

Section I

Notice of Development of Proposed Rules and Negotiated Rulemaking

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE:

59G-1.010 Definitions

PURPOSE AND EFFECT: The purpose of the amendment to Rule 59G-1.010, F.A.C., is to update definitions and adopt a definition of "usual and customary charge." The definition comports with the plain meaning of the term and is consistent with the requirement of cost effective purchasing of health services in the Florida Medicaid Program for all providers, except for pharmacy providers (as a definition already exists in the Florida Medicaid Prescribed Drug Services Coverage, Limitations and Reimbursement Handbook, July 2014). The rule will require Medicaid enrolled providers, except for pharmacy providers, when listing their "usual and customary charge" to provide the price or fee that is most often or frequently accepted as payment by the provider for the particular service. The rule also explains the time period to be applied in calculating the usual and customary charge.

SUBJECT AREA TO BE ADDRESSED: An additional area to be addressed during the workshop will be the potential regulatory impact the amendment to Rule 59G-1.010, F.A.C., will have as provided for under Sections 120.54 and 120.541, F.S.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.901-.9201 FS.

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

DATE AND TIME: Tuesday, September 9, 2014, 1:00 p.m. – 2:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room D, 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. 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, Bureau of Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: (850)412-4234, e-mail: mary.mccullough@ahca.myflorida.com

Comments will be received until 5:00 p.m. on Tuesday, September 16, 2014.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-1.010 Definitions.

The following definitions are applicable to all sections of Chapter 59G, Florida Administrative Code (F.A.C.), unless specifically stated otherwise in one of those sections. These definitions do not apply to any Agency for Health Care Administration (Agency), Medicaid program rules other than those in Chapter 59G, F.A.C.:

(1) "Abuse" is as defined in Section 409.913(1)(a), Florida Statute (F.S.)

(2) "Active treatment plan" means a written plan of care or service implementation plan specific to an individual and which sets forth measurable goals or objectives stated in terms of desirable behavior and prescribing an integrated program of activities, experiences, or therapeutic interventions necessary for an individual to reach those goals or objectives. As applied to the community behavioral health service program, developmentally disabled recipients in the nursing home program, and intermediate care facility for individuals with intellectual disabilities (ICF/IID) services ~~the developmentally disabled program~~, an active treatment plan focuses on treatment and services to address mental illness or developmental disabilities.

(3) "Adjudicate" means to determine whether all program requirements have been met and whether the claim is payable.

(4) "Adjusted claim" means a claim to correct a previous payment.

(5) "Adjustment" means the process or the result of the process by which a previous payment is corrected.

(6) "Administrative hearing" means a formal or informal proceeding held in accordance with the provisions of Chapter 120, F.S. Florida Statutes.

(7) "Administrative or grace days" are the days a patient remains in the hospital beyond the point of medical necessity while awaiting placement in a nursing home or other place of residence.

(8) "Administrative sanctions" means the disincentives set forth in Sections 409.913(13), (14), (15), and (16), F.S., and Rule 59G-9.070, F.A.C.

(9) "Admission review" means the evaluation of an individual's need for institutional care, goods, or services in accordance with established medical care and related criteria, including a determination of whether community based care is a viable alternative to institutionalization.

(10) "Adult health screening" means a medical examination furnished to assess the health status of recipients age 21 years and older in order to detect and prevent disease, disability, and other adverse health conditions or their progression.

(11) "Advanced Registered Nurse Practitioner (ARNP)" means a registered nurse certified by the Florida Board of Nursing as an ARNP and who holds a valid and active license in full force and effect pursuant to Section 464.012, F.S., or the applicable licensing laws of the state in which the service is furnished.

(12) "Advanced registered nurse practitioner services" means services furnished within the context of advanced or specialized nursing practice.

(13) "Adverse continued stay decision" means a decision, based on an assessment of an individual's medical and related needs, that terminates institutional care or services, or terminates payment to a provider.

(14) "Agency" means the Agency for Health Care Administration.

(15)(14) "Allied Care" means care that is related to the health care needs of Medicaid recipients.

(16)(15) "Allowable costs" means an item or group of items of cost chargeable to one or more objects, processes, or operations in accordance with ~~the Principles of Reimbursement for Provider Costs, as defined in HCFA Pub. 15-1 (formerly HIM-15), and as further defined in the Florida Title XIX Reimbursement Plans. Also see HCFA Pub. 15-1.~~

(17)(16) "Alternative placement" means placement in any setting other than an institution.

(18)(17) "Ambulatory Surgical Center (ASC)" means a facility that is operated for the primary purpose of providing surgery not requiring inpatient hospitalization. The ASC is a facility that is licensed in accordance with the provisions of Chapter 395, F.S.

(19)(18) "Appeal" means a request for a "Fair Hearing," an "Administrative Hearing," or review of the Agency's action by a court of competent jurisdiction.

(20)(19) "Applicant," as applied to a prospective recipient, means an individual whose written application for medical assistance furnished by Medicaid under Sections 409.903 - .906, F.S., has been submitted to the Agency, but has not received final action. This term includes an individual who is not alive at the time of application, but whose application is submitted through a representative or a person acting for the individual.

(21)(20) "Attending physician" means a doctor of medicine or osteopathy licensed pursuant to Chapter 458 or 459, F.S., and who is identified as having primary responsibility for a recipient's medical care.

(22)(21) "Audiologist" means an individual who holds a valid and active license in full force and effect pursuant to Chapter 468, Part I, F.S., or the applicable laws of the state in which the service is furnished.

(23)(22) "Audit" means either:

(a) An examination of "records for audit" supporting amounts reported in the annual cost report or in order to determine the correctness and propriety of the report.~~;~~~~or~~

(b) An analysis of documentation prepared in accordance with Medicaid policy and procedures supporting a provider's claim activity for a recipient's goods or services during a period of time in order to determine whether Medicaid payments are or were due and the amounts thereof.

(24)(23) "Baker Act" means the Florida Mental Health Act, Chapter 394, F.S.

(25)(24) "Benefit" means any assistance, aid, obligation, promise, debt, liability, or the like, related to any covered injury, illness, or necessary medical or allied care, good, or services.

(26)(25) "Billing agent" means a person or entity that has an agreement with a provider to submit Medicaid claims on behalf of the provider.

(27)(26) "Billing Practitioner" means an entity that submits a claim on behalf of a Medicaid provider who has provided medical or allied care, goods, or services.

(28)(27) "Birth center" means any facility or institution licensed in accordance with the provisions of Chapter 383, F.S., and Chapter 10D-90, F.A.C., or the applicable laws of the state in which the service is furnished.

(29)(28) "Board certified" means certified by a medical specialty board approved by the American Board of Medical Specialties or American Osteopathic Association, or certified by a dental specialty board of the American Dental Association.

(30)(29) "Bribe, Kickback, or Illegal Solicitation" means:

(a) Knowingly and willfully soliciting or receiving any remuneration directly or indirectly, overtly or covertly, in cash or in kind, from any person in return for either:

1. Referring or taking an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under the Medicaid or other health care program unless such arrangement has been made with or approved by the Agency.~~;~~~~or~~

2. Purchasing, leasing, ordering or arranging for or recommending purchasing, leasing or ordering any good, facility, service, or item for which payment may be made in whole or in part under the Medicaid program or other health care program unless such arrangement has been made with or approved by the Agency.

(b) Knowingly or willfully offering or paying any remuneration directly or indirectly, overtly or covertly, in cash or in kind, to any person to induce such person to either:

1. Refer or take an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under the Medicaid program or other health care program, unless such arrangement has been made with or approved by the Agency,~~5~~~~0~~

2. Purchase, lease, order, arrange for any recommended purchase, lease, or order of any good, facility, service or item for which payment may be made in whole or in part under the Medicaid program or other health care program, unless such arrangement has been made with or approved by the Agency.

~~(31)~~~~(30)~~ “Business records” are those documents related to the administrative or commercial activities of a provider, as contrasted with medical or professional activities. Business records made available to Medicaid must be dated and legible. Business records include, as applicable, admission, accident, appointment, assignment, billing, contract, eligibility, financial, insurance, legal, medical release, patient activity, peer review, personnel, procurement, registration, signature authorization, tax, third party correspondence, utilization review documents, all administrative or commercial records that are customarily prepared or acquired and are customarily retained by the provider, and administrative or commercial records that are required by statute or rule to be prepared or acquired and retained by the provider. Records may be on paper, magnetic material, film or other media. Also see “Medical records” and “Medicaid-related records.”

~~(32)~~~~(31)~~ “Cap” ~~s~~See “Service limit.”

~~(33)~~~~(32)~~ “Cap period” ~~s~~See “Service limitation period.”

~~(34)~~~~(33)~~ “Capitation payment” means the monthly fee that is paid by the Agency department to a contractor or provider for each Medicaid recipient enrolled under a contract for the provision of Medicaid services, whether or not the enrollee receives the services during the payment period.

~~(35)~~~~(34)~~ “Care plan” ~~s~~See “Plan of care.”

~~(36)~~~~(35)~~ “Case management” means the manner or practice of planning, directing, and coordinating the health care and utilization of medical and allied services of recipients.

~~(37)~~~~(36)~~ “Case manager” means an employee of the Agency department or a case management contractor approved by the Agency department who furnishes case management services directly to or on behalf of a recipient on an individual basis.

~~(38)~~~~(37)~~ “Certification” means the process of determining that a facility, equipment, or an individual meets the requirements of federal or state law, or whether Medicaid payments are appropriate or will be made in certain situations.

~~(39)~~~~(38)~~ “Certification statement” means a statement by which a physician or other authorized professional personnel attest to an individual's need for a specific type or level of coverage under the Medicaid program.

~~(40)~~~~(39)~~ “Chiropractor” means a doctor of chiropractic medicine who holds a valid and active license in full force and effect pursuant to the provisions of sSection ~~409.906~~ ~~460.403~~, F.S., or the applicable laws of the state in which the service is furnished.

~~(41)~~~~(40)~~ “Claim” means any communication, whether oral, written, electronic, or otherwise, that is used by any person to apply for payment from the Medicaid program or its fiscal agent for each item or service purported by any person to have been furnished by a person to any Medicaid recipient or other individual.

~~(42)~~~~(41)~~ “Claims detail” means a report of information generated by a computer or any other means concerning claims submitted to the Medicaid program. Also see “Payment ~~r~~Record.”

~~(43)~~~~(42)~~ “Clean claim” means a claim that has been completed properly according to Medicaid billing guidelines, is accompanied by all necessary documentation required by federal law, state law, or state administrative rule for payment, and can be processed and adjudicated without obtaining additional information from the provider or from a third party. It includes a claim with errors originating in the Agency's department's claim system. It does not include a claim from a provider who is under investigation for fraud, abuse, or violation of state or federal Medicaid laws, rules, regulations, policies, or directives, or a claim under review for medical necessity.

~~(44)~~~~(43)~~ “Client assessment or reassessment” means formal tools or informal techniques used by a health care provider or case manager to identify the medical, social, educational or other needs of a recipient.

~~(45)~~~~(44)~~ “Clinic” means a facility that is organized and operated independent of any institution to furnish preventive, diagnostic, therapeutic, rehabilitative, or palliative Medicaid care, goods, or services to outpatients.

~~(46)~~ “Centers for Medicare & Medicaid Services (CMS).” previously known as the Health Care Financing Administration (HCFA), is a federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards.

~~(47)~~~~(45)~~ “Coinsurance ~~C~~o-insurance” means an amount that a Medicare beneficiary pays to a provider for furnishing medical or allied care, goods, or services.

~~(48)~~(46) “Collateral” means any and all causes of action, suits, claims, counterclaims, and demands that accrue to the recipient or to the recipient's legal representative, related to any covered injury, illness, or necessary medical or allied care, goods, or services for which Medicaid provided medical assistance; all judgments, settlements, and settlement agreements rendered or entered into and related to such causes of action, suits, claims, counterclaims, demands, or judgments; and proceeds as defined in Section 409.901, F.S.

~~(49)~~(47) “Compensable services” See “Medicaid services.”

~~(50)~~(48) “Comprehensive Assessment and Review (CARES)” means an institutional care preadmission assessment and screening program administered or arranged by the Department of Elder Affairs.

~~(51)~~(49) “Concurrent care” means care furnished at the same time to a Medicaid recipient by physicians of more than one specialty when the patient's condition requires such care.

~~(52)~~(50) “Consultation” means an opinion rendered by a health professional at the request of another health professional in accordance with Medicaid rules, regulations, policies, and directives.

~~(53)~~(51) “Contracting officer” means the Deputy Assistant Secretary of Medicaid.

~~(54)~~(52) “Contractor” means any entity under contract with the Agency. The term contractor shall include all employees, subcontractors, agents, volunteers, and anyone acting on behalf of, in the interest of, or for a contractor.

~~(55)~~(53) “Copayment ~~Co-payment~~” means an amount that a recipient is required by Medicaid policy to pay a provider for furnishing medical or allied care, goods, or services.

~~(56)~~(54) “Corrective action plan” means a written plan of action developed by the facility for the purpose of correcting cited deficiencies in compliance with federal or state regulations, rules, or policies.

~~(57)~~(55) “Cosmetic” means furnished for aesthetic purposes.

~~(58)~~(56) “Covered injury or illness” means any sickness, injury, disease, disability, deformity, abnormality disease, necessary medical care, pregnancy, or death for which a third party is, may be, could be, should be, or has been liable, and for which Medicaid is, or may be, obligated to provide, or has provided, medical assistance.

~~(59)~~(57) “Covered services” are those medical or allied care, goods, or services determined by the Agency ~~department~~ to be eligible for reimbursement pursuant to Medicaid program standards, and those Medicaid and other medical or allied care, goods, or services that a prepaid health plan contractor agrees to furnish under the terms of its contract with the Agency ~~department~~. Also see “Medicaid services.”

~~(60)~~(58) “Covered procedures” See “Medicaid services.”

~~(61)~~(59) “CPT-4 procedure codes” means the most current addition of Physicians Current Procedural Terminology, Fourth Edition, CPT, which is a systematic listing and coding of procedures and services that is published yearly by the American Medical Association.

~~(62)~~(60) “Crossover” or “Crossover claim” means a claim that is submitted to Medicare and subsequently submitted to Medicaid for payment of the deductible or coinsurance.

~~(63)~~(61) “Date of service (DOS)” means the date on which the provider furnished medical or allied care, goods, or services to a Medicaid eligible recipient, unless specified otherwise for a particular service.

~~(64)~~(62) “Dentist” means an individual who holds a valid and active license to practice dentistry or dental surgery in full force and effect pursuant to the provisions of Chapter 466, F.S., or the applicable laws of the state in which the service is furnished.

~~(63)~~ “Agency” means the Agency for Health Care Administration.

~~(64)~~ “DESI” means Drug Efficacy Study Implementation, and is used to identify drug products and known related drug products that have been identified by the Health Care Financing Administration as lacking substantial evidence of effectiveness.

(65) “Diagnosis and evaluation (D & E)” means the process of preparing a comprehensive assessment of a person's performance level in several health, social, mental, and personal abilities by an interdisciplinary team of professionals. D & E includes a detailed listing of the individual's service needs and a care plan or service plan that includes the services the individual requires to attain measurable objectives.

(66) “Diagnosis and evaluation (D & E) team” means an interdisciplinary team of professionals that evaluates an individual in order to determine his eligibility for developmental services, determine his service needs, and develop a plan of care for the provision of needed medical or allied care, goods, or services.

(67) “Directive” means any statement of general instruction as to procedure communicated to a provider through means such as handbooks, manuals, guidelines, bulletins, letters, and other types of communication as the Agency ~~department~~, in its discretion, may determine to be appropriate to sufficiently apprise a provider of its compliance requirements.

(68) “Disenrollment” means the discontinuance of an enrollee's membership in a contractor's prepaid plan, of an enrollee's participation in a provider's enrolled caseload, or of an enrollee's participation in a federally-approved waiver program. Also see “Enrollee.”

(69) "District" means a geographic service area of the department as defined in Section 20.19, F.S.

~~(70) "Drug Efficacy Study Implementation (DESI)" is used to identify drug products and known related drug products that have been identified by CMS as lacking substantial evidence of effectiveness. "Drug exception request (DER)" means the process through which a change to a recipient's monthly drug service limit may be allowed.~~

(71) "Dually eligible recipient" means any person who is eligible to receive benefits under both the Florida Medicaid program, Title XIX, and the federal Medicare program, Title XVIII.

(72) "Durable medical equipment (DME)" means medical equipment that can withstand repeated use; is primarily and customarily used to serve a medical purpose; is generally not useful in the absence of illness or injury; and is appropriate for use in the patient's home. Also see "Goods," "Medical supplies," and "Supplies and appliances."

(73) "Election" means the selection of hospice services by the individual or the individual's representative.

(74) "Elective surgery" means surgery that can be safely deferred without:

- (a) Threatening the life of the patient;
- (b) Causing irreparable physical damage;
- (c) Resulting in the loss or serious impairment of a body function;~~or~~
- (d) ~~R~~resulting in irretrievable loss of growth and development.

(75) "Eligible person" ~~s~~See "Recipient."

~~(76) "Emergency care" or "emergency services" means those services that are necessary to prevent loss of life, irreparable physical damage, or loss or serious impairment of a body function.~~
(76) "Emergency care" or "emergency services" means medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable laws, by other appropriate personnel under the supervision of a physician, to determine whether an emergency medical condition exists and, if it does, the care, treatment, or surgery for a covered service by a physician which is necessary to relieve or eliminate the emergency medical condition, within the service capability of a hospital or "emergency medical services" means those services that are necessary to prevent loss of life, irreparable physical damage, or loss or serious impairment of a body function.

~~(77) "Enrollee" means an eligible recipient who is a member of a contractor's prepaid plan, or who is enrolled in a primary care case manager's caseload or a federally approved waiver program.~~

(78) "EPSDT" means the Early and Periodic Screening, Diagnosis and Treatment program administered by the Medicaid program.

(79) "Erroneous Payment" means a payment made to a Medicaid recipient, provider, or other person to which he is not entitled and which is caused by intentional or inadvertent error by the recipient, provider, or other person.

(80) "Established patient" means a patient who has received professional medical or allied care, goods, or services from the provider within the past three years.

~~(81) "Estimated Acquisition Cost" or "(E.A.C.)", as related to the Medicaid prescribed drug program, means the cost established by the department's best estimate of the price generally and currently paid by providers.~~

(82) "Exception" or "Exception authorization" means a determination by the Agency ~~department~~ allowing for the provision of and payment for medical or allied care, goods, or services that otherwise would not be reimbursable due to service limitations.

(83) "Expanded benefit" means a covered service of a prepaid health plan that either is not a Medicaid covered service, or is a Medicaid covered service furnished by a prepaid plan for which the plan receives no capitation payment.

(84) "Experimental" or "Experimental and clinically unproven" or "Investigational" as related to drugs, devices, medical treatments or procedures means either:

(a)1. The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and approval for marketing has not been given at the time the drug or device is furnished;~~or~~

2. Reliable evidence shows that the drug, device or medical treatment or procedure is the subject of on-going phase I, II, or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy, or its efficacy as compared with the standard means of treatment or diagnosis;~~or~~

3. Reliable evidence shows that the consensus among experts regarding the drug, device, or medical treatment or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, safety, or efficacy as compared with the standard means of treatment or diagnosis.

4. The drug or device is used for a purpose that is not approved by the FDA.

(b) Reliable evidence shall mean only published reports and articles in the authoritative medical and scientific literature; the written protocol or protocols used by the treating facility or the protocol(s) of another facility studying substantially the same drug, device, or medical treatment or procedure; or the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

(85) "Fair Hearing" means the opportunity afforded any Medicaid applicant or recipient, for whom there has been a determination to deny, reduce or terminate benefits or services, except when the determination is due solely to a law or policy requiring an automatic change, to have one or more impartial officials who have not been directly or indirectly involved in

the initial determination of the action in question render a final decision based on information submitted for review pursuant to the hearing standards contained in federal regulations.

(86) “Family planning” means services rendered for the purpose of enabling persons to voluntarily plan family size or plan the length of time between births.

(87) “Family Service Plan or Family Support Plan (FSP)” means a department accepted plan of care for the entire family including health care, economic assistance, equipment, and education.

(88) “FDHRS” stands for Florida Department of Health and Rehabilitative Services.

~~(89)~~(88) “Fee-for-service” means a method of making payment for medical or allied care, goods, or services based on fees set by the Agency department for defined care, goods, or services.

~~(90)~~(89) “Felony;” means any act that:

(a) Is a felony under Florida law or would be punishable as a felony had the act been committed in Florida.

(b) Is a felony under federal law or would be punishable as a felony had the act been committed under federal jurisdiction.

~~(90)~~ “Fiscal agent” means any corporation or other legal entity that has contracted with the Agency department to receive, process, and adjudicate claims under the Medicaid program.

(91) “Florida Medicaid Management Information System (FMMIS)” means the computer system used to process Florida Medicaid claims and to produce management information relating to the Florida Medicaid program.

(92) “Fraud” means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

(93) “Freedom of Choice” means the right of a Medicaid recipient to choose from all programs for which he is eligible and to choose any enrolled Medicaid provider from whom to obtain medical or allied care, goods, or services.

(94) “Furnished” means supplied, given, prescribed, ordered, provided, or directed to be provided in any manner.

(95) “Generic upper limit price (GULP)” means the upper payment limit established by the department for generic equivalent drug products.

(96) “Goods” means appliances, equipment, supplies, or other items of merchandise normally or usually recognized by medical professionals as medically necessary in the treatment of the covered illness or injury, or in the rehabilitation from same, including drugs and durable medical equipment. Also see “Durable medical equipment,” “Medical supplies,” “Prescribed drugs,” “Prosthetic device,” and “Supplies and appliances.”

(97) “Grace days” See “Administrative or grace days.”

(98) “Grievance” means a formal complaint filed with the Agency department by a managed care enrollee or the enrollee’s agent that expresses dissatisfaction with care, goods, services, or benefits received under the program in which the person is enrolled.

(99) “Grievance procedure” means an organized process by which managed care enrollees may express dissatisfaction with care, goods, services, or benefits received under the program in which they are enrolled and the resolution of these dissatisfactions.

(100) “Group” or “Group practice” means two or more health care practitioners who practice their profession at a common location, whether or not they share common facilities, supporting staff, or equipment, and which organization possesses a federal employer identification (FEI) number.

(101) “Habilitation plan or Individual Support Plan” means a plan for providing programs and services to an individual based on a joint interdisciplinary professional diagnosis and evaluation process, consisting of at least a complete medical, social, and psychological assessment. The habilitation plan identifies barriers to optimum independent functioning and targets behaviors to be achieved by the individual over a specified period and also provides the basis for the development of the active treatment plan in an ICF/IIDMR-DD facility.

~~(102) “HCFA Pub. 15-1 (formerly HIM 15)” means publication 15-1, also known as the Provider Reimbursement Manual, published by the Department of Health and Human Services, Health Care Financing Administration (HCFA). This manual details cost finding principles for institutional providers for Medicare and Medicaid reimbursement.~~

~~(102)~~(103) “Healthcare Common Procedure Coding System (HCPCS)” means the national method of classifying written descriptions of diseases, injuries, conditions, procedures, and supplies using alphabetic and numeric designations or codes.

~~(104) “Health Care Financing Administration (HCFA)” means the unit of the United States Department of Health and Human Services that provides administration and funding for Medicare under Title XVIII and Medicaid under Title XIX of the Social Security Act.~~

~~(103)~~(105) “Health coverage” means health insurance, disability insurance, multiple employer welfare arrangements, health maintenance organizations, or prepaid health clinics as defined in section ss. 624.603, 624.437, and 641.19(5), and 641.402(6), F.S.

(104) “Health Insurance Claim Form 1500.” formerly known as the CMS-1500, is the claim form used for payment from Medicaid through the fiscal agent.

~~(105)(406)~~ “Health Maintenance Organization (HMO)” means an entity certified by the Florida Department of Insurance under applicable provisions of Part I H of Chapter 641, F.S., or as defined in the Florida Medicaid State Plan.

~~(106)(407)~~ “HHS” means the federal Department of Health and Human Services.

~~(107)(408)~~ “Hearing aid specialist” means an individual who holds a valid and active license to practice the dispensing of hearing aids in full force and effect pursuant to the provisions of Chapter 484, Part II, F.S., or the applicable laws of the state in which the service is furnished.

~~(108)(409)~~ “High medical risk pregnant woman” means a woman whose medical history and diagnosis indicate, without consideration of a previous caesarean section, that a normal uncomplicated pregnancy and delivery is unlikely to occur.

~~(109)(410)~~ “HIM-15” See HCFA-Pub. 15-1.

~~(110)(411)~~ “Home Health Aide Aid (HHA)” means a person who has successfully completed a training program that meets minimum standards for aide training as determined by the Office of Licensure and Certification and the Florida Department of Education, and who furnishes personal health care services for a recipient at home under the supervision of a licensed health care worker.

~~(111)(412)~~ “Hospice” means a licensed public agency or private organization, or autonomous unit within either, that is primarily engaged in providing a continuum of services to terminally ill individuals and that meets the Medicare participation standards specified in 42 CFR Part 418.

~~(112)(413)~~ “Hospital” means a facility licensed in accordance with the provisions of Chapter 395, F.S., or the applicable laws of the state in which the service is furnished.

~~(114)~~ “HRS” means the Florida Department of Health and Rehabilitative Services.

~~(113)(415)~~ “ICD-9-CM dDiagnosis and pProcedure cCodes” means the most current addition of International Classification of Diseases, ~~9th Revision, Clinical Modification~~, which is a method of classifying written descriptions of diseases, injuries, conditions, and procedures using alphabetic and numeric designations or codes.

~~(114)(416)~~ “Illegal Solicitation” see “Bribe, Kickback, or Illegal Solicitation.”

~~(115)(417)~~ “Inappropriate payment” means all or a portion of a payment made to any person or provider to which the provider is not entitled as determined by the Medicaid program.

~~(116)(418)~~ “Independent” means not under common control or governance, direct or indirect ownership.

~~(117)(419)~~ “Independent laboratory” means a facility other than a hospital or clinic that is certified in accordance with the Clinical Laboratory Improvement Act (CLIA) of 1988 standards to provide diagnostic laboratory services.

~~(118)(420)~~ “Indirect ownership interest” means an ownership interest in an entity that has an ownership interest in another entity.

~~(119)(421)~~ “Individual Support plan” See “Habilitation plan.”

~~(120)(422)~~ “Infirmary” means that area of a facility where the infirm or sick are lodged for temporary care or treatment.

~~(121)(423)~~ “Inpatient” means a person who has been admitted to a hospital for purposes of receiving inpatient hospital services with the expectation that he will remain at least overnight and occupy a bed even ~~though through~~ it may later develop that he can be discharged or transferred to another hospital and does not actually use the hospital bed overnight. Also see “Outpatient.”

~~(122)(424)~~ “Insolvency” means a financial condition that exists when an entity is unable to pay its debts as they become due in the usual course of business, or when the liabilities of the entity exceed its assets.

~~(123)(425)~~ “Inspection of Care” means a periodic on-site review and evaluation of care and services furnished to Medicaid residents by institutional care facilities.

~~(124)(426)~~ “Institutional care facility” means a nursing home, an (ICF/IID) intermediate care facility for ~~mentally retarded/developmentally disabled (ICF/MR-DD)~~, or a state mental hospital licensed in accordance with the provisions of Chapter 395 or 400, F.S.

~~(125)(427)~~ “Institutional services” means care furnished in an institutional care facility.

~~(126)(428)~~ “Institutionalized person” means a person who is:

(a) Involuntarily confined or detained under a civil or criminal statute in a correctional or rehabilitative facility, including a mental hospital or other facility for the care and treatment of a mental illness; or

(b) Confined under a voluntary commitment in a mental hospital or other facility for the care and treatment of mental illness; or

(c) A resident of or admitted to an institution.

~~(127)(429)~~ “Insurer” means an entity authorized to furnish health care or health care insurance coverage.

~~(128)(430)~~ “Interdisciplinary team” means a group of persons consisting of representatives of all professional disciplines involved in the care of the institutional care facility resident and participating in the development and implementation of an individual medical, nursing, rehabilitative and active treatment plan to achieve a unified and integrated program for meeting the individual's needs.

~~(129)(431)~~ “Intermediate care facility for the individuals with intellectual disabilities (ICF/IID) ~~mentally retarded/developmentally disabled (ICF/MR-DD)~~” means a facility licensed under state law and certified under federal

regulations to furnish health care, rehabilitative services, and other related services to individuals who have an intellectual disability mental retardation, a developmental disability or related conditions.

~~(130)~~~~(432)~~ “Intermediate care resident” means a Medicaid applicant or recipient and nursing home resident who requires intermediate care services including 24 hour observation and care and the constant availability of medical and nursing treatment and care, but not to the degree of care and treatment furnished in a hospital or that which meets the criteria for skilled nursing services as defined in Rule 59G-4.290, F.A.C.

~~(131)~~~~(433)~~ “Intermittent” or “Intermittent Nursing Care” as related to furnishing medical or allied care, goods, or services to recipients means that there is a medically predictable need for the care, goods, or services to be provided from time to time, but usually not less frequently than once every sixty days, and that they are needed on an acute episodic basis but not a maintenance basis. The fact that a provider has used the term “intermittent” in furnishing, prescribing, recommending, or approving care, goods, or services does not, in itself, make such care, goods, or services intermittent for Medicaid purposes.

~~(132)~~~~(434)~~ “Investigation” means the activities to determine whether there exist issues of non-compliance with the laws, rules or policies governing the Medicaid Program, and other laws under which the Agency has authority.

~~(133)~~~~(435)~~ “Kickback” see “Bribe, Kickback, or Illegal Solicitation.”

~~(134)~~~~(436)~~ “Knowingly” means that a person is aware or should be aware of the nature of his conduct and that his conduct is substantially certain to cause the result at issue.

~~(135)~~~~(437)~~ “Legal representative” means a guardian, conservator, survivor, or personal representative of a recipient or applicant, or of the property or estate of a recipient or applicant.

~~(136)~~~~(438)~~ “Legend drugs” means those drugs for which federal law requires the federal legend label, “Caution: Federal Law prohibits dispensing without a prescription”, or those drugs that state law prohibits dispensing without a prescription.

~~(137)~~~~(439)~~ “Level of care” means the level of nursing or rehabilitative care required by a Medicaid applicant or recipient based on his medical or related needs as defined by the criteria in Chapter 59G-4, F.A.C.

~~(138)~~~~(440)~~ “Licensed practical nurse (LPN)” means a graduate of an approved formal program of study in practical nursing who holds a valid and active license in full force and effect pursuant to the provisions of Chapter 464, F.S., or the applicable laws of the state in which the service is furnished.

~~(139)~~~~(441)~~ “Licensed” means a facility, a piece of equipment, a system, or an individual has formally met and is registered in accordance with all state, county, and local requirements applicable to the particular license, and has

authorization from the applicable competent authority to do an act which, without such authorization, would be illegal.

~~(140)~~~~(442)~~ “Lock-in” means the restriction of a Medicaid recipient to a single provider or health plan that is enrolled or under contract with the Agency and that agrees to be responsible for the provision or authorization of services for that recipient.

~~(141)~~~~(443)~~ “Low medical risk pregnant woman” means a woman whose medical history and diagnosis indicate, without consideration of a previous caesarean section, that a normal uncomplicated pregnancy and delivery are likely to occur.

~~(142)~~~~(444)~~ “Maintenance drugs” are those drugs prescribed for the treatment of a known chronic disorder and all drugs prescribed for longer than two (2) consecutive months for the treatment of a disease state.

~~(143)~~~~(445)~~ “Management” See “Case management” and “Patient management.”

~~(144)~~~~(446)~~ “Managing employee” means a general manager, business manager, administrator, director, or other person who exercises operational or managerial control of a provider, or who directly or indirectly conducts the day-to-day operations of a provider.

~~(145)~~~~(447)~~ “Mandatory coverage groups” means those groups of individuals required to be covered by Medicaid in accordance with the provisions of federal law and Chapter 409, F.S. Also see “Optional coverage groups.”

~~(148)~~ “Marketing” as it pertains to ~~prepaid health plans means activity conducted by or on behalf of the contractor and that is intended to encourage Medicaid recipients to enroll in the contractor's prepaid health plan.~~

~~(146)~~~~(449)~~ “Medicaid” means the medical assistance program authorized by Title XIX of the federal Social Security Act, 42 U.S.C., ~~section-~~ 1396 et seq., and regulations there under thereunder, as administered in this state by the Agency department under §Section 409.901 et seq., F.S.

~~(147)~~~~(450)~~ “Medicaid agency” means the single state agency that administers or supervises the administration of the Medicaid state plan under federal law.

~~(148)~~~~(451)~~ “Medicaid Fraud Control Unit (MFCU)” means the unit so designated in the Office of the Attorney Auditor General of the state of Florida.

~~(149)~~~~(452)~~ “Medicaid Identification Card” means a card furnished to Medicaid recipients that is used by providers to verify eligibility.

~~(153)~~ “~~Medicaid Physician Access System (MediPass)~~” ~~means the physician primary care case management waiver program operated by the department.~~

~~(150)~~~~(454)~~ “Medicaid-related records” means records that relate to the provider’s business or profession and to a Medicaid recipient. Medicaid-related records include records related to non-Medicaid customers, clients, or patients, to the extent that

the documentation is shown by the Agency department to be necessary to determine a provider's entitlement to payments under the Medicaid program. Also see "Business records" and "Medical records."

~~(151)(455)~~ "Medicaid services" or "Medicaid care" means medically necessary medical or allied institutional or noninstitutional care, goods, services, or procedures covered, and eligible for payment, by the Medicaid program. Also see "Medically necessary."

~~(152)(456)~~ "Medical assistance" means any provision of, payment for, or liability for medical or allied care, goods, or services by Medicaid to, or on behalf of, any recipient.

~~(153)(457)~~ "Medical care" See "Medical services."

~~(154)(458)~~ "Medical care evaluation study" means a study performed by a facility's Utilization Review Committee (URC) that identifies and analyzes patterns of care furnished to Medicaid inpatient hospital residents.

~~(155)(459)~~ "Medical foster home" means a residential facility where medical foster care is furnished to medically complex children in a family living environment, which also includes supervision and care necessary to meet the physical, emotional, and social needs of the children.

~~(156)(460)~~ "Medical records" means those documents corresponding to medical or allied care, goods, or services furnished in any place of service. The records may be on paper, magnetic material, film, or other media. In order to qualify as a basis for reimbursement, the medical records must be dated, signed or otherwise attested to, as appropriate to the media, and legible.

(a) Medical records will include, as applicable:

1. Date of service on each visit, and time spent with patient on each visit;
2. Place of service;
3. Patient's name and date of birth;
4. Caregiver's signature (not stamp or facsimile), and name and title of person performing the service. When the caregiver is the billing practitioner, the name and title must appear on the claim form;
5. Referring physician;
6. Chief complaint on or purpose of each visit;
7. Medical history;
8. Findings on examination;
9. Medications administered, prescribed or dispensed;
10. Description of treatment, when applicable;
11. Daily progress notes, physician's orders, prescriptions, and recommendations for additional treatments or consultations;
12. Laboratory reports, X-ray and other image records, and other tests and results;

13. Documentation related to medical equipment and supplies ordered or prescribed; and

14. All other records that are customarily prepared or acquired, and are customarily retained by the provider and all records that are required by statute or rule to be prepared or acquired and retained by the provider.

(b) Also see "Business records" and "Medicaid-related records."

~~(157)(464)~~ "Medical review" means a process by which certain claims submitted to the Medicaid fiscal agent for payment are reviewed by Agency department medical consultants to determine their final adjudication.

~~(158)(462)~~ "Medical services" means medical or allied institutional or noninstitutional care, goods, services, or procedures. Also see "Medicaid services."

~~(159)(463)~~ "Medical supplies" means medical or surgical items that are consumable, expendable, disposable or non-durable and that are used for the treatment or diagnosis of a patient's specific illness, injury, or condition. Also see "Goods," "Durable medical equipment," and "Supplies and appliances."

~~(160)(464)~~ "Medically complex" means that a person has chronic debilitating diseases or conditions of one or more physiological or organ systems that generally make the person dependent upon 24 hour-per-day medical, nursing, or health supervision or intervention.

~~(161)(465)~~ "Medically fragile" means an individual who is medically complex and whose medical condition is of such a nature that he is technologically dependent, requiring medical apparatus or procedures to sustain life, e.g., requires total parenteral nutrition (TPN), is ventilator dependant, or is dependent on a heightened level of medical supervision to sustain life, and without such services is likely to expire without warning.

~~(162)(466)~~ "Medically necessary" or "medical necessity" means that the medical or allied care, goods, or services furnished or ordered must:

(a) Meet the following conditions:

1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
2. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs;
3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available; statewide; and

5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

(b) "Medically necessary" or "medical necessity" for inpatient hospital services requires that those services furnished in a hospital on an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type.

(c) The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

~~(163)(167)~~ "Medicare" means the medical assistance program authorized by Title XVIII of the federal Social Security Act, 42 U.S.C., ~~§ section 1395~~ ~~395~~ et seq., and regulations thereunder.

~~(164)(168)~~ "Mental health treatment" means mental health services that are furnished to persons, individually or in groups, including counseling, supportive therapy, ~~chemotherapy~~, intensive psychotherapy, and such other accepted therapeutic processes as qualify for Medicaid reimbursement.

~~(165)(169)~~ "Mentally incompetent person" means an individual who has been declared mentally incompetent by a court of competent jurisdiction for any purpose, unless the person has been declared competent for purposes that include the ability to consent to the specific medical procedure in question.

~~(166)(170)~~ "Misdemeanor," means any act that:

(a) Is a misdemeanor under Florida law or would be punishable as a misdemeanor had the act been committed in Florida.

(b) Is a misdemeanor under federal law or would be punishable as a misdemeanor had the act been committed under federal jurisdiction.

~~(167)(171)~~ "Misutilization" means the utilization or the furnishing of and billing for Medicaid services that are inappropriate or unnecessary or are not furnished in accordance with generally accepted professional standards of health care. Also see ~~"Fertilization"~~ and ~~"Underutilization."~~

~~(168)(172)~~ "Monitor" means to perform an evaluation of a provider's practice.

~~(169)(173)~~ "Neonatal-perinatologist" means a physician who is certified or meets the requirements for certification as a neonatal-perinatologist by the American Board of ~~P~~pediatrics, Sub-board of Neonatal-Perinatology Medicine.

~~(170)(174)~~ "Neurologist" means a physician who is certified or meets the requirements for certification as a neurologist by the American ~~B~~oard of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

~~(171)(175)~~ "New patient" means a patient who has not received any professional medical or allied care, goods, or services from the provider or the provider group within the past three years.

~~(172)(176)~~ "Non-clinical in-home mental health care services" are medically necessary therapeutic services that address the special mental health needs of Medicaid eligible children and that are furnished as a component of a care plan.

~~(173)(177)~~ "Non-contract provider" means any person, organization, agency, or entity that is not directly or indirectly employed by a contractor or any of its subcontractors. Also see "Contractor" and "Provider."

~~(174)(178)~~ "Nurse practitioner" See "Advanced Registered Nurse Practitioner."

~~(175)(179)~~ "Nursing facility" means an institutional care facility licensed under Chapter 395 or 400, F.S., that furnishes medical or allied inpatient care and services to individuals needing such services.

~~(176)(180)~~ "Occupational therapist" means an individual who holds a valid and active license in full force and effect pursuant to the provisions of Chapter 468, F.S., or the applicable laws of the state in which the service is furnished, ~~and who is registered with the American Occupational Therapy Association.~~

~~(177)(181)~~ "Occupational therapist assistant" means an individual who holds a valid and active license in full force and effect pursuant to the provisions of Chapter 468, F.S., or the applicable laws of the state in which the service is furnished, ~~and who is a graduate of a two-year college-level program approved by the American Occupational Therapy Association.~~

~~(178)(182)~~ "Office of Health Facility Regulation" means the office designated by Florida Statutes as having responsibility for the federal certification and state licensure of a variety of health care facilities, laboratory professionals, and other service organizations.

~~(179)(183)~~ "Ophthalmologist" means a physician who specializes in the treatment of disorders of the eye as defined in Chapter 458, F.S.

~~(180)(184)~~ "Optician" means an individual who holds a valid and active license to practice opticianry in full force and effect pursuant to the provisions of Chapter 484, Part I, F.S., or the applicable laws of the state in which the service is furnished.

~~(181)(185)~~ "Optional coverage groups" means those groups of individuals who may, at the option of the ~~Agency department~~, be covered by Medicaid in accordance with the provisions of federal law and Chapter 409, F.S. Also see "Mandatory coverage groups."

~~(182)(186)~~ "Optometrist" means an individual who holds a valid and active license to engage in the practice of optometry in full force and effect pursuant to the provisions of Chapter 463, F.S., or the applicable laws of the state in which the service

is furnished. A “certified optometrist” means an optometrist who is authorized to administer and prescribe topical ocular pharmaceutical agents.

~~(183)(487)~~ “Orthotic device” or “orthotic” means a device or appliance to support a weak or deformed body member or to restrict or eliminate motion in a diseased or injured part of the body.

~~(184)(488)~~ “Otolaryngologist” means a physician who specializes in the conditions and diseases of the ears, nose, and throat.

~~(185)(489)~~ “Otologist” means a physician who specializes in the conditions and diseases of the ears.

~~(186)(490)~~ “Outpatient” means a patient of an organized medical facility or distinct part of that facility who is expected by the facility to receive and who does receive professional services for less than a 24-hour period regardless of the hour of admission, whether or not a bed is used, or whether or not the patient remains in the facility past midnight. Also see “Inpatient.”

~~(187)(491)~~ “Overpayment” is as set forth in Section 409.913, F.S.

~~(188)(492)~~ “Overutilization” means the utilization or the furnishing of and billing for Medicaid care, goods, or services that are in excess of those that reasonably would be expected to benefit the health of a recipient based on the recipient’s disease or diagnosis and on generally accepted professional standards of health care.

~~(189)(493)~~ “Ownership interest” means the possession of equity in the capital, the stock, or the profits of a business, prepaid health plan contractor or applicant, or other entity. Ownership interest may be direct or indirect. Also see “Indirect ownership interest.”

~~(190)(494)~~ “Part-time” as related to furnishing medical or allied care, goods, or services to recipients means that the care, goods, or services are needed on a less than continuous basis. Such care, goods, or services are needed on a fixed beginning date and a projected ending date determined at the time the services are ordered. The fact that a provider has used the term “part-time” in furnishing, prescribing, recommending, or approving care, goods, or services does not, in itself, make such care, goods, or services part-time for Medicaid purposes.

~~(191)(495)~~ “Patient management” means the responsibility for managing the primary health care of a recipient and coordinating access to other necessary medical or allied services.

~~(192)(496)~~ “Payment record” means a record of claims paid to a specific provider for Medicaid care, goods, or services. Also see “Claims detail.”

~~(193)(497)~~ “Peer” means a person who has equal professional status with a Medicaid provider of a specific type or specialty. Where a person with equal professional status is not reasonably available, a peer includes a person with substantially similar professional status.

~~(194)(498)~~ “Peer review” means an evaluation of the professional practices of a Medicaid provider by a peer or peers of the provider in order to assess the necessity, appropriateness, and quality of care furnished as such care is compared to that customarily furnished by the provider’s peers and to recognized health care standards. A peer reviewer may be employed or contracted by the Agency to provide medical or allied consulting services.

~~(195)(499)~~ “Peer review committee” means a committee of a provider’s peers that has contracted with the Agency to review and report on the professional practices of the provider at the Agency’s direction.

~~(196)(200)~~ “Person” means natural persons, corporations, partnerships, associations, clinics, groups, and includes all other similar entities.

~~(197)(201)~~ “Person with an ownership or control interest” means a person or corporation that:

(a) Has an ownership interest equal to 5 percent or more in a contractor or provider;

(b) Has an indirect ownership interest equal to 5 percent or more in a contractor or provider;

(c) Has a combination of direct and indirect ownership interest equal to 5 percent or more in a contractor or provider;

(d) Has an ownership interest equal to 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the contractor or provider if that interest equals at least 5 percent of the value of the property or assets of a contractor or provider;

(e) Is an officer or director of a contractor or provider that is organized as a corporation, or is an officer or director in an entity that has an indirect ownership interest in the contractor or provider; or

(f) Is a partner in a contractor or provider that is organized as a partnership, or is a partner in an entity that has an indirect ownership interest in the contractor or provider.

~~(198)(202)~~ “Personal care” means medically necessary assistance with daily living activities.

~~(199)(203)~~ “Pharmacist” means a person who holds a valid and active license to practice the profession of pharmacy in full force and effect pursuant to the provisions of Chapter 465, F.S., or the applicable laws of the state in which the service is furnished.

~~(200)~~(204) “Pharmacy provider” means a pharmacy with a valid permit issued pursuant to the provisions of Chapter 465, F.S., or the applicable laws of the state in which the pharmacy is located, and that is enrolled as a provider of Medicaid pharmacy goods or services.

~~(201)~~(205) “Physical abuse” means harming a recipient by force or through neglect, whether intentional or inadvertent. Refer to Section 409.913(16)(d) s. 409.913(10)(d), F.S.

~~(202)~~(206) “Physical examination” means a personal, face-to-face contact with a Medicaid recipient by a licensed physician or by another licensed medical professional under the personal supervision of a physician, for the purpose of diagnosis and treatment of medical disorders.

~~(203)~~(207) “Physical therapist” means an individual who holds a valid and active license in full force and effect pursuant to the provisions of Chapter 486, F.S., or the applicable laws of the state in which the service is furnished, and who is a graduate of an American Physical Therapy Association approved program.

~~(204)~~(208) “Physical therapist assistant” means an individual licensed pursuant to the provisions of Chapter 486, F.S., or the applicable laws of the state in which the service is furnished, and who is a graduate of a two-year college-level program approved by the American Physical Therapy Association.

~~(205)~~(209) “Physician” means a doctor of medicine or osteopathy who holds a valid and active license in full force and effect pursuant to the provisions of Chapter 458 or 459, F.S., or the applicable laws of the state in which the service is furnished.

~~(206)~~(210) “Physician assistant” means an individual certified by the Board of Medical Examiners to practice as a physician assistant pursuant to the provisions of Chapter 458 or 459, F.S., or the applicable laws of the state in which the service is furnished.

~~(207)~~(211) “Physician check-up” means a routine physical examination in the absence of a specific problem.

~~(208)~~(212) “Physician consultant” means a doctor of medicine or osteopathy, licensed pursuant to the provisions of Chapters 458 or 459, F.S., who is employed by the Agency department to provide medical or allied consulting services.

~~(209)~~(213) “Place of service (POS)” means the physical location at which a provider renders Medicaid care, goods, or services to or for a recipient.

~~(210)~~(214) “Plan of care” or “Plan of treatment” means an individualized written program for a recipient that is developed by health care professionals based on the need for medical care established by the attending physician and designed to meet the health and/or rehabilitation needs of a patient.

~~(211)~~(215) “Podiatrist” means a doctor of podiatric medicine who holds a valid and active license in full force and effect pursuant to the provisions of Chapter 461, F.S., or the applicable laws of the state in which the service is furnished.

~~(212)~~(216) “Podiatry” means the diagnosis and medical, surgical, palliative, and mechanical treatment of ailments of the human foot and leg, as defined in Chapter 461, F.S.

~~(213)~~(217) “Portable X-ray equipment” means X-ray equipment transported to a setting other than a hospital, clinic, or office of a physician or other practitioner of the healing arts.

~~(214)~~(218) “Portable X-ray provider” means a supplier of portable X-ray services that is certified by Medicare in accordance with Title XVIII standards.

~~(215)~~(219) “Post authorization” means approval to bill Medicaid for medical or allied care, goods, or services obtained by a provider from the Agency department, or from a provider under contract with the Agency department to manage a client's care, after the care, goods, or services have been furnished.

~~(216)~~(220) “Prepaid health plan” or “prepaid plan” means a contractual arrangement between the Agency department and a contractor for the provision of Medicaid care, goods, or services on a prepaid basis.

~~(217)~~(221) “Prescribed drugs” means simple or compound substances or mixtures of substances that are prescribed for the cure, mitigation, or prevention of disease or for health maintenance and that are prescribed by a licensed practitioner authorized by the laws of the state to prescribe such substances, dispensed by a licensed pharmacist or licensed dispensing practitioner in accordance with the laws of the state in which the practitioner is licensed, and dispensed on a prescription that is recorded in and retrievable from the pharmacist's or practitioner's records.

~~(218)~~(222) “Prescribed Pediatric Extended Care (PPEC) Center” means any facility that is licensed ~~by the Office of Licensure and Certification~~ pursuant to Chapter ~~400~~ 394, F.S., and which undertakes through its ownership or management to furnish, for a portion of the day, basic services to three or more medically complex children who are not related to the owner or operator by blood, marriage, or adoption and who require such services.

~~(219)~~(223) “Prescription” means any order for drugs, medical supplies, equipment, appliances, devices, or treatments written or transmitted by any means of communication by a licensed practitioner authorized by the laws of the state to prescribe such drugs, supplies, equipment, appliances, devices, or treatments, or by the lawfully designated agent of such practitioner, and intended to be filled, compounded, dispensed, or furnished by a person authorized by the laws of the state to do so.

~~(220)~~~~(224)~~ “Primary care” means comprehensive, coordinated, and readily-accessible medical care, furnished at the recipient's first point of contact with the health care system, including health promotion and maintenance, treatment of illness and injury, early detection of disease and referral to specialists when appropriate.

~~(221)~~~~(225)~~ “Primary care physician” means a Medicaid-participating or prepaid health plan-affiliated physician practicing as a general or family practitioner, internist, pediatrician, obstetrician, gynecologist, or other specialty approved by the Agency department, who furnishes primary care and patient management services to a recipient.

~~(222)~~~~(226)~~ “Prior authorization” means the approval by the Medicaid office for a Medicaid provider, or by a prepaid health plan for its affiliated providers, to deliver Medicaid covered medical or allied care, goods, or services in advance of the delivery of the care, goods, or services.

~~(223)~~~~(227)~~ “Private duty nursing” means nursing services for recipients who require more individual and continuous care than is available from a visiting nurse or routinely furnished by the nursing staff of the hospital or nursing facility.

~~(224)~~~~(228)~~ “Proceeds” means whatever is received upon the sale, exchange, collection, or other disposition of the collateral or proceeds thereon and includes insurance payable by reason of loss or damage to the collateral or proceeds. Money, checks, deposit accounts, and the like are “cash proceeds.” All other proceeds are “Manchus proceeds.”

~~(225)~~~~(229)~~ “Professional records” ~~s~~See “Medical records.”

~~(226)~~~~(230)~~ “Prosthetic device” or “prosthetic” means a device or appliance to replace all or part of the function of a permanently inoperative or malfunctioning body organ.

~~(227)~~~~(231)~~ “Protocols” are written guidelines or documentation outlining steps to be followed for handling a particular situation, resolving a problem, or implementing a plan of medical, nursing, psychosocial, developmental, and educational services.

~~(228)~~~~(232)~~ “Provider” means a person or entity that has been approved for enrollment and has a Medicaid provider agreement contract in effect with the Agency department.

~~(229)~~~~(233)~~ “Provider agreement” or “Provider agreement contract” means a contract between the Agency department and a provider for the furnishing of medical or allied care, goods, or services to recipients.

~~(230)~~~~(234)~~ “Provider ~~h~~Handbook” or “Provider ~~m~~Manual” means a document that provides information to a Medicaid provider regarding recipient eligibility, claims submission and processing, provider participation, covered care, goods, or services and limitations, procedure codes and fees, and other matters related to Medicaid program participation.

~~(231)~~~~(235)~~ “Provider service utilization profile” means a report concerning Medicaid care, goods, or services billed by or reimbursed to a provider in a given time period, listing such items as number of goods or services, procedure codes, descriptions of goods or services, number of goods or services furnished per recipient, cost per item or service, and cost per recipient.

~~(232)~~~~(236)~~ “Psychiatric services” means services included in the branch of medicine that treats mental and neurotic disorders and the pathologic or psychopathologic changes associated with them.

~~(233)~~~~(237)~~ “Psychiatrist” means a physician who is certified as a psychiatrist by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

~~(234)~~~~(238)~~ “Public Pubie Assistance Specialist (PAS)” means a department staff member responsible for determining eligibility for some categories of recipients.

~~(235)~~~~(239)~~ “Qualified Intellectual Disability Professional (QIDP) ~~mental-retardation professional (QMRP)~~” means an individual who meets the requirements as defined in 42 CFR Section 483.430 ~~s. 442.401~~.

~~(236)~~~~(240)~~ “Quality assurance” means the process of assuring that the delivery of Medicaid care, goods, or services is appropriate, timely, accessible, available, and medically necessary.

~~(237)~~ “Quality Improvement Organization (QIO)” entity is designated through the Centers for Medicare and Medicaid Services to perform utilization review services and to monitor the appropriateness of care provided to individuals through a state Medicaid program.

~~(238)~~~~(241)~~ “Recertification” means renewal of certification.

~~(239)~~~~(242)~~ “Recipient” or “Medicaid recipient” means any individual whom the Agency, Department of Children and ~~Families Family Services~~ or the Social Security Administration on behalf of the Department of Children and ~~Families Family Services~~ determines is eligible, pursuant to federal and state law, to receive medical or allied care, goods, or services for which the Agency may make payments under the Medicaid program and is enrolled in the Medicaid program. For the purposes of determining third party liability, the term includes an individual formerly determined to be eligible for Medicaid, an individual who has received medical assistance under the Medicaid program, or an individual on whose behalf Medicaid has become obligated.

~~(240)~~~~(243)~~ “Records”. See “Business Records,” “Medicaid-related records,” and “Medical records.”

~~(241)~~(244) “Records for audit” means those records, business records, medical records, professional records, documents and files, on whatever media, that the Agency department finds necessary in order to determine the correctness and propriety of cost reports or to determine whether Medicaid payments are or were due and the amounts thereof. Such records must be furnished by providers in accordance with the provisions of section ~~ss.~~ 1128(b) and 1902(p) of the federal Social Security Act. Also see “Audit,” “Business records,” “Medicaid-related records,” and “Medical records.”

~~(242)~~(245) “Recoupment” means the process by which the Agency department recovers an overpayment or inappropriate payment from a Medicaid provider.

~~(243)~~(246) “Registered nurse (RN)” means a graduate of an approved formal program of study in professional nursing who holds a valid and active license in full force and effect pursuant to the provisions of Chapter 464, F.S., or the applicable laws of the state in which the service is furnished.

~~(244)~~(247) “Resident” means an applicant or recipient who resides in an institutional care facility.

~~(245)~~(248) “Resident record” means any file or record in the name of an individual applicant or recipient that is maintained in the facility where he resides or has resided.

~~(246)~~(249) “Respiratory therapist” means an individual certified under the provisions of Chapter 468, F.S., or the applicable laws of the state in which the service is furnished, and who is a graduate of a program approved by the American Association for Respiratory Care.

~~(247)~~(250) “Respiratory therapy” means therapy related to conditions that interfere with respiratory functions or other deficiencies of the cardiopulmonary system.

~~(248)~~(251) “Responsible physician” means a licensed physician delegated by the supervising physician as responsible for the care, goods, or services furnished by a physician's assistant in the absence of the supervising physician.

~~(249)~~(252) “Risk” or “underwriting risk” means the potential for loss that is assumed by a contractor and that may arise because the cost of providing care, goods, or services may exceed the capitation or other payment made by the Agency department to the contractor under terms of the contract.

~~(250)~~(253) “Routine” refers to medications, treatments, care, goods, or services furnished in accordance with an established or predetermined schedule and performed for individuals whose medical needs are stabilized or chronic.

~~(251)~~(254) “Rural health clinic” means a clinic primarily engaged in providing outpatient health care and related services and that is certified by and participating in Medicare and that-

~~(a)~~ is located in an area designated by the United States Bureau of the Census as rural and designated by the Secretary of Health and Human Services as having a shortage of personal health services or primary medical ~~care~~ manpower; ~~or~~

~~(b)~~ ~~Qualifies pursuant to the grandfather provision in accordance with 42 CFR 491.5.~~

~~(252)~~(255) “Sample” means a subset of the units of a population taken and used in accordance with generally ~~accepted~~ statistical methods.

~~(253)~~(256) “Screen” or “screening” or “screening services” means assessment of a recipients' physical or mental condition to determine evidence or indications of problems and need for further evaluation or services.

~~(254)~~(257) “Section 504 of the Rehabilitation Act of 1973” means the federal law that, along with the Americans with Disabilities Act, prohibits discrimination on the basis of disability.

~~(255)~~(258) “Service” includes any diagnostic or treatment procedures or other medical or allied care claimed to have been furnished to a recipient and listed in an itemized claim for payment, or, in the case of a claim based on costs, any entry in the cost report, books of account, or other documents supporting such claim. Also see “Medicaid services” and “Covered services.”

~~(256)~~(259) “Service area” with respect to prepaid health plans means the designated geographical area within which the contractor is authorized by contract to furnish covered services to ~~HMO~~ enrollees and within which the enrollees reside.

~~(257)~~(260) “Service authorization” means the approval required from the designated authority for reimbursement for certain Medicaid services.

~~(258)~~(261) “Service limit” or “service limitation” means the maximum amount, duration, or scope of a Medicaid covered service.

~~(259)~~(262) “Service limitation period” means the period of time that is used in the calculation and application of service limitations.

~~(260)~~(263) “Service site(s)” with respect to prepaid health plans means the location(s) designated by a contractor at which ~~enrollees~~ ~~HMO members~~ receive services covered under terms of the contract.

~~(261)~~(264) “Service utilization reports” or “service utilization data” are reports indicating Medicaid and other services utilized by recipients, referral reports by Agency department staff regarding the recipient's utilization of his Medicaid Identification Card (MIC) and services locally, and referral reports from the Medicaid Drug Utilization Review (DUR) program.

~~(262)~~~~(265)~~ “Simple mistake” means an inadvertent or unintentional error.

~~(263)~~~~(266)~~ “Skilled care resident” means a Medicaid application or recipient who requires skilled nursing services as defined in Rule 59G-4.290, F.A.C., and who resides in a facility licensed to furnish such services.

~~(264)~~~~(267)~~ “Solicitation” means illegal solicitation. Also see “Bribe, Kickback, or Illegal solicitation.”

~~(265)~~~~(268)~~ “Specialist” means a physician whose practice is limited to a particular branch of medicine or surgery, including one who, by virtue of advanced training, is certified by a specialty board as being qualified to so limit his practice.

~~(266)~~~~(269)~~ “Speech pathologist” or “speech therapist” means an individual who holds a valid and active license in full force and effect pursuant to the provisions of Chapter 468, F.S., or the applicable laws of the state in which the service is furnished, and who is certified by the American Speech, Hearing, and Language Association.

~~(267)~~~~(270)~~ “Speech therapy” means the identification and treatment of neurological deficiencies related to feeding problems, congenital or trauma-related maxillofacial anomalies, or neurological conditions that affect oral motor functions and includes the evaluation and treatment of problems related to oral motor dysfunction.

~~(268)~~~~(271)~~ “State-defined health maintenance organization (SDHMO)” means an entity certified by the Agency department and to the Health Care Financing Administration as meeting the Medicaid State Plan definition of a Medicaid health maintenance organization.

~~(269)~~~~(272)~~ “State mental hospital” means a state owned or operated institutional care facility that furnishes inpatient psychiatric hospital services to individuals with a primary diagnosis of mental illness.

~~(270)~~~~(273)~~ “Sterilization” means any medical or surgical procedure performed for the purpose of rendering a person permanently incapable of reproducing.

~~(271)~~~~(274)~~ “Subcontract” means a written agreement entered into by a contractor for provision of services on its behalf.

~~(272)~~~~(275)~~ “Subcontractor” means any person to which a provider or contractor has contracted or delegated some of its management functions or its responsibilities for providing medical or allied care, goods, or services; or its claiming or claims preparation or processing functions or responsibilities.

~~(273)~~~~(276)~~ “Supervision” means directing and being fully legally responsible for the actions of another person. “Direct supervision” means face-to-face supervision during the time the services are being furnished. “Personal supervision” means that the services are furnished while the supervising practitioner is in the building and that the supervising practitioner signs and

dates the medical records (chart) within 24 hours of the provision of the service.

~~(274)~~~~(277)~~ “Supplies and appliances” are items necessary for use by a patient during the course of an illness or injury. Also see “Durable medical equipment,” “Goods,” and “Medical supplies.”

~~(275)~~~~(278)~~ “Surgeon” means a physician who is certified or meets the requirements for certification by the American Board of Surgery or the American Osteopathic Association.

~~(276)~~~~(279)~~ “Suspension” means exclusion by the Agency department of a provider from further participation in the Medicaid program for a specific period of 1 year or less, after which the provider must apply to the Agency department for re-enrollment. Also see “Termination.”

~~(277)~~~~(280)~~ “Swing bed” means bed in a rural hospital licensed pursuant to Chapter 395, F.S., that can also be used for skilled or intermediate nursing care services.

~~(278)~~~~(281)~~ “Target group” means the specific population identified in a state plan amendment to receive targeted case management services from providers meeting specific eligibility requirements. Targeting may be done by age, type or degree of disability, illness or condition, or any other identifiable characteristic or combination thereof.

~~(279)~~~~(282)~~ “Targeted case management” means those activities that assist specified target groups of recipients in gaining and coordinating access to necessary care and services appropriate to the needs of an individual.

~~(280)~~~~(283)~~ “Terminal” or “terminally ill” means a medical prognosis, as certified by a physician, of a life expectancy of six ~~(6)~~ months or less.

~~(281)~~~~(284)~~ “Termination” means exclusion by the Agency department of a provider from further participation in the Medicaid program for a period of more than 1 year up to 20 years, after which the provider must apply to the Agency department for re-enrollment. Also see “Suspension.”

~~(282)~~~~(285)~~ “Third party” means an individual, entity, or program, excluding Medicaid, that is, may be, could be, should be, or has been liable for all or part of the cost of medical services related to any medical assistance covered by Medicaid.

~~(283)~~~~(286)~~ “Third-party benefit” means any benefit that is or may be available at any time through contract, court award, judgment, settlement, agreement, or any arrangement between a third party and any person or entity, including, without limitation, a Medicaid recipient, a provider, another third party, an insurer, or the Agency department, for any Medicaid-covered injury, illness, or other medical or allied care, goods, or services, including costs of medical or allied care, goods, or services related thereto, for personal injury or for death of the recipient, but specifically excluding policies of life insurance on the recipient, unless available under terms of the policy to pay medical expenses prior to death. The term includes, without

limitation, collateral as defined in this section, health insurance, any benefit under a health maintenance organization, a preferred provider arrangement, a prepaid health clinic, liability insurance, uninsured motorist insurance or personal injury protection coverage, medical benefits under workers' compensation, and any obligation under law or equity to furnish medical support.

~~(284)~~(287) "Third party payment" means performance of a duty, promise, or obligation, or discharge of a debt or liability, by the delivery, provision, or transfer of third-party benefits for medical services.

~~(285)~~(288) "Title VI of the Civil Rights Act of 1964" means the federal law that prohibits discrimination in the provision of services to recipients on the basis of race, color, creed, or national origin.

~~(286)~~(289) "Title XVIII" means the sections of the federal Social Security Act, 42 U.S.C., section- 1395 et seq., and regulations thereunder, that authorize the Medicare program.

~~(287)~~(290) "Title XIX" means the sections of the federal Social Security Act, 42 U.S.C., section- 1396 et seq., and regulations thereunder, that authorize the Medicaid program.

~~(288)~~(291) "Transplant center" means a hospital unit that is approved by the United Network for Organ Sharing (UNOS) to furnish transplantation and other medical and surgical specialty services required for the care of organ tissue transplant patients.

~~(289)~~(292) "Transportation" means an appropriate means of conveyance furnished to a recipient to obtain Medicaid or other authorized services.

~~(290)~~(293) "Treating provider" means an individual provider who personally renders Medicaid services, or assumes responsibility for rendering Medicaid services through personal supervision, on behalf of a Medicaid group provider. Services furnished by a treating provider are billed by and payment is remitted to the group provider.

~~(291)~~(294) "Treatment plan" See "Active treatment plan" and "Plan of care."

~~(292)~~(295) "Treatment services" means corrective, therapeutic, or restorative services furnished as a result of a diagnosis identified during a screening.

~~(293)~~(296) "Treatment team" means all professional staff members involved in providing services to a client.

~~(294)~~(297) "Unclean claim" means a claim that has not been properly completed according to Medicaid's billing guidelines, including a claim that is not accompanied by the necessary documentation required by state law, federal law, or state administrative rule for payment. also see "Clean claim."

~~(295)~~(298) "Underutilization" means the failure by a recipient to obtain available and needed Medicaid services.

~~(296)~~ "Usual and customary charge" means, for all providers except for pharmacy providers, the provider's most frequent price or fee accepted as full payment by the provider from the provider's non-Medicaid Florida customers. For ease of calculation, the "usual and customary charge" shall be determined by the provider as of July 1 each year, and shall be the most frequent price or fee accepted as full payment by the provider from the provider's non-Medicaid Florida customers for the specific service in the prior year (July 1-June 30).

~~(299)~~ "Utilization and Quality Control Peer Review Organization" means an entity that is designated by the Health Care Financing Administration as a peer review organization (PRO).

~~(297)~~(300) "Utilization review (UR)" means the evaluation of the appropriateness, necessity, and quality of services billed to Medicaid. It also means the evaluation of the use of Medicaid services by recipients, including a recipient's need for continued stay in an institutional care facility.

~~(298)~~(301) "Utilization review committee (URC)" means a committee composed of physicians, assisted by other professional personnel, that performs the utilization review function.

~~(299)~~(302) "Utilization review contractor" means an entity that is under contract with the Agency department to perform and monitor utilization review functions, which determine the appropriateness of payments for Medicaid services.

~~(300)~~(303) "Vendor" means an individual or entity that engages in the business of selling care, goods, services, or commodities.

~~(301)~~(304) "Visit" means a face-to-face contact between a health care practitioner and a recipient that takes place at a center, office, home, or other place of service.

~~(302)~~(305) "Void" means a negation of an original payment.

~~(303)~~(306) "Waiver case management" means the process of assisting recipients to gain access to needed waiver and other state plan services in addition to medical, social, educational, and other services without regard to the funding source of the service.

~~(304)~~(307) "Waiver plan of care" means a written individual plan developed by social and health care professionals that describes the services to be furnished, and specifies frequency and type of provider to furnish each service. Rulemaking Specific Authority 409.919 FS. Law Implemented 409.901-.9201 FS. History-New 4-29-93, Formerly 10P-1.010, Amended 6-24-98, 4-16-06,_____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Cosmetology

RULE NO.: RULE TITLE:
 61G5-20.008 Employment of Applicants for Licensure as a Cosmetologist Prior to Licensure; Employment of Applicants for Registration as a Specialist Prior to Registration

PURPOSE AND EFFECT: The Board proposes to review the rule to determine if modifications are necessary to update the qualifications and procedures for employment of applicants prior to licensure and registration as a specialist.

SUBJECT AREA TO BE ADDRESSED: Employment of applicants prior to licensure and registration as a specialist.

RULEMAKING AUTHORITY: 477.016, 477.019(4), 477.0201(6), 477.025(2) FS.

LAW IMPLEMENTED: 477.019(4), 477.0201(6), 477.025(2) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Robyn Barineau, Executive Director, Board of Cosmetology, 1940 North Monroe Street, Tallahassee, Florida 32399-0783

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Cosmetology

RULE NO.: RULE TITLE:
 61G5-24.002 Original Cosmetologist Licensure Fee, Cosmetologist Examination and Endorsement Fees, Initial Specialist Registration; Application and Endorsement Fees

PURPOSE AND EFFECT: The Board proposes to review the rule to determine if changes are needed to the licensure, examination, and endorsement fees.

SUBJECT AREA TO BE ADDRESSED: Employment of applicants prior to licensure and registration as a specialist.

RULEMAKING AUTHORITY: 477.2171, 477.016, 477.026 FS.

LAW IMPLEMENTED: 455.2171, 477.026(1)(b) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN

THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Robyn Barineau, Executive Director, Board of Cosmetology, 1940 North Monroe Street, Tallahassee, Florida 32399-0783

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Cosmetology

RULE NO.: RULE TITLE:
 61G5-24.005 Salon License Fee

PURPOSE AND EFFECT: The Board proposes to review the rule to determine if changes are needed to the salon license fee.

SUBJECT AREA TO BE ADDRESSED: Salon license fee.

RULEMAKING AUTHORITY: 477.016, 477.026 FS.

LAW IMPLEMENTED: 477.026(1)(c) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Robyn Barineau, Executive Director, Board of Cosmetology, 1940 North Monroe Street, Tallahassee, Florida 32399-0783

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Cosmetology

RULE NO.: RULE TITLE:
 61G5-24.008 Biennial Renewal Fee for Cosmetologists and Specialists

PURPOSE AND EFFECT: The Board proposes to review the rule to determine if changes are needed to the biennial renewal fees.

SUBJECT AREA TO BE ADDRESSED: Biennial Renewal fees.

RULEMAKING AUTHORITY: 477.016, 477.026 FS.

LAW IMPLEMENTED: 477.026(1)(a),(e) FS.

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

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE SCHEDULED AND ANNOUNCED IN THE F.A.R.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE IS: Allen Hall, Executive Director, Board of Psychology, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255, (850)245-4373

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

Section II Proposed Rules

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Standards

RULE NO.: 5F-11.002
 RULE TITLE: Standards of National Fire Protection Association Adopted

PURPOSE AND EFFECT: The proposed rule adopts the most recent published version of NFPA 54, National Fuel Gas Code, 2012 Edition, in accordance with Section 527.06, F.S. In addition, the proposed rule adopts the current edition of the National Fuel Gas Code Handbook, NFPA 54, 2012 Edition. This handbook is utilized by the Department as a guide in interpreting NFPA 54.

SUMMARY: The Department is required by Section 527.06, F.S., to adopt rules in substantial conformity with generally accepted safety practices. Standards adopted by the National Fire Protection Association (NFPA) are deemed by the Legislature to meet this requirement per Section 527.06(3), F.S. Currently, Rule 5F-11.002, F.A.C., adopts the 2006 edition of NFPA 54, National Fuel Gas Code. The proposed rule seeks to adopt the 2012 edition of NFPA 54, National Fuel Gas Code, which is the most current edition. In addition, the proposed rule adopts the 2012 edition of the National Fuel Gas Code Handbook, NFPA 54. Rule 5F-11.002, F.A.C., currently adopts the 2006 edition. The handbook is published as a guide for governing entities to utilize in interpreting and applying the national code.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION: The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in

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

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department's economic analysis of the adverse impact or potential regulatory costs of the proposed rule did not exceed any of the criteria established in Section 120.541(2)(a), Florida Statutes. The 2012 standards adopted in the proposed rule largely mirror the requirements of the Florida Building Code. As LP gas businesses are already required to comply with Florida Building Code standards, any impact from adoption of the proposed rule is expected to be nominal. No interested party submitted additional information regarding the economic impact.

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

RULEMAKING AUTHORITY: 527.06 FS.

LAW IMPLEMENTED: 527.06 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Lisa M. Bassett, Chief, Bureau of Liquefied Petroleum Gas Inspection, Department of Agriculture and Consumer Services, 2005 Apalachee Parkway, Tallahassee, Florida 32399-6500, Telephone Number: (850)921-1600

THE FULL TEXT OF THE PROPOSED RULE IS:

5F-11.002 Standards of National Fire Protection Association Adopted.

(1) The standards of the National Fire Protection Association for the storage and handling of liquefied petroleum gases as published in NFPA 58, *Liquefied Petroleum Gas Code*, 2011 edition, and for gas appliances and gas piping as published in NFPA 54, *National Fuel Gas Code*, 2012 ~~2006~~ edition, shall be the accepted standards for this state and are hereby adopted and incorporated by reference, subject to such additions and exceptions as are set forth in this rule. The *LP Gas Code Handbook*, NFPA 58, 2011 Edition, and the *National Fuel Gas Code Handbook*, NFPA 54, 2012 ~~2006~~ Edition, are hereby adopted and incorporated by reference and shall be utilized by the Department as a guide in interpreting the provisions of Chapter 527, F.S. Reference to NFPA 58 and NFPA 54 in these

rules shall be to the most recent edition as adopted herein. The section 6.6.7 of NFPA 58, 2011 edition, titled "Installation of Containers on Roofs of Buildings," is hereby excluded from adoption. The section 7.1.6.2 of NFPA 54, 2012 ~~2006~~ edition, titled "Conduit with Both Ends Terminating Indoors" is hereby excluded from adoption.

(2) No change.

Rulemaking Authority 527.06 FS. Law Implemented 527.06 FS. History--New 8-7-80, Formerly 4A-1.01, Amended 7-18-85, Formerly 4B-1.01, Amended 10-8-86, 2-6-90, 8-9-92, Formerly 4B-1.001, Amended 7-20-95, 7-23-97, 6-8-99, 5-23-00, 9-2-02, 1-29-06, 8-2-07, 5-28-08, 4-6-12, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:

Tom A. Steckler, Division Director

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Commissioner of Agriculture Adam H. Putnam

Putnam

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: July 31, 2014

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: August 11, 2014

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Office of Energy

RULE NO.: RULE TITLE:

50-1.004 Solar Energy Systems Incentives Program

PURPOSE AND EFFECT: The department is initiating rulemaking to repeal Rule 50-1.004, F.A.C., in order to comply with HB 7147 that was passed by the 2014 Legislature which repealed Section 377.806, F.S., relating to the Solar Energy System Incentives Program.

SUMMARY: The subjects to be addressed in this rule include the repeal of the requirements governing the application process, review and administration of the Solar Energy Systems Incentives.

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

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein:

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

RULEMAKING AUTHORITY:

LAW IMPLEMENTED: 377.802, 377.803, 377.806 F.S.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: April Groover, 600 South Calhoun Street, Suite 251, Tallahassee, Florida 32399-0001 or telephone: (850)617-7477

THE FULL TEXT OF THE PROPOSED RULE IS:

50-1.004 Solar Energy Systems Incentives Program.

Rulemaking Authority 377.806(7) FS. Law Implemented 377.801, 377.802, 377.803, 377.806 FS. History--New 10-22-07, Formerly 62-16.500, 27N-1.500, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:

Patrick Sheehan, Executive Director of the Office of Energy

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Commissioner of Agriculture Adam H. Putnam

Putnam

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 20, 2014

DEPARTMENT OF HEALTH

Board of Acupuncture

RULE NO.: RULE TITLE:

64B1-6.008 Process for Program Approval

PURPOSE AND EFFECT: The amendment will eliminate the requirement for professional associations and acupuncture schools to register continuing education courses with the board.

SUMMARY: Registration of courses

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

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: During discussion of the economic impact of this rule at

its Board meeting, the Board, based upon the expertise and experience of its members, determined that a Statement of Estimated Regulatory Costs (SERC) was not necessary and that the rule amendment reduces regulation and costs. No person or interested party submitted additional information regarding the economic impact at that time.

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

RULEMAKING AUTHORITY: 456.013(7), (8), (9), 456.025, 457.104, 457.107(3) FS.

LAW IMPLEMENTED: 456.013(7), (8), (9), 456.025, 457.107(3) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Christy Robinson, Executive Director, Board of Acupuncture/MQA, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256

THE FULL TEXT OF THE PROPOSED RULE IS:

64B1-6.008 Process for Program Approval.

(1) No change.

(2) The following courses, that meet the criteria for approval under this section, are approved by the Board:

(a) Organized courses of study sponsored by a national or state acupuncture and/or oriental medicine organization ~~that is registered with the Board.~~

(b) Organized courses of study sponsored by an accredited acupuncture and/or oriental medicine school ~~that is registered with the Board.~~

(3) through (4) No change.

Rulemaking Specific Authority 456.013(7), (8), (9), 456.025, 457.104, 457.107(3) FS. Law Implemented 456.013(7), (8), (9), 456.025, 457.107(3) FS. History—New 2-24-88, Formerly 21AA-6.008, 61F1-6.008, Amended 1-16-97, Formerly 59M-6.008, Amended 2-18-98, 7-26-04, 2-7-06, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Acupuncture

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Acupuncture

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: June 13, 2014

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: August 6, 2014

DEPARTMENT OF FINANCIAL SERVICES

Division of Insurance Agents and Agency Services

RULE NOS.: RULE TITLES:

69B-220.051 Conduct of Public Adjusters

69B-220.201 Ethical Requirements

PURPOSE AND EFFECT: The purpose of the proposed amendments is to update the rules and incorporate legislative changes to Part VI of Chapter 626, F.S.

SUMMARY: The proposed changes to Rule 69B-220.051, F.A.C., clarify the responsibilities and requirements of public adjusters and public adjuster apprentices, define the terms “adjusting services” and “public adjuster apprentice,” specify the terms and conditions of public adjuster contracts, require the license number on advertisements, delete provisions that reiterate or paraphrase statutory materials, and prescribe practices to ensure fair dealing between public adjusters and claimants. The proposed changes to Rule 69B-220.201, F.A.C., update the code of ethics for all adjusters, delete provisions that reiterate or paraphrase statutory materials, and clarify the responsibilities and requirements of all adjusters.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

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

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department conducted an economic analysis of the potential impact of the proposed changes and determined that there will be no adverse economic impact or regulatory increases that would require legislative ratification.

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

RULEMAKING AUTHORITY: 624.308(1), 626.8651(6), 626.878, 626.9611(1) FS.

LAW IMPLEMENTED: 624.307(1), 626.112(1)(a), (3), 626.611, 626.852(2), 626.854, 626.8541, 626.8651, 626.8695(4), 626.8795, 626.8796, 626.9541(1)(b), (i) 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: September 16, 2014, 9:30 a.m.

PLACE: Room 116, Larson Building, 200 E. Gaines Street, Tallahassee, FL

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Barry Lanier at (850)413-5601 or Barry.Lanier@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 IS: Barry Lanier, Chief, Bureau of Investigations, Room 416, Larson Building, 200 E. Gaines Street, Tallahassee, FL 32399-0320 (850)413-5601 or Barry.Lanier@MyFloridaCFO.com

THE FULL TEXT OF THE PROPOSED RULE IS:

69B-220.051 Conduct of Public Adjusters and Public Adjuster Apprentices.

(1) Purpose and Scope. This rule sets forth Department policy as to certain matters generally affecting public adjusters and public adjuster apprentices. Emergency adjuster license procedures are contained in Rule 69B-220.001, F.A.C. Ethical requirements for all types of adjusters are contained in Rule 69B-220.201, F.A.C. Procedures regarding application for licensure are not dealt with in this rule. Ethical provisions are not dealt with in this rule.

(2) Definitions. ~~The following definitions shall apply for purposes of this rule.~~

(a) “Compensation” or “remuneration” means anything of value, whether received directly or indirectly, in return for adjusting services performed.

(b) “Department” means the Florida Department of Financial Services.

~~(c) “Financial Interest” means direct or indirect ownership.~~

~~(c)(d) “Licensed Public adjuster” means those and “public adjuster” refer to and include only persons currently licensed and appointed in good standing by the Department as a public adjusters, whether the licensure is resident licensure under Section 626.865, F.S., or nonresident licensure under Section 626.8732, F.S. The phrase does not include persons licensed as public adjusters by other states but not by the State of Florida.~~

(d) “Public adjuster apprentice” means those persons currently licensed and appointed in good standing by the Department as a public adjuster apprentice.

(e) “Unlicensed persons,” ~~as used in this rule,~~ means those and refers to persons who are not currently licensed and appointed in good standing by the Department as a resident or nonresident public adjusters or public adjuster apprentice.

(f) “Person” includes natural persons and legal entities.

(g) “Adjusting services” means the preparation, completion or filing of an insurance claim with the respective insurer for compensation or remuneration on behalf of an insured or third party claimant.

(3) Communications Concerning Public Adjuster Services.

(a) Solicitation. The solicitation of public adjusting business for compensation is deemed to be a material part of the business of public adjusting and, therefore, requires licensure ~~as a public adjuster~~ under the laws of Florida and the rules of the Department, and shall be engaged in only by persons licensed by the Department as a public adjusters or as a public adjuster apprentice under the direct supervision of the supervisory public adjuster. Unlicensed persons shall not engage in such activity even under the supervision of a licensed public adjuster. The phrase “solicitation of public adjusting business” ~~and similar phrases as used in this rule~~ means, ~~for compensation,~~ initiating contact with any person, whether in person, by mail, by telephone, or otherwise, and ~~thereby therein~~ seeking, causing, urging, advising, or attempting:

~~1. To have any person enter into any agreement engaging the services of a public adjuster for adjusting services, in any capacity; or~~

~~2. To have any person subsequently speak or meet with a licensed public adjuster for the purpose of engaging the services of a public adjuster in any capacity or for the purpose of being advised by a public adjuster in any regard.~~

(b) Answering Telephone Calls. The answering of incoming telephone calls by unlicensed persons, at the place of business of a public adjuster, is not considered solicitation or unlicensed adjusting and is not violative of this rule so long as the unlicensed persons engage in purely administrative matters and do not in judgment or interpretation, analyze or explain insurance, an with regard to any insurance contract, or a public adjuster contract, or cause, urge, advise or attempt to enter into a contract for adjusting services claim or potential claim.

(4) Advertising.

(a) As with all forms of advertising concerning the business of insurance, public adjusters shall not falsely inform or advertise as set forth in Section 626.9541(1)(b), F.S., as well as any other section within the Florida Insurance Code that relates to advertising.

~~(b) Only Licensed Adjusters to Advertise. No person or entity shall in any way advertise services as a public adjuster in this state, unless such person or entity is licensed as a public adjuster or is a member of the Florida Bar.~~

~~(b)(c)~~ Advertisements to Show Licensee’s Full Name and License Number. Any advertisement, in whatever format, by a public adjuster shall state the full name and license number, as specified in Department records, of the public adjuster who has caused the advertisement to appear. ~~Where a firm containing~~

multiple licensed public adjusters is causing the advertisement to appear, the firm shall designate one of said licensees whose full name as specified in department records shall appear in the advertisement.

1. ~~Print and Website Advertisements.~~ In print and website advertisements the public adjuster's full name as specified in department records shall be in typeface no smaller than the typeface of the main body of text in the advertisement. ~~Print advertisements include newspapers, magazines, flyers, brochures, business cards, adhesive and magnetic publication, and similar printed materials. If the material is already printed when this rule takes effect, the required public adjuster's full name shall be added by means of rubber stamp, adhesive label, or other means.~~

2. ~~Television Advertisements.~~ In television advertisements the public adjuster's full name as specified in department records shall be made to appear on the screen for a period reasonably calculated to allow a viewer to write the name down.

3. ~~Radio Advertisements.~~ In radio advertisements, the public adjuster's full name as specified in department records shall be read during the advertisement, and at a speed reasonably calculated to allow an average listener to note the name of the licensee as it appears on his or her licensure.

~~(c)(4)~~ Responsibility of Advertising Licensee. The licensed adjuster whose name appears in the advertisement is responsible for personally reviewing the content of the advertisement and assuring that the advertisement complies with the rules of the Department and the Florida Insurance Code and is in all regards fair, accurate, and in no way untruthful, deceptive or misleading.

(d) Use of a Spokesperson. Nothing in this rule shall prohibit the use of an unlicensed spokesperson as part of a written or electronic advertisement. However, such advertisements shall disclose that the party is a paid or unpaid spokesperson, is not licensed and is endorsing the services of a licensed public adjuster.

~~(5) It is an affirmative duty of every public adjuster to supervise their business affairs and their staff to ensure to the extent it is within the public adjuster's power that this Florida Insurance Code and Rule Chapter 69B-220, F.A.C., are not violated.~~

~~(5)(6)~~ Required Contract Terms. Public adjusters shall ensure that all contracts for their adjusting services contain the following information terms:

~~(a) The contract shall legibly state the full name as specified in Department records of the public adjuster signing the contract.~~

~~(b) All public adjuster contracts shall show the public adjuster's:~~

1. ~~Permanent business address and phone number; and~~
2. ~~Florida Department license number.~~

~~(c) The contract shall show:~~

~~(a)1- The insured's full name and street address phone number. ;~~

~~(b)2- The aAddress of loss if different from the insured's current street address. ;~~

~~(c)3- A brief description of the loss to include the actual date and cause of loss or, if not known with certainty, the approximate date and assumed nature of the event causing the loss (i.e., windstorm, fire, sinkhole, or other peril) to the best of the public adjuster's ability.;~~

~~(d)4- The insured's insurance company name and policy number, if available.~~

~~(d) The contract shall show the date the contract with the public adjuster was actually signed by the insured or claimant.~~

~~(e)1- All methods of The full compensation and all fees or other amounts required to be paid by the insured to the public adjuster shall be stated in the contract.~~

~~2- If the compensation is based on a share of the insurance settlement, the exact percentage shall be specified.~~

~~(f)3- Any costs to be reimbursed to the public adjuster out of the proceeds shall be specified in either the contract or an addendum to the contract, which shall be signed and dated by the parties.~~

~~(6)(7) All contracts for public adjuster services must be in writing. The contract must be signed by the public adjuster who solicited the contract. A copy of the contract and any addendum thereto, signed by all parties, shall be provided to the insured or claimant at the time he or she signs the contract.~~

~~(7)(8) A public adjuster shall not accept a settlement of a claim unless the terms and conditions of the settlement are approved by the insured or claimant. No public adjuster may settle a claim unless the terms and conditions of settlement are approved by the insured.~~

Rulemaking Authority 624.308(1), 626.8651(6), 626.878, 626.9611(1) FS. Law Implemented 624.307(1), 626.112(1)(a), (3), 626.611, 626.852(2), 626.854, 626.8541, 626.865(2), 626.8651, 626.8695(4), 626.8795, 626.8796, 626.874, 626.9541(1)(b), (i) FS. History—New 4-26-94, Amended 12-18-01, Formerly 4-220.051, Amended 3-27-05, 9-3-06, _____.

69B-220.201 Ethical Requirements for All Adjusters and Public Adjuster Apprentices.

(1) Definitions. ~~The following definitions shall apply for purposes of this rule:~~

(a) "Adjuster," when used without further specification, includes all types and classes of insurance adjusters, (company employee, independent, and public), subject to Chapter 626, F.S., regardless of ~~whether resident or nonresident, and~~ whether permanent, temporary, apprentice, or emergency licensees.

~~(b) “Client” includes both clients and potential clients; and means any person who consults with or hires an adjuster to provide adjusting services.~~

~~(b)(e)~~ “Department” means the Florida Department of Financial Services.

~~(c)(d)~~ “Person” includes natural persons and legal entities.

(2) No change.

(3) Code of Ethics. The work of adjusting insurance claims engages the public trust. An adjuster shall put the duty for fair and honest treatment of the claimant above the adjuster’s own interests in every instance. The following are standards of conduct that define ethical behavior, and shall constitute a code of ethics that shall be binding on all adjusters:

(a) An adjuster shall not directly or indirectly refer or steer any claimant needing repairs or other services in connection with a loss to any person with whom the adjuster has an undisclosed financial interest, or who will or is reasonably anticipated to provide the adjuster any direct or indirect compensation for the referral or for any resulting business.

(b) through (d) No change.

(e) An adjuster shall handle every adjustment and settlement with honesty and integrity, and allow a fair adjustment or settlement to all parties without any compensation or remuneration to himself or herself except that to which he or she is legally entitled.

(f) No change.

(g) An adjuster shall promptly report to the Department any conduct by any licensed agent, agency or adjuster insurance representative of this state that may constitute or is reasonably believed by the adjuster to constitute a violation of which violates any provision of the Florida Insurance Code or Chapter 69B, F.A.C. Department rule or order.

(h) An adjuster shall exercise heightened extraordinary care when dealing with persons with disabilities and persons age sixty-five (65) or older elderly clients to assure that they are not disadvantaged in their claims transactions by failing memory or impaired cognitive processes.

(i) through (j) No change.

(k) An adjuster shall not advise a claimant to refrain from seeking legal advice, nor advise against the retention of counsel or the employment of a public adjuster to protect the claimant’s interest.

(l) No change.

(m) An adjuster shall not knowingly fail to advise a claimant of the claimant’s claim options rights in accordance with the terms and conditions of the insurance contract and of the applicable laws of this state. ~~An adjuster shall exercise care not to engage in the unlicensed practice of law as prescribed by the Florida Bar.~~

(n) A company employee adjuster or independent adjuster shall not draft special releases called for by the unusual circumstances of any settlement or otherwise draft any form of release, unless advance written approval by the insurer can be demonstrated to the Department. Except as provided above, a company employee adjuster or independent adjuster is permitted only to fill in the blanks in a release form approved by the insurer they represent.

(o) No change.

~~(p) No person shall, as a public adjuster, represent any person or entity whose claim the adjuster has previously adjusted while acting as an adjuster representing any insurer or independent adjusting firm.~~ No person shall, as a company employee adjuster or independent adjuster, represent him- or herself or any insurer or independent adjusting firm against any person or entity that the adjuster previously represented as a public adjuster.

~~(q) A public adjuster shall not represent or imply to any client or potential client that insurers, company adjusters, or independent adjusters routinely attempt to, or do in fact, deprive claimants of their full rights under an insurance policy. No insurer, independent adjuster, or company adjuster shall represent or imply to any claimant that public adjusters are unscrupulous, or that engaging a public adjuster will delay or have other adverse effect upon the settlement of a claim.~~

~~(r) No public adjuster, while so licensed in the Department’s records, may represent or act as a company adjuster, independent adjuster, or general lines agent.~~

~~(s) A company adjuster, independent adjuster, attorney, investigator, or other person acting on behalf of an insurer that needs access to an insured or claimant or to the insured property that is the subject of a claim shall provide at least 48 hours notice to the insured or claimant prior to scheduling a meeting with the claimant or an on site inspection of the insured property. The insured or claimant may deny access to the property if this notice has not been provided.~~

(q) An adjuster shall maintain the factual basis upon which an estimate is based and provide it upon request.

(r) All adjusters shall ensure that if a contractor, architect, engineer, or other professional is used in formulating estimates or otherwise participates in the adjustment of the claim, the professional is licensed by the proper regulatory authority, if so required by law.

(4) Public Adjusters, Other Ethical Constraints. In addition to the considerations set out above for adjusters, the following ethical considerations are specific to public adjusters and shall be binding upon public adjusters:

~~(a) A public adjuster shall advise the insured and claimant in advance of the insured or claimant’s right of counsel, and choice thereof, to represent the insured or claimant, and that such choice is to be made solely by the insured or claimant.~~

~~(b) The public adjuster shall notify the insured or claimant in advance of the name and location of any proposed contractor, architect, engineer, or similar professional, before any bid or proposal by any of these persons may be used by the public adjuster in estimating the loss or negotiating settlement. The insured or claimant may exercise veto power of any of these persons, in which case that person shall not be used in estimating costs.~~

~~(c) The public adjuster shall ensure that if a contractor, architect, engineer, or other professional is used in formulating estimates or otherwise participates in the adjustment of the claim, the professional shall be licensed by the Florida Department of Business and Professional Regulation.~~

~~(a)(d) A public adjuster shall not prevent, or attempt to dissuade or prevent, an insured or a claimant from speaking privately with the insurer, company employee adjuster, or independent adjuster, attorney, or any other person, regarding the settlement of the claim.~~

~~(e) A public adjuster shall not acquire any interest in salvaged property, except with the written consent and permission of the insured.~~

~~(f) A public adjuster shall not accept referrals of business from any person with whom the public adjuster may conduct business where there is any form or manner of agreement to compensate the person, whether directly or indirectly, for referring business to the public adjuster. Except as between licensed public adjusters, no public adjuster shall compensate any person, whether directly or indirectly, for the principal purpose of referring business to the public adjuster.~~

~~(g) A public adjuster's contract with a client shall be revocable or cancellable by the insured or claimant, without penalty or obligation, for at least 3 business days after the contract is executed. The public adjuster shall disclose to the insured that the insured has the right to cancel with prompt notice within the revocation period. If the insured elects to cancel the contract, prompt notice shall be provided to the adjuster. Nothing in the provision shall be construed to prevent an insured from pursuing any civil remedy after the 3 day cancellation period.~~

~~(b)(h) A public adjuster shall not enter into a contract or accept a power of attorney which vests in the public adjuster the effective authority to choose the persons who shall perform repair work.~~

~~(c)(i) A public adjuster shall ensure that all contracts for the public adjuster's services are in writing and set forth all terms and conditions of the engagement, including the terms required by Rule subsection 69B-220.051(6), F.A.C. and Sections 626.854 and 626.8796, F.S.~~

~~(d) No public adjuster or public adjusting firm shall require, demand, charge, or accept any thing of value prior to receipt by the insured or claimant of a payment on the claim by~~

the insurer. No public adjuster or public adjusting firm shall accept any form of compensation or remuneration for adjusting services that the public adjuster or public adjusting firm has not yet performed. For each claim payment made by the insurer, any compensation received by the public adjuster shall not exceed the percentage stated in the contract.

(e) No public adjuster who represents a claimant with regard to a particular claim shall enter into any contract, agreement or other arrangement with any person, which would allow the public adjuster to accept an amount that would exceed the limitation of the public adjuster's compensation imposed by Section 626.854(11), F.S.

(f) No public adjuster, while so licensed in the Department's records, shall represent or act as or be appointed as a company employee adjuster or independent adjuster. A public adjuster may hold a general lines agent license. However, no public adjuster, while so licensed in the Department's records, shall represent or act as both a public adjuster and a general lines agent for the same insurance claim.

(j) A public adjuster shall not restrict or prevent an insurer, company adjuster, independent adjuster, attorney, investigator, or other person acting on behalf of the insurer from having reasonable access at reasonable times to an insured or claimant or to the insured property that is the subject of a claim.

(g) No public adjuster shall represent any person or entity on a claim if he or she previously adjusted that claim as an adjuster representing any insurer or independent adjusting firm.

(h) A public adjuster shall respond with specific information to a written or electronic request for claims status from a claimant or insured or their designated representative within thirty (30) days from the date of the request and shall document the file accordingly.

(5) Public Adjusters, Ethical Constraints During State of Emergency. In addition to considerations set forth above, the following ethical considerations shall apply to public adjusters in the event that the Governor of the State of Florida issues an Executive Order, by virtue of the authority vested in Article IV, Section 1(a) of the Florida Constitution and by the Florida Emergency Management Act, as amended, and all other applicable laws, declaring that a state of emergency exists in the State of Florida:

(a) No public adjuster shall require, demand, charge or accept any fee, retainer, compensation, commission, deposit, or other thing of value, prior to receipt by the insured or claimant of a payment on the claim by the insurer.

(b) As to any one insured or claimant, no public adjuster shall charge, agree to, or accept as compensation or reimbursement any payment, commission, fee, or other thing of value equal to more than ten percent of the amount of any insurance settlement or claim payment.

~~(c) No public adjuster shall enter into any contract, agreement or other arrangement with any person, including an attorney, building contractor, architect, appraiser or repairman, by which the person would enter into an agreement to assist a claimant or insured on an insurance claim, utilize the services of the adjuster to carry out the agreement and pay the adjuster an amount that would exceed the limitation of the adjuster's compensation or reimbursement as provided in paragraph (b) above.~~

Rulemaking Authority 624.308, 626.878, 626.9611(1) FS. Law Implemented 624.307(1), 626.015(1), 626.611, 626.621, 626.852(2), 626.854, 626.8541, 626.859, 626.864, 626.865(2), 626.8651, 626.8695, 626.8698, 626.877, 626.878, 626.8795, 626.9521, 626.9541(1)(i) FS. History—New 6-2-93, Amended 12-18-01, Formerly 4-220.201, Amended 3-27-05, 9-3-06, 8-14-11, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Barry Lanier, Chief, Bureau of Investigations
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Jeff Atwater, Chief Financial Officer
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 18, 2014
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: March 31, 2014

Section III Notice of Changes, Corrections and Withdrawals

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Florida Forest Service

RULE NOS.: RULE TITLES:
5I-2.003 Definitions
5I-2.006 Open Burning Allowed
 NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 40, No. 164, August 22, 2014 issue of the Florida Administrative Register.

5I-2.003 Definitions. No change.

5I-2.006 Open Burning Allowed.

- (1) No change.
- (2)(a) through (f) No change.

(g) Decertification. A Certified Prescribed Burn Manager's certification shall be revoked if the Burn Manager's actions constitute violations of Florida law and agency rules which equal or exceed 15 points within any two year period using the Certified Prescribed Burn Manager Violations – Point

Assessment Table, Version 3.0, July 31, 2014, ~~Version 2.0, June 9, 2014~~ which is hereby adopted and incorporated by reference and is available at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>. A decertified Burn Manager must complete the Burn Manager Certification process outlined in paragraph 5I-2.006(2)(e), F.A.C., in order to be recertified.

(3) through (8)(d) No change.

(e) Decertification. A Certified Pile Burner's certification shall be revoked if the Certified Pile Burner's actions constitute violations of Florida law and agency rules which equal or exceed 15 points within any two year period using the Certified Pile Burner Violations – Point Assessment Table, Version 3.0, July 31, 2014 ~~Version 2.0, June 9, 2014~~, which is hereby adopted and incorporated by reference and is available at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>. A decertified Pile Burner must complete the Pile Burner Certification process outlined in paragraph 5I-2.006(8)(c), F.A.C., in order to be recertified.

(9) Citrus spot burning is a Florida Forest Service (FFS) program that includes both certified and non-certified pile burners. In order to participate in this program, a burner must submit a Citrus Spot Burner Application, FDACS-11622, Rev. 08/14, which is hereby adopted and incorporated by reference and is available at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>, ~~an application~~ to the local FFS District or Center office and have the site where the burning is to be conducted inspected by the FFS prior to any pile burning authorizations being issued for that site. The application must include a map of the burn sites. The person responsible for the burning that is listed on the application must complete Citrus Spot Burning Training prior to conducting the burn. This four-hour training is offered annually by the participating FFS Centers or District Offices and will review proper management of smoke from their citrus spot burns, as well as Section 590.125(2), Florida Statutes, and Rule 5I-2.006, F.A.C. and must also attend a training session that addresses Florida's open burning rules and regulations as they pertain to citrus pile burning. Citrus spot burns are required to have a setback of at least 400 feet from combustible vegetation (brush or wildlands).

(10) through (12) No change.

Rulemaking Authority 570.07(23), (28), 590.02(1)(f), 590.125(3)(e), ~~590.125(3)(f)~~ 590.125(4)(d) FS. Law Implemented 570.07(28), 570.548, 590.02(1)(b), 590.02(1)(i), 590.125(2), (3) FS. History—New 7-1-71, Formerly 17-5, Amended 7-1-75, Formerly 5I-2.06, Amended 1-9-91, 9-8-93, 8-16-95, 10-18-99, 10-31-05, 12-16-08, _____.

Section IV Emergency Rules

NONE

Section V
Petitions and Dispositions Regarding Rule
Variance or Waiver

DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-1.004 General Sanitation and Safety Requirements

The Florida Department of Business and Professional
Regulation, Division of Hotels and Restaurants hereby gives
notice:

On July 17, 2014, the Division of Hotels and Restaurants
received a Petition for a Routine Variance for paragraph 61C-
1.004(1)(a), Florida Administrative Code, and Paragraph 5-
202.11(A), 2009 FDA Food Code from Levy Premium Food
Service LP Main Kitchen located in Jacksonville. The above
referenced F.A.C. addresses the requirement that each
establishment have an approved plumbing system installed to
transport potable water and wastewater. They are requesting to
utilize holding tanks to provide potable water and to collect
wastewater at the handwash sinks located at bar\beverage
kiosks that are part of the main kitchen.

The Petition for this variance was published in Vol. 40, No. 145,
F.A.R., on July 28, 2014. The Order for this Petition was signed
and approved on August 12, 2014. After a complete review of
the variance request, the Division finds that the application of
this Rule will create a financial hardship to the food service
establishment. Furthermore, the Division finds that the
Petitioner meets the burden of demonstrating that the
underlying statute has been achieved by the Petitioner ensuring
the wastewater holding tank for the handwash sinks is emptied
at a frequency as to not create a sanitary nuisance; and potable
water provided must come from an approved source and be
protected from contamination during handling. The Petitioner
shall also ensure that the handwash sinks are provided with hot
and cold running water under pressure, with soap, an approved
hand drying device and a handwashing sign.

A copy of the Order or additional information may be obtained
by contacting: Lydia.Gonzalez@myfloridalicense.com,
Division of Hotels and Restaurants, 1940 North Monroe Street,
Tallahassee, Florida 32399-1011.

DEPARTMENT OF FINANCIAL SERVICES

Division of Worker’s Compensation

RULE NO.: RULE TITLE:

69L-6.025 Conditional Release of Stop-Work Order and
Periodic Payment Agreement

NOTICE IS HEREBY GIVEN that on July 25, 2014, the
Department of Financial Services, Division of Workers’

Compensation, received a petition for variance filed by Burton
Construction Services, Inc. The petition seeks a variance from
Rule 69L-6.025, F.A.C., in order to allow the Petitioner to
resume making periodic payments and lifting a Stop-Work
Order.

A copy of the Petition for Variance or Waiver may be obtained
by contacting: John Ashley Peacock, Assistant General
Counsel, Department of Financial Services, 200 East Gaines
Street, Tallahassee, Florida 32399-4247, telephone number:
(850)413-4150, email: ashley.peacock@myfloridacfo.com.

Section VI

Notice of Meetings, Workshops and Public
Hearings

DEPARTMENT OF AGRICULTURE AND CONSUMER
SERVICES

Division of Administration

The Florida Agricultural Museum announces a telephone
conference call to which all persons are invited.

DATE AND TIME: Wednesday, September 3, 2014, 10:30
a.m.

PLACE: Call-in number: 1(888)670-3525; code: 351-171-6520

GENERAL SUBJECT MATTER TO BE CONSIDERED: This
is a meeting of the Code of Ethics Committee to discuss general
business.

A copy of the agenda may be obtained by contacting: Andrew
Morrow, (386)446-7630.

Pursuant to the provisions of the Americans with Disabilities
Act, any person requiring special accommodations to
participate in this workshop/meeting is asked to advise the
agency at least 2 days before the workshop/meeting by
contacting: Andrew Morrow, (386)446-7630. If you are hearing
or speech impaired, please contact the agency using the Florida
Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770
(Voice).

DEPARTMENT OF AGRICULTURE AND CONSUMER
SERVICES

Division of Agricultural Environmental Services

The Pesticide Registration Evaluation Committee announces a
public meeting to which all persons are invited.

DATE AND TIME: September 4, 2014, 9:00 a.m.

PLACE: Florida Department of Agriculture and Consumer
Services, Bureau of Scientific Evaluation & Technical
Assistance Conference Room, 3125 Conner Boulevard,
Building 6, Room 606, Tallahassee, Florida 32399-1650,
(850)617-7940

GENERAL SUBJECT MATTER TO BE CONSIDERED: The
Committee discusses and makes recommendations on pesticide

registration issues impacting human health and safety and the environment.

A copy of the agenda may be obtained by contacting: the Pesticide Registration Section, (850)617-7940 or from the PREC website at: <http://www.freshfromflorida.com/Divisions-Offices/Agricultural-Environmental-Services/Bureaus-and-Sections2/Bureau-of-Pesticides/Product-Registration-Procedures>.

For more information, you may contact: Mr. Charlie L. Clark, Administrator, Pesticide Registration Review Section; 3125 Conner Boulevard, Building 6, Room 601, Tallahassee, Florida 32399-1650, (850)617-7940.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Environmental Services

RULE NO.: RULE TITLE:

5E-1.003 Labels or Tags

The Division of Agricultural Environmental Services announces a hearing to which all persons are invited.

DATE AND TIME: September 8, 2014, 9:30 a.m. – 12:00 Noon

PLACE: Conner Building, Eyster Auditorium, 3125 Conner Blvd., Tallahassee, FL 32399-1650 or via GoToMeeting at: <https://global.gotomeeting.com/join/557531741>; United States: 1(626)521-0017; United States (toll-free) 1(877) 309 2070; access code: 557-531-741; audio PIN: shown after joining the meeting. Meeting ID: 557-531-741.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Rule 5E-1.003, F.A.C. Hearing.

A copy of the agenda may be obtained by contacting: Mr. Weldon Collier at Weldon.Collier@FreshFromFlorida.com.

For more information, you may contact: Mr. Weldon Collier at Weldon.Collier@FreshFromFlorida.com.

DEPARTMENT OF TRANSPORTATION

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

DATES AND TIMES: Tuesday, September 16, 2014, 6:00 p.m. – 7:00 p.m., Open House; 7:00 p.m. – 7:20 p.m., Presentation; 7:20 p.m. – 8:00 p.m., Open House

PLACE: Eau Gallie Public Library, 1521 Pineapple Avenue, Melbourne, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Financial Management No. 432342-1-52-01

Project Description: From West of Mosswood Drive to East of Pineapple Avenue

FDOT is conducting this Public Hearing to inform and receive comments from the public. Construction is expected to begin in Spring 2016. This project includes roadway resurfacing, upgrading of signing and pavement markings, a safe pedestrian path at Stewart Avenue, Access Management improvements at

Cypress Avenue, Americans with Disabilities Act (ADA) accessibility improvements, as well as aesthetic improvements within the Eau Gallie Arts District. The hearing will be conducted in an open house format from 6:00 p.m. and 7:00 p.m. with FDOT staff and project team representatives who will be available to answer questions and provide information. Display boards will be present and a brief presentation will be given at 7:00 p.m. with a court reporter present to record the public comments. Following the presentation, FDOT staff and project team representatives will be available to answer additional questions about the project. The Department invites public participation and welcomes comments on the proposed improvements.

A flyer will be distributed at the meeting.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Ryan Florence at (813)630-2500. Persons who require translation services (free of charge) should contact Ryan Florence at the phone number above. If you are hearing or speech impaired, please contact the agency using the Florida Relay Services, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

Public participation is solicited without regard to race, color, national origin, age, sex, disability or family status.

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Kevin Moss, FDOT Project Manager at (386)943-5255 or e-mail at kevin.moss@dot.state.fl.us.

Additional information on the project and a presentation video are also available at www.cflroads.com.

BOARD OF TRUSTEES OF INTERNAL IMPROVEMENT TRUST FUND

The Florida Department of Environmental Protection, Florida Coastal Office announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, September 23, 2014, 6:00 p.m. – 8:00 p.m.

PLACE: Indian River County Administration Complex, Building A, County Commission Chamber, 1801 27th St., Vero Beach, FL 32960

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose is to receive public comment on the draft Indian River Lagoon Aquatic Preserves Management Plan, including Banana River, Indian River-Malabar to Vero Beach, Indian

River-Vero Beach to Ft. Pierce and Jensen Beach to Jupiter Inlet aquatic preserves. The draft plan is available for viewing or download at www.dep.state.fl.us/coastal/sites/indianriver/plan.htm. The Indian River Lagoon Aquatic Preserves Management Plan Advisory Committee will be participating.

A copy of the agenda may be obtained by contacting: Aquatic Preserve Manager, Brian Sharpe by email: Brian.Sharpe@dep.state.fl.us or by phone: (772)429-2995.

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: Brian Sharpe at (772)429-2995. 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).

BOARD OF TRUSTEES OF INTERNAL IMPROVEMENT TRUST FUND

The Florida Department of Environmental Protection, Florida Coastal Office announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, September 22, 2014, 6:00 p.m. – 8:00 p.m.

PLACE: Fenn Center, 2000 Virginia Avenue, Ft. Pierce, FL 34982

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose is to receive public comment on the draft Indian River Lagoon Aquatic Preserves Management Plan, including Banana River, Indian River-Malabar to Vero Beach, Indian River-Vero Beach to Ft. Pierce and Jensen Beach to Jupiter Inlet aquatic preserves. The draft plan is available for viewing or download at www.dep.state.fl.us/coastal/sites/indianriver/plan.htm. The Indian River Lagoon Aquatic Preserves Management Plan Advisory Committee will be participating.

A copy of the agenda may be obtained by contacting: Aquatic Preserve Manager, Brian Sharpe by email: Brian.Sharpe@dep.state.fl.us or by phone: (772)429-2995.

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: Brian Sharpe at (772)429-2995. 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).

BOARD OF TRUSTEES OF INTERNAL IMPROVEMENT TRUST FUND

The Florida Department of Environmental Protection, Florida Coastal Office announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, September 24, 2014, 6:00 p.m. – 8:00 p.m.

PLACE: Martin County Commission Chambers, 1st Floor, 2401 SE Monterey Road, Stuart, FL 34996

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose is to receive public comment on the draft Indian River Lagoon Aquatic Preserves Management Plan, including Banana River, Indian River-Malabar to Vero Beach, Indian River-Vero Beach to Ft. Pierce and Jensen Beach to Jupiter Inlet aquatic preserves. The draft plan is available for viewing or download at www.dep.state.fl.us/coastal/sites/indianriver/plan.htm. The Indian River Lagoon Aquatic Preserves Management Plan Advisory Committee will be participating.

A copy of the agenda may be obtained by contacting: Aquatic Preserve Manager, Brian Sharpe by email: Brian.Sharpe@dep.state.fl.us or by phone: (772)429-2995.

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: Brian Sharpe at (772)429-2995. 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).

BOARD OF TRUSTEES OF INTERNAL IMPROVEMENT TRUST FUND

The Florida Department of Environmental Protection, Florida Coastal Office announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, September 25, 2014, 6:00 p.m. – 8:00 p.m.

PLACE: Brevard County Government Center, County Commission Chambers, 2725 Judge Fran Jamiesen Way, Viera, FL 32940

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose is to receive public comment on the draft Indian River Lagoon Aquatic Preserves Management Plan, including Banana River, Indian River-Malabar to Vero Beach, Indian River-Vero Beach to Ft. Pierce and Jensen Beach to Jupiter Inlet aquatic preserves. The draft plan is available for viewing or download at www.dep.state.fl.us/coastal/sites/indianriver/plan.htm. The Indian River Lagoon Aquatic Preserves Management Plan Advisory Committee will be participating.

A copy of the agenda may be obtained by contacting: Aquatic Preserve Manager, Brian Sharpe by email: Brian.Sharpe@dep.state.fl.us or by phone: (772)429-2995.

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 days before the workshop/meeting by contacting: Brian Sharpe at (772)429-2995. 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).

PUBLIC SERVICE COMMISSION

The Florida Public Service Commission announces a prehearing conference and a hearing in the following docket to which all persons are invited.

Docket No. And Title: Docket No. 140025-EI – Application for rate increase by Florida Public Utilities Company

DATE AND TIME, PREHEARING CONFERENCE: Thursday, September 4, 2014, 3:00 p.m.

PLACE: Room 148, Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED AT THE PREHEARING: The purpose of this prehearing conference is to: (1) simplify the issues; (2) identify the positions of the parties on the issues; (3) consider the possibility of obtaining admissions of fact and of documents which will avoid unnecessary proof; (4) identify exhibits; (5) establish an order of witnesses; and (6) consider such other matters as may aid in the disposition of the action.

DATES AND TIMES, HEARING: September 15-18, 2014, 1:00 p.m. The starting times on September 16-18, 2014 will be announced at the conclusion of the hearing on the previous day. The hearing may be adjourned early if all testimony is concluded.

PLACE: Room 148, Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED AT THE HEARING: The purpose of this hearing is to permit the parties to present testimony and exhibits relative to the application by Florida Public Utilities Company for approval of a rate increase and for such other purposes as the Commission may deem appropriate.

All witnesses shall be subject to cross-examination at the conclusion of their testimony on the issues identified by the parties at the prehearing conference held on September 4, 2014. In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate at this proceeding should contact the Office of Commission Clerk no later than **five** days prior to the conference at 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, via

1(800)955-8770 (Voice) or 1(800)955-8771 (TDD), Florida Relay Service.

REGIONAL PLANNING COUNCILS

South Florida Regional Planning Council

The South Florida Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, September 8, 2014, 10:30 a.m.

PLACE: City of Miami Commission Chambers, 3500 Pan American Drive, Miami, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: Any Development Order received prior to the meeting. Any Generally Consistent Comprehensive Plan Amendment Review received prior to the meeting; Generally Consistent Comprehensive Plan Amendment Reviews for Deerfield Beach and Southwest Ranches; Any Generally Inconsistent Comprehensive Plan Amendment Review received prior to the meeting; Meeting on monthly Council business. Council Executive Committee and subcommittees may meet periodically before 9:00 a.m. and following the regularly scheduled Council meetings.

A copy of the agenda may be obtained by contacting: (954)985-4416.

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: (954)985-4416. 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 any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: (954)985-4416.

REGIONAL PLANNING COUNCILS

South Florida Regional Planning Council

The Institute for Community Collaboration, Inc. announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, September 8, 2014, 10:30 a.m.

PLACE: City of Miami Commission Chambers, 3500 Pan American Drive, Miami, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: Quarterly meeting of the Institute for Community Collaboration, Inc.

A copy of the agenda may be obtained by contacting: (954)985-4416.

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: (954)985-4416. 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 any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: (954)985-4416.

WATER MANAGEMENT DISTRICTS

St. Johns River Water Management District

The CFWI Steering Committee announces a public meeting to which all persons are invited.

The Central Florida Water Initiative (CFWI), Steering Committee consists of a Governing Board member from the St. Johns River Water Management District, South Florida Water Management District, and Southwest Florida Water Management District each, and a representative from each of the following: The Florida Department of Environmental Protection, Florida Department of Agricultural and Consumer Services, Tohopekaliga (Toho) Water Authority. Toho's representative also represents other water supply utilities within the Central Florida Coordination Area.

DATE AND TIME: Friday, August 29, 2014, 9:30 a.m.

PLACE: TOHO Water Authority, 951 Martin Luther King Blvd., Kissimmee, FL 34741

GENERAL SUBJECT MATTER TO BE CONSIDERED: The CFWI Steering Committee is a collaborative effort among government agencies formed to address water resource issues in the area known as the Central Florida Coordination Area. The CFWI Steering Committee will consider matters appearing on the agenda for the meeting or matters added to the agenda as determined by the Chair of the Committee. Additional information about this effort may be found at <http://cfwiwater.com>. NOTE: One or more additional Governing Board members from each of the three districts named above may attend and participate in the meeting of the CFWI Steering committee.

A copy of the agenda may be obtained by contacting: John Shearer Consulting Inc., 1917 Wingfield Drive, Longwood, FL 32779, (321)297-7372, email: johnshearer@cfl.rr.com or <http://cfwiwater.com> seven days before the meeting.

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: Nilsa Diaz, Executive Assistant to the Executive Director, Tohopekaliga Water Authority, (407)944-5000. If you are hearing or speech impaired, please contact the agency

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

For more information, you may contact: Woody Boynton Jr., Director, Administrative and Operational Services, St. Johns River Water Management District, P. O. Box 1429, Palatka, FL 32178-1429, (386)329-4262, email: wboynton@sjrwmd.com; Dean Powell, Chief of Water Supply Bureau, South Florida Water Management District, 3301 Gun Club Road, West Palm Beach, FL 33406, (561)682-6787, email: dpowell@sfwmd.gov; Jason Mickel, Water Supply Manager, Southwest Florida Water Management District, 2379 Broad Street, Brooksville, FL 34604-6899, (352)796-7211, email: jason.mickel@watermatters.org; John Shearer, Shearer Consulting Inc., 1917 Wingfield Drive, Longwood, FL 32779, (321)297-7372, email: johnshearer@cfl.rr.com.

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

The Southwest Florida Water Management District announces a public meeting to which all persons are invited.

DATE AND TIME: September 3, 2014, 9:00 a.m.

PLACE: 7601 Hwy 301 N, Tampa, FL 33637

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular monthly meeting to obtain feedback from interested persons on current pending permit applications. The agenda is available at www.watermatters.org/calendar/calendar.php/.

A copy of the agenda may be obtained by contacting: Carol Lynch, (813)985-7481, ext. 2004.

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: SWFWMD, Human Resources Bureau Chief at 1(800)423-1476, ext. 4702; TDD (FL only) 1(800)231-6103 or email: ADACoordinator@swfwmd.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).

WATER MANAGEMENT DISTRICTS

South Florida Water Management District

The South Florida Water Management District announces a workshop to which all persons are invited.

DATE AND TIME: August 29, 2014, 10:00 a.m.

PLACE: District Headquarters, 3301 Gun Club Road, B1-Conference Room 3A, West Palm Beach, FL 33406

GENERAL SUBJECT MATTER TO BE CONSIDERED: L31N Technical Workshop as part of the Lake Belt Mitigation Committee (LBMC), created pursuant to Section 373.41492, Florida Statutes, to discuss technical issues in regards to the L31N.

A copy of the agenda may be obtained by contacting: Lourdes Elias, (561)682-2706 or <http://www.sfwmd.gov/miamidade>. Click on "Task Force and Coordination Teams" in the Related Links section. When it's time, join the WebEx meeting from here:

<https://webmeeting.sfwmd.gov/orion/joinmeeting.do?MK=998390629>. Conference call access information: meeting number, 996 165 532; meeting password: this meeting does not require a password: (561)682-6800 (WPB local number), 1(855)682-6800 (toll-free nationwide).

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: the District Clerk, (561)682-2087. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may write to: South Florida Water Management District, Attention: Lourdes Elias, MSC 3210, 3301 Gun Club Road, PO Box 24680, West Palm Beach, FL 33416-4680.

WATER MANAGEMENT DISTRICTS

South Florida Water Management District

The Water Resource Advisory Commission (WRAC) announces a public meeting to which all persons are invited.

DATE AND TIME: September 4, 2014, 9:00 a.m.; Water Resource Advisory Commission Meeting

PLACE: South Florida Water Management District, B-1 Auditorium, 3301 Gun Club Road, West Palm Beach, FL 33406

GENERAL SUBJECT MATTER TO BE CONSIDERED: A Public Meeting of the Water Resources Advisory Commission (WRAC) regarding water resources protection, water supply and flood protection issues. The public is advised that it is possible that one or more members of the Governing Board of the South Florida Water Management District may attend and participate in this meeting.

A copy of the agenda may be obtained by contacting: Tia Barnett, (561)682 6286 (tbarnett@sfwmd.gov) or at our website: <http://my.sfwmd.gov/wrac.gov>.

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: the District Clerk, (561)682-6286. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Tia Barnett, (561)682 6286.

AGENCY FOR HEALTH CARE ADMINISTRATION Medicaid

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

DATE AND TIME: Tuesday, September 23, 2014, 1:00 p.m. – 2:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A, Tallahassee, Florida 32308. To participate by phone, please call: 1(888)670-3525 and enter the participant code: 3715274100#.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Agency for Health Care Administration will hold its annual Post Award Forum on Florida's Managed Medical Assistance (MMA) program. The annual Post Award Forum provides stakeholders the opportunity to provide meaningful comment on the progress of the MMA program. The MMA program operates under the authority of an 1115 waiver approved by the Centers for Medicare and Medicaid Services. The Post Award Forum will be held during the Medical Care Advisory Committee meeting from 1:00 p.m. to 2:00 p.m. on Tuesday, September 23, 2014. Topics to be discussed include: review of legislation that created the MMA program, overview of the 1115 MMA Waiver, the MMA program implementation and next steps. There will be an opportunity for public comment at the forum. A sign language interpreter will be present during the forum.

A copy of the agenda may be obtained by contacting: Ms. Carla Sims, telephone: (850)412-4013, email: Carla.Sims@ahca.myflorida.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Ms. Carla Sims, telephone: (850)412-4013, email: Carla.Sims@ahca.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

DEPARTMENT OF ENVIRONMENTAL PROTECTION

RULE NO.: RULE TITLE:

62-304.800 Caloosahatchee River Basin TMDLs.

The Florida Department of Environmental Protection announces the cancellation of a previously noticed rulemaking workshop.

DATE AND TIME: Thursday, August 28, 2014, 9:30 a.m.
Cancelled

PLACE: South Florida Water Management District, Lower West Coast Service Center, 2301 McGregor Boulevard, Fort Myers, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Cancellation of the August 28, 2014 workshop. This

rulemaking workshop, which was noticed in the Florida Administrative Register, Volume 40, Number 157, August 13, 2014, has been cancelled. The workshop will be rescheduled at a later time. When rescheduled, a notice of that workshop will be published in the Florida Administrative Register.

For more information, you may contact: Greg DeAngelo, Administrator, Water Quality Evaluation and TMDL Program, Florida Department of Environmental Protection, Mail Station #3555, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400 or via email: gregory.deangelo@dep.state.fl.us.

DEPARTMENT OF HEALTH

Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

The Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling announces public meetings to which all persons are invited.

DATES AND TIMES: October 23, 2014, 12:00 Noon; October 24, 2014, 8:30 a.m.

PLACE: Tampa Marriott Westshore, 1001 North Westshore Boulevard, Tampa, FL 33607, (813)287-2555

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Board Meeting.

A copy of the agenda may be obtained by contacting: Sue Foster, Executive Director, Department of Health, Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling, 4052 Bald Cypress Way, BIN #C08, Tallahassee, Florida 32399-3258. If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence upon which the appeal is to be made. Those who are hearing impaired, using TDD equipment can call the Florida Telephone Relay System at 1(800)955-8771. Persons requiring special accommodations due to disability or physical impairment should contact Sue Foster at (850)245-4474 at least one week prior to the meeting.

FISH AND WILDLIFE CONSERVATION COMMISSION

Freshwater Fish and Wildlife

The Fish and Wildlife Conservation Commission announces a public meeting to which all persons are invited.

DATE AND TIME: September 3, 2014, 9:00 a.m.

PLACE: Bryant Building, Room #272, 620 South Meridian Street, Tallahassee, FL 32399-1600

GENERAL SUBJECT MATTER TO BE CONSIDERED: This is a quarterly meeting of the Steering Committee for the Florida Beaches Habitat Conservation Plan. Topics to be discussed include staff updates from the last quarter. No votes will be taken.

A copy of the agenda may be obtained by contacting: Jennifer McGee, Florida Fish and Wildlife Conservation Commission,

Species Conservation Planning Section, 620 South Meridian Street, MS #2A, Tallahassee, Florida 32399-1600, (850)921-1023, Jennifer.McGee@myfwc.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: the ADA Coordinator at (850)488-6411. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Jennifer McGee, Florida Fish and Wildlife Conservation Commission, Species Conservation Planning Section, 620 South Meridian Street, MS 2A, Tallahassee, Florida 32399-1600, (850)921-1023, Jennifer.McGee@myfwc.com.

PASCO-PINELLAS AREA AGENCY ON AGING

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

DATE AND TIME: Thursday, September 4, 2014, 11:00 a.m.

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

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Program Planning and Development Committee will meet at 11:00 a.m. on September 4th, 2014 by tele-conference to make recommendations to the AAAPP Board of Directors for the selection of the providers of Local Service Programs and Older Americans Act Services.

A copy of the agenda may be obtained by contacting: Jason Martino at (727)570-9696, ext. 272.

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

For more information, you may contact: Jason Martino at (727)570-9696, ext. 272.

CITIZENS PROPERTY INSURANCE CORPORATION

The Information Systems Advisory Committee of Citizens Property Insurance Corporation announces a telephone conference call to which all persons are invited.

DATE AND TIME: Friday, September 12, 2014, 10:30 a.m.

PLACE: 1(866)361-7525, ID#: 486 964 1229#

GENERAL SUBJECT MATTER TO BE CONSIDERED: Business before the Information Systems Advisory Committee.

A copy of the agenda may be obtained by contacting: The Corporate website: <https://www.citizensfla.com> or Leann Lund at (850)513-3863.

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: Leann Lund at (850)513-3863. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

FLORIDA SURPLUS LINES SERVICE OFFICE

The Florida Surplus Lines Service Office, Board of Governors, Budget Committee announces a public meeting to which all persons are invited.

DATE AND TIME: October 21, 2014, 2:00 p.m.

PLACE: 1441 Maclay Commerce Drive, Suite 200, Tallahassee, FL 32312

GENERAL SUBJECT MATTER TO BE CONSIDERED: FLSLO 2015 budget proposal.

A copy of the agenda may be obtained by contacting: Georgie Barrett at gbarrett@fslso.com.

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

For more information, you may contact: Bobbi Harter at 1(800)562-4496 or bharter@fslso.com.

FLORIDA SURPLUS LINES SERVICE OFFICE

The Florida Surplus Lines Service Office, Board of Governors announces a public meeting to which all persons are invited.

DATE AND TIME: October 22, 2014, 9:00 a.m.

PLACE: 1441 Maclay Commerce Drive, Suite 200, Tallahassee, FL 32312

GENERAL SUBJECT MATTER TO BE CONSIDERED: Quarterly Board meeting, general business matters to be discussed.

A copy of the agenda may be obtained by contacting: Georgie Barrett at gbarrett@fslso.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 2 days before the workshop/meeting by contacting: Bobbi Harter at bharter@fslso.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Bobbi Harter at 1(800)562-4496 or bharter@fslso.com.

Section VII Notice of Petitions and Dispositions Regarding Declaratory Statements

DEPARTMENT OF FINANCIAL SERVICES

Division of State Fire Marshal

NOTICE IS HEREBY GIVEN that the Department of Financial Services has issued an order disposing of the petition for declaratory statement filed by Gregory J. Cahanin Fire & Code Consulting on April 16, 2014. The following is a summary of the agency's disposition of the petition:

The Notice of Petition for Declaratory Statement was published May 30, 2014, in Vol. 40, No. 105 of the Florida Administrative Register. The Petitioner, on behalf of Spare Room Mini Storage, sought a determination by the Department as to the applicability of Florida Fire Prevention Code 101 Chapter 42, in particular, section 7.1.4.1. The Petitioner's request fails to state that Petitioner has proceeded through the local appeal process and received an adverse ruling. Therefore, the Petition was denied by a Final Order filed on August 18, 2014.

A copy of the Order Disposing of the Petition for Declaratory Statement may be obtained by contacting: Melissa E. Dembicer, Assistant General Counsel, Department of Financial Services, 200 E. Gaines Street, Tallahassee, Florida 32399-0333 or by email: Melissa.dembicer@myfloridacfo.com.

DEPARTMENT OF FINANCIAL SERVICES

Division of State Fire Marshal

NOTICE IS HEREBY GIVEN that the Department of Financial Services has issued an Order Dismissing Petition for Declaratory Statement without Prejudice disposing of the Petition for Declaratory Statement filed by Michael Sheehan on July 10, 2014. The following is a summary of the agency's disposition of the Petition:

The Notice of Petition for Declaratory Statement was published July 21, 2014 in Vol. 40, No. 140 of the Florida Administrative Register.

The Petitioner sought a determination by the Department as to the applicability of Florida Fire Prevention Code 101:7.4.1.6 of the 2010 Edition.

The Petitioner's request fails to state that Petitioner has proceeded through the local appeal process and received an adverse ruling. Therefore, an Order Dismissing Petition for Declaratory Statement without Prejudice was filed on August 21, 2014.

A copy of the Order disposing of the Petition for Declaratory Statement may be obtained by contacting: Melissa E. Dembicer, Assistant General Counsel, Department of Financial Services, 200 E. Gaines Street, Tallahassee, Florida 32399-0333 or by email: Melissa.dembicer@myfloridacfo.com.

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

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

NONE

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

NONE

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

NONE

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

NONE

Section XI
Notices Regarding Bids, Proposals and
Purchasing

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Administration

Statement of Qualifications – Conner Complex Laboratory Building

As an architect/engineer, you are invited to submit an SOQ to the Florida Department of Agriculture And Consumer Services, Florida Forest Service, hereinafter referred to as Owner.

The Department is seeking the professional services of an architect/engineer specializing in roofing for the survey and design drawings/specifications for the proposed roof replacement at the Conner Complex laboratory building, located at 3125 Conner Boulevard, Tallahassee, Florida 32399.

PROJECT NAME & LOCATION: Conner Complex Laboratory Building, 3125 Conner Boulevard, Tallahassee, Florida 32399

SOLICITATION DOCUMENT: The entire solicitation document, which includes specifications, may be viewed and downloaded from the Vendor Bid System at <http://myflorida.com>, click on Business, Doing Business with the State of Florida, Everything for Vendors and Customers, Vendor Bid System, Search Advertisements, Bid Number SOQ/DA-14/15-17 or by calling the Purchasing Office at (850)617-7181.

PUBLIC ENTITY CRIME INFORMATION STATEMENT: A person or affiliate, who has been placed on the convicted vendor list following a conviction for a public entity crime; may not submit a bid on a contract to provide any goods or services to a public entity; may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor or consultant under a contract with any public entity and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for category two, for a period of 36 months from the date of being placed on the convicted vendor list.

DISCRIMINATION; DENIAL OR REVOCATION FOR THE RIGHT TO TRANSACT BUSINESS WITH PUBLIC ENTITIES: An entity or affiliate, who has been placed on the discriminatory vendor list, may not submit a bid on a contract to provide goods or services to a public entity; may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids on leases of real property to a public entity; may not award or perform work as a contractor, supplier, subcontractor or consultant under contract with any public entity and may not transact any business with any public entity.

Statements of Qualifications will be received and publicly opened:

DATE AND TIME: September 23, 2014, 2:00 p.m.

PLACE: Florida Department of Agriculture and Consumer Services, 407 S. Calhoun Street, SB-8 Mayo Building, Tallahassee, Florida 32399, (850)617-7181

CONTRACT AWARD: The official Notice of Award Recommendation will be by electronic posting at http://fcn.state.fl.us/owa_vbs/owa/vbs_www.main_menu.

Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes. If no protest is filed, the contract will be awarded to the qualified bidder in accordance with Chapter 60D-5 by the Owner.

DEPARTMENT OF EDUCATION

School Districts

DCPS Sale of Surplus Real Property – Northeast Springfield
School No. 8/OFDC-ITB-003-15

DUVAL COUNTY PUBLIC SCHOOLS ADVERTISEMENT FOR BIDS-Invitation To Bid For Sale of Surplus Real Property – Northeast Springfield School No. 8. Publish Date – August 22, 2014. Sealed bids will be received by Duval County Public Schools, Division of Facilities, Room 535, 1701 Prudential Drive, Jacksonville, FL 32207 until the time and date recorded below and immediately thereafter publicly opened and recorded in the Duval County Public Schools, School Board Building, located at 1701 Prudential Drive, Jacksonville, Florida, 5th Floor, Room 513D. **BIDS ARE DUE ON OR BEFORE OCTOBER 24, 2014 AND WILL BE ACCEPTED UNTIL 2:00 P.M. OFFICIAL PROJECT TITLE:** Sale of Surplus Real Property – Northeast Springfield School No. 8/OFDC-ITB-003-15. Purpose: this Invitation to Bid is to accept firm offers for the sale of surplus Duval County Public Schools real estate located at Northeast Springfield School No. 8, 1221 E. 16th Street, Jacksonville, Florida 32206. Real estate documents for bidding may be examined at the Duval County Public Schools Administration Building located at 1701 Prudential Drive, Jacksonville, FL 32207. DCSB Point of Contact: Tyler Loehnert, (904)390-2359. All persons that are interested in bidding may attend a pre-bid conference on October 1, 2014 at 2:00 p.m. at the Duval County Public Schools Administration Building, 1701 Prudential Drive, Room 513D, Jacksonville, FL 32207. Attendees will be required to sign an attendance register. Open House inspections will be conducted at the Northeast Springfield School No. 8 property on the following dates: September 19, 2014 and October 3, 2014 from 9:00 a.m. – 12:00 Noon. Contract documents for bidding information may be obtained at www.duvalschools.org. Follow website to Departments/Facilities/Projects/Selection Booklets/Sale of Surplus Property. The Bid Award Recommendation will be posted on the first floor bulletin board at the Duval County School Board Building, 1701 Prudential Drive, Jacksonville, Florida 32207-8152.

DEPARTMENT OF EDUCATION

School Districts

DCPS Sale of Surplus Real Property – Fairfield
School No. 9/OFDC -ITB-004-15

DUVAL COUNTY PUBLIC SCHOOLS ADVERTISEMENT FOR BIDS: Invitation To Bid For Sale of Surplus Real Property – Fairfield School No. 9. Publish Date – August 22, 2014. Sealed bids will be received by Duval County Public Schools, Division of Facilities, Room 535, 1701 Prudential Drive, Jacksonville, FL 32207 until the time and date recorded below and immediately thereafter publicly opened and recorded in the

Duval County Public Schools, School Board Building, located at 1701 Prudential Drive, Jacksonville, Florida, 5th Floor, Room 513D.

BIDS ARE DUE ON OR BEFORE OCTOBER 24, 2014 AND WILL BE ACCEPTED UNTIL 2:00 P.M. OFFICIAL PROJECT TITLE: Sale of Surplus Real Property – Fairfield School No. 9/OFDC -ITB-004-15. Purpose: This Invitation to Bid is to accept firm offers for the sale of surplus Duval County Public Schools real estate located at Fairfield School No. 9, 515 Victoria Street, Jacksonville, Florida 32202. Real estate documents for bidding may be examined at the Duval County Public Schools Administration Building located at 1701 Prudential Drive, Jacksonville, FL 32207. DCSB Point of Contact: Tyler Loehnert, (904)390-2359. All persons that are interested in bidding may attend a pre-bid conference on October 1, 2014 at 2:00 p.m. at the Duval County Public Schools Administration Building, 1701 Prudential Drive, Room 513D, Jacksonville, FL 32207. Attendees will be required to sign an attendance register. Open House inspections will be conducted at the Fairfield School No. 9 property on the following dates: September 12, 2014 and September 26, 2014 from 9:00 a.m. – 12:00 Noon.

Contract documents for bidding information may be obtained at www.duvalschools.org. Follow website to Departments/Facilities/Projects/Selection Booklets/Sale of Surplus Property.

The Bid Award Recommendation will be posted on the first floor bulletin board at the Duval County School Board Building, 1701 Prudential Drive, Jacksonville, Florida 32207-8152.

DEPARTMENT OF HEALTH

Design & Construction, Construction Management at Risk, Project #71405100, Brevard County

STATE OF FLORIDA

DEPARTMENT OF HEALTH

PUBLIC ANNOUNCEMENT FOR CONSTRUCTION

CONTRACTORS TO PROVIDE CONSTRUCTION

MANAGEMENT AT RISK SERVICES

REQUEST FOR QUALIFICATIONS (RFQ): The State of Florida, Department of Health, Division of Administration, Bureau of General Services, Design and Construction requests qualifications from licensed general contractors who wish to compete for Construction Management (CM) at Risk Services (i.e., the Negotiated Fee-Guaranteed Maximum Price (GMP) Construction Contracting Method, as defined by subsection 60D-5.002(12), Florida Administrative Code (F.A.C.), on the following project. The selection will be made in accordance with Section 255.29(3), F.S., and the procedures and criteria of Building Construction.

Applications being sent via the U. S. Mail or via overnight express service shall be sent to the project manager, Ken Tilbury, Senior Architect, Florida Department of Health, Design and Construction, 4052 Bald Cypress Way, Bin # B06, Tallahassee, Florida 32399-1734, phone: (850)245-4444, ext. 3164.

PROJECT NUMBER: DOH 71405100

PROJECT NAME: Brevard County Health Department – Melbourne Replacement Facility

(Phase I approximately 7,000 GSF for the WIC Program – Phase II - 6,000 GSF (upon funding))

PROJECT LOCATION: 601 East University Blvd, Melbourne, Florida 32901

SERVICES TO BE PROVIDED: CONSTRUCTION MANAGEMENT - AT - RISK

ESTIMATED CONSTRUCTION BUDGET: \$1,600,000.00 - Phase I

ACCOUNT NO: 64-30-2-141001-64200700-00-084093 -15

RESPONSE DUE DATE: SEPTEMBER 9, 2014 at 4:00 p.m. local EDST. Any Responses received after the due date and time will be deemed non-responsive and will not receive further consideration.

INSTRUCTIONS: Firms interested in being considered for this project must submit three (3) printed copies of their submittals with a table of contents and tabbed sections in the following order:

1. Letter of interest detailing the firm's qualification to meet the above referenced selection criteria.
2. A current Experience Questionnaire and Contractor's Financial Statement, DOH Form DBC5085 (current edition is mandatory) and can be obtained by calling (850)245-4066.
3. Resumes of proposed staff and staff organizations.
4. Examples of project reporting manuals, schedules, past experience and examples of similar projects completed by the firm (include name and phone number of client and architect for each project).
5. Letters of reference from prior clients received within the last five years.
6. Copies of the firm's current Florida Department of Business and Professional Regulation Contracting License.
7. If a business entity, the applicant must be registered with the Florida Department of State, Division of Corporations, to operate in the State of Florida at the time of application. A certificate of authority must be submitted with the application.
8. All future notices regarding this solicitation and results of selection will be posted on the DMS Vendor Bid System at: http://vbs.dms.state.fl.us/vbs/main_menu.

All applicants are urged to limit their submittal content to fifty (50) pages, excluding front and back covers and any section dividers; however, this fifty page limit is not a mandatory requirement. All proposal information submitted becomes the property of the Department of Health, will be placed on file, and not returned. Do not send information electronically since that will be deemed non-responsive and subject to disqualification. Applications which do not comply with the instructions set forth above and/or do not include the qualification data or proper forms required will be declared non-responsive and will not be further evaluated. The Department reserves the right to waive minor irregularities at its sole discretion.

DOCUMENT DELIVERY: Responses are to be submitted to the project manager and addressed to:

Ken Tilbury, Senior Architect
Design and Construction
Florida Department of Health
4052 Bald Cypress Way, Bin B-06
Tallahassee, Florida 32399-1734

The time/date stamp/clock in the Department shall serve as the official authority to determine timeliness of the responses. Late responses will be declared non-responsive and will not be further evaluated. Unsealed and/or unsigned responses received by telegram, facsimile transmission or other similar means are not acceptable, and will be declared non-responsive and will not be further evaluated. Submittals that do not comply with the requirements or instructions of this solicitation document will be declared non-responsive and will not be further evaluated.

EVALUATION: All proposals submitted shall become the property of the Department of Health. Proposals that do not comply with the above instructions and/or do not include the required qualification data will be declared non-responsive and will not be further evaluated. Proposals submitted by qualified firms shall be evaluated in accordance with Section 287.055, Florida Statutes.

SHORTLIST SELECTION PROCESS AND INTERVIEWS: From the proposals received, the Department Selection Committee shall shortlist a minimum of three (3) firms and may require presentation by no less than three firms regarding their qualifications, approach to the project and ability to furnish the required services. Selection of finalists for interview will be made on the basis of specific experience and ability, financial capability, scheduling and cost control ability, office staff, on-site staff, information systems, and distance to site. Each invitee will be notified by facsimile transmission of the date and time of its interview/presentation.

POSTING OF RESULTS: Results of the short listing evaluation will be posted on the DMS Vendor Bid System at http://vbs.dms.state.fl.us/vbs/main_menu within 48 hours after the committee's recommendation is approved. In the event that this information cannot be posted within this time frame, then

the successful firms will be notified of the results by email, fax, or postal mail. The responding firms must submit their contact information for the firms submitting office, including an email address and fax number for notices should they be required. All future announcements, results and information about the selection for this project will be posted on the DMS Vendor Bid System at http://vbs.dms.state.fl.us/vbs/main_menu.

Special Instructions to access website: Go to VBS link – open – go to “Search Advertisements” open – fill-in “Advertisement Type” – select “Competitive Solicitation” – go to “Agency” select Dept. of Health. Do not fill in any other boxes – go to bottom and click “Advertisement Search” – advertisement is located in the list shown in the box

No inquiries are allowed prior to posting as official communications are required to go to all vendors through the DOH Website at http://vbs.dms.state.fl.us/vbs/main_menu. Such inquiries prior to posting may be grounds for disqualification.

**Section XII
Miscellaneous**

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

Corsair Powersports of Jacksonville, Inc., for the establishment of DUCA motorcycles.

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of Less than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that Ducati North America, Inc., intends to allow the establishment of Corsair Powersports of Jacksonville, Inc., as a dealership for the sale of motorcycles manufactured by Ducati Motor Holding SPA (line-make DUCA) at 1515 Wells Road, Orange Park, (Clay County), Florida 32073, on or after September 22, 2014.

The name and address of the dealer operator(s) and principal investor(s) of Corsair Powersports of Jacksonville, Inc. are dealer operator(s): Don H. Passell, 1515 Wells Road, Orange Park, Florida 32073 and Mary Yvonne McCormick, 1515 Wells Road, Orange Park, Florida 32073, principal investor(s): Don H. Passell, 1515 Wells Road, Orange Park, Florida 32073 and Mary Yvonne McCormick, 1515 Wells Road, Orange Park, Florida 32073.

The notice indicates intent to establish the new point location in a county of less than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS #65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Andrew Williams, Ducati North America, Inc., 10443 Bandlely Drive, Cupertino, California 95014.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant’s compliance with the provisions of Chapter 320, Florida Statutes.

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

Mobility Scooter Center, Inc., d/b/a MV-1 of Melbourne

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that Mobility Ventures, LLC, intends to allow the establishment of Mobility Scooter Center, Inc., d/b/a MV-1 of Melbourne as a dealership for the sale of automobiles manufactured by Mobility Ventures, LLC (line-make MOVOT) at 748 North Harbor City Boulevard, Melbourne, (Brevard County), Florida 32935, on or after September 22, 2014.

The name and address of the dealer operator(s) and principal investor(s) of Mobility Scooter Center, Inc., d/b/a MV-1 of Melbourne are dealer operator(s): Steve Kellner, 748 North Harbor City Boulevard, Melbourne, Florida 32935; principal investor(s): Steve Kellner, 748 North Harbor City Boulevard, Melbourne, Florida 32935, Ellie Rudolph, 748 North Harbor City Boulevard, Melbourne, Florida 32935, Rob Rudolph, 748 North Harbor City Boulevard, Melbourne, Florida 32935, Paul Kellner, 748 North Harbor City Boulevard, Melbourne, Florida 32935.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS #65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Greg Proven, Mobility Ventures, LLC, 105 North Niles Avenue, South Bend, Indiana 46617.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

Powerplay Motorsports, LLC, for the establishment of DAIX motorcycles

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, notice is given that Pacific Rim International West, Inc., intends to allow the establishment of Powerplay Motorsports, LLC, as a dealership for the sale of motorcycles manufactured by Huzhou Daixi Zhenhua Technology Trade Co., Ltd. (line-make DAIX) at 555 Dogtrack Road, Longwood, (Seminole County), Florida 32750, on or after September 22, 2014.

The name and address of the dealer operator(s) and principal investor(s) of Powerplay Motorsports, LLC, are dealer operator(s): Logan Riley, 555 Dogtrack Road, Longwood, Florida 32750; principal investor(s): Logan Riley, 555 Dogtrack Road, Longwood, Florida 32750.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Nalini Vinayak, Administrator, Dealer License

Section, Department of Highway Safety and Motor Vehicles, Room A-312, MS 65, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Wendy Yu, Pacific Rim International West, Inc., 2181 East Francis Street, Ontario, California 91761.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

EXECUTIVE OFFICE OF THE GOVERNOR

Division of Emergency Management

Request for Proposals: Division of Emergency Management Residential Construction Mitigation Program Competitive Grant Program

The Florida Division of Emergency Management (DEM or the Division) announces the advertisement of the availability of Residential Construction Mitigation Program (RCMP) funding. Eligible applicants may submit one application for a maximum grant of \$175,000 each from the 2013-2014 Florida Legislature appropriation from the Florida Hurricane Catastrophe Fund.

Authorizing Legislation and Regulations

In 1999, the Florida Legislature passed the Bill Williams Residential Safety and Preparedness Act. This created the Hurricane Loss Mitigation Program, (Section 215.559, Florida Statutes) with an annual appropriation of \$10 million. These funds are derived from the Florida Hurricane Catastrophe Fund. Section 215.559, F.S., establishes minimum funding levels for specific interests. The Florida Legislature allocates funding from this appropriation to RCMP on an annual basis.

Award Information

Pursuant to Section 215.559, Florida Statutes, RCMP makes funds available annually to pursue the following objectives:

- To improve the wind resistance of residences and mobile homes through subsidies, grants, outreach, demonstration projects, direct assistance.
- To educate persons concerning the Florida Building Code cooperative programs with local governments and the federal government.
- To prevent losses or reduce the cost of disasters and reduce the cost of rebuilding after a disaster.

Since July 1, 2003, the State has been using the State of Florida's web-based electronic procurement system known as, MyFloridaMarketPlace. Proposers must be registered and active in the state of Florida's MyFloridaMarketPlace system by the time and date of the technical proposal opening or they will be considered non-responsive. All prospective proposers, which are not registered, should go to

<https://vendor.myfloridamarketplace.com/> to complete the online registration, or call 1(866)352-3776 for assisted registration. Detail is provided in Request for Proposal on the MyFloridaMarketPlace system.

Applicant Eligibility

Eligible applicants** for each application category are those identified in the following chart with X's:

Project Category	State/Regional Agencies	Local Governments	Private Non-Profits	Educational Institutions
Residential Mitigation Retrofit Program	X	X	X	X
Public Outreach	X	X	*	X

**The Division does not contract with individuals. In order to participate, residents must contact their respective local government for sponsorship.

* If the Division identifies specific outreach or planning needs, it will release a separate RFP with specific scope requirements. Private non-profits must apply through the Request for Proposal (RFP) process per Section 287.057, Florida Statutes.

Application Due Dates

RFP Release August 22, 2014
 Application Deadline September 18, 2014
 Award Announcements No later than 30 days from application deadline
 Applications must be received on or before 18 September 2014, 4:00 p.m. local time. Applications may be delivered in person or by mail to the following address:

RFP-DEM-14-15-012 Residential Retrofit Program Round 2
 Florida Division of Emergency Management
 Tara Walters
 2555 Shumard Oak Blvd.
 Tallahassee, Florida 32399-2100

This is a competitive program. Projects compete against one another in project categories. This RFP solicits only proposals that are cost reimbursement subgrant agreements.

General Information Regarding Application Submission

- All eligible applicants shall be limited to one (1) application submission per application category with no more than two (2) application submissions in a state fiscal year. Each application must be for no more than \$175,000.00.
- No application may be amended, added to, or otherwise modified after 4:00 p.m. local time on the date of the published application deadline, other than to provide clarifying information as requested by the Division.

- An original and five (5) copies of the application must be received along with a CD containing the application electronically in Word format. Project match and budget sections must be tabbed. The original must be labeled "Original" and must contain an original signature in ink of the authorized official.
- Since July 1, 2003, the State has been using the State of Florida's web-based electronic procurement system known as, MyFloridaMarketPlace. Proposers must be registered and active in the state of Florida's MyFloridaMarketPlace system by the time and date of the technical proposal opening or they will be considered non-responsive. All prospective proposers that are not registered should go to <https://vendor.myfloridamarketplace.com/> to complete on-line registration, or call 1(866)352-3776 for assisted registration.

AGENCY FOR HEALTH CARE ADMINISTRATION

Certificate of Need

GRACE PERIOD LETTER OF INTENT

The Agency for Health Care Administration received and accepted the following letter of intent for the September 3, 2014, application filing date for Hospital Beds and Facilities batching cycle:

County: Brevard District: 7
 Date Filed: 8/20/2014 LOI #: H1408005
 Facility/Project: Wuesthoff Medical Center – Rockledge
 Applicant: Rockledge HMA, LLC
 Project Description: Establish a comprehensive medical rehabilitation unit of up to 30 beds

If requested within 14 days after notice that an application has been filed, a public hearing may be held at the local level within 21 days after October 8, 2014, the date the application is scheduled to be deemed complete. Tentative hearing dates will be published on September 10, 2014.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

Proposed Amendment to Florida's 1115 Managed Medical Assistance Waiver

The Agency for Health Care Administration (Agency) is seeking public input on a proposed amendment to Florida's 1115 Managed Medical Assistance (MMA) Waiver.

DATE AND TIME: Tuesday, September 23, 2014, 2:00 p.m. – 2:30 p.m.

PLACE: Agency for Health Care Administration, Building 3, Conference Room A, 2727 Mahan Drive, Tallahassee, FL 32308. To participate by phone, please call: 1(888)670-3525 and enter the participant code: 3715274100#

DATE AND TIME: Monday, September 29, 2014, 1:00 p.m. – 2:00 p.m.

PLACE: Agency for Health Care Administration, 6800 North Dale Mabry Highway, Main Training Room, Tampa, FL 33614. To participate by phone, please call: 1(888)670-3525 and enter the participant code: 4201652735 #.

SUMMARY DESCRIPTION OF PROPOSED AMENDMENT:

The Agency plans to submit an amendment to Florida’s 1115 MMA Waiver to the Centers for Medicare and Medicaid Services (Federal CMS). The proposed amendment will allow for Medicaid-eligible recipients residing in group home facilities licensed under Section 393.067, Florida Statutes, as well as Medicaid-eligible children receiving Prescribed Pediatric Extended Care (PPEC) services to become eligible to voluntarily enroll in Florida’s MMA program, a component of the Statewide Medicaid Managed Care (SMMC) program. This amendment is being submitted to implement newly amended Florida Law (HB 5201), that allows recipients residing in a group home facility and children receiving PPEC services to voluntarily enroll in Florida’s MMA program upon federal approval.

Group home facilities licensed under Section 393.067, F.S., are residential facilities licensed which provide family living environments including supervision and care necessary to meet the physical, emotional, and social needs of its residents. The proposed amendment will ensure continuity of care and allow these individuals access to expanded benefits offered by the plans.

The purpose of the Florida Medicaid PPEC services is to enable recipients under the age of 21 years with medically-complex conditions to receive medical and therapeutic care at a non-residential pediatric center. Currently under Florida law, children receiving PPEC services are excluded from participating in the MMA program and, therefore, would be unable to receive services from an MMA plan such as the Children’s Medical Services Network.

The proposed amendment will allow for those children receiving PPEC services and currently enrolled in the Children’s Medical Services Network or another managed care plan to remain in that plan without disruption of services, ensuring their continuity of care and participation in the MMA program. It would also allow children not currently enrolled in a Medicaid managed care plan to select an MMA plan to take advantage of the higher standards required of the plans and the expanded benefits offered by the plans.

Public Notice and Public Comment Period: SEPTEMBER 2, 2014 – OCTOBER 2, 2014

The Agency will conduct a 30-day public notice and comment period prior to the submission of the proposed amendment request to Federal CMS. The Agency will consider all public comments received regarding the proposed amendment request. The 30-day public notice and public comment period begins September 2, 2014 and ends October 2, 2014. This public notice and public comment period is being held to solicit public input from recipients, providers and all stakeholders and interested parties on the development of the proposed amendment request to Florida’s 1115 MMA Waiver.

To submit comments by postal service or internet e-mail, please follow the directions outlined below. When providing comments regarding the proposed amendment to the 1115 MMA Waiver please have ‘Proposed Amendment to 1115 MMA Waiver’ referenced in the subject line. Mail comments and suggestions to:

Proposed Amendment to 1115 MMA Waiver
Office of the Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

E-mail your comments and suggestions to: FLMedicaidWaivers@ahca.myflorida.com.

More information is available on the Agency’s website at the following link: http://ahca.myflorida.com/medicaid/statewide_mc/mma_fed_auth.shtml

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
State Revolving Fund Program**

**NOTICE OF AVAILABILITY
FLORIDA CATEGORICAL EXCLUSION NOTICE**

City of Haines City

The Florida Department of Environmental Protection (DEP) has determined that the City of Haines City’s project involving construction of a regional biosolids composting facility is not expected to generate controversy over potential environmental effects. The total estimated construction cost is \$4,350,000. The project may qualify for a Clean Water State Revolving Fund loan composed of federal and state funds. DEP will consider public comments about the environmental impacts of the proposed project that are postmarked or delivered at the address below within 30 days of this notice. A full copy of the Florida Categorical Exclusion Notice can be obtained by writing to: Bryan Goff, SRF Program, Department of Environmental Protection, 2600 Blair Stone Road, MS #3505, Tallahassee, Florida 32399-2400, call: (850)245-8375 or email: bryan.goff@dep.state.fl.us.

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 NOTICE OF FILING OF APPLICATION FOR POWER
 PLANT CERTIFICATION

On August 1, 2014, the Siting Coordination Office received an application for certification of a power plant pursuant to the Florida Electrical Power Plant Siting Act, Section 403.501 et seq., Florida Statutes (F.S.), from Duke Energy Florida, Inc. for the construction and operation of the Citrus County Combined Cycle Project in Citrus County, Power Plant Siting Application No. PA77-09A3, OGC Case No. 14-0431. A copy of the site certification application is available for review in the Siting Coordination Office, Department of Environmental Protection, 2600 Blair Stone Road, MS #5500, Tallahassee, Florida 32399-2400, (850)717-9000 or online at <http://www.dep.state.fl.us/siting/apps.htm>. Pursuant to Section 403.507, F.S., and Chapter 62-17, Florida Administrative Code, statutory parties to the site certification proceeding should review the application and submit their reports and recommendations. In the future, a proposed certification hearing date will be announced. Pursuant to Section 403.508(3), F.S., parties to the proceeding shall include the applicant, the Public Service Commission, the Department of Economic Opportunity, the Fish and Wildlife Conservation Commission, the Southwest Florida Water Management District, the Department of Environmental Protection (Department), the Withlacoochee Regional Planning Council, Citrus County, and the Department of Transportation. Any party listed in Section 403.508(3)(a), F.S., other than the Department or the applicant, may waive its right to participate in these proceedings if such party fails to file a notice of its intent to be a party on or before the 90th day prior to the certification hearing. In addition, notwithstanding the provisions of Chapter 120, F.S., upon the filing with the administrative law judge of a notice of intent to be a party no later than 75 days after the application is filed, the following shall also be parties to the proceeding: any agency not listed in Section 403.508(3)(a), F.S., as to matters within its jurisdiction; any domestic nonprofit corporation or association formed, in whole or in part, to promote conservation or natural beauty; to protect the environment, personal health, or other biological values; to preserve historical sites; to promote consumer interests; to represent labor, commercial, or industrial groups; or to promote comprehensive planning or orderly development of the area in which the proposed electrical power plant is to be located. Other parties may include any person, including those persons listed herein who have failed to timely file a notice of intent to be a party, whose substantial interests are affected and being determined by the proceeding and who timely file a motion to intervene pursuant to Chapter 120, F.S., and applicable rules. Intervention pursuant to this paragraph may be granted at the discretion of the designated administrative law judge and upon such conditions as he or she

may prescribe any time prior to 30 days before the commencement of the certification hearing. Motions to intervene must be filed (received) with the Administrative Law Judge assigned to DOAH Case No. 14-3632EPP by the Division of Administrative Hearings, The Desoto Building, 1230 Apalachee Parkway, Tallahassee, Florida 32399-1550, prior to 30 days before the date of the certification hearing. Any agency, including those whose properties or works are being affected pursuant to Section 403.509(4), F.S., shall be made a party upon the request of the Department or the applicant. Pursuant to Section 403.508(6), F.S., the certification hearing may be cancelled if all parties to the proceeding stipulate that there are no disputed issues of fact or law to be raised at the certification hearing.

DEPARTMENT OF ECONOMIC OPPORTUNITY

Division of Community Development

Final Order No.: DEO-14-104

In re: A LAND DEVELOPMENT REGULATION
 ADOPTED BY CITY OF MARATHON
 ORDINANCE NO. 2014-10

FINAL ORDER

APPROVING CITY OF MARATHON ORDINANCE NO.
 2014-10

The Department of Economic Opportunity (“Department”) hereby issues its Final Order, pursuant to §§ 380.05(6) and (11), Florida Statutes, approving land development regulations adopted by the City of Marathon, Florida, Ordinance No. 2014-10 (the “Ordinance”).

FINDINGS OF FACT

The Florida Keys Area is designated by § 380.0552, Florida Statutes, as an area of critical state concern. The City of Marathon, is a local government within the Florida Keys Area.

The Ordinance was adopted by the City of Marathon on July 8, 2014, and rendered to the Department on July 17, 2014.

The Ordinance amends the City of Marathon Code of Ordinances Appendix, Chapter 102, Article 10, “Platting,” and Article 12, “Subdivision Regulations,” and Appendix, Chapter 103, Article 3, “Use and Intensity Tables.” These amendments concern inclusion of additional standards for the minimum width of street front property lines and the relationship of the size and dimensions of proposed lots to those surrounding properties.

CONCLUSIONS OF LAW

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

The City of Marathon is a local government within the Florida Keys Area of Critical State Concern. §380.0552,

Florida Statutes and Florida Administrative Code Chapter 28-26.

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

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

The Ordinance is consistent with the City of Marathon Comprehensive Plan generally, and specifically Chapter 1, Objective 1-3.4 (Future Land Use Categories), Policy 1-3.1.4, and Table 1-1.

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

- (a) Strengthening local government capabilities for managing land use and development so that local government is able to achieve these objectives without continuing the area of critical state concern designation.
- (e) Limiting the adverse impacts of development on the quality of water throughout the Florida Keys.
- (n) Protecting the public health, safety, and welfare of the citizens of the Florida Keys and maintaining the Florida Keys as a unique Florida resource.

WHEREFORE, IT IS ORDERED that the Department finds that the City of Marathon Ordinance No. 2014-10 is consistent with the Principles for Guiding Development for the Florida Keys Area of Critical State Concern and is hereby APPROVED.

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

DONE AND ORDERED in Tallahassee, Florida.

/s/
 William B. Killingsworth, Director
 Division of Community Development
 Department of Economic Opportunity

NOTICE OF ADMINISTRATIVE RIGHTS

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

FLORIDA STATUTES, REGARDING THE AGENCY’S ACTION. DEPENDING UPON WHETHER YOU ALLEGE ANY DISPUTED ISSUE OF MATERIAL FACT IN YOUR PETITION REQUESTING AN ADMINISTRATIVE PROCEEDING, YOU ARE ENTITLED TO EITHER AN INFORMAL PROCEEDING OR A FORMAL HEARING.

IF YOUR PETITION FOR HEARING DOES NOT ALLEGE ANY DISPUTED ISSUE OF MATERIAL FACT CONTAINED IN THE DEPARTMENT’S ACTION, THEN THE ADMINISTRATIVE PROCEEDING WILL BE AN INFORMAL ONE, CONDUCTED PURSUANT TO SECTIONS 120.569 AND 120.57(2), FLORIDA STATUTES, AND CHAPTER 28-106, PARTS I AND III, FLORIDA ADMINISTRATIVE CODE. IN AN INFORMAL ADMINISTRATIVE PROCEEDING, YOU MAY BE REPRESENTED BY COUNSEL OR BY A QUALIFIED REPRESENTATIVE, AND YOU MAY PRESENT WRITTEN OR ORAL EVIDENCE IN OPPOSITION TO THE DEPARTMENT’S ACTION OR REFUSAL TO ACT; OR YOU MAY EXERCISE THE OPTION TO PRESENT A WRITTEN STATEMENT CHALLENGING THE GROUNDS UPON WHICH THE DEPARTMENT HAS CHOSEN TO JUSTIFY ITS ACTION OR INACTION.

IF YOU DISPUTE ANY ISSUE OF MATERIAL FACT STATED IN THE AGENCY ACTION, THEN YOU MAY FILE A PETITION REQUESTING A FORMAL ADMINISTRATIVE HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE OF THE DIVISION OF ADMINISTRATIVE HEARINGS, PURSUANT TO SECTIONS 120.569 AND 120.57(1), FLORIDA STATUTES, AND CHAPTER 28-106, PARTS I AND II, FLORIDA ADMINISTRATIVE CODE. AT A FORMAL ADMINISTRATIVE HEARING, YOU MAY BE REPRESENTED BY COUNSEL OR OTHER QUALIFIED REPRESENTATIVE, AND YOU WILL HAVE THE OPPORTUNITY TO PRESENT EVIDENCE AND ARGUMENT ON ALL THE ISSUES INVOLVED, CONDUCT CROSS-EXAMINATION AND SUBMIT REBUTTAL EVIDENCE, SUBMIT PROPOSED FINDINGS OF FACT AND ORDERS, AND FILE EXCEPTIONS TO ANY RECOMMENDED ORDER.

IF YOU DESIRE EITHER AN INFORMAL PROCEEDING OR A FORMAL HEARING, YOU MUST FILE WITH THE AGENCY CLERK OF THE DEPARTMENT OF ECONOMIC OPPORTUNITY A WRITTEN PLEADING ENTITLED, “PETITION FOR ADMINISTRATIVE PROCEEDINGS” WITHIN 21 CALENDAR DAYS OF RECEIPT OF THIS NOTICE. A PETITION IS FILED WHEN IT IS RECEIVED BY:

AGENCY CLERK
DEPARTMENT OF ECONOMIC OPPORTUNITY
OFFICE OF THE GENERAL COUNSEL
107 EAST MADISON STREET, MSC 110
TALLAHASSEE, FLORIDA 32399-4128
TELEPHONE: (850)245-7160
FAX: (850)921-3230

Email: James.Bellflower@deo.myflorida.com

THE PETITION MUST MEET THE FILING REQUIREMENTS IN SUBSECTION 28-106.104(2), FLORIDA ADMINISTRATIVE CODE. IF AN INFORMAL PROCEEDING IS REQUESTED, THEN THE PETITION SHALL BE SUBMITTED IN ACCORDANCE WITH RULE 28-106.301, FLORIDA ADMINISTRATIVE CODE. IF A FORMAL HEARING IS REQUESTED, THEN THE PETITION SHALL BE SUBMITTED IN ACCORDANCE WITH SUBSECTION 28-106.201(2), FLORIDA ADMINISTRATIVE CODE.

A PERSON WHO HAS FILED A PETITION MAY REQUEST MEDIATION. A REQUEST FOR MEDIATION MUST INCLUDE THE INFORMATION REQUIRED BY RULE 28-106.402, FLORIDA ADMINISTRATIVE CODE. CHOOSING MEDIATION DOES NOT AFFECT THE RIGHT TO AN ADMINISTRATIVE HEARING.

YOU WAIVE THE RIGHT TO AN INFORMAL ADMINISTRATIVE PROCEEDING OR A FORMAL HEARING IF YOU DO NOT FILE A PETITION WITH THE AGENCY CLERK WITHIN 21 DAYS OF PUBLICATION OF THIS FINAL ORDER.

CERTIFICATE OF FILING AND SERVICE

I HEREBY CERTIFY that the original of the foregoing Final Order has been filed with the undersigned designated Agency Clerk, and that true and correct copies have been furnished to the following persons by the methods indicated this 21 day of AUGUST, 2014.

/s/ _____

James W. Bellflower, Agency Clerk
Department of Economic Opportunity
107 East Madison Street, MSC 110
Tallahassee, FL 32399-4128

By U.S. Mail:
The Honorable Dick Ramsay, Mayor
City of Marathon, City Council
9805 Overseas Highway
Marathon, FL 33050

Diane Clavier, Clerk
City of Marathon
9805 Overseas Highway
Marathon, FL 33050

George Garrett, Director
City of Marathon, Planning Department
9805 Overseas Highway
Marathon, FL 33050

DEPARTMENT OF ECONOMIC OPPORTUNITY
Division of Community Development
Final Order No.: DEO-14-103
In re: A LAND DEVELOPMENT REGULATION
ADOPTED BY CITY OF MARATHON
ORDINANCE NO. 2014-08

FINAL ORDER
APPROVING CITY OF MARATHON ORDINANCE NO.
2014-08

The Department of Economic Opportunity (“Department”) hereby issues its Final Order, pursuant to §§ 380.05(6) and (11), Florida Statutes, approving land development regulations adopted by the City of Marathon, Florida, Ordinance No. 2014-08 (the “Ordinance”).

FINDINGS OF FACT

The Florida Keys Area is designated by § 380.0552, Florida Statutes, as an area of critical state concern. The City of Marathon, is a local government within the Florida Keys Area.

The Ordinance was adopted by the City of Marathon on June 24, 2014, and rendered to the Department on August 6, 2014.

The Ordinance amends the City of Marathon Code Of Ordinances Appendix, Chapter 103, Article 3, “Use and Intensity Tables,” Section 103.15 and Table 10.15.1; Appendix, Chapter 104, Article 1, “Specific Use Regulations;” and Chapter 110, Article 3, “Definitions.” These amendments add new uses, including Construction and Demolition (C&D) Debris Transfer Facilities, provides new Special Use Regulations for C&D Debris Transfer Facilities, modifies the Special Use Regulations by adding Section 104.13, makes a minor modification to Section 104.17, and creates the definition for Construction and Demolition Debris, Construction and Demolition Debris Transfer Facility, Recyclable Material, and Recycling.

CONCLUSIONS OF LAW

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

The City of Marathon is a local government within the Florida Keys Area of Critical State Concern. §380.0552, Florida Statutes and Florida Administrative Code Chapter 28-29.

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

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

The Ordinance is consistent with the City of Marathon Comprehensive Plan generally, and specifically Chapter 1, Goal 1-1 (Manage Growth), Policy 1-1.1.4 (Transition between Land Uses), Chapter 3, Goal 3-1 (Provided Needed Public Facilities), Objective 3-3.2 (Promote Recycling), and Policy 3-3.2.3 (Establish Drop-Off Collection Programs).

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

- (a) Strengthening local government capabilities for managing land use and development so that local government is able to achieve these objectives without continuing the area of critical state concern designation.
- (d) Ensuring the maximum well-being of the Florida Keys and its citizens through sound economic development.
- (n) Protecting the public health, safety, and welfare of the citizens of the Florida Keys and maintaining the Florida Keys as a unique Florida resource.

WHEREFORE, IT IS ORDERED that the Department finds that the City of Marathon Ordinance No. 2014-08 is consistent with the Principles for Guiding Development for the Florida Keys Area of Critical State Concern and is hereby APPROVED.

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

DONE AND ORDERED in Tallahassee, Florida.

/s/
 William B. Killingsworth, Director
 Division of Community Development
 Department of Economic Opportunity

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AGENCY CLERK

DEPARTMENT OF ECONOMIC OPPORTUNITY
OFFICE OF THE GENERAL COUNSEL
107 EAST MADISON STREET, MSC 110
TALLAHASSEE, FLORIDA 32399-4128
TELEPHONE: (850)245-7160
FAX: (850)921-3230

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/s/ _____
James W. Bellflower, Agency Clerk
Department of Economic Opportunity
107 East Madison Street, MSC 110
Tallahassee, FL 32399-4128

By U.S. Mail:

The Honorable Dick Ramsay, Mayor
City of Marathon, City Council
9805 Overseas Highway
Marathon, FL 33050

Diane Clavier, Clerk
City of Marathon
9805 Overseas Highway
Marathon, FL 33050

George Garrett, Director
City of Marathon, Planning Department
9805 Overseas Highway
Marathon, FL 33050

Section XIII
Index to Rules Filed During Preceeding
Week

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