the continuity of care and custody of its youth and the protection of the public in the event of an emergency that prevents occupancy of the program's primary facility/building(s). The program's COOP shall be:

(a) Compatible with or incorporated into program's Disaster Plan;

(b) Compatible with the department Residential Region's COOP;

(c) Readily available to staff;

(d) Reviewed and updated annually;

(e) Submitted to the appropriate Regional Residential Directors upon their request and per their instructions; and

(f) Approved by the Division of Emergency Management, a division of the Department of Community Affairs having oversight of the development of comprehensive COOP for state agencies.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483 FS. History--New \_\_\_\_\_.

63E-4.007 Behavior Management.

(1) Consistent with its philosophy and treatment approach, the IRT program shall establish a behavior management system that is responsive to the unique characteristics of the program's young population. The program's behavior management system shall foster accountability for behavior and compliance with the residential community's rules and expectations.

(2) The Behavior Management System shall be designed to:

(a) Maintain order and security;

(b) Promote safety, respect, fairness, and protection of rights within the residential community;

(c) Provide constructive discipline and a system of positive and negative consequences to encourage youth to meet expectations for behavior;

(d) Provide opportunities for positive reinforcement and recognition for accomplishments and positive behaviors;

(e) Promote pro-social means for youth to meet their needs;

(f) Promote constructive dialogue and peaceful conflict resolution;

(g) Minimize separation of youth from the general population; and

(h) Complement the performance planning process.

(3) The program's behavior management system shall not:

(a) Be used solely to increase a youth's length of stay;

(b) Be used to deny a youth's basic rights;

(c) Promote the use of group discipline; or

(d) Allow youth to sanction other youth.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483 (9)-(10) FS. History--New \_\_\_\_\_.

63E-4.008 Case Management.

(1) The treatment team shall assess each youth; develop appropriate performance plan and transition plan goals, and conduct treatment team meetings to review each youth's progress in the context of the Balanced and Restorative Justice (BARJ) approach. Residential case management shall address the three BARJ components:

(a) Accountability;

(b) Competency Development; and

(c) Community Safety.

(2) Admission to the IRT program shall occur Monday through Friday between 8 A.M. and 5 P.M. unless otherwise specified in the contract. Youth admitted to the IRT shall have their commitment packets reviewed to ensure all required documents are intact prior to youth orientation. Missing documents shall be obtained from the youth's Juvenile Probation Officer. The core documents required are:

(a) DJJ expanded facesheet;

(b) Current commitment order;

(c) Pre-disposition report;

(d) Commitment conference summary; and

(e) Individual healthcare record, if it exists from a prior commitment or placement in detention. The following documents shall be included in the individual healthcare record, or in the commitment/transfer packet if the individual healthcare record has not been created:

1. The current original Authority for Evaluation and Treatment;

2. Comprehensive physical assessment;

3. Immunization records; and

4. Tuberculosis skin test (Mantoux) results, unless contraindicated.

(3) Staff shall be notified through verbal communication and written documentation in the logbook when a new admission is scheduled to arrive. Internal notification shall include the youth's name, date and time of arrival, mode of transportation, medical and mental health needs and any safety/security risks. The designated health authority shall be notified of the admission of any youth with medical problems, regardless of the youth's condition upon admission. Confidentiality of all medical information shall be ensured and, if applicable, confidentiality of a youth's positive test results for the Human Immunodeficiency Virus (HIV) shall be maintained in accordance with state law.

(4) When a youth is admitted to the IRT program, the program shall take the following steps:

(a) Within 24 hours of any admission, the residential commitment program shall update the JJIS Bed Management System or notify the designated regional Commitment Manager. The only exception to this 24-hour requirement is when the youth is admitted on a holiday, a weekend or a Friday afternoon wherein contact with the commitment Manager shall be made the first regular workday of the following week.

(b) Parents or guardians of the youth shall be notified by telephone within 24 hours of the youth's admission with written notification from the Program Director being sent within 48 hours of admission.

(c) The committing court shall be provided written notification of the youth's admission within 5 working days of the admission.

(d) Copies of the letter sent to the committing court will suffice as official notification to the youth's JPO and, if known at the time of admission, the youth's Post-residential Services Counselor (the person supervising the youth's post-commitment probation or conditional release after residential placement).

(5) The IRT program shall establish multidisciplinary treatment teams to plan and manage each youth's case and ensure services that meet individualized needs. Treatment teams shall be multidisciplinary in membership to include, at a minimum, representatives from program administration, direct care staff, and treatment staff to represent areas such as education, vocational, medical, mental health, and recreation, as needed. The youth shall also be a member of the treatment team. The role of the treatment team is to participate in the following processes:

(a) Assessment of the youth;

(b) Development and implementation of the youth's performance plan;

(c) Active participation in progress reviews and treatment team meetings;

(d) Development of performance summaries; and

(e) Development of the youth's transition plan.

(6) Assessment of the youth shall be completed within the first 30 days of admission to the program. The treatment team, with the youth, shall identify:

(a) Risk factors that pre-dispose a youth to antisocial behavior and, if effectively addressed, would decrease the youth's likelihood that he or she will engage in antisocial behaviors; and

(b) Strengths and protective factors that, if effectively promoted, would build the youth's resiliency and decrease the likelihood that he or she will engage in antisocial behaviors.

(7) Areas of assessment shall include, at a minimum, the following:

(a) Relationships to include family relationships (parents, legal guardians, siblings, grandparents, delinquent youth's children), peer relationships (pro-social peers, isolation from pro-social peers, and antisocial peers), dating relationships, relationships with significant adults other than family or legal guardians, and relationship boundaries;

(b) Academic skills;

(c) Employability and/or vocational skills;

(d) Substance abuse;

(e) Mental health;

(f) Life skills;

(g) Social skills;

(h) Leisure and recreational interests;

(i) Physical health;

(j) Sexual development;

(k) History of sexual abuse, physical abuse, domestic violence, emotional abuse, neglect, and/or abandonment;

- (l) Specialized needs and abilities;
- (m) Delinquency history and status;
- (n) Responsibility for criminal actions and harm to others;
- (o) Community involvement and connections; and
- (p) Court ordered sanctions and treatment recommendations.

(8) The program shall file and maintain any completed assessment and all reassessment results in the youth's individual management record.

(9) All youth admitted shall have a performance plan developed within 30 calendar days of admission to the program. The performance plan goals shall be measurable, individualized, and based upon prioritized needs that reflect the risk and protective factors identified during the initial classification process. The plan shall identify the youth's responsibilities to accomplish the goals, and the responsibilities of staff to enable the youth to accomplish their goals. It shall also set timelines for the completion of each goal. The treatment team shall revise a youth's performance plan based on reassessment results, a youth's demonstrated progress or lack of progress on a goal or goals, newly acquired or revealed information, or demonstration of antisocial behavior not yet addressed or insufficiently addressed.

(10) At a minimum, the youth, the treatment team leader, and all other parties who have significant responsibilities in goal completion shall sign the performance plan. Within 10 working days a copy will be provided to the following, and the youth's individual management record must document the date the performance plan was sent:

- (a) Youth case file- original;
- (b) Committing court;
- (c) Juvenile Probation Officer;
- (d) Parent or guardian;
- (e) DCF, if applicable.

(11) Progress reviews. The treatment team is responsible for bi-weekly reviews for youth. Of these two reviews each month, one shall be formal and the other can be informal. A formal review involves a meeting of the treatment team to discuss the youth's progress. Informal reviews can consist of the treatment team leader meeting only with the youth. At a minimum, progress review documentation shall include the following elements:

- (a) Youth's name;
- (b) Date of the review;
- (c) Youth's progress in the program; and
- (d) Any comments from the treatment team members, including direct care staff and the youth.

(12) Performance summaries shall be completed every 90 days beginning 90 days from the signing of the youth's performance plan, unless the committing court requests monthly performance summaries, in which case the performance summary shall be completed every 30 days

beginning 30 days following completion of the performance plan. Areas that shall be addressed in the performance summary include, but are not limited to:

- (a) The youth's status on each performance plan goal;
- (b) The youth's academic status;
- (c) The youth's behavior, including:

1. Initial adjustment to program;
2. Level of motivation and readiness for change;
3. Interactions with peers;
4. Interactions with staff;

(d) The youth's overall behavior adjustment; for youth receiving mental health or substance abuse services, their progress shall be addressed in a manner that complies with the confidentiality requirements set forth in both state and federal statutes;

- (e) Significant incidents (positive or negative); and
- (f) The justification for a request for release, discharge or transfer, if applicable.

(13) The staff member who prepared the summary, the treatment team leader, the Program Director or designee, and the youth shall review, sign and date the performance summary. Program staff shall give the youth the opportunity to add comments to the performance summary prior to signing it. Within 10 working days the program shall distribute the performance summary to the:

- (a) Committing court,
- (b) Youth's JPO,
- (c) Parents or guardians; and
- (d) Other pertinent parties.

(14) If the performance summary is notification of the program's intent to release or discharge a youth, the residential program shall send the original of the release or discharge summary, together with the Pre-Release Notification form, to the youth's JPO (rather than directly to the court). The program shall place the original performance summaries and copies of the youth's release or discharge summary and the Pre-release Notification form in the youth's individual management record.

(15) Transition Planning. The program shall begin planning for the youth's transition back to the community upon admission to the program. It is critical that all parties involved with the youth communicate with each other on a regular basis to ensure information is transferred in a timely manner, and job tasks related to the youth's transition are assigned and completed within the designated timeframes.

(a) The residential commitment program is responsible for the timely notification of a youth's release from the program to the youth's JPO and other pertinent parties. Notification of Release form shall be sent to the youth's JPO at least 45 days prior to the youth's targeted transition date (90 days prior for

sex offenders). No section of this form can be left blank and all arrangements made for the youth must be clearly stated on this form.

(b) Prior to a youth's release, the program shall conduct a transition conference to plan and assign responsibilities for transition activities necessary to facilitate the youth's successful reintegration into the community. Transition activities established during the transition conference, together with the associated responsibilities and timelines for completion, shall be documented on the youth's performance plan. The youth's treatment team leader or designee shall coordinate with the youth's JPO and Post-residential Services Counselor (if different than the JPO) to schedule the transition conference. The transition conference shall be conducted not less than 60 days prior to the youth's targeted release date.

(c) At a minimum, the Program Director or designee and the youth's treatment team leader shall represent the program at the exit conference. In the event other members of the youth's treatment team are unable to attend, they shall provide input to the treatment team leader prior to the conference. The program shall invite the JPO, Post-residential Services Counselor (if different than the JPO), and parent or guardian to the exit conference. The youth shall also be in attendance at the conference. The residential program shall send a youth's complete official case record, including the cumulative individual healthcare record, to the JPO within five (5) working days of the youth's release.

(16) Transfers to other residential programs shall be accomplished as follows:

(a) Transfers may be requested for the following reasons:

1. The youth has committed new law violations. If the request for transfer is based solely on a new law violation, the program shall notify the Transfer Administrator immediately if the charges are not petitioned, not prosecuted, dismissed, or the youth is found not guilty, and the transfer shall be immediately revoked;

2. The youth has demonstrated continued non-compliance with program rules even though the program has made reasonable efforts to intervene and manage the behavior;

3. The treatment needs of the youth have changed, and the program does not have the capacity to meet those needs;

4. The youth is a member of a criminal street gang and needs to be separated from other gang member(s) in the program;

5. The youth has reached 14 years of age;

6. The program has determined that a transfer is necessary to protect the public; or

7. The program is closing or reducing capacity.

(b) The program requesting the transfer shall submit a request for transfer to the Regional Transfer Administrator. This request shall list the specific violations or reasons for the request.

(c) The program shall send written notification of the date, time and location of the transfer staffing to the youth's parent(s) or legal guardian(s), copying the youth, the youth's JPO, the DCF Foster Care Worker, if applicable, and any attorneys of record including the defense attorney and the appropriate state attorney. A copy of the transfer Performance Summary that includes the specific violations or reasons for transfer shall be attached to the notification letter.

(d) If the youth's transfer is denied, the youth shall stay in the program or return to the program (if in detention).

(e) If the youth is approved for transfer the program shall ensure the youth's records and property are taken to the detention center if the youth is securely detained. If the youth is not detained, the program shall arrange transportation of the youth and their records and property to the receiving program.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483(11) FS. History--New \_\_\_\_\_.

63E-4.009 Intake.

(1) Youth intake will commence upon the arrival of the youth to the facility. The following activities shall occur during intake:

(a) A strip search of youth being admitted to the IRT is required. The strip search of the youth shall be conducted upon arrival to the facility as follows:

1. The strip search shall be conducted in a private room with two staff members present, both of the same sex as the youth being searched. As an alternative when two staff of the same sex are not available, the search can be conducted by one staff of the same sex, while staff of the opposite sex is positioned to observe the staff person conducting the search, but cannot view the youth.

2. Strip searches shall be conducted visually, without touching the unclothed youth.

(b) The intake process shall document visible body markings, i.e. scars, bruises, tattoos, or other physical injuries. This may be accomplished when staff conduct a strip search, during the physical screening, or when the youth showers.

(2) The following entry screenings shall be completed immediately upon a youth's admission to a program. These screenings are used to ensure that the youth has no emergency medical, mental health, or substance abuse conditions of a nature that render admission unsafe.

(a) The Physical Health Screening may be conducted by non-medical program staff responsible for youth intake. This screening is conducted to identify physical health needs requiring attention.

(b) The Mental Health Screening may be conducted by non-clinical program staff responsible for youth intake. This screening is conducted to identify mental health needs requiring attention. Either the MAYSI-2 or clinical mental health and clinical substance abuse screening must be administered upon each youth's admission to a residential

commitment. Direct care staff trained in its administration may conduct MAYSI-2 screening. Clinical mental health screening must be conducted by a licensed mental health professional and clinical substance abuse screening must be conducted by a qualified substance abuse professional as defined in Section 397.311(24), F.S., and in accordance with subsection 65D-30.003(15), F.A.C. (12-12-05), using valid and reliable screening instruments.

(c) The Substance Abuse Screening may be conducted by non-clinical program staff responsible for youth intake.

(3) Unless a youth is being admitted into a program directly from secure detention, a correctional facility, or another program, a shower, including shampooing hair, is required.

(a) An ectoparasiticide or an ovicide may be used routinely for all new admissions if the program's designated health authority deems it appropriate, if it is used in accordance with current guidelines, and if it is not contraindicated. In the absence of such a routine protocol approved by the designated health authority, an ectoparasiticide and an ovicide shall not be routinely used, and shall be used only if an infestation with lice or scabies is present and use is ordered by the designated health authority, is in accordance with current guidelines, and is not contraindicated.

(b) Two staff of the same gender as the youth shall supervise the newly admitted youth during this shower.

(4) Clothing that is appropriate for size and climate shall be issued to each youth consistent with the program's dress code.

(5) Upon admission to a program, staff shall conduct an inventory of the youth's personal property. The property shall be listed on a personal property inventory form and the youth shall sign the form, attesting to its accuracy.

(a) A filed copy of the youth's personal property inventory shall be maintained.

(b) A copy of the inventory shall be available to the youth's parents or guardians if requested.

(c) Clothing not meeting dress code requirements shall be sent to the youth's home or stored until the youth's release from the program.

(d) All money, jewelry valued at \$50 or more, and other items of apparent value shall be secured in a locked area immediately upon the youth's arrival at the program and shall be documented on a personal property inventory form.

(6) All contraband such as weapons and narcotics, excluding narcotics that are verified as having been prescribed for a medical condition, shall be confiscated by the Program Director or designee for disposal or storage, with all illegal contraband submitted to the law enforcement agency having local jurisdiction.

(7) Any medications brought into the residential commitment program when the youth is admitted shall be in the original container issued by the pharmacist with a current

and complete label. The program shall verify by telephone the legitimacy of the prescription and the contents of the container with the issuing pharmacist or the prescribing physician. If the prescribing physician or dispensing pharmacist is not available, the program shall contact its designated health authority to provide verification. This verification contact shall be recorded in the youth's individual management record. If the youth is arriving from a juvenile or adult detention center or another residential program where the prescription has already been verified, further verification is not required.

(8) Based on a review of all documentation and interactions with the youth, the Program Director or designee shall make an initial classification of the youth for purposes of room or living area assignment within the program. To determine the offender's risk of escape, the program shall use, at a minimum, the Predisposition Report and face sheet (in JJIS) to secure information about the youth's past history of escapes and escape attempts. Assignment to a group or staff advisor shall also be based on this initial classification. If the program has an orientation unit that houses newly admitted youth, a copy of the classification form shall be sent to the orientation unit. Factors to consider when classifying the youth shall include, but are not limited to:

(a) Sex;

(b) Age;

(c) Size;

(d) Emotional maturity;

(e) Gang affiliation;

(f) Medical or mental health problems;

(g) History of violence;

(h) Sexual aggression;

(i) Predatory behavior;

(j) Risk of escape and risk to the public;

(k) Skill levels; and

(l) Current assessment under the Prison Rape Elimination Act for youth vulnerability and/or sexually aggressive behavior.

(9) When mental health, substance abuse, physical health, security risk factors, or special needs related to a newly admitted youth are identified during or subsequent to the classification process, this information shall be immediately entered into the program's in-house alert system and the Juvenile Justice Information System (JJIS) alert system.

(10) The program shall ensure that a current photograph and critical information are obtained and easily accessible for use in verifying the youth's identity as needed during his or her stay in the program. The program shall ensure that a current photograph of each youth is maintained in the individual management record and the individual healthcare record. A photograph shall be made available to law enforcement or other criminal justice agencies to assist in apprehending a delinquent youth in the event of escape. The program may

store this critical information electronically, however, a hard copy of the information on each youth shall be maintained in an administrative file that is easily accessible and mobile in the event of an emergency situation that results in the program having to relocate quickly or in the event the information is needed when the computer is inoperative. The critical information shall include, but not be limited to, the following:

(a) Youth's full name, Social Security number, and DJJ ID number;

(b) Admission date;

(c) Date of birth, gender, and race;

(d) Name, address, and phone number of parent(s) or legal guardian;

(e) Name, address, and phone number of the person with whom the youth resides and his or her relationship to the youth;

(f) Person(s) to notify in case of an emergency (and contact information);

(g) JPO's name, circuit/unit, and contact information;

(h) Names of committing judge, state attorney, and public defender (or attorney of record) with contact information on each;

(i) Committing offense and judicial circuit where offense occurred;

(k) Notation of whether or not the judge retains jurisdiction;

(l) Victim notification contact information, if notification is required;

(m) Physical description of youth to include height, weight, eyes and hair color, and any identifying marks;

(n) Overall health status, including chronic illnesses or allergies; and

(o) Personal physician (if known).

(11) Consistent with departmental procedures addressing participation in the National School Lunch and Breakfast Program, residential commitment program staff of state-operated programs and contracted programs that are classified as not-for-profit programs shall complete an Individual Determination Report form for each youth admitted to the program to ensure the youth is eligible to participation in the National School Lunch and Breakfast Program.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483(8)-(10) FS. History--New \_\_\_\_\_.

63E-4.010 Orientation.

(1) Youth admitted to the IRT program shall receive orientation to the program within 24 hours of admission.

(2) Orientation to the program shall include the following:

(a) Review of expectations, program rules and the behavior management system. This information shall be conspicuously posted including all program rules, schedules and youth responsibilities to allow easy access for staff and youth. Program staff shall discuss with each youth:

1. Services available;

2. Daily schedule;

3. Expectations and responsibilities of youth;

4. Written rules governing conduct;

5. Written behavioral management system and possible disciplinary actions;

6. Availability of and access to medical and mental health services;

(b) Items considered contraband. Youth shall be advised that bringing illegal contraband into the program or possessing illegal contraband while in the program is a violation of law for which the youth may be prosecuted;

(c) Performance planning process that involves the development of goals for each youth to achieve;

(d) Program's dress code for youth and hygiene practices;

(e) Program's procedures on visitation, mail, and use of the telephone;

(f) Anticipated length of stay in the program and what the youth must do in order to successfully complete the program and be eligible for release. Staff should also explain that the youth must complete each performance plan goal in order to be recommended for release from the program and that the release decision is ultimately up to the committing court;

(g) High-risk commitments are restricted to necessary, supervised off-campus activities, i.e. health and court-related activities. However, during the final 60 days of their residential stay and with court approval, youth in high-risk programs may be granted permission to leave the facility.

(h) Program's youth grievance procedures.

(i) What to do in the case of an emergency, including procedures for fire drills and building evacuation.

(j) Ensure that each newly admitted youth is familiar with the physical design of the facility, advising the youth which areas are accessible and which are not accessible to youth.

(k) Room Assignment. Shall introduce each newly admitted youth to other program staff and youth. The youth shall be informed of any assignments to a staff advisor and youth group, if applicable. In addition, each youth shall be assigned to a treatment team.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483 FS. History--New \_\_\_\_\_.

63E-4.011 Youth Services.

(1) Each program is expected to promote youth competency development in life skills such as:

(a) Recognizing and avoiding high-risk situations that could endanger self or others;



- (b) Controlling impulsive behaviors;
  - (c) Coping;
  - (d) Decision-making;
  - (e) Problem-solving;
  - (f) Organizing;
  - (g) Planning;
  - (h) Managing time; and
  - (i) Searching and applying for jobs, job interviewing, and engaging in behaviors appropriate for work situations.
- (2) Each program shall promote youth competency development in social skills to help them interact positively and constructively with others. Social skills include, but are not limited to:
- (a) Communicating effectively and constructively;
  - (b) Recognizing emotional cues from others;
  - (c) Improving relationship skills, such as differentiating positive and negative relationships; establishing positive relationships and avoiding negative ones; understanding relationship dynamics to include gender differences, relationship boundaries, dating relationships and behaviors, peer relationships, family relationships, relationships with employers and other authority figures, and relationships with other significant adults;
  - (d) Differentiating and appropriately responding to social contexts; and
  - (e) Engaging in constructive dialogue and peaceful conflict resolution.
- (3) The residential program shall offer Impact of Crime classes or group sessions to youth committed to the intensive residential treatment program. The curriculum shall be conducted by a facility employee who has successfully completed the Impact of Crime and restorative justice training conducted by the department. Staff shall be trained in the principles of restorative justice and how to apply those principles to the IRT. The classes are intended to assist the youth to:
- (a) Develop remorse and empathy through understanding of how various crimes harm victims and communities;
  - (b) Accept responsibility for past criminal actions;
  - (c) Develop realistic strategies to address the harm they caused;
  - (d) Peacefully resolve conflict;
  - (e) Learn to bond with positive people in healthy relationships; and
  - (f) Contribute to the community.
- (4) Participation in the educational program is mandatory for students of compulsory school-attendance age, as defined in Section 1003.21, F.S. For programs operated by private providers, the school district may provide educational services directly or may contract with a private provider to deliver its own educational program.

(5) The educational program at the IRT shall establish an educational and prevocational training component consistent with juvenile justice education standards that includes:

(a) Basic Achievement Skills Inventory (BASI) or other common assessment tools identified by the Florida Department of Education;

(b) Performance plan goals (student outcomes) focused on post-placement needs. Based on the student assessment and identification of youth's needs, performance goals (educational, prevocational training outcomes) must be developed in conjunction with the youth. Performance goals must target educational and prevocational services that will assist the youth in acquiring the skills most needed to increase success upon release from the residential program to the community;

(c) Educational and prevocational or vocational curricula that are approved by the local school district, reviewed and revised at least annually and as needed based on skill acquisition demonstrated by youth in pre-testing and post-testing.

(d) Educational staff shall be qualified, competent and trained in the residential program's philosophy, treatment approach(es), behavior management system, and other treatment components of the program, as well as program safety and security procedures. They shall be trained specifically on how to work effectively with the program's young population. They shall also be trained in how to integrate support services with instruction and funding procedures for accessing resources. Educational staff shall receive in-service training in areas including but not limited to instructional delivery, understanding youth behavior and learning styles, and processes and procedures commonly used in juvenile justice educational programs.

(6) IRT program shall provide opportunities for youth to participate in recreation, leisure and physical fitness activities that are appropriate for pre-adolescents. Such activities shall be scheduled and reflected on the program's daily activity schedule. Youth shall be provided the opportunity for daily recreational activities, one hour of which allows the youth to engage in large muscle activity. In addition to structured outdoor recreational activities or activities in a gymnasium, the program shall provide activities that are non-physical in nature, such as board games, reading, art projects, and other such activities.

(7) Content of television programming, videos, movies, and video games shall be age appropriate and shall not promote violence, criminal activity, sexual situations, abusive situations, or inappropriate language. Program staff shall not allow youth to view television, videos, or movies that are rated above PG.

(8) Programs allowing youth to participate in water related activities shall have a water safety plan, which at a minimum, shall address the following:

- (a) Age and maturity of the youth who will participate;
- (b) Identification of swimmers and non-swimmers;
- (c) Special needs youth;
- (d) Type of water in which the activity is taking place (pool or open water);
- (e) Water conditions (clarity, turbulence, etc.);
- (f) Bottom conditions;
- (g) Lifeguard-to-youth ratio and positioning of lifeguards;  
and
- (h) Equipment needed for the activity.

(9) Off-Campus Activities. Youth committed to high-risk level commitment are restricted to necessary, supervised off-campus activities, i.e. health and court-related activities. During the final 60 days of their residential stay and with court approval, youth in high-risk programs may be granted permission to leave facility grounds (supervised and, under limited circumstances, unsupervised) to engage in transitional activities (enrollment in school, performance of community service, and home visits of no more than 72 hours). A risk assessment shall be conducted on all youth prior to any off campus activity.

(10) The Program Director shall ensure access to and provision of physical health services to all youth committed to the program. The health care delivery system shall include the following components:

(a) Intake Screenings and Assessments (also known as "routine medical and dental screening and evaluation") upon entry and at other specified times;

(b) Follow-up assessments at specified intervals (also known as "periodic evaluations") and ongoing treatment by licensed health care professionals as required by the presence of a chronic condition, a change in a youth's physical or mental health status, or the initiation of a new medication or medical regimen;

(c) Episodic care including first aid and/or emergency care;

(d) Sick call care;

(e) Medication management systems that facilitate the safe, effective, and documented storage and administration of medications, both prescription and over-the-counter, for acute and chronic physical, mental, and dental health conditions;

(f) Infection control measures to prevent the spread of disease;

(g) Age appropriate health education;

(h) Transitional healthcare planning; and

(i) Health care documentation system.

(11) The IRT shall have a designated health authority defined as the physician (MD or DO licensed pursuant to Chapter 458 or 459, F.S.) who, by agreement, employment, contract or other arrangement, provides and/or supervises the provision of health care within the facility.

(12) The Program Director shall ensure access to and provision of mental health services to all youth committed to the program. The mental health care delivery system shall include the following components:

(a) Mental health and substance abuse screening upon admission to determine if there are any immediate mental health or substance abuse needs;

(b) Comprehensive mental health and substance abuse evaluation or updated comprehensive evaluations for those youth identified by screening as in need of further evaluation;

(c) Access to mental health and substance abuse services, including psychotherapeutic intervention (primarily individual, group, and family counseling and psychosocial or psychoeducational skills training) and medical/somatic intervention (primarily administration and management of psychotropic medication), for youth in need of mental health and/or substance abuse treatment;

(d) Crisis intervention and suicide prevention services;

(e) Specialized services for non-routine situations where additional mental health expertise is needed, such as sex offender treatment or pharmacological treatment; and

(f) Emergency mental health and substance abuse care.

(g) A designated mental health authority will be accountable to the Program Director for ensuring that mental health services are appropriately provided in the IRT. This person shall be a licensed mental health professional (psychiatrist licensed pursuant to Chapter 458 or 459, F.S., psychologist licensed under Chapter 490, F.S., mental health counselor, clinical social worker or marriage and family therapist licensed under Chapter 491, F.S., or a psychiatric nurse as defined in Chapter 394.455(23), F.S.). A licensed mental health staff shall directly supervise unlicensed mental health staff.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483(9) FS. History--New \_\_\_\_\_.

63E-4.012 Construction.

(1) The department shall conduct an assessment of need for additional IRT programs prior to the siting or construction of more than one facility in any judicial circuit.

(2) The department shall ensure that any newly constructed or leased facility is designed to comply with the following:

(a) 25 or less beds;

(b) Separate and secure facilities;

(c) 35 square feet of space per youth for dayroom activities;

(d) Shall provide a minimum of 70 square feet of space for single room occupancy per youth. The room must have 35 square feet of clear floor space;

(e) A minimum of 35 square feet of space per youth for multipurpose room activities;

(f) A minimum of 56.25 square feet per youth for rooms used for educational purposes. Classroom size is based on a maximum of 16 youth in a class;

(g) A minimum of 50 square feet of space per youth for outside recreation;

(h) A minimum of one toilet to every eight youth, one wash basin for every eight youth and one shower for every eight youth;

(i) Ensure the facility meets the needs of disabled youth;

(j) Employ a CCTV system that includes but is not limited to, a color digital recording device. The Digital Video Recorder (DVR) must be capable of a minimum of 30 days recorded event storage within the hard drive, have a minimum setting of eight frames per second, have a minimum of 16 camera inputs, and be capable of remote viewing. All equipment must be surge protected and have a Universal Surge Protector (USP) backup and be connected to an emergency power supply; and

(k) Siting and construction activities shall comply with local zoning codes and requirements and be in compliance with all state building codes and requirements.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483(12) FS. History–New \_\_\_\_\_.

#### 63E-4.013 Program Monitoring and Evaluation.

(1) Periodic reviews by the DJJ regional residential monitor shall be conducted to ensure that quality services are provided, departmental standards are maintained, and departmental policies, related statutes, and rules are followed in contracted and state-operated programs. Monitoring is conducted monthly, quarterly, or semi-annually, based on risk factors determined in an annual assessment by the residential monitor. If there are major deficiencies noted in the residential monitor's site visit summary, the program shall submit an outcome-based corrective action plan (OBCAP) to the designated DJJ regional residential monitor.

(2) Security Audit. The DJJ region's security monitor shall conduct an audit of safety and security measures at least annually. The program shall develop a corrective action plan as instructed by the regional security monitor to address any non-compliance issues included in the security audit report. If the security monitor performs a Pre-Operational and Post-Operational Review or Quality Assurance program audit, that may be substituted as the annual security audit.

(3) For new programs or programs undergoing a change in provider, an on-site review will be conducted 30 to 45 days prior to the anticipated date of youth into the program. The review shall determine whether the program has the trained staff, policies, procedures, equipment, and supplies in place sufficient to begin accepting youth into the program. A favorable review will result in a Letter of Operation being issued by the department, authorizing the facility to begin admitting youth.

(4) A second on-site review is conducted 60 to 90 days after the facility commences operations to confirm full compliance in areas found in partial or non-compliance during the Pre-Operational Review to ascertain readiness to continue operations, and to determine additional programming needs.

(5) In some cases where federal funds are involved, audits may be conducted according to federal requirements. Other reviews or audits may be required per contract or departmental policy or as determined necessary by the department. For example, a Program Administrative Review may be conducted in a program by designated regional staff when the Assistant Secretary for Residential and Correctional Facilities determines a more detailed review of an incident is required. Also, an investigation may be conducted by the DJJ Inspector General's staff when determined necessary. In addition, there may be inspections or reviews required locally, for example, by the county.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483(8)-(9) FS. History–New \_\_\_\_\_.

#### 63E-4.014 Research Projects.

(1) All research project requests must follow the department's Institutional Review Board Research Proposal Review Process, prior to any contact with youth.

(2) No research project involving contact with youth or access to confidential information is authorized without the department's Institutional Review Board (IRB) and the Secretary's permission. Prior to any research project involving youth in the department's custody, the research project's lead researcher shall obtain permission from the youth and the youth's parents or legal guardian.

(3) The principal investigator of any research project shall meet the department's definition of a qualified researcher as defined by this rule.

Specific Authority 985.483, 985.64 FS. Law Implemented 985.483(11) FS. History–New \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Michael Moore, Dept. of Juvenile Justice Residential Services  
NAME OF SUPERVISOR OR PERSON WHO APPROVED  
THE PROPOSED RULE: Charles Chervanik, Dept. of  
Juvenile Justice Assistant Secretary for Residential Services  
DATE PROPOSED RULE APPROVED BY AGENCY  
HEAD: December 22, 2006  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT  
PUBLISHED IN FAW: December 8, 2006

DEPARTMENT OF JUVENILE JUSTICE

Detention Services

RULE NOS.: RULE TITLES:
63G-1.005 Fiscally Constrained Counties
63G-1.008 Annual Reconciliation

PURPOSE AND EFFECT: The rule amendments revise the procedure for notifying fiscally constrained counties that they may be responsible for a share of predisposition detention costs. The timing of the annual reconciliation is also amended.

SUMMARY: The amended rule provides that fiscally constrained counties be given early notice that the cost of predisposition secure detention will likely exceed the annual legislative appropriation. A rough estimate of the fiscally constrained counties share of the shortfall will be provided, and a payment period is established. The timing of the annual reconciliation for paying counties is also amended.

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: 985.686(10) FS.

LAW IMPLEMENTED: 985.686 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:

DATE AND TIME: Wednesday, February 14, 2007, 10:00 a.m.
PLACE: DJJ Headquarters, Knight Building, Room 312, 2737 Centerview Dr., Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: John Milla, 2737 Centerview Dr., Ste. 312, Tallahassee, FL 32399-3100, e-mail john.milla@djj.state.fl.us.

THE FULL TEXT OF THE PROPOSED RULES IS:

63G-1.005 Fiscally Constrained Counties.

(1) Each fiscally constrained county will be assigned a percentage computed by dividing its previous year's number of predisposition detention days by the total number of predisposition detention days used by all fiscally constrained counties during the previous year.

(2) Each county's percentage is multiplied by the amount appropriated by the legislature to pay the costs of detention care. For informational purposes, fiscally constrained counties will be invoiced for their prorated monthly share.

(3) If the total number of predisposition service days actually used by all fiscally constrained counties combined exceeds the previous year's usage for which appropriation was made by the legislature, matching funds will be required to

make up the shortfall. Fiscally constrained counties will be assessed for the amount of the shortfall under the following methodology:

(a) The total number of excess service days will be translated into a dollar figure based upon the percentage of increase over the original budgeted amount.

(b) Each fiscally constrained county will be responsible for a share of the shortfall computed by multiplying its assigned percentage calculated in subsection (1) by the total shortfall computed in paragraph (3)(a).

(4) The department shall determine whether an estimated shortfall is likely by July 31 at the end of the third quarter. If a shortfall is expected, the department shall provide fiscally constrained counties an estimate of their share of the expected shortfall on or before August 15 June 1.

(5) Fiscally constrained counties will be billed monthly for their share of the shortfall in equal monthly installments beginning November 1 through May 1 by August 1, and payment is due no later than November 1.

Specific Authority 985.2155(10) FS. Law Implemented 985.2155(4) FS. History--New 7-16-06, Amended \_\_\_\_\_.

63G-1.008 Annual Reconciliation.

(1) On or before January 31 November 30 of each year, the Department shall provide a reconciliation statement to each paying county. The statement shall reflect the difference between the estimated costs paid by the county during the past fiscal year and the actual cost of the county's usage during that period.

(2) If a county's actual usage is found to have exceeded the amount paid during the fiscal year, the county will be invoiced for the excess usage. The invoice will accompany the reconciliation statement, and shall be payable on or before April 1 January 31.

(3) If a county's actual usage was less than the estimated amounts paid during the fiscal year, the county will be credited for its excess payments. Credit will be reflected in the April November billing, which is mailed on March 1, and will carry forward as necessary.

Specific Authority 985.2155(10) FS. Law Implemented 985.2155(5) FS. History--New 7-16-06, Amended \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Beth Davis, Chief of Finance and Accounting, Dept. of Juvenile Justice

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Jane McElroy, Director of Administration, Dept. of Juvenile Justice

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 8, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 15, 2006

**DEPARTMENT OF HEALTH****Board of Physical Therapy Practice**

RULE NO.: 64B17-3.001  
 RULE TITLE: Licensure as a Physical Therapist by Examination

PURPOSE AND EFFECT: The Board proposes to amend language regarding foreign graduates educational credentials.

SUMMARY: The rule amendment will change required foreign graduates educational credentials.

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: 486.025(1), 486.031(3) FS.

LAW IMPLEMENTED: 456.017, 486.031, 486.051 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 Physical Therapy Practice, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3253

## THE FULL TEXT OF THE PROPOSED RULE IS:

64B17-3.001 Licensure as a Physical Therapist by Examination.

Every physical therapist who applies for licensure by examination shall satisfy and demonstrate to the Board that the applicant:

(1) through (3) No change.

(4) For foreign graduates, has received a determination that the credentials are equivalent to education required for licensure as a physical therapist in the United States. Educational credentials equivalent to those required for the education and preparation of physical therapists in this country shall be determined by the Foreign Credentialing Commission on Physical Therapy (FCCPT) ~~Federation of State Boards of Physical Therapy (FSBPT)~~ or any other Board approved credentialing agency that meets at least the following criteria:

(a) through (b) No change.

(c) Uses the Federation of State Boards of Physical Therapy (FSBPT) ~~Foreign Credentialing Commission on Physical Therapy (FCCPT)~~ coursework evaluation tool.

(d) through (h) No change.

(5) No change.

Specific Authority 486.025(1), 486.031(3) FS. Law Implemented 456.017, 486.031, 486.051 FS. History–New 8-6-84, Amended 6-2-85, Formerly 21M-7.20, Amended 5-18-86, Formerly 21M-7.020, 21MM-3.001, Amended 3-1-94, Formerly 61F11-3.001, Amended 12-22-94, 4-10-96, Formerly 59Y-3.001, Amended 12-30-98, 1-23-03, 4-9-06, 9-19-06, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Physical Therapy Practice

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Physical Therapy Practice

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

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 15, 2006

**DEPARTMENT OF HEALTH****Board of Physical Therapy Practice**

RULE NO.: 64B17-7.001  
 RULE TITLE: Disciplinary Guidelines

PURPOSE AND EFFECT: The Board proposes to add a new subsection regarding disciplinary guidelines used for a licensee who fails to identify through written notice or orally to a patient, the type of license under which the practitioner is practicing.

SUMMARY: The rule amendment will add a new subsection for disciplinary guidelines for a licensee who through written notice or orally to a patient, fails to identify the type of license the licensee is practicing under.

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, 456.079, 486.025 FS.

LAW IMPLEMENTED: 456.072, 456.073, 456.079, 486.125 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 Physical Therapy Practice, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3253

## THE FULL TEXT OF THE PROPOSED RULE IS:

64B17-7.001 Disciplinary Guidelines.

(1)(a) through (bb) No change.

(cc) Section 456.072(1)(t), F.S.: Failing to identify through written notice or orally to a patient the type of license under which the practitioner is practicing – from a minimum fine of

\$1,000 up to a maximum fine of \$5,000 and/or suspension of license for two years followed by two years of probation. For a second offense, from a minimum fine of \$5,000 and/or two years of probation up to a maximum fine of \$10,000 and/or revocation of license. After the second offense, from a minimum fine of \$7,500 and/or six months of suspension followed by probation up to a maximum fine of \$10,000 and/or revocation.

(2) No change.

Specific Authority 456.036, 456.072, 456.079, 486.025 FS. Law Implemented 456.072, 456.073, 456.079, 486.125 FS. History--New 2-10-87, Formerly 21M-9.023, Amended 8-2-90, 10-14-91, 12-6-92, 3-24-93, Formerly 21MM-7.002, 61F11-7.002, 59Y-7.002, Amended 1-8-98, 8-3-00, 1-2-03, 4-9-06,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Physical Therapy Practice  
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Physical Therapy Practice  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 17, 2006  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 15, 2006

**DEPARTMENT OF HEALTH**

**Board of Physical Therapy Practice**

RULE NO.: 64B17-8.001  
RULE TITLE: Requirement for Instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome

PURPOSE AND EFFECT: The Board proposes to amend the rule to add a deadline for completion of HIV/AIDS education.  
SUMMARY: The rule amendment will add a deadline for completion of HIV/AIDS education.  
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, 486.025 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 Physical Therapy Practice, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B17-8.001 Requirement for Instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.

(1) No change.

(2) ~~Applicants for initial licensure~~ Each licensee must ~~have completed~~ at least three clock hours on HIV/AIDS education no later than upon the licensee's first renewal of licensure. The Board shall accept coursework from schools of physical therapy, provided such coursework was completed after July 1, 1991.

(3) No change.

Specific Authority 456.033, 486.025 FS. Law Implemented 456.033 FS. History--New 6-3-90, Amended 9-30-91, 6-3-92, Formerly 21MM-8.001, 61F11-8.001, Amended 4-20-97, Formerly 59Y-8.001, Amended\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Physical Therapy Practice  
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Physical Therapy Practice  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 16, 2006  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 15, 2006

**DEPARTMENT OF HEALTH**

**Division of Family Health Services**

RULE NO.: 64F-12.026  
RULE TITLE: Cancer Donation Program

PURPOSE AND EFFECT: The purpose of the rule is to implement the cancer drug donation program authorized by section "1" of Florida Session Law 2006-310. The rule will implement the Florida Cancer Drug Donation statute.  
SUMMARY: The rule implements a new statutory section that authorizes the Florida Cancer Drug Donation Program.  
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: 499.029(8) FS.

LAW IMPLEMENTED: 499.029 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: Rebecca Poston, R. Ph., Executive Director, Board of Pharmacy-Drugs Devices and Cosmetics, 4052 Bald Cypress Way, Mail Bin C-04, Tallahassee, Florida 32399

THE FULL TEXT OF THE PROPOSED RULE IS:

64F-12.026 Cancer Donation Program.

The purpose of this section is to establish and maintain a cancer donation program under which unused cancer prescription drugs and cancer supplies may be donated and dispensed to eligible individuals who are diagnosed with cancer. This rule applies to the department or any person who donates, receives, dispenses or otherwise participates or wishes to participate in the cancer drug donation program.

(1) Recipient Eligibility Requirements.

(a) A Florida resident who is diagnosed with cancer is eligible to receive drugs or supplies under the cancer drug donation program.

(b) Unless benefits have been exhausted, or a certain cancer drug or supply is not covered by the prescription drug program, a Florida resident is ineligible to participate in the program if the person is eligible to receive drugs or supplies through the Medicaid program, third-party insurer or any other prescription drug program funded in whole or in part by the Federal Government.

(2) Donor Requirements.

Any of the following persons may donate legally obtained cancer drugs or supplies to a cancer drug donation program if the drugs and supplies meet the requirements in subsection (6) below, as determined by a pharmacist who is employed by or under contract with a cancer drug donation program participant facility:

(a) A patient or patient's representative whose cancer drugs or supplies have been maintained within closed drug delivery systems such as health care facilities, nursing homes, hospices, or hospitals with closed drug delivery systems.

(b) A physician licensed under Chapter 458 or 459, F.S. who receives cancer drugs or supplies directly from a drug manufacturer, drug wholesaler, or pharmacy.

(c) A pharmacy.

(d) A drug manufacturer.

(e) A medical device manufacturer or supplier.

(f) A wholesaler of drugs or supplies.

(g) Cancer drugs or supplies may not be donated to a specific cancer patient.

(3) Participant facility requirements include:

(a) Eligibility: Only a Class II Institutional Pharmacy, permitted under Chapter 465, F.S. that accepts, stores and dispenses donated drugs and supplies may participate in the cancer drug donation program.

(b) Notice of Participation: Participation in the cancer drug donation program is voluntary. To be eligible for participation in the cancer drug donation program a Class II Institutional Pharmacy must elect to participate and provide the department with all the following:

1. The name, street address, and telephone number of the pharmacy.

2. The name and telephone number of a pharmacist or another contact as determined by the pharmacist who is employed by or under contract with the pharmacy.

3. A statement indicating the pharmacy meets the eligibility requirements under paragraph (2)(a), herein.

(c) Withdrawal from participation: A pharmacy may withdraw from participation in the program upon at least 10 days written notification to the department.

(d) Storage:

Cancer drugs and supplies donated under the cancer drug program shall be stored in a secure storage area under environmental conditions appropriate for the drugs or supplies being stored. Donated drugs and supplies may not be stored with non-donated inventory.

(e) Dispensing:

1. Drugs and supplies shall be dispensed by a licensed pharmacist pursuant to the requirements in Chapter 465, F.S.

2. The pharmacist shall inspect cancer drugs and supplies for adulteration, misbranding, mislabeling, and the date of expiration before dispensing. Drugs or supplies that are tampered with, expired, adulterated, mislabeled or misbranded may not be dispensed.

3. Before a cancer drug or supply may be dispensed to a recipient, the recipient shall sign a cancer drug program recipient form and shall be orally notified that the drug or supply may have been previously dispensed.

4. Drugs and supplies shall be dispensed only to recipients who meet the following eligibility requirements:

i. Individuals who are uninsured;

ii. All other individuals who are otherwise eligible under subsection (1) herein to receive drugs or supplies from the cancer drug donation program.

(f) Recordkeeping requirements:

1. Donor and Recipient Forms shall be maintained at least 3 years.

2. Destruction of donated drugs or supplies records shall be maintained at least 3 years by the participant facility. For each drug or supply destroyed the record shall include all of the following information:

i. The date of destruction;

ii. The name, strength and quantity of the cancer drug destroyed;

iii. The name of the person or firm that destroyed the drug;

iv. The source of the drugs or supplies destroyed.

(4) Required Forms for Program Participants:

(a) Cancer Drug Donation Program Recipient Record, DOH form \_\_\_\_\_, effective \_\_\_\_\_ and incorporated herein by reference

(b) Cancer Drug Donation Program Donation, and Destruction Record, DOH Form \_\_\_\_\_, effective \_\_\_\_\_, and incorporated herein by reference.

(c) Cancer Drug Donation Program Notice of Participation or Withdrawal, DOH Form \_\_\_\_\_, effective \_\_\_\_\_, and incorporated herein by reference.

The above referenced required forms are available by contacting the Department of Health Drugs Devices and Cosmetics program at The Department of Health, Drugs Devices and Cosmetics Program, 4052 Bald Cypress Way, Mail Bin C-04, Tallahassee, Florida 32399, or by downloading them from the Program's web site.

(5) Dispensing Fees:

A cancer drug program participant facility may charge the recipient of the drug or supply a handling fee of no more than 300% of the Medicaid dispensing fee or no more than \$15.00, whichever is less, for each cancer drug or supply dispensed.

(6) Categories of drugs and supplies eligible for donation.

(a) Cancer drugs. A cancer drug is eligible for donation under the cancer drug donation program only if all the following requirements are met:

1. The donation is accompanied by a completed cancer drug donation program donor form that is signed by the person making the donation or that person's authorized representative;

2. The drug's expiration date is at least 6 months later than the date that the drug was donated and its tamper resistant packaging is intact;

3. The drug is in its original, unopened, sealed, tamper-evident unit dose packaging that includes the drug's lot number and expiration date. Single-unit dose drugs may be accepted if the single-unit dose packaging is unopened;

4. Cancer drugs billed to and paid for by Medicaid in long-term care facilities are not eligible for donation unless not reimbursable by Medicaid.

(b) Cancer supplies. Cancer supplies are eligible for donation under the cancer drug donation program only if the supplies meet all the following requirements:

1. The supplies have not been tampered with or mislabeled; the supplies are in their original, unopened, sealed packaging;

2. The supplies are accompanied by a completed cancer drug program form that is signed by the person making the donation or that person's authorized representative.

(c) Drugs and supplies not eligible for donation. All of the following drugs are ineligible for donation or acceptance under the cancer drug donation program.

1. Substances listed in Schedule II, Schedule III, Schedule IV or Schedule V of Section 893.03, F.S.;

2. Drugs and supplies that do not meet the criteria under paragraph (6)(b), herein;

3. Drugs that expire less than 6 months after the date of donation.

(7) The Department shall establish a website to maintain the list of the Class II Institutional Pharmacies participating in the Cancer Drug Donation Program. The website shall also contain links to cancer drug manufacturers that offer drug assistance programs or free medication.

Specific Authority 499.029(8) FS. Law Implemented 499.029 FS. History--New \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Rebecca Poston

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rebecca Poston

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 8, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 4, 2006

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Worker's Compensation**

RULE NO.:	RULE TITLE:
69L-7.100	Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers (ASCs)

PURPOSE AND EFFECT: To adopt the new version of the Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers, 2006 Edition, to implement the reimbursement rates authorized by the Three-Member Panel pursuant to Section 440.13(12), F.S., at its meeting on December 14, 2006. In addition, the proposed Rule 69L-7.100 will adopt updated versions of the American Medical Association Current Procedural Terminology, CPT® 2007 Professional Edition, Copyright 2006, the American Medical Association "Healthcare Common Procedure Coding System, Medicare's National Level II Codes Manual" HCPCS® 2007, Nineteenth Edition, Copyright 2006, and the American Dental Association Current Dental Terminology, CDT® 2007/08, Copyright 2006, and the Florida Workers' Compensation Health Care Provider Reimbursement Manual, 2006 Edition.

SUMMARY: Rule amendment reflecting changes to certain reimbursement levels, policy instructions, and, reference materials as authorized by Florida's Three-Member Panel.

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: 440.13(4), (14), 440.591 FS.

LAW IMPLEMENTED: 440.13(7), (12), (14) 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: Tuesday, February 13, 2007; 9:00 a.m.  
 PLACE: 104J Hartman Building, 2012 Capital Circle, S.E., Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Don Davis, Division of Workers' Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4226, phone (850)413-1711

THE FULL TEXT OF THE PROPOSED RULE IS:

69L-7.100 Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers (ASCs).

(1) The Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers, ~~2006~~ 2005 Edition, (ASC Reimbursement Manual) is incorporated ~~adopted~~ by reference as part of this rule. The ASC Reimbursement Manual contains the Maximum Reimbursement Allowances determined by the Three-Member Panel, pursuant to Section 440.13 (12), Florida Statutes and establishes reimbursement policies, guidelines, codes and maximum reimbursement allowances (MRAs) for ambulatory surgical facility services, which are items and services provided to an injured worker in connection with a surgical procedure performed in an Ambulatory Surgical Center. The ASC Reimbursement Manual is available for inspection during normal business hours at the Florida Department of Financial Services, Document Processing Section, 200 East Gaines Street, Tallahassee, Florida 32399-0311, or via the Department's web site at <http://www.fldfs.com/wc>, contains basic instructions and information for all ambulatory surgical centers and insurers concerning reimbursement of claims for ambulatory surgical facility services.

(2) The ASC division has incorporated in the Florida Workers' Compensation Reimbursement Manual refers to a number of for Ambulatory Surgical Centers, 2005 Edition, procedure codes and modifiers that are consistent with the Physicians' Current Procedural Terminology (CPT®), developed and published by the American Medical Association. When a service or procedure is performed that does not have a code listed in the ASC Reimbursement Manual, the Ambulatory Surgical Center shall refer to the Current Procedural Terminology (CPT®), 2007 Professional Edition, Copyright 2006, American Medical Association, 2005 Profession Edition, Copyright 2004, American Medical Association. This which is hereby incorporated publication is adopted by reference as part of this rule. When a procedure is performed which is not listed in the manual, the ambulatory

~~surgical center must use the appropriate code and descriptor contained in the Physicians' Current Procedural Terminology (CPT®), 2005 Professional Edition, Copyright 2004, American Medical Association.~~

(3) The Current Dental Terminology (CDT-2007/2008), Copyright 2006, American Dental Association, and the Healthcare Common Procedure Coding System, Medicare's National Level II Codes, HCPCS 2007, Nineteenth Edition, Copyright 2006, Ingenix Publishing Group, are incorporated by reference as part of this rule, for dental D codes, injectable J codes, and other medical services or supply codes as specified in the ASC Reimbursement Manual. The Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers, 2005 Edition, incorporated above, is available for inspection during normal business hours at the Florida Department of Financial Services, Document Processing Section, 200 East Gaines Street, Tallahassee, Florida 32399-0311, or via the Department's web site at <http://www.fldfs.com>.

(4) The Florida Workers' Compensation Health Care Provider Reimbursement Manual, 2006, incorporated by reference into Rule 69L-7.020, F.A.C., is also incorporated by reference into this rule. The Florida Workers' Compensation Health Care Provider Reimbursement Manual, 2006, is available for inspection during normal business hours at the Florida Department of Financial Services, Document Processing Section, 200 East Gaines Street, Tallahassee, Florida 32399-0311, or via the Department's web site at <http://www.fldfs.com/wc>.

Specific Authority 440.13(4), (14), 440.591 FS. Law Implemented 440.13(7), (12), (14) FS. History—New 8-7-91, Amended 12-31-92, Formerly 38F-7.100, 4L-7.100, Amended 9-4-05,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Don Davis, Office of Data Quality and Collection, Division of Workers' Compensation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Dan Sumner, Assistant Director, Division of Workers' Compensation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 6, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 20, 2006

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Worker's Compensation**

RULE NO.: 69L-7.501  
 RULE TITLE: Florida Workers' Compensation Reimbursement Manual for Hospitals

PURPOSE AND EFFECT: To adopt the new version of the Florida Workers' Compensation Reimbursement Manual for Hospitals, 2006 Edition, to implement the reimbursement rates

authorized by the Three-Member Panel pursuant to Section 440.13(12), F.S., at its meeting on December 14, 2006. In addition, the proposed Rule 69L-7.501 will incorporate by reference versions of the Florida Workers' Compensation Medical Services Billing, Filing and Reporting Rule, (Rule 69L-7.602, F.A.C.) and the Florida Workers' Compensation Health Care Provider Reimbursement Manual.

SUMMARY: Rule amendment reflecting changes to certain reimbursement levels, policy instructions, and, reference materials as authorized by Florida's Three-Member Panel.

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: 440.13(12), (14), 440.591 FS.

LAW IMPLEMENTED: 440.13(7), (12), (14) 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: Tuesday, February 13, 2007, 1:00 p.m.

PLACE: 104J Hartman Building, 2012 Capital Circle, S.E., Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Don Davis, Division of Workers' Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4226, phone (850)413-1711

THE FULL TEXT OF THE PROPOSED RULE IS:

69L-7.501 Florida Workers' Compensation Reimbursement Manual for Hospitals.

(1) The Florida Workers' Compensation Reimbursement Manual for Hospitals, ~~2006~~ ~~2004 Second Edition~~, is adopted by reference as part of this rule. The ~~Hospital Manual~~ contains the Maximum Reimbursement Allowances (MRAs) determined by the Three Member Panel, pursuant to Section 440.13(12), Florida Statutes, and establishes reimbursement policies, procedures, principles and standards for implementing statutory provisions regarding reimbursement for medically necessary services and supplies provided to injured workers in a hospital setting and per diem rates for hospital services and supplies. The policy, procedures, principles and standards in the Manual are in addition to the requirements established by the Florida Workers' Compensation Medical Services Billing, Filing and Reporting Rule, Rule 69L-7.602, F.A.C. The Reimbursement Manual for Hospitals is available for inspection during normal business hours at the Florida Department of Financial Services,

Document Processing Section, 200 East Gaines Street, Tallahassee, Florida 32399-0311, or may be obtained free of charge by print or download from the Department's website at <http://www.fldfs.com/wc>.

(2) The Florida Workers' Compensation Health Care Provider Reimbursement Manual [HCP RM], 2006, incorporated by reference into Rule 69L-7.020, F.A.C.; and the Workers' Compensation Medical Services Billing, Filing and Reporting Rule, Rule 69L-7.602, F.A.C., are also incorporated by reference into this rule. Both rules and the HCP RM are available for inspection during normal business hours at the Florida Department of Financial Services, Document Processing Section, 200 East Gaines Street, Tallahassee, Florida 32399-0311, or via the Department's web site at <http://www.fldfs.com/wc>. Form DWC-90, Uniform Bill (rev. 1992), also known as the UB-92, or HCFA 1450, is hereby incorporated by reference as part of this rule. The Florida Workers' Compensation Health Care Provider Reimbursement Manual 2004, Second Edition, is incorporated by reference as part of this rule also. The reimbursement policies, billing codes and maximum reimbursement allowances for physical therapy, occupational therapy, speech therapy, radiology and clinical laboratory services contained in the manual shall be applied to hospital services provided on an outpatient basis only.

~~(3) The Florida Workers' Compensation Reimbursement Manual for Hospitals, incorporated in subsection (1) above, and Form DWC-90 are available for inspection during normal business hours at the State of Florida Department of Financial Services, Document Processing Section, 200 East Gaines Street, Tallahassee, Florida 32399-0311, or via the Department's website at <http://www.fldfs.com>.~~

Specific Authority 440.13(12), (14), 440.591 FS. Law Implemented 440.13(7), (12), (14), FS. History-New 6-9-87, Amended 6-1-92, 10-27-99, 7-3-01, Formerly 38F-7.501, 4L-7.501, Amended 12-4-03, 1-1-04, 7-4-04,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Don Davis, Office of Data Quality and Collection, Division of Workers' Compensation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Dan Sumner, Assistant Director, Division of Workers' Compensation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 6, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 20, 2006