



59A-8.0095 Personnel  
 59A-8.022 Clinical Records  
 59A-8.0245 Advance Directives  
 59A-8.027 Emergency Management Plans

**PURPOSE AND EFFECT:** The purpose of this rule development is to prepare the rules required in Sections 400.497(5) and (6), F.S., on the oversight by the director of nursing and the use of an unannounced licensure survey related to a licensure application for a change of ownership; to update the statutory references in the rule and forms referenced to conform to current statutes; and to remove items that are now in statutes.

**SUBJECT AREA TO BE ADDRESSED:** Oversight by the director of nursing, change of ownership license, and updating the rules to conform to current statutes.

**RULEMAKING AUTHORITY:** 400.497 FS.

**LAW IMPLEMENTED:** 400.497 FS.

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

**DATE AND TIME:** Thursday, August 11, 2011, 10:00 a.m. – 12:00 Noon

**PLACE:** Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room B, Tallahassee, FL

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Anne Menard, HQAHOMEHEALTH@ahca.myflorida.com or (850)412-4385. 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:** Anne Menard, Home Care Unit, Bureau of Long Term Care Services, HQAHOMEHEALTH@ahca.myflorida.com or (850)412-4385

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

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

**RULE NO.:** 59G-4.002  
**RULE TITLE:** Medicaid Provider Reimbursement Schedule

**PURPOSE AND EFFECT:** The amendment to Rule 59G-4.002, F.A.C., incorporates by reference the Florida Medicaid Provider Reimbursement Schedule, January 1, 2011. The reimbursement schedule contains the procedure codes and maximum fees that are effective January 1, 2011, for the following providers whose fees are based on a resource-based relative value scale: advanced registered nurse practitioner,

birth center, chiropractic, dental, hearing, licensed midwife, optometric, outpatient hospital laboratory, physician, physician assistant, podiatry, registered nurse first assistant, and visual. The amendment to Rule 59G-4.002, F.A.C., will permit the Agency to implement revisions to the Florida Medicaid Provider Reimbursement Schedule.

**SUBJECT AREA TO BE ADDRESSED:** Medicaid Provider Reimbursement Schedule.

An additional area to be addressed during the workshop will be the potential regulatory impact Rule 59G-4.002, F.A.C., will have as provided for under Sections 120.54 and 120.541, F.S.

**RULEMAKING AUTHORITY:** 409.919 FS.

**LAW IMPLEMENTED:** 409.902, 409.905, 409.906, 409.907, 409.908, 409.912, 409.913 FS.

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

**DATE AND TIME:** Wednesday, August 3, 2011, 2:30 p.m. – 3:30 p.m.

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

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Mary McCullough at the Bureau of Medicaid Services, (850)412-4234. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS:** Mary McCullough, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: (850)412-4234, e-mail: mary.mccullough@ahca.myflorida.com

**THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:**

59G-4.002 Medicaid Provider Reimbursement Schedule.

Medicaid providers who provide the following services and their billing agents who submit claims on behalf of an enrolled Medicaid provider must be in compliance with the provisions of the Florida Medicaid Provider Reimbursement Schedule, January 1, 2011 ~~January 1, 2010~~, which is incorporated by reference: advanced registered nurse practitioner, birth center, chiropractic, dental, hearing, licensed midwife, optometric, outpatient hospital laboratory, physician, physician assistant, podiatry, registered nurse first assistant, and visual. The Florida Medicaid Provider Reimbursement Schedule is available from

the Medicaid fiscal agent's Web site at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). ~~Select Click on~~ Public Information for Providers, then ~~on~~ Provider Support, and then ~~on~~ Fee Schedules. Paper copies of the reimbursement schedule may be obtained by calling the Provider Contact Center at 1(800)289-7799 and selecting Option 7.

Rulemaking Authority 409.919 FS. Law Implemented 409.902, 409.905, 409.906, 409.907, 409.908, 409.912, 409.913 FS. History—New 8-18-05, Amended 11-30-05, 4-16-06, 10-11-06, 3-27-07, 7-25-07, 9-29-08, 4-28-09, 2-11-10, 1-31-11,\_\_\_\_\_.

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Division of Pari-Mutuel Wagering**

RULE NO.: 61D-7.014  
 RULE TITLE: Pick (N) Pools

PURPOSE AND EFFECT: The purpose and effect of the proposed rule will be to implement Florida Statutes pertaining to the calculation and distribution of pari-mutuel wagering activity on wagering pools.

SUBJECT AREA TO BE ADDRESSED: Amends rule regarding pool calculation and distribution requirements for pari-mutuel wagering activity on Pick (N) wagering pools by giving pari-mutuel permitholders increased flexibility to offer "uncapped" wagers to the public.

RULEMAKING AUTHORITY: 550.0251(3), 550.155(1), 550.495(4) FS.

LAW IMPLEMENTED: 550.0251(7), 550.155 FS.

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

DATE AND TIME: August 16, 2011, 10:00 a.m. – 12:00 Noon

PLACE: Florida Department of Business and Professional Regulation, Northwood Centre, Board Room, 1940 N. Monroe Street, Tallahassee, Florida 32399

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Mary Polombo at (850)717-1098. 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: Mary Polombo, Clerk, Division of Pari-Mutuel Wagering, 1940 North Monroe Street, Tallahassee, Florida 32399-1035

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

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Worker's Compensation**

RULE NOS.: 69L-5.205, 69L-5.217  
 RULE TITLES: Loss Data Reporting, Civil Penalties and Fines

PURPOSE AND EFFECT: Rule 69L-5.205, F.A.C., is amended to clarify that former self-insurers must report loss data for the final period of authorization only once. The proposed amendments to Rule 69L-5.217, F.A.C., will reduce the penalties assessed against self-insurers for late filing of required forms, reports and documents and also recalculate penalties that were assessed against a self-insurer. If the self-insurer has already paid the penalty to the Department, the Department will refund the difference between the penalty paid and the new reduced penalty, unless the self-insurer owes any outstanding, unpaid penalties to the Department.

SUBJECT AREA TO BE ADDRESSED: Loss data reporting by former self-insurers and reduction of penalties assessed against self-insurers for late filing of reports.

RULEMAKING AUTHORITY: 440.38(1), (2), (3), 440.385(6), 440.525(2), 440.591 FS.

LAW IMPLEMENTED: 440.38(1), (2), (3), 440.385(1), (3), (6), 440.525 FS.

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

DATE AND TIME: August 1, 2011, 10:00 a.m.

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

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Pam Macon at (850)413-1708 or Pamela.Macon@MyFloridaCFO.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: Pam Macon, Chief, Bureau of Monitoring and Audit, Division of Workers' Compensation, 2012 Capital Circle S.E., Tallahassee, Florida 32399, (850)413-1708. The text of the proposed rule amendments will be available on the Division's website: <http://www.MyFloridaCFO.com/WC/notices/html>.

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