

## Section I

### Notice of Development of Proposed Rules and Negotiated Rulemaking

**DEPARTMENT OF EDUCATION**

**State Board of Education**

RULE NO.:       RULE TITLE

6A-5.066        Approval of Educator Preparation Programs

**PURPOSE AND EFFECT:** The purpose of this rule development is to update provisions in the rule due to statutory changes, rule changes and for clarity. Proposed changes include: definitions of terms used in the rule; update of specifications for the uniform core curricula; modification of processes for initial request and approval of teacher preparation programs; update criteria and data submitted for review as part of the institution’s or district’s annual program evaluation plan and for the general public; and revision of criteria for continued approval of programs to be based upon specified measures of program and program completer performance, including the program review process, timelines, and performance level targets for each of the continued approval criteria.

**SUBJECT AREA TO BE ADDRESSED:** This rule development workshop will review modifications of the requirements and implementation of the approval process for each type of teacher preparation program offered by a Florida postsecondary institution or public school district.

**RULEMAKING AUTHORITY:**1002.02, 1004.04, 1004.85, 1012.56 FS.

**LAW IMPLEMENTED:**1004.04, 1004.85, 1012.56 FS.

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

**DATE AND TIME:** November 10, 2014, 2:00 p.m. – 3:00 p.m., EDT

**PLACE:** Via webinar and conference call. To join the US Toll free conference call dial: 1(888)339-2688; participant passcode: is 175 927 82#

To register for the online meeting/webinar go to: <https://attendee.gotowebinar.com/register/5634908393917968129>. Upon registration you will receive an email with further instructions.

The conference call and webinar will begin at the appointed time and last for a minimum of 30 minutes but will conclude after 30 minutes if no additional callers are on the line. Anyone wishing to attend in person: Department of Education, 325 West Gaines Street, Room 1706, Tallahassee, Florida.

To request a rule development workshop, please contact: Cathy Schroeder, Agency Clerk, Department of Education, (850)245-9661 or e-mail: [cathy.schroeder@fldoe.org](mailto:cathy.schroeder@fldoe.org) or go to <https://app1.fldoe.org/rules/default.aspx>.

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS:** Eileen McDaniel, Chief, Educator Recruitment, Development & Retention, Florida Department of Education, 325 West Gaines Street, Room 124, Tallahassee, Florida, 32399-0400, (850)245-0435

**THE PRELIMINARY TEXT OF THE PROPOSED RULE, IF AVAILABLE, WILL BE PROVIDED AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.**

**DEPARTMENT OF HEALTH**

**Board of Nursing**

RULE NO.:       RULE TITLE:

64B9-5.002       Continuing Education Requirement

**PURPOSE AND EFFECT:** The amendment removes unnecessary material, audits no longer conducted.

**SUBJECT AREA TO BE ADDRESSED:** Removal of unnecessary material.

**RULEMAKING AUTHORITY:** 464.006, 464.013 FS.

**LAW IMPLEMENTED:** 456.024, 464.013 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:** Joe R. Baker, Jr., Executive Director, Board of Nursing, 4052 Bald Cypress Way, Bin #C02, Tallahassee, Florida 32399, [Joe.Baker@flhealth.gov](mailto:Joe.Baker@flhealth.gov)

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

**DEPARTMENT OF HEALTH**

**Board of Nursing**

RULE NO.:       RULE TITLE:

64B9-5.004       Procedure for Approval of Attendance at Continuing Education Courses

**PURPOSE AND EFFECT:** The purpose of the rule is to remove out-dated material.

**SUBJECT AREA TO BE ADDRESSED:** Remove out-dated material.

RULEMAKING AUTHORITY: 464.006, 464.013(3), 464.014 FS.

LAW IMPLEMENTED: 464.013(3) FS.

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**DEPARTMENT OF HEALTH**

**Board of Nursing**

RULE NO.:       RULE TITLE:

64B9-6.001       Delinquent Status; Obtaining Inactive Status

PURPOSE AND EFFECT: The purpose of the amendment is to conform the rule to statute.

SUBJECT AREA TO BE ADDRESSED: Conform rule.

RULEMAKING AUTHORITY: 456.036, 464.006, 464.014 FS.

LAW IMPLEMENTED: 456.036, 464,014, 464.016 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.

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

**DEPARTMENT OF HEALTH**

**Board of Nursing**

RULE NO.:       RULE TITLE:

64B9-8.012       Mediation

PURPOSE AND EFFECT: The purpose of the amendment is to remove out-dated material.

SUBJECT AREA TO BE ADDRESSED: Remove out-dated material.

RULEMAKING AUTHORITY: 456.078 FS.

LAW IMPLEMENTED: 456.078 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: Joe R. Baker, Jr., Executive Director, Board of Nursing, 4052 Bald Cypress Way, Bin #C02, Tallahassee, Florida 32399, Joe.Baker@flhealth.gov

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**Section II  
Proposed Rules**

**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 independent laboratory service providers in the Florida Medicaid Program.

SUMMARY: The rule will require independent laboratory service providers enrolled in Florida Medicaid, 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.

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

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

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

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.901-.9201 FS.

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

DATE AND TIME: Friday, November 21, 2014, 10:30 a.m. – 11:30 a.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A, 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: Nikki Gordon. 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: Nikki Gordon, Bureau of Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: (813)412-3452, e-mail: nikki.gordon@ahca.myflorida.com

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

Comments will be received until 5:00 p.m. on Monday, November 24, 2014.

THE FULL TEXT OF THE PROPOSED RULE 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 Statutes (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 ~~r~~Registered ~~n~~Nurse ~~p~~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)(44) “Allied cCare” means care that is related to the health care needs of Medicaid recipients.

(16)(45) “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 Provider Reimbursement Manual CMS Pub. 15-1 HCFA Pub. 15-1 (formerly HIM 15), and as further defined in the Florida Title XIX Reimbursement Plans. Also see CMS Pub. 15-1 see HCFA Pub. 15-1.

(17)(46) “Alternative placement” means placement in any setting other than an institution.

(18)(47) “Ambulatory sSurgical cCenter (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)(48) “Appeal” means a request for a “Fair Hearing,” an “Administrative Hearing,” or review of the Aagency's action by a court of competent jurisdiction.

(20)(49) “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 Aagency, 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, goods, 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 pPractitioner” 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, American Board of Optometry, American Association of Physician Specialists 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.<sup>5-08</sup>

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” See “Service limit.”

~~(33)~~~~(32)~~ “Cap period” 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” 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 Section 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 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)” 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 Children's Health Insurance Program (CHIP), and health insurance portability standards. It was previously known as the Health Care Financing Administration (HCFA).

~~(47)~~ “CMS Pub. 15-1” is the manual detailing cost finding principles for institutional providers for Medicare and Medicaid reimbursement (also known as the Provider Reimbursement Manual published by the Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services).

~~(48)~~~~(45)~~ “Coinsurance ~~Co-insurance~~” means an amount that a Medicare beneficiary pays to a provider for furnishing medical or allied care, goods, or services.

~~(49)~~~~(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.

~~(50)~~~~(47)~~ “Compensable services” See “Medicaid services.”

~~(51)~~~~(48)~~ “Comprehensive Assessment and Review (CARES)” means an institutional care preadmission assessment and screening program administered or arranged by the Department of Elder Affairs.

~~(52)~~~~(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.

~~(53)~~~~(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.

~~(54)~~~~(51)~~ “Contracting officer” means the Deputy Assistant Secretary of Medicaid.

~~(55)~~~~(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.

~~(56)~~~~(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.

~~(57)~~~~(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.

~~(58)~~~~(55)~~ “Cosmetic” means furnished for aesthetic purposes.

~~(59)~~~~(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.

~~(60)~~~~(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.”

~~(61)~~~~(58)~~ “Covered procedures” See “Medicaid services.”

~~(62)~~~~(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.

~~(63)~~~~(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.

~~(64)~~~~(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.

~~(65)~~~~(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.

~~(66)~~ “~~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.~~

(66) “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.

(67) “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.

(68) "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.

(69) "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."

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

(71) "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.~~

(72) "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.

(73) "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."

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

(75) "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~~esulting in irretrievable loss of growth and development.

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

(77) "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.~~

(78) "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.

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

(80) "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.

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

(82) "Estimated Acquisition Cost" ~~or "(E.A.C.)"~~<sup>2</sup>, 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.

(83) "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.~~

(84) "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.

(85) "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.

(86) “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.

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

(88) “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.

(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.

(91)(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.

(92) “Florida Department of Health and Rehabilitative Services” (FDHRS) promotes and protects the health and safety of all residents in this state through the establishment and maintenance of high quality standards for the public health environment and the delivery of public health services.

(93)(94) “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.

(94)(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.

(95)(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.

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

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

(98)(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.”

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

(100)(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.

(101)(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.

(102)(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.

(103)(104) “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.~~

~~(104)(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.

(105) “Health coverage” means health insurance, disability insurance, multiple-employer ~~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.

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

~~(107)(106)~~ “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.

~~(108)(107)~~ “HHS” means the federal Department of Health and Human Services.

~~(109)(108)~~ “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.

~~(110)(109)~~ “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.

~~(111)(110)~~ “HIM 15” See HCFA Pub. 15-1.

~~(112)(111)~~ “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.

~~(113)(112)~~ “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.

~~(114)(113)~~ “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.~~

~~(115)~~ “~~ICD 9-CM d~~Diagnosis and ~~p~~Procedure ~~c~~Codes” means the most current edition 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.

(116) “Illegal Solicitation” see “Bribe, Kickback, or Illegal Solicitation.”

(117) “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.

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

(119) “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.

(120) “Indirect ownership interest” means an ownership interest in an entity that has an ownership interest in another entity.

(121) “Individual Support plan” See “Habilitation plan.”

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

(123) “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.”

(124) “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.

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

~~(126)~~ “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.

(127) "Institutional services" means care furnished in an institutional care facility.

(128) "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.

(129) "Insurer" means an entity authorized to furnish health care or health care insurance coverage.

(130) "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.

(131) "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.

(132) "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.

(133) "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.

(134) "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.

(135) "Kickback" see "Bribe, Kickback, or Illegal Solicitation."

(136) "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.

(137) "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.

(138) "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.

(139) "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.

(140) "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.

(141) "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.

(142) "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.

(143) "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.

(144) "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.

(145) "Management" See "Case management" and "Patient management."

(146) "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.

(147) "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.~~

~~(148)~~(149) "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.

~~(149)~~(150) "Medicaid agency" means the single state agency that administers or supervises the administration of the Medicaid state plan under federal law.

~~(150)~~(151) "Medicaid Fraud Control Unit (MFCU)" means the unit so designated in the Office of the Attorney Auditor General of the state of Florida.

~~(151)~~(152) "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.~~

~~(152)~~(154) "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."

~~(153)~~(155) "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."

~~(154)~~(156) "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.

~~(155)~~(157) "Medical care" See "Medical services."

~~(156)~~(158) "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.

~~(157)~~(159) "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.

~~(158)~~(160) "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."

~~(159)~~(161) "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.

~~(160)~~(162) "Medical services" means medical or allied institutional or noninstitutional care, goods, services, or procedures. Also see "Medicaid services."

~~(161)~~(163) "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."

~~(162)~~~~(164)~~ “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.

~~(163)~~~~(165)~~ “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.

~~(164)~~~~(166)~~ “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.

~~(165)~~~~(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.

~~(166)~~~~(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.

~~(167)~~~~(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.

~~(168)~~~~(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.

~~(169)~~~~(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.”~~

~~(170)~~~~(172)~~ “Monitor” means to perform an evaluation of a provider's practice.

~~(171)~~~~(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.

~~(172)~~~~(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, American Association of Physician Specialists, or the American Osteopathic Board of Neurology and Psychiatry.

~~(173)~~~~(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.

~~(174)~~~~(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.

~~(175)~~~~(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.”

~~(176)~~(478) “Nurse practitioner” ~~s~~See “Advanced Registered Nurse Practitioner.”

~~(177)~~(479) “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.

~~(178)~~(480) “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.~~

~~(179)~~(484) “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.~~

~~(180)~~(482) “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.

~~(181)~~(483) “Ophthalmologist” means a physician who specializes in the treatment of disorders of the eye as defined in Chapter 458, F.S.

~~(182)~~(484) “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.

~~(183)~~(485) “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.”

~~(184)~~(486) “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.

~~(185)~~(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.

~~(186)~~(488) “Otolaryngologist” means a physician who specializes in the conditions and diseases of the ears, nose, and throat.

~~(187)~~(489) “Otologist” means a physician who specializes in the conditions and diseases of the ears.

~~(188)~~(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.” ~~“Impatient.”~~

~~(189)~~(494) “Overpayment” is as set forth in ~~s~~Section 409.913, F.S.

~~(190)~~(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.

~~(191)~~(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.”

~~(192)~~(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.

~~(193)~~(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.

~~(194)~~(496) “Payment record” means a record of claims paid to a specific provider for Medicaid care, goods, or services. Also see “Claims detail.”

~~(195)~~(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.

~~(196)~~(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.

~~(197)~~~~(199)~~ “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.

~~(198)~~~~(200)~~ “Person” means natural persons, corporations, partnerships, associations, clinics, groups, and includes all other similar entities.

~~(199)~~~~(204)~~ “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.

~~(200)~~~~(202)~~ “Personal care” means medically necessary assistance with daily living activities.

~~(201)~~~~(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.

~~(202)~~~~(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.

~~(203)~~~~(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.

~~(204)~~~~(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.

~~(205)~~~~(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.

~~(206)~~~~(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.

~~(207)~~~~(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.

~~(208)~~~~(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.

~~(209)~~~~(211)~~ “Physician check-up” means a routine physical examination in the absence of a specific problem.

~~(210)~~~~(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.

~~(211)~~~~(213)~~ “Place of service (POS)” means the physical location at which a provider renders Medicaid care, goods, or services to or for a recipient.

~~(212)~~~~(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.

~~(213)~~~~(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.

~~(214)~~~~(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.

~~(215)~~~~(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.

~~(216)~~~~(218)~~ “Portable X-ray provider” means a supplier of portable X-ray services that is certified by Medicare in accordance with Title XVIII standards.

~~(217)~~(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.

~~(218)~~(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.

~~(219)~~(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.

~~(220)~~(222) “Prescribed Pediatric Extended Care (PPEC) Center” means any facility that is licensed ~~by the Office of Licensure and Certification~~ pursuant to Chapter 400 391, 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.

~~(221)~~(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.

~~(222)~~(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.

~~(223)~~(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.

~~(224)~~(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.

~~(225)~~(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.

~~(226)~~(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.”

~~(227)~~(229) “Professional records” ~~s~~See “Medical records.”

~~(228)~~(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.

~~(229)~~(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.

~~(230)~~(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.

~~(231)~~(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.

~~(232)~~(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.

~~(233)~~(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.

~~(234)~~(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.

~~(235)~~~~(237)~~ “Psychiatrist” means a physician who is certified as a psychiatrist by the American Board of Psychiatry and Neurology, American Association of Physician Specialists, or the American Osteopathic Board of Neurology and Psychiatry.

~~(236)~~~~(238)~~ “Public Assistance Specialist (PAS)” means a department staff member responsible for determining eligibility for some categories of recipients.

~~(237)~~~~(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~~.

~~(238)~~~~(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.

~~(239)~~ “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.

~~(240)~~~~(241)~~ “Recertification” means renewal of certification.

~~(241)~~~~(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.

~~(242)~~~~(243)~~ “Records”. See “Business Records,” “Medicaid-related records,” and “Medical records.”

~~(243)~~~~(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.”

~~(244)~~~~(245)~~ “Recoupment” means the process by which the Agency ~~department~~ recovers an overpayment or inappropriate payment from a Medicaid provider.

~~(245)~~~~(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.

~~(246)~~~~(247)~~ “Resident” means an applicant or recipient who resides in an institutional care facility.

~~(247)~~~~(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.

~~(248)~~~~(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.

~~(249)~~~~(250)~~ “Respiratory therapy” means therapy related to conditions that interfere with respiratory functions or other deficiencies of the cardiopulmonary system.

~~(250)~~~~(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.

~~(251)~~~~(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.

~~(252)~~~~(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.

~~(253)~~~~(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.~~

~~(254)~~~~(255)~~ “Sample” means a subset of the units of a population taken and used in accordance with general ~~generally~~ ~~accepted~~ statistical methods.



~~(255)~~~~(256)~~ “Screen” or “screening” or “screening services” means assessment of a recipient's physical or mental condition to determine evidence or indications of problems and need for further evaluation or services.

~~(256)~~~~(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.

~~(257)~~~~(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.”

~~(258)~~~~(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.

~~(259)~~~~(260)~~ “Service authorization” means the approval required from the designated authority for reimbursement for certain Medicaid services.

~~(260)~~~~(261)~~ “Service limit” or “service limitation” means the maximum amount, duration, or scope of a Medicaid covered service.

~~(261)~~~~(262)~~ “Service limitation period” means the period of time that is used in the calculation and application of service limitations.

~~(262)~~~~(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.

~~(263)~~~~(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.

~~(264)~~~~(265)~~ “Simple mistake” means an inadvertent or unintentional error.

~~(265)~~~~(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.

~~(266)~~~~(267)~~ “Solicitation” means illegal solicitation. Also see “Bribe, Kickback, or Illegal solicitation.”

~~(267)~~~~(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.

~~(268)~~~~(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.

~~(269)~~~~(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.

~~(270)~~~~(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.

~~(271)~~~~(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.

~~(272)~~~~(273)~~ “Sterilization” means any medical or surgical procedure performed for the purpose of rendering a person permanently incapable of reproducing.

~~(273)~~~~(274)~~ “Subcontract” means a written agreement entered into by a contractor for provision of services on its behalf.

~~(274)~~~~(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.

~~(275)~~~~(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.

~~(276)~~~~(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.”

~~(277)~~~~(278)~~ “Surgeon” means a physician who is certified or meets the requirements for certification by the American Board of Surgery, American Association of Physician Specialists, or the American Osteopathic Association.

~~(278)~~~~(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.”

~~(279)~~~~(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.

~~(280)~~~~(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.

~~(281)~~~~(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.

~~(282)~~~~(283)~~ “Terminal” or “terminally ill” means a medical prognosis, as certified by a physician, of a life expectancy of six ~~(6)~~ months or less.

~~(283)~~~~(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.”

~~(284)~~~~(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.

~~(285)~~~~(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.

~~(286)~~~~(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.

~~(287)~~~~(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.

~~(288)~~~~(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.

~~(289)~~~~(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.

~~(290)~~~~(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.

~~(291)~~~~(292)~~ “Transportation” means an appropriate means of conveyance furnished to a recipient to obtain Medicaid or other authorized services.

~~(292)~~~~(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.

~~(293)~~~~(294)~~ “Treatment plan” ~~s~~See “Active treatment plan” and “Plan of care.”

~~(294)~~~~(295)~~ “Treatment services” means corrective, therapeutic, or restorative services furnished as a result of a diagnosis identified during a screening.

~~(295)~~~~(296)~~ “Treatment team” means all professional staff members involved in providing services to a client.

~~(296)~~~~(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.”

~~(297)~~~~(298)~~ “Underutilization” means the failure by a recipient to obtain available and needed Medicaid services.

~~(298)~~ “Usual and customary charge” related only to Medicaid-enrolled independent laboratory service providers, means the provider's most frequent price or fee accepted as full payment by the provider from the provider's non-Medicaid Florida customers.

~~(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)~~.

~~(299)~~~~(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.

~~(300)~~~~(301)~~ “Utilization review committee (URC)” means a committee composed of physicians, assisted by other professional personnel, that performs the utilization review function.

~~(301)~~~~(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.

~~(302)~~~~(303)~~ “Vendor” means an individual or entity that engages in the business of selling care, goods, services, or commodities.

~~(303)~~~~(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.

~~(304)~~~~(305)~~ “Void” means a negation of an original payment.

~~(305)~~~~(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.

~~(306)~~~~(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,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Nikki Gordon

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 23, 2014

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: September 25, 2014

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Division of Alcoholic Beverages and Tobacco**

RULE NOS.:      RULE TITLES:  
61A-2.023      Proposed and Final Tax Assessments  
61A-2.024      Final Refund Denials

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to promulgate Rules 61A-2.023 and 61A-2.024 in order to establish the processes for tax assessments and refund denials, including taxpayer appeal rights.

SUMMARY: Section 72.011(2)(b)3., Florida Statutes, requires the Department of Business and Professional Regulation to promulgate rules to set forth the processes for tax assessments and refund denials. As such, the division proposes to promulgate Rules 61A-2.023 and 61A-2.024 to satisfy this statutory requirement.

**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 economic review conducted by the agency.

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

RULEMAKING AUTHORITY: 72.011(2)(b)3., 210.55(7)(b)2. FS.

LAW IMPLEMENTED: 72.011(2), 210.276, 210.30, 210.55 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: Renita Walton-Hayes, Operations Review Specialist, Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32399, (850)717-1118, renita.walton-hayes@myfloridalicense.com

THE FULL TEXT OF THE PROPOSED RULE IS:

61A-2.023 Proposed and Final Tax Assessments – Other Tobacco Products.

(1) When an audit is performed that indicates that there is an amount of tax on tobacco products owed by the Taxpayer to the Division which is unpaid, the Division shall notify the taxpayer of the proposed tax assessment, i.e., the deficiency plus the applicable interest and penalties.

(2) A Taxpayer shall be notified of the proposed tax assessment in a letter entitled, “Notice of Proposed Tax Assessment.”

(a) Said letter of notice shall be dated, and shall include:

1. The license number of the taxpayer.
2. The audit period of assessment.
3. The amount of the deficiency plus the applicable interest and penalties.
4. A request for payment within 10 days.
5. The specific address, e-mail address, and fax number designated to receive any response from the Taxpayer.

(b) Subsection 61A-2.020(3), Florida Administrative Code, shall accompany the letter of notice as an attachment.

(c) The letter shall also substantially contain the following language, “If you disagree with the proposed tax assessment, pursuant to Section 210.55(3), Florida Statutes, you are entitled to file a written protest and request for hearing within 60 calendar days of the mailing of this letter. For further instructions regarding the filing of the written protest and request, please see the attached recitation of subsection 61A-2.020(3), Florida Administrative Code.”

(3) A Taxpayer may file a protest and request an assessment conference within 60 calendar days of the date of the Notice of Proposed Tax Assessment.

(a) A Taxpayer protest shall include:

1. The Taxpayer’s name, address, e-mail address (if any), and telephone number.
2. A copy of the Notice of Proposed Tax Assessment.
3. The specific amounts of the tax, interest, and/or the penalty, by audit period, that is being protested.
4. A statement of facts supporting the protest of the specific amounts.
5. If applicable, a statement of law or other authority on which the taxpayer’s position is based.
6. A statement as to whether an assessment conference is being requested.

(b) A Taxpayer protest shall be filed with the Division by mailing, e-mailing, or faxing the protest to the address, e-mail address, or fax number designated on the Notice of Proposed Tax Assessment.

(4) Upon receipt of a timely protest and the holding of a hearing (if requested), the Division shall review the protest and issue a Final Tax Assessment.

(5) The Division shall dismiss protests postmarked, or e-mails and faxes received, more than 60 calendar days from the date of the Notice of Proposed Tax Assessment and shall issue a Final Tax Assessment.

(6) A Final Tax Assessment becomes final for purposes of Chapter 72, F.S., on the date of the issuance of the Final Tax Assessment.

Rulemaking Authority 72.011(2)(b)3., 210.55(7)(b)2. FS. Law Implemented 72.011(2), 210.276, 210.30, 210.55 FS. History–New \_\_\_\_\_.

61A-2.024 Final Refund Denials.

(1) The Division, upon determining that an application for refund should be wholly or partially denied, shall issue a notice of final refund denial to the Taxpayer with his or her application for refund. The notice of final refund denial shall include an explanation of the reason for denial.

(2)(a) The Taxpayer shall be notified of the final refund denial in a letter entitled, “Notice of Final Refund Denial.”

(b) The notice of final refund denial shall be dated and substantially include the following language, “If you disagree with this final refund denial and would like to contest, you are entitled to initiate an administrative or judicial proceeding within 60 days of the date of this notice, pursuant to the provisions of Section 72.011, F.S.”

(3) A final refund denial becomes final for purposes of Chapter 72, F.S., on the date of the issuance of the notice of final refund denial.

Rulemaking Authority 72.011(2)(b)3. FS. Law Implemented 72.011(2) FS. History–New \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Ben Pridgeon, Chief of Auditing, Department of Business and Professional Regulation

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Ken Lawson, Secretary, Department of Business and Professional Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 9, 2014

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: September 8, 2014

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

RULE NO.: 62-302.532  
 RULE TITLE: Estuary-Specific Numeric Interpretations of the Narrative Nutrient Criterion

PURPOSE AND EFFECT: The proposed rules establish numeric nutrient criteria (NNC) for total nitrogen, total phosphorus, and chlorophyll *a* in individual estuary segments for the following estuaries: portions of the Big Bend from Alligator Harbor to the Suwannee Sound, Cedar Key, St. Marys River estuary, Southern Indian River Lagoon, Mosquito Lagoon, several portions of the Intracoastal Waterway (ICWW) connecting estuarine systems, a variety of small gaps between estuaries with adopted NNC, and parameters for estuaries not currently covered by their adopted nutrient Total Maximum Daily Loads (TMDLs), including Upper Escambia Bay, Kings Bay, Lower St. Johns River, Indian River Lagoon, St. Lucie Estuary, and Caloosahatchee Estuary. Nutrient criteria for these estuaries were included in an August 1, 2013 report to the Governor and Legislature. Pursuant to Chapter 2013-71, Laws of Florida, the Legislature directed the Department to establish NNC for these estuaries by rule or final order by December 1, 2014.

SUMMARY: The Department is amending Rule 62-302.532, F.A.C., to establish NNC for total nitrogen, total phosphorus, and chlorophyll *a* in individual estuary segments for the following estuaries: portions of the Big Bend from Alligator Harbor to the Suwannee Sound, Cedar Key, St. Marys River estuary, Southern Indian River Lagoon, Mosquito Lagoon, several portions of the Intracoastal Waterway (ICWW) connecting estuarine systems, a variety of small gaps between estuaries with adopted NNC, and parameters for estuaries not currently covered by their adopted nutrient Total Maximum Daily Loads (TMDLs), including Upper Escambia Bay, Kings Bay, Lower St. Johns River, Indian River Lagoon, St. Lucie Estuary, and Caloosahatchee Estuary.

OTHER RULES INCORPORATING THIS RULE: Chapter 62-302, F.A.C., is referenced by the following rules:

18-2.021, 62-4.160, 62-4.241, 62-4.242, 62-4.244, 62-4.246, 62-25.001, 62-25.025, 62-25.080, 62-40.120, 62-40.210, 62-45.070, 62-45.170, 62-110.106, 62-113.200, 62-301.100, 62-302.200, 62-302.300, 62-302.400, 62-302.500, 62-302.520, 62-302.530, 62-302.531, 62-302.532, 62-302.540, 62-302.700,

62-302.800, 62-303.100, 62-303.200, 62-303.320, 62-303.330, 62-303.351, 62-303.352, 62-303.353, 62-303.354, 62-303.370, 62-303.390, 62-303.400, 62-303.430, 62-303.450, 62-303.720, 62-304.310, 62-304.335, 62-312.400, 62-330.100, 62-330.200, 62-330.405, 62-330.410, 62-330.412, 62-330.630, 62-340.700, 62-346.050, 62-346.051, 62-346.301, 62-348.200, 62-520.200, 62-520.520, 62-528.610, 62-528.630, 62-600.120, 62-600.200, 62-600.300, 62-600.400, 62-600.430, 62-600.440, 62-600.500, 62-600.520, 62-610.200, 62-610.300, 62-610.310, 62-610.554, 62-610.555, 62-610.650, 62-610.670, 62-610.810, 62-610.820, 62-610.830, 62-610.850, 62-610.860, 62-611.110, 62-611.200, 62-611.450, 62-611.500, 62-611.600, 62-611.650, 62-611.700, 62-620.320, 62-620.620, 62-621.303, 62-624.800, 62-625.400, 62-640.400, 62-650.300, 62-660.300, 62-673.340, 62-673.610, 62-701.200, 62-709.500, 62-711.540, 62-761.200, 62-762.201, 62-770.200, 62-771.100, 62-777.150, 62-777.170, 62-780.200, 62-782.200, 62-785.200, 62B-49.008, 62B-49.012, 62C-16.0051, F.A.C. Rule 62-302.532, F.A.C., is referenced by the following rules: Rules 62-302.531 and 62-303.450, F.A.C.

EFFECT ON THOSE OTHER RULES: The proposed amendments are not expected to have a significant effect on other rules of the Department. The proposed amendments establish estuary-specific NNC, but the NNC are not expected to result in revised permit requirements for existing surface water dischargers.

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 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: based on an assessment of the estuaries addressed in this rulemaking, there would be no new listings of impaired estuaries due to the proposed numeric nutrient criteria, and as such, there are no costs associated with this rulemaking.

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: 403.061, 403.062, 403.087, 403.504, 403.704, 403.804 FS.

LAW IMPLEMENTED: 403.021(11), 403.061, 403.087, 403.088, 403.141, 403.161, 403.182, 403.502, 403.702, 403.708 FS.

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

DATE AND TIME: Wednesday, November 19, 2013, 10:00 a.m.

PLACE: Florida Department of Environmental Protection, Marjory Stoneman Douglas Building, Conference Room A, 3900 Commonwealth Boulevard, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Eric Shaw at (850)245-8429 or the below information. 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: Eric Shaw, Department of Environmental Protection, Water Quality Standards Program, MS 6511, 2600 Blair Stone Road, Tallahassee, FL 32399-2400, (850)245-8429 or e-mail: eric.shaw@dep.state.fl.us

THE FULL TEXT OF THE PROPOSED RULE IS:

62-302.532 Estuary-Specific Numeric Interpretations of the Narrative Nutrient Criterion.

(1) Estuary-specific numeric interpretations of the narrative nutrient criterion in paragraph 62-302.530(47)(b), F.A.C., are in the table below. The concentration-based estuary interpretations are open water, area-wide averages. Numeric values listed below for nNutrient and nutrient response values do not apply to wetlands or to tidal tributaries that fluctuate between predominantly marine and predominantly fresh waters during typical climatic and hydrologic conditions unless specifically provided by name below. The interpretations expressed as load per million cubic meters of freshwater inflow are the total load of that nutrient to the estuary divided by the total volume of freshwater inflow to that estuary. The numeric values listed below will be superseded if, pursuant to subsection 62-302.531(2), F.A.C., a more recent numeric interpretation of the narrative nutrient criterion in paragraph 62-302.530(47)(b), F.A.C., such as a Level II Water Quality Based Effluent Limitation (WQBEL), Site Specific Alternative Criterion (SSAC), Total Maximum Daily Load (TMDL), or Reasonable Assurance Demonstration, is established by the Department.

SEE INDIVIDUAL SECTION II FOR TABLE

(2) No change.

(3) Estuarine and marine areas for the estuaries listed in subsection 62-302.532(1), F.A.C., are delineated in the maps of the Florida Estuary Nutrient Regions, dated October 2014, Southwest and South Florida estuaries listed in paragraphs 62-302.532(1)(a) (j), F.A.C., are delineated in the eight maps of the Florida Marine Nutrient Regions, dated May 13, 2013 ([http://www.flrules.org/Gateway/reference.asp?No=Ref\\_03020](http://www.flrules.org/Gateway/reference.asp?No=Ref_03020)), which are incorporated by reference. Estuarine and marine areas for the Panhandle estuaries listed in paragraphs 62-302.532(1)(k) (p), F.A.C., are delineated in the six maps of the Florida Marine Nutrient Regions, dated October 1, 2012 ([http://www.flrules.org/Gateway/reference.asp?No=Ref\\_03021](http://www.flrules.org/Gateway/reference.asp?No=Ref_03021)), which are incorporated by reference. Estuarine and marine areas for the estuaries listed in paragraphs 62-302.532(1)(q) (w), F.A.C., are delineated in the seven maps of the Florida Marine Nutrient Regions, dated May 13, 2013 ([http://www.flrules.org/Gateway/reference.asp?No=Ref\\_03022](http://www.flrules.org/Gateway/reference.asp?No=Ref_03022)), which are incorporated by reference herein. Copies of these maps may be obtained by writing to the Florida Department of Environmental Protection, Standards and Assessment Section, 2600 Blair Stone Road, MS #6511, Tallahassee, FL 32399-2400.

~~(4) The Department shall establish by rule or final order estuary specific numeric interpretations of the narrative nutrient criteria for TN and TP for Perdido Bay, Pensacola Bay (including Escambia Bay), St. Andrews Bay, Choctawhatchee Bay, and Apalachicola Bay by June 30, 2013, subject to the provisions of Chapter 120, F.S. The Department shall establish by rule or final order the estuary specific numeric interpretation of the narrative nutrient criteria for TN and TP for the remaining estuaries by June 30, 2015, subject to the provisions of Chapter 120, F.S.~~

Rulemaking Authority 403.061, 403.062, 403.087, 403.504, 403.704, 403.804 FS. Law Implemented 403.021(11), 403.061, 403.087, 403.088, 403.141, 403.161, 403.182, 403.502, 403.702, 403.708 FS. History—New 7-3-12, Amended 12-20-12, 8-1-13, 8-20-13,\_\_\_\_\_.

**Editorial Note:** Paragraphs 62-302.532(1)(a)-(j) became effective on 7-3-12, and paragraphs 62-302.532(1)(k)-(p) became effective on 12-20-12, 20 days after filing the rule certification packages for these numeric nutrient criteria. In accordance with Section 4 of 2013-71, Laws of Florida, and subsection 62-302.531(9), F.A.C., paragraphs 62-302.532(1)(q)-(w), subsections 62-302.532(2) and (4), and the maps delineating these Florida ~~Estuary~~ ~~Marine~~ Nutrient Regions in subsection 62-302.532(3) will become effective upon approval by EPA in their entirety, conclusion of rulemaking by EPA to repeal its federal numeric nutrient criterion for Florida, and EPA’s determination that Florida’s rules address its January 2009 determination that numeric nutrient criteria are needed in Florida.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Tom Frick  
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Herschel T. Vinyard Jr.  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 15, 2014  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: July 17, 2014

**DEPARTMENT OF HEALTH**

**Board of Nursing**

RULE NO.: RULE TITLE:  
64B9-3.013 Renewal of Licenses  
PURPOSE AND EFFECT: Rule being repealed, no longer necessary. Electronic monitoring now in place.  
SUMMARY: The rule is being repealed.  
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 because the rule has no impact on any persons or businesses; and that the rule will not require ratification by the Legislature. 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: 464.006 FS.  
LAW IMPLEMENTED: 464.013, 464.018 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: Joe R. Baker, Jr., Executive Director, Board of Nursing, 4052 Bald Cypress Way, Bin #C02, Tallahassee, Florida 32399, Joe.Baker@flhealth.gov

THE FULL TEXT OF THE PROPOSED RULE IS:

64B9-3.013 Renewal of Licenses.  
Rulemaking Specific Authority 464.006 FS. Law Implemented 464.013, 464.018 FS. History—New 6-8-89, Formerly 21O-13.012, Amended 9-20-93, Formerly 61F7-3.013, Amended 1-1-96, 4-29-96, Formerly 59S-3.013, Amended 2-18-98, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Nursing  
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Nursing  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 3, 2014

**Section III**  
**Notice of Changes, Corrections and**  
**Withdrawals**

**DEPARTMENT OF HEALTH**

**Board of Medicine**

RULE NO.: RULE TITLE:  
64B8-51.001 Manner of Application  
NOTICE OF CORRECTION

NOTICE IS HEREBY GIVEN that the following correction has been made to the proposed rule published in Vol. 40, No. 180, September 16, 2014, issue of the Florida Administrative Register:

RULE DEVELOPMENT DATE IS: August 29, 2014.  
 THE PERSON TO BE CONTACTED REGARDING THE  
 RULE IS: Allen Hall, Executive Director, Electrolysis Council,  
 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida  
 32399-3255, (850)245-4373

**DEPARTMENT OF HEALTH**

**Board of Medicine**

RULE NO.:       RULE TITLE:  
 64B8-51.002     Licensure by Examination  
 NOTICE OF CORRECTION

NOTICE IS HEREBY GIVEN that the following correction has  
 been made to the proposed rule published in Vol. 40, No. 178,  
 September 12, 2014, issue of the Florida Administrative  
 Register:

In subsection (1)(f), delete reference to “Part II.”  
 THE PERSON TO BE CONTACTED REGARDING THE  
 RULE IS: Allen Hall, Executive Director, Electrolysis Council,  
 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida  
 32399-3255, (850)245-4373

**DEPARTMENT OF HEALTH**

**Board of Medicine**

RULE NO.:       RULE TITLE:  
 64B8-9.009     Standard of Care for Office Surgery  
 NOTICE OF PUBLIC HEARING

The Board of Medicine hereby gives notice of a public hearing  
 on Rule 64B8-9.009, F.A.C., to be held on Friday, December 5,  
 2014, at 8:00 am, at the Hilton St. Petersburg Carillon, 950 Lake  
 Carillon Drive, St. Petersburg, Florida 33716. The rule  
 amendment was published in Vol. 40, No. 182, of the  
 September 18, 2014, issue of the Florida Administrative  
 Register (FAR).

THE PERSON TO BE CONTACTED REGARDING THE  
 PROPOSED RULE IS: Chandra Prine, Acting Executive  
 Director, Board of Medicine, 4052 Bald Cypress Way, Bin  
 #C03, Tallahassee, Florida 32399-3253

Any person requiring a special accommodation at this hearing  
 because of a disability or physical impairment should contact  
 the Board’s Executive Director at least five calendar days prior  
 to the hearing. If you are hearing or speech impaired, please  
 contact the Board office using the Florida Dual Party Relay  
 System which can be reached at 1(800)955-8770 (Voice) and  
 1(800)955-8771 (TDD).

**DEPARTMENT OF HEALTH**

**Board of Medicine**

RULE NO.:       RULE TITLE:  
 64B8-10.003     Costs of Reproducing Medical Records

**NOTICE OF ADDITIONAL HEARING**

The Board of Medicine hereby gives notice of an additional  
 hearing on Rule 64B8-10.003, F.A.C., to be held before the  
 Rules/Legislative Committee of the Board, on Thursday,  
 December 4, 2014, at 12:00 noon, or as soon thereafter as can  
 be heard, at the Hilton St. Petersburg Carillon, 950 Lake  
 Carillon Drive, St. Petersburg, Florida 33716. The Board took  
 public testimony on this rule at public hearings held on August  
 2, 2013, and October 3, 2013, and considered the testimony  
 from the public hearings at the hearing held on December 6,  
 2013. The Committee reviewed and approved changes  
 authorized by the Board at the December rule hearing and  
 approved a Notice of Change at its meeting held on February 6,  
 2014. There remained some inconsistency with regard to the  
 approved changes and the existing language and the Committee  
 reconsidered the language at its hearing held on April 3, 2014.  
 The Committee authorized revised language to the rule and  
 although the Committee was scheduled to consider the revised  
 draft at its meeting held on June 5, 2014, the Committee decided  
 that it would consider additional public testimony at its October  
 meeting. Additional public testimony was taken at the meeting  
 held on October 9, 2014, and the Committee voted to review all  
 the comments submitted at the December Committee meeting.  
 The rule amendment was originally published in Vol. 39, No.  
 95, of the May 15, 2013, issue of the Florida Administrative  
 Register (FAR).

THE PERSON TO BE CONTACTED REGARDING THE  
 PROPOSED RULE IS: Chandra Prine, Acting Executive  
 Director, Board of Medicine, 4052 Bald Cypress Way, Bin  
 #C03, Tallahassee, Florida 32399-3253

Any person requiring a special accommodation at this hearing  
 because of a disability or physical impairment should contact  
 the Board’s Executive Director at least five calendar days prior  
 to the hearing. If you are hearing or speech impaired, please  
 contact the Board office using the Florida Dual Party Relay  
 System which can be reached at 1(800)955-8770 (Voice) and  
 1(800)955-8771 (TDD).

**Section IV  
 Emergency Rules**

**DEPARTMENT OF THE LOTTERY**

RULE NO.:       RULE TITLE:  
 53ER14-57     Instant Game Number 1250, HOLIDAY  
 CASH



SUMMARY: This emergency rule describes Instant Game Number 1250, "HOLIDAY CASH" for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game. THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER14-57 Instant Game Number 1250, HOLIDAY CASH.

(1) Name of Game. Instant Game Number 1250, "HOLIDAY CASH."

(2) Price. HOLIDAY CASH lottery tickets sell for \$1.00 per ticket.

(3) HOLIDAY CASH lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning HOLIDAY CASH lottery ticket, the ticket must meet the applicable requirements of Rule 53ER13-31, F.A.C.

(4) The "YOUR NUMBERS" play symbols and play symbol captions are as follows:

1 2 3 4 5 6 7 8 9 10   
 ONE TWO THREE FOUR FIVE SIX SEVEN EIGHT NINE TEN TRIPLE

(5) The "WINNING NUMBER" play symbols and play symbol captions are as follows:

1 2 3 4 5 6 7 8 9 10  
 ONE TWO THREE FOUR FIVE SIX SEVEN EIGHT NINE TEN

(6) The prize symbols and prize symbol captions are as follows:


**\$1.00** **\$2.00** **\$4.00** **\$5.00** **\$10.00** **\$20.00**  
 ONE TWO FOUR FIVE TEN TWENTY  
**\$30.00** **\$40.00** **\$100** **\$300** **\$5,000**  
 THIRTY FORTY ONE HUN THR HUN FIVE THOU

(7) The legends are as follows:

YOUR NUMBERS      WINNING NUMBER

(8) Determination of Prizewinners.

(a) A ticket having a play symbol and corresponding play symbol caption in the "YOUR NUMBERS" play area that matches the play symbol and corresponding play symbol caption in the "WINNING NUMBER" play area shall entitle the claimant to the corresponding prize shown for that symbol.

A ticket having a "  " symbol and corresponding caption in the "YOUR NUMBERS" play area shall entitle the claimant to three times the prize shown for that symbol.

(b) The prizes are: \$1.00, \$2.00, \$4.00, \$5.00, \$10.00, \$20.00, \$30.00, \$40.00, \$100, \$300, and \$5,000.

(9) The estimated odds of winning, value and number of prizes in Instant Game Number 1250 are as follows:

GAME PLAY	WIN	ESTIMATED	NUMBER OF
		ODDS OF	WINNERS IN
		72 POOLS OF	240,000 TICKETS
		1 IN	PER POOL
\$1	\$1	10.71	1,612,800
\$1 x 2	\$2	25.00	691,200
\$2	\$2	33.33	518,400
\$1 x 4	\$4	300.00	57,600
(\$1 x 2) + \$2	\$4	150.00	115,200
\$1 (CANDYCANE) + \$1	\$4	300.00	57,600
\$2 x 2	\$4	300.00	57,600
\$4	\$4	300.00	57,600
\$1 x 5	\$5	750.00	23,040
\$1 (CANDYCANE) + \$2	\$5	750.00	23,040
\$1 + (\$2 x 2)	\$5	750.00	23,040
\$1 + \$4	\$5	750.00	23,040
\$5	\$5	750.00	23,040
\$2 x 5	\$10	500.00	34,560
\$2 (CANDYCANE) + \$4	\$10	500.00	34,560
\$1 + (\$2 x 2) + \$5	\$10	500.00	34,560
\$5 x 2	\$10	500.00	34,560
\$10	\$10	500.00	34,560
\$4 x 5	\$20	1,500.00	11,520
\$5 x 4	\$20	1,500.00	11,520
\$1 + (\$2 x 2) + \$5 (CANDYCANE)	\$20	1,500.00	11,520
\$5 (CANDYCANE) + \$5	\$20	1,500.00	11,520
\$20	\$20	1,500.00	11,520
(\$5 x 4) + \$10	\$30	7,500.00	2,304
(\$5 x 2) + (\$10 x 2)	\$30	7,500.00	2,304
\$5 + \$5 (CANDYCANE) + \$10	\$30	7,500.00	2,304
\$10 (CANDYCANE)	\$30	7,500.00	2,304

\$30 (\$5 x 2) + \$10 (CANDYCANE)	\$30	7,500.00	2,304
\$5 + \$5 (CANDYCANE) + \$20	\$40	6,000.00	2,880
\$10 x 4	\$40	6,000.00	2,880
\$20 x 2	\$40	6,000.00	2,880
\$40	\$40	6,000.00	2,880
\$20 x 5	\$100	20,000.00	864
\$10 + \$20 + \$30 + \$40 \$10 + \$30 (CANDYCANE)	\$100	20,000.00	864
\$20 (CANDYCANE) + \$40	\$100	20,000.00	864
\$100	\$100	20,000.00	864
\$20 + (\$40 x 2) + (\$100 x 2)	\$300	120,000.00	144
\$100 x 3 (\$30 (CANDYCANE) x 2) + \$40 (CANDYCANE)	\$300	120,000.00	144
\$100 (CANDYCANE)	\$300	120,000.00	144
\$300	\$300	120,000.00	144
\$5,000	\$5,000	240,000.00	72

(10) The estimated overall odds of winning some prize in Instant Game Number 1250 are 1 in 4.87. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(11) For reorders of Instant Game Number 1250, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(12) Payment of prizes for HOLIDAY CASH lottery tickets shall be made in accordance with the rule of the Florida Lottery governing payment of prizes.

A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

Rulemaking Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History— New 10-24-14.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: October 24, 2014

**DEPARTMENT OF THE LOTTERY**

RULE NO.: 53ER14-58  
 RULE TITLE: Instant Game Number 1251, NUTCRACKER CASH

SUMMARY: This emergency rule describes Instant Game Number 1251, “NUTCRACKER CASH” for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER14-58 Instant Game Number 1251, NUTCRACKER CASH.

(1) Name of Game. Instant Game Number 1251, “NUTCRACKER CASH.”

(2) Price. NUTCRACKER CASH lottery tickets sell for \$2.00 per ticket.

(3) NUTCRACKER CASH lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning NUTCRACKER CASH lottery ticket, the ticket must meet the applicable requirements of Rule 53ER13-31, F.A.C.

(4) The red “HOLIDAY SYMBOLS” play symbols and play symbol captions are as follows:



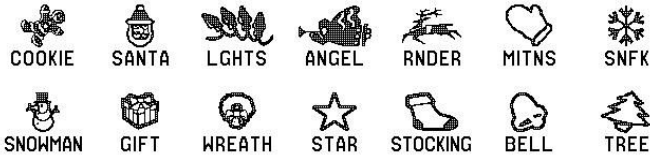
(5) The black “HOLIDAY SYMBOLS” play symbols and play symbol captions are as follows:



(6) The red “WINNING SYMBOLS” play symbols and play symbol captions are as follows:



(7) The black “WINNING SYMBOLS” play symbols and play symbol captions are as follows:



(8) The prize symbols and prize symbol captions are as follows:





(9) The legends are as follows:

HOLIDAY SYMBOLS      WINNING SYMBOLS

(10) Determination of Prizewinners.

(a) A ticket having a play symbol and corresponding play symbol caption in the “HOLIDAY SYMBOLS” play area that matches either play symbol and corresponding play symbol caption in the “WINNING SYMBOLS” play area shall entitle the claimant to the corresponding prize shown for that symbol.

A ticket having a red “ DOUBLE” symbol and corresponding caption in the “HOLIDAY SYMBOLS” play area shall entitle the claimant to double the prize shown for that symbol. A ticket

having a red “ HINALL” symbol and corresponding caption in the “HOLIDAY SYMBOLS” play area shall entitle the claimant all ten prizes shown.

(b) The prizes are: \$1.00, \$2.00, \$4.00, \$5.00, \$10.00, \$20.00, \$25.00, \$30.00, \$40.00, \$100, \$200, \$1,000, \$5,000 and \$25,000.

(11) The estimated odds of winning, value and number of prizes in Instant Game Number 1251 are as follows:

GAME PLAY	WIN	ESTIMATED ODDS OF 1 IN	NUMBER OF WINNERS IN 54 POOLS OF 180,000 TICKETS PER POOL
\$2	\$2	10.00	972,000
\$1 x 4	\$4	50.00	194,400
\$2 (CANDYCANE)	\$4	50.00	194,400
\$2 x 2	\$4	50.00	194,400
\$4	\$4	50.00	194,400
\$1 x 5	\$5	375.00	25,920
\$1 + \$2 (CANDYCANE)	\$5	375.00	25,920
(\$1 x 3) + \$2	\$5	375.00	25,920
\$1 + \$4	\$5	375.00	25,920
\$5	\$5	375.00	25,920
\$1 x 10 (MONEYBAG)	\$10	250.00	38,880
\$1 x 10	\$10	250.00	38,880
\$2 + (\$4 x 2)	\$10	250.00	38,880
\$5 (CANDYCANE)	\$10	250.00	38,880
\$10	\$10	250.00	38,880
\$2 x 10 (MONEYBAG)	\$20	750.00	12,960
\$2 x 10	\$20	750.00	12,960
\$5 x 4	\$20	750.00	12,960
\$10 (CANDYCANE)	\$20	750.00	12,960
\$20	\$20	750.00	12,960
(\$2 x 8) + \$4 + \$5 (MONEYBAG)	\$25	1,800.00	5,400
(\$2 x 8) + \$4 + \$5	\$25	1,800.00	5,400
(\$2 x 5) + (\$5 x 3)	\$25	1,800.00	5,400
\$5 + \$10 (CANDYCANE)	\$25	1,800.00	5,400
\$25	\$25	1,800.00	5,400
(\$2 x 5) + (\$4 x 5) (MONEYBAG)	\$30	1,500.00	6,480
\$5 x 6	\$30	1,800.00	5,400
\$10 x 3	\$30	1,800.00	5,400
(\$5 x 2) + \$10 (CANDYCANE)	\$30	1,800.00	5,400
\$30	\$30	1,800.00	5,400
\$4 x 10 (MONEYBAG)	\$40	3,600.00	2,700
(\$4 x 5) + (\$5 x 4)	\$40	3,600.00	2,700
\$10 x 4	\$40	6,000.00	1,620
\$20 (CANDYCANE)	\$40	6,000.00	1,620
\$40	\$40	6,000.00	1,620
\$10 x 10 (MONEYBAG)	\$100	3,600.00	2,700
\$20 x 5	\$100	3,600.00	2,700
\$20 (CANDYCANE) + \$30 (CANDYCANE)	\$100	3,600.00	2,700

\$20 + \$40 (CANDYCANE)	\$100	3,600.00	2,700
\$100	\$100	3,600.00	2,700
(\$5 x 2) + \$10 + (\$40 x 2) + (\$20 x 5) (MONEYBAG)	\$200	15,000.00	648
\$25 x 8	\$200	22,500.00	432
\$10 (CANDYCANE) + \$40 (CANDYCANE) + \$100	\$200	22,500.00	432
\$100 (CANDYCANE)	\$200	22,500.00	432
\$200	\$200	30,000.00	324
\$100 x 10 (MONEYBAG)	\$1,000	180,000.00	54
\$200 x 5	\$1,000	180,000.00	54
(\$100 x 6) + (\$200 x 2)	\$1,000	180,000.00	54
\$20 + \$40 (CANDYCANE) + \$100 + (\$200 x 4)	\$1,000	180,000.00	54
\$1,000	\$1,000	180,000.00	54
\$5,000	\$5,000	180,000.00	54
\$25,000	\$25,000	810,000.00	12

(12) The estimated overall odds of winning some prize in Instant Game Number 1251 are 1 in 4.38. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(13) For reorders of Instant Game Number 1251, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(14) Payment of prizes for NUTCRACKER CASH lottery tickets shall be made in accordance with the rule of the Florida Lottery governing payment of prizes.

A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

Rulemaking Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History--New 10-24-14.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: October 24, 2014

**DEPARTMENT OF THE LOTTERY**

RULE NO.: 53ER14-59  
 RULE TITLE: Instant Game Number 1252, HOLIDAY TRIPLER

SUMMARY: This emergency rule describes Instant Game Number 1252, "HOLIDAY TRIPLER" for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER14-59 Instant Game Number 1252, HOLIDAY TRIPLER.

(1) Name of Game. Instant Game Number 1252, "HOLIDAY TRIPLER."

(2) Price. HOLIDAY TRIPLER lottery tickets sell for \$2.00 per ticket.

(3) HOLIDAY TRIPLER lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning HOLIDAY TRIPLER lottery ticket, the ticket must meet the applicable requirements of Rule 53ER13-31, F.A.C.

(4) The "YOUR NUMBERS" play symbols and play symbol captions are as follows:

<b>1</b> ONE	<b>2</b> THO	<b>3</b> THREE	<b>4</b> FOUR	<b>5</b> FIVE	<b>6</b> SIX	<b>7</b> SEVEN	<b>8</b> EIGHT	<b>9</b> NINE	<b>10</b> TEN
<b>11</b> ELEVN	<b>12</b> THELV	<b>13</b> THRTN	<b>14</b> FORTN	<b>15</b> FIFTN	<b>16</b> SIXTN	<b>17</b> SVNTN	<b>18</b> EGHTN	<b>19</b> NINTN	<b>20</b> TENY
<b>21</b> THYONE	<b>22</b> THYTHO	<b>23</b> THYTHR	<b>24</b> THYFOR	<b>25</b> THYFIV	<b>☆</b> TRIPLE	<b>Ⓢ</b> WINALL			

(5) The "WINNING NUMBERS" play symbols and play symbol captions are as follows:

<b>1</b> ONE	<b>2</b> THO	<b>3</b> THREE	<b>4</b> FOUR	<b>5</b> FIVE	<b>6</b> SIX	<b>7</b> SEVEN	<b>8</b> EIGHT	<b>9</b> NINE	<b>10</b> TEN
<b>11</b> ELEVN	<b>12</b> THELV	<b>13</b> THRTN	<b>14</b> FORTN	<b>15</b> FIFTN	<b>16</b> SIXTN	<b>17</b> SVNTN	<b>18</b> EGHTN	<b>19</b> NINTN	<b>20</b> TENY
<b>21</b> THYONE	<b>22</b> THYTHO	<b>23</b> THYTHR	<b>24</b> THYFOR	<b>25</b> THYFIV					

(6) The prize symbols and prize symbol captions are as follows:

<b>\$1.00</b> ONE	<b>\$2.00</b> THO	<b>\$4.00</b> FOUR	<b>\$5.00</b> FIVE	<b>\$10.00</b> TEN	<b>\$15.00</b> FIFTEEN	<b>\$20.00</b> TWENTY
<b>\$30.00</b> THIRTY	<b>\$100</b> ONE HUN	<b>\$150</b> ONEHUN FTY	<b>\$300</b> THR HUN	<b>\$1,000</b> ONE THOU	<b>\$3,000</b> THR THOU	<b>\$30,000</b> THTY THOU

(7) The legends are as follows:

YOUR NUMBERS                      WINNING NUMBERS

(8) Determination of Prizewinners.

(a) A ticket having a play symbol and corresponding play symbol caption in the "YOUR NUMBERS" play area that matches either play symbol and corresponding play symbol caption in the "WINNING NUMBERS" play area shall entitle the claimant to the corresponding prize shown for that symbol.

A ticket having a "★" symbol and corresponding caption in the "YOUR NUMBERS" play area shall entitle the claimant to triple the prize shown for that symbol. A ticket having a "Ⓜ" symbol and corresponding caption in the "YOUR NUMBERS" play area shall entitle the claimant to all ten prizes shown.

(b) The prizes are: \$1.00, \$2.00, \$4.00, \$5.00, \$10.00, \$15.00, \$20.00, \$30.00, \$100, \$150, \$300, \$1,000, \$3,000 and \$30,000.

(9) The estimated odds of winning, value and number of prizes in Instant Game Number 1252 are as follows:

GAME PLAY	WIN	ESTIMATED ODDS OF 1 IN	NUMBER OF WINNERS IN 54 POOLS OF 180,000 TICKETS PER POOL
\$1 x 2	\$2	25.00	388,800
\$2	\$2	16.67	583,200
\$1 x 4	\$4	75.00	129,600
(\$1 x 2) + \$2	\$4	75.00	129,600
\$1 (STAR) + \$1	\$4	37.50	259,200
\$2 x 2	\$4	75.00	129,600
\$4	\$4	75.00	129,600
\$1 x 5	\$5	375.00	25,920
\$1 (STAR) + \$2	\$5	375.00	25,920
\$1 + (\$2 x 2)	\$5	375.00	25,920
\$1 + \$4	\$5	375.00	25,920
\$5	\$5	375.00	25,920
\$1 x 10 (MONEYBAG)	\$10	250.00	38,880
\$1 x 10	\$10	250.00	38,880
\$2 (STAR) + \$4	\$10	250.00	38,880
\$5 x 2	\$10	250.00	38,880
\$10	\$10	250.00	38,880
(\$2 x 5) + \$5	\$15	750.00	12,960
\$5 (STAR)	\$15	750.00	12,960
\$1 + \$2 + \$4 (STAR)	\$15	750.00	12,960
\$5 + \$10	\$15	750.00	12,960
\$15	\$15	750.00	12,960
\$2 x 10 (MONEYBAG)	\$20	750.00	12,960
\$2 x 10	\$20	750.00	12,960
\$4 (STAR) + (\$4 x 2)	\$20	750.00	12,960

\$10 x 2	\$20	750.00	12,960
\$20	\$20	750.00	12,960
(\$2 x 8) + \$4 + \$10 (MONEYBAG)	\$30	1,800.00	5,400
(\$2 x 5) + (\$4 x 5)	\$30	2,000.00	4,860
\$10 (STAR)	\$30	1,800.00	5,400
\$15 x 2	\$30	2,000.00	4,860
\$10 + \$20	\$30	2,000.00	4,860
\$30	\$30	2,000.00	4,860
\$10 x 10 (MONEYBAG)	\$100	7,200.00	1,350
\$10 x 10	\$100	7,200.00	1,350
(\$10 x 6) + (\$20 x 2)	\$100	7,200.00	1,350
\$20 x 5	\$100	7,200.00	1,350
\$5 (STAR) + (\$10 x 4) + \$15 (STAR)	\$100	6,000.00	1,620
(\$5 x 2) + \$10 (STAR) + \$20 (STAR)	\$100	6,000.00	1,620
\$100	\$100	7,200.00	1,350
\$15 x 10 (MONEYBAG)	\$150	30,000.00	324
\$15 x 10	\$150	36,000.00	270
(\$10 x 5) + (\$20 x 5)	\$150	36,000.00	270
\$30 x 5	\$150	36,000.00	270
\$20 (STAR) + \$30 (STAR)	\$150	18,000.00	540
\$150	\$150	36,000.00	270
\$30 x 10 (MONEYBAG)	\$300	45,000.00	216
\$30 x 10	\$300	45,000.00	216
\$20 + \$30 + \$100 + \$150	\$300	45,000.00	216
\$100 (STAR)	\$300	45,000.00	216
\$150 x 2	\$300	45,000.00	216
\$300	\$300	45,000.00	216
\$100 x 10 (MONEYBAG)	\$1,000	180,000.00	54
\$100 x 10	\$1,000	180,000.00	54
(\$20 x 5) + \$100 (STAR) + (\$300 x 2)	\$1,000	180,000.00	54
\$10 + \$30 (STAR) + (\$150 x 4) + \$300	\$1,000	180,000.00	54
\$100 + \$300 (STAR)	\$1,000	180,000.00	54
\$1,000	\$1,000	180,000.00	54
\$1,000 (STAR)	\$3,000	180,000.00	54
\$3,000	\$3,000	180,000.00	54
\$30,000	\$30,000	810,000.00	12

(10) The estimated overall odds of winning some prize in Instant Game Number 1252 are 1 in 4.33. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(11) For reorders of Instant Game Number 1252, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(12) Payment of prizes for HOLIDAY TRIPLER lottery tickets shall be made in accordance with the rule of the Florida Lottery governing payment of prizes.

A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

Rulemaking Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History—New 10-24-14.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: October 24, 2014

**DEPARTMENT OF THE LOTTERY**

RULE NO.: 53ER14-60  
 RULE TITLE: Instant Game Number 5008, HAPPY HOLIDAYS

SUMMARY: This emergency rule describes Instant Game Number 5008, "HAPPY HOLIDAYS" for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER14-60 Instant Game Number 5008, HAPPY HOLIDAYS.

(1) Name of Game. Instant Game Number 5008, "HAPPY HOLIDAYS."

(2) Price. HAPPY HOLIDAYS lottery tickets sell for \$5.00 per ticket.

(3) HAPPY HOLIDAYS lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning HAPPY HOLIDAYS lottery ticket, the ticket must meet the applicable requirements of Rule 53ER13-31, F.A.C.

(4) The "YOUR NUMBERS" play symbols and play symbol captions are as follows:

<b>1</b> ONE	<b>2</b> TWO	<b>3</b> THREE	<b>4</b> FOUR	<b>5</b> FIVE	<b>6</b> SIX
<b>7</b> SEVEN	<b>8</b> EIGHT	<b>9</b> NINE	<b>10</b> TEN	<b>11</b> ELEVEN	<b>12</b> TWELVE
<b>13</b> THIRTEEN	<b>14</b> FOURTEEN	<b>15</b> FIFTEEN	<b>16</b> SIXTEEN	<b>17</b> SEVENTEEN	<b>18</b> EIGHTEEN
<b>19</b> NINETEEN	<b>20</b> TWENTY	<b>21</b> TWENTYONE	<b>22</b> TWENTYTWO	<b>23</b> TWENTYTHREE	<b>24</b> TWENTYFOUR
<b>25</b> TWENTYFIVE	<b>26</b> TWENTYSIX	<b>27</b> TWENTYSEVEN	<b>28</b> TWENTYEIGHT	<b>29</b> TWENTYNINE	<b>30</b> THIRTY
					

(5) The "WINNING NUMBERS" play symbols and play symbol captions are as follows:

<b>1</b> ONE	<b>2</b> TWO	<b>3</b> THREE	<b>4</b> FOUR	<b>5</b> FIVE	<b>6</b> SIX
<b>7</b> SEVEN	<b>8</b> EIGHT	<b>9</b> NINE	<b>10</b> TEN	<b>11</b> ELEVEN	<b>12</b> TWELVE
<b>13</b> THIRTEEN	<b>14</b> FOURTEEN	<b>15</b> FIFTEEN	<b>16</b> SIXTEEN	<b>17</b> SEVENTEEN	<b>18</b> EIGHTEEN
<b>19</b> NINETEEN	<b>20</b> TWENTY	<b>21</b> TWENTYONE	<b>22</b> TWENTYTWO	<b>23</b> TWENTYTHREE	<b>24</b> TWENTYFOUR
<b>25</b> TWENTYFIVE	<b>26</b> TWENTYSIX	<b>27</b> TWENTYSEVEN	<b>28</b> TWENTYEIGHT	<b>29</b> TWENTYNINE	<b>30</b> THIRTY

(6) The prize symbols and prize symbol captions are as follows:


<b>\$1.00</b> ONE	<b>\$2.00</b> TWO	<b>\$5.00</b> FIVE	<b>\$10.00</b> TEN	<b>\$20.00</b> TWENTY
<b>\$30.00</b> THIRTY	<b>\$40.00</b> FORTY	<b>\$50.00</b> FIFTY	<b>\$100</b> ONE HUN	<b>\$200</b> TWO HUN
<b>\$500</b> FIVE HUN	<b>\$1,000</b> ONE THOU	<b>\$3,000</b> THR THOU	<b>\$10,000</b> TEN THOU	<b>\$250,000</b> TWOFTY THOU


(7) The legends are as follows:

**WINNING NUMBERS YOUR NUMBERS**

(8) Determination of Prizewinners.

(a) A ticket having a play symbol and corresponding play symbol caption in the "YOUR NUMBERS" play area that matches a play symbol and corresponding play symbol caption in the "WINNING NUMBERS" play area shall entitle the claimant to the corresponding prize shown for that symbol. A

ticket having a  symbol and corresponding caption in the "YOUR NUMBERS" play area shall entitle the claimant to

triple the prize shown for that symbol. A ticket having a  symbol and corresponding caption in the "YOUR NUMBERS" play area shall entitle the claimant to all twelve prizes shown.

(b) The prizes are: \$1.00, \$2.00, \$5.00, \$10.00, \$20.00, \$30.00, \$40.00, \$50.00, \$100, \$200, \$500, \$1,000, \$3,000, \$10,000 and \$250,000.

(9) The estimated odds of winning, value and number of prizes in Instant Game Number 5008 are as follows:

GAME PLAY	WIN	ESTIMATED ODD OF 1 IN	NUMBER OF WINNERS IN 56 POOLS OF 120,000 TICKETS PER POOL				
				(\$5 x 4) + (\$10 x 8) (BELLS)	\$100	1,500.00	4,480
				\$10 x 10	\$100	2,000.00	3,360
				(\$10 x 2) + (\$20 x 4)	\$100	2,000.00	3,360
				\$20 (GIFT) + \$40	\$100	1,500.00	4,480
				\$100	\$100	2,000.00	3,360
				(\$10 x 8) + (\$20 x 2) + (\$40 x 2)	\$200	10,000.00	672
				(BELLS)			
				(\$5 x 4) + (\$20 x 6) + (\$30 x 2) (BELLS)	\$200	10,000.00	672
				\$20 x 10	\$200	10,000.00	672
				\$10 + (\$20 x 2) + \$50	\$200	10,000.00	672
				(GIFT)			
				\$200	\$200	10,000.00	672
				(\$40 x 10) + (\$50 x 2)	\$500	12,000.00	560
				(BELLS)			
				(\$30 x 5) + (\$50 x 7)	\$500	12,000.00	560
				(BELLS)			
				\$50 x 10	\$500	12,000.00	560
				\$100 (GIFT) + \$200	\$500	12,000.00	560
				\$500	\$500	12,000.00	560
				(\$50 x 8) + (\$100 x 2) + (\$200 x 2)	\$1,000	40,000.00	168
				(BELLS)			
				(\$20 x 5) + (\$50 x 2) + (\$100 x 2) + (\$200 x 3)	\$1,000	40,000.00	168
				(BELLS)			
				\$100 x 10	\$1,000	60,000.00	112
				(\$100 x 4) + \$200	\$1,000	40,000.00	168
				(GIFT)			
				\$1,000	\$1,000	60,000.00	112
				\$1,000 (GIFT)	\$3,000	120,000.00	56
				\$3,000	\$3,000	120,000.00	56
				\$10,000	\$10,000	120,000.00	56
				\$250,000	\$250,000	960,000.00	7
				\$50	\$50	1,500.00	4,480
				(\$5 x 8) + (\$10 x 2) + (\$20 x 2)	\$100	1,500.00	4,480

(10) The estimated overall odds of winning some prize in Instant Game Number 5008 are 1 in 4.05. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(11) For reorders of Instant Game Number 5008, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(12) Payment of prizes for HAPPY HOLIDAYS lottery tickets shall be made in accordance with the rule of the Florida Lottery governing payment of prizes.

A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

Rulemaking Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History—New 10-24-14.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.  
EFFECTIVE DATE: October 24, 2014

**DEPARTMENT OF THE LOTTERY**

RULE NO.: 53ER14-61  
RULE TITLE: Instant Game Number 1253, \$1,000,000 GOLDEN HOLIDAY

SUMMARY: This emergency rule describes Instant Game Number 1253, "\$1,000,000 GOLDEN HOLIDAY" for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:



53ER14-61 Instant Game Number 1253, \$1,000,000 GOLDEN HOLIDAY.

(1) Name of Game. Instant Game Number 1253, "\$1,000,000 GOLDEN HOLIDAY."

(2) Price. \$1,000,000 GOLDEN HOLIDAY lottery tickets sell for \$10.00 per ticket.

(3) \$1,000,000 GOLDEN HOLIDAY lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning \$1,000,000 GOLDEN HOLIDAY lottery ticket, the ticket must meet the applicable requirements of Rule 53ER13-31, Florida Administrative Code.

(4) The "YOUR NUMBERS" play symbols and play symbol captions are as follows:

<b>1</b> ONE	<b>2</b> TWO	<b>3</b> THREE	<b>4</b> FOUR	<b>5</b> FIVE	<b>6</b> SIX	<b>7</b> SEVEN	<b>8</b> EIGHT	<b>9</b> NINE	<b>10</b> TEN
<b>11</b> ELEVN	<b>12</b> TWELV	<b>13</b> THRTN	<b>14</b> FORTN	<b>15</b> FIFTN	<b>16</b> SIXTN	<b>17</b> SVNTN	<b>18</b> EGHTN	<b>19</b> NINTN	<b>20</b> TENTY
<b>21</b> TYHNE	<b>22</b> TYHTO	<b>23</b> TYHTR	<b>24</b> TYHFR	<b>25</b> TYHFV	<b>26</b> THYSX	<b>27</b> THYSVN	<b>28</b> THYEGT	<b>29</b> THYNIN	<b>30</b> THIRTY
 WIN	 HIN\$100	 DOUBLE	 HINALL						

(5) The "WINNING NUMBERS" play symbols and play symbol captions are as follows:

<b>1</b> ONE	<b>2</b> TWO	<b>3</b> THREE	<b>4</b> FOUR	<b>5</b> FIVE	<b>6</b> SIX	<b>7</b> SEVEN	<b>8</b> EIGHT	<b>9</b> NINE	<b>10</b> TEN
<b>11</b> ELEVN	<b>12</b> TWELV	<b>13</b> THRTN	<b>14</b> FORTN	<b>15</b> FIFTN	<b>16</b> SIXTN	<b>17</b> SVNTN	<b>18</b> EGHTN	<b>19</b> NINTN	<b>20</b> TENTY
<b>21</b> TYHNE	<b>22</b> TYHTO	<b>23</b> TYHTR	<b>24</b> TYHFR	<b>25</b> TYHFV	<b>26</b> THYSX	<b>27</b> THYSVN	<b>28</b> THYEGT	<b>29</b> THYNIN	<b>30</b> THIRTY

(6) The prize symbols and prize symbol captions are as follows:


<b>\$5.00</b> FIVE	<b>\$10.00</b> TEN	<b>\$15.00</b> FIFTEEN	<b>\$20.00</b> TENTY	<b>\$30.00</b> THIRTY	<b>\$40.00</b> FORTY	<b>\$50.00</b> FIFTY
<b>\$100</b> ONE HUN	<b>\$200</b> TWO HUN	<b>\$500</b> FIVE HUN	<b>\$1,000</b> ONE THOU	<b>\$5,000</b> FIVE THOU	<b>\$10,000</b> TEN THOU	<b>\$1,000,000</b> 40K/1R/25YRS


(7) The legends are as follows:


WINNING NUMBERS      YOUR NUMBERS

(8) Determination of Prizewinners.

(a) A ticket having a play symbol and corresponding play symbol caption in the "YOUR NUMBERS" play area that matches a play symbol and corresponding play symbol caption in the "WINNING NUMBERS" play area shall entitle the claimant to the corresponding prize shown for that symbol. A

ticket having a " " symbol and corresponding caption in the "YOUR NUMBERS" play area shall entitle the claimant to the

corresponding prize shown. A ticket having a " " symbol and corresponding caption in the "YOUR NUMBERS" play area shall entitle the claimant to a prize of \$100. A ticket having

a " " symbol and corresponding caption in the "YOUR NUMBERS" play area shall entitle the claimant to double the





prize shown for that symbol. A ticket having a “WINALL” symbol and corresponding caption in the “YOUR NUMBERS” play area shall entitle the claimant to all fifteen prizes shown.

(b) The prizes are: \$5.00, \$10.00, \$15.00, \$20.00, \$30.00, \$40.00, \$50.00, \$100, \$200, \$500, \$1,000, \$5,000, \$10,000 and

**\$1,000,000**  
40K/1R/25YRS

(9) \$1,000,000 Prize Payment Options.

(a) A winner of a \$1,000,000 prize may choose one of two payment options for receiving his or her prize. Payment options are “Cash Option” or “Annual Payment.” At the time the \$1,000,000 prize is claimed, the terminal will produce a player claim instructions ticket. The winner has sixty (60) days from the date the player claim instructions ticket is produced to file a claim choosing the Cash Option. If a winner does not choose the Cash Option within such time, the Annual Payment option will be applied. Once the winner files a claim and exercises the winner’s chosen option, the election of that option shall be final.

(b) Cash Option prizes will be paid in a single cash payment. A winner of a \$1,000,000 prize shall receive a cash payment of the amount of cash required to purchase U.S. Government Securities that would fund \$1,000,000 paid over a twenty-five year period, less applicable federal withholding taxes. This figure will be determined during the week following the date on which the \$1,000,000 prize is claimed by obtaining quotes from at least two investment sources. The quote costing the least to fund the twenty-five year payment stream will be the amount of the Cash Option prize.

(c) Annual Payment prizes will be paid in twenty-five equal annual installments of \$40,000 per year, less applicable federal withholding taxes.

(10) The estimated odds of winning, value and number of prizes in Instant Game Number 1253 are as follows:

\$20	\$20	60.00	76,000
\$5 x 6	\$30	400.00	11,400
(\$5 x 2) + (\$10 x 2)	\$30	400.00	11,400
\$10 x 3	\$30	400.00	11,400
\$15 (STAR)	\$30	400.00	11,400
\$30	\$30	400.00	11,400
\$5 x 8	\$40	500.00	9,120
\$10 x 4	\$40	500.00	9,120
\$10 + (\$15 x 2)	\$40	500.00	9,120
\$20 (STAR)	\$40	500.00	9,120
\$40	\$40	500.00	9,120
\$5 x 10	\$50	1,000.00	4,560
(\$10 x 3) + \$20	\$50	1,000.00	4,560
(\$10 x 2) + \$30	\$50	1,000.00	4,560
\$10 + \$20 (STAR)	\$50	800.00	5,700
\$50	\$50	1,000.00	4,560
(\$5 x 10) + (\$10 x 5) (GIFT)	\$100	400.00	11,400
(\$5 x 10) + (\$10 x 5)	\$100	400.00	11,400
\$20 x 5	\$100	600.00	7,600
(\$10 x 2) + (\$40 x 2)	\$100	600.00	7,600
\$50 (STAR)	\$100	400.00	11,400
\$100 (BOW)	\$100	400.00	11,400
(\$10 x 10) + (\$20 x 5) (GIFT)	\$200	4,000.00	1,140
(\$15 x 8) + \$20 + (\$30 x 2)	\$200	4,000.00	1,140
(\$50 x 2) + \$100 (BOW)	\$200	4,000.00	1,140
\$100 (STAR)	\$200	4,000.00	1,140
\$200	\$200	4,000.00	1,140
(\$20 x 5) + (\$40 x 10) (GIFT)	\$500	12,000.00	380
(\$20 x 5) + (\$40 x 10)	\$500	12,000.00	380
\$100 (BOW) + (\$200 x 2)	\$500	12,000.00	380
\$100 + \$200 (STAR)	\$500	12,000.00	380
\$500	\$500	12,000.00	380
(\$50 x 10) + (\$100 x 5) (GIFT)	\$1,000	15,000.00	304
\$100 x 10	\$1,000	20,000.00	228
\$100 (BOW) + \$200 (STAR) + \$500	\$1,000	20,000.00	228
\$500 (STAR)	\$1,000	20,000.00	228
\$1,000	\$1,000	20,000.00	228
\$1,000 x 5	\$5,000	120,000.00	38
\$5,000	\$5,000	120,000.00	38
\$10,000	\$10,000	120,000.00	38
\$1,000,000 (\$40K/yr/25yrs)	Top Prize	1,520,000.00	3

GAME PLAY	WIN	ESTIMATED ODDS OF 1 IN	NUMBER OF
			WINNERS IN 38 POOLS OF 120,000 TICKETS PER POOL
\$5 x 2	\$10	30.00	152,000
\$5 (STAR)	\$10	30.00	152,000
\$10	\$10	30.00	152,000
\$5 x 3	\$15	60.00	76,000
\$5 + \$10	\$15	60.00	76,000
\$5 + \$5 (STAR)	\$15	60.00	76,000
\$15	\$15	60.00	76,000
\$5 x 4	\$20	60.00	76,000
(\$5 x 2) + \$10	\$20	60.00	76,000
\$10 x 2	\$20	60.00	76,000
\$10 (STAR)	\$20	60.00	76,000

(11) The estimated overall odds of winning some prize in Instant Game Number 1253 are 1 in 3.41. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(12) For reorders of Instant Game Number 1253, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(13) Payment of prizes for \$1,000,000 GOLDEN HOLIDAY lottery tickets shall be made in accordance with the rule of the Florida Lottery governing payment of prizes.

A copy of the current rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

Rulemaking Authority 24.105(9)(a), (b), (c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a), (b), (c), 24.115(1) FS. History—New 10-24-14.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: October 24, 2014

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

NONE

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

DEPARTMENT OF STATE

Division of Historical Resources

The Division of Historical Resources announces a workshop to which all persons are invited.

DATE AND TIME: Wednesday, November 19, 2014, 1:00 p.m. – 4:00 p.m.

PLACE: Webinar/Room 404, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: The webinar will provide an orientation to the Florida Historical Commission Board on the upcoming review of the Special Category grant application and online review system.

A copy of the agenda may be obtained by contacting: Grants staff at 1(800)847-7278, email: BHPgrants@flheritage.com or by visiting [www.flheritage.com/grants](http://www.flheritage.com/grants).

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 24 hours before the workshop/meeting by contacting: Grants staff at 1(800)847-7278, email: BHPgrants@flheritage.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). 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: Grants staff at 1(800)847-7278, email: BHPgrants@flheritage.com or by visiting: [www.flheritage.com/grants](http://www.flheritage.com/grants).

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.: RULE TITLE:

6A-5.066 Approval of Preservice Teacher Preparation Programs

The Florida Department of Education announces a workshop to which all persons are invited.

DATE AND TIME: November 10, 2014, 2:00 p.m. – 3:00 p.m., ET

PLACE: Via webinar and conference call. To join the US toll-free conference call dial: 1(888)339-2688; participant passcode: 175 927 82#

To register for the online meeting/webinar go to: <https://attendee.gotowebinar.com/register/5634908393917968129>. Upon registration you will receive an email with further instructions.

The conference call and webinar will begin at the appointed time and last for a minimum of 30 minutes but will conclude after 30 minutes if no additional callers are on the line.

PLACE: Anyone wishing to attend in person: Department of Education, 325 West Gaines Street, Room 1706, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: This rule development workshop will review modifications of the requirements and implementation of the approval process for each type of teacher preparation program offered by a Florida postsecondary institution or public school district.

A copy of the agenda may be obtained by contacting: Eileen McDaniel, Chief, Educator Recruitment, Development & Retention, Florida Department of Education, 325 West Gaines Street, Room 124, Tallahassee, Florida 32399-0400, (850)245-0435.

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: Eileen McDaniel, Chief, Educator Recruitment, Development & Retention, Florida Department of Education, 325 West Gaines Street, Room 124, Tallahassee, Florida 32399-0400, (850)245-0435. 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: Eileen McDaniel, Chief, Educator Recruitment, Development & Retention, Florida Department of Education, 325 West Gaines Street, Room 124, Tallahassee, Florida 32399-0400, (850)245-0435.

**DEPARTMENT OF EDUCATION**

University of South Florida

The Florida Covering Kids and Families Statewide Coalition at USF announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, October 29, 2014, 8:30 a.m. – 12:00 Noon

PLACE: University of South Florida, College of Public Health, Room 1023-A, Tampa, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: Membership nominations, Florida KidCare program partner updates, Committee activities, Budget.

A copy of the agenda may be obtained by contacting: Lindsay Kuznia at lkuznia@health.usf.edu.

**EXECUTIVE OFFICE OF THE GOVERNOR**

The Correctional Medical Authority announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, November 4, 2014, 2:00 p.m.

PLACE: The Capitol, Suite #1602, 400 South Monroe Street, Tallahassee, FL 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular Monthly Board Meeting: conference call number: 1(888)670-3525 (toll-free); conference code: 6468673392#.

A copy of the agenda may be obtained by contacting: The Correctional Medical Authority, (850)717-9500, 400 South Monroe Street, Suite #705, Tallahassee, FL 32399.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: (850)717-9500. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**REGIONAL PLANNING COUNCILS**

Central Florida Regional Planning Council

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

DATE AND TIME: November 13, 2014, 9:30 a.m.

PLACE: Okeechobee County Emergency Operations Center (EOC), 707 NW 6th Street, Okeechobee, FL 34972

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular quarterly meeting of the Local Emergency Planning Committee (LEPC) and/or its subcommittees, to discuss the provision of the Emergency Planning Community Right-to-Know Program. Items pertaining to the State Emergency Response Commission (SERC) may be discussed.

A copy of the agenda may be obtained by contacting: Chuck Carter, Program Director, at ccarter@cfrpc.org or at (863)534-7130, ext. 107.

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: Chuck Carter at ccarter@cfrpc.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

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.

**REGIONAL PLANNING COUNCILS**

Treasure Coast Regional Planning Council

The Treasure Coast Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: November 21, 2014, 9:30 a.m.

PLACE: Indian River State College, Wolf High Technology Center, 2400 SE Salerno Road, Stuart, FL 34997

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Treasure Coast Regional Planning Council will conduct its regular Board meeting.

A copy of the agenda may be obtained by contacting: Liz Gulick at (772)221-4060 or lgulick@tcrpc.org.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Liz Gulick at (772)221-4060 or lgulick@tcrpc.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

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: Liz Gulick at (772)221-4060 or lgulick@tcrpc.org.

#### REGIONAL PLANNING COUNCILS

##### Treasure Coast Regional Planning Council

The Treasure Coast Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: November 21, 2014, 9:00 a.m.

PLACE: Indian River State College, Wolf High Technology Center, 2400 SE Salerno Road, Stuart, FL 34997

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a meeting of Council's Nominating Committee. The Committee needs to develop a recommendation for the Year 2015 Officers, which will be presented at the December 12, 2014 Council meeting.

A copy of the agenda may be obtained by contacting: Liz Gulick at (772)221-4060 or lgulick@tcrpc.org.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Liz Gulick at (772)221-4060 or lgulick@tcrpc.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

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: Liz Gulick at (772)221-4060 or lgulick@tcrpc.org.

#### DEPARTMENT OF VETERANS' AFFAIRS

The Florida is For Veterans, Inc. announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, November 3, 2014, 10:00 a.m. – 3:00 p.m.

PLACE: Room 110 Senate Office Building, 404 South Monroe St., Tallahassee, FL 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular Board of Directors Business and election of officers.

A copy of the agenda may be obtained by contacting: Roberto Carbonell at (850)487-1533.

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: Roberto Carbonell at (850)487-1533. 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: Roberto Carbonell at (850)487-1533.

#### DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

##### Construction Industry Licensing Board

The Construction Industry Licensing Board announces a telephone conference call to which all persons are invited.

DATE AND TIME: Monday, November 10, 2014, 10:00 a.m. or soon thereafter

PLACE: Conference call: 1(888)670-3525, conference code: 2938723619

GENERAL SUBJECT MATTER TO BE CONSIDERED: CE/Exams/Public Awareness committee meeting of the board.

A copy of the agenda may be obtained by contacting: Amanda Wynn, Senior Management Analyst Supervisor, 1940 North Monroe Street, Tallahassee, FL 32399-1039, (850)487-1395.

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: Amanda Wynn, Senior Management Analyst Supervisor, 1940 North Monroe Street, Tallahassee, FL 32399-1039, (850)487-1395. 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: Amanda Wynn, Senior Management Analyst Supervisor, 1940 North Monroe Street, Tallahassee, FL 32399-1039, (850)487-1395.

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**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Construction Industry Licensing Board**

The Construction Industry Licensing Board announces public meetings to which all persons are invited.

**DATES AND TIMES:** Wednesday, November 12, 2014, 12:00 Noon; Thursday, November 13, 2014, 8:00 a.m.; Friday, November 14, 2014, 8:00 a.m. or soon thereafter

**PLACE:** Embassy Suites Orlando - North, 225 Shorecrest Drive, Altamonte Springs, FL 32701

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** General business, disciplinary and committee meetings of the board.

A copy of the agenda may be obtained by contacting: Amanda Wynn, Senior Management Analyst Supervisor, 1940 North Monroe Street, Tallahassee, FL 32399-1039, (850)487-1395.

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: Amanda Wynn, Senior Management Analyst Supervisor, 1940 North Monroe Street, Tallahassee, FL 32399-1039, (850)487-1395. 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: Amanda Wynn, Senior Management Analyst Supervisor, 1940 North Monroe Street, Tallahassee, FL 32399-1039, (850)487-1395.

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**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Board of Professional Engineers**

The Florida Board of Professional Engineers Nominations Committee announces a telephone conference call to which all persons are invited.

**DATE AND TIME:** November 5, 2014, 10:00 a.m. or soon thereafter

**PLACE:** Florida Board of Professional Engineers, 2639 North Monroe St., Building B-112, Tallahassee, FL 32303

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** To nominate a chair and vice chair for 2015 for the Florida Board of Professional Engineers and any other of the committee. Please contact Rebecca Sammons at (850)521-0500, ext. 114, at least 48 hours prior to the date of the meeting to obtain the participant code.

Telephone conference number: 1(888)392-4560.

A copy of the agenda may be obtained by contacting: Rebecca Sammons, rsammons@fbpe.org.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Rebecca Sammons. 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: Rebecca Sammons.

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**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Florida Real Estate Commission**

The Probable Cause Panel of the Florida Real Estate Commission announces a hearing to which all persons are invited.

**DATE AND TIME:** Monday, November 3, 2014, 9:30 a.m., EST or soon thereafter

**PLACE:** Zora Neale Hurston Building, North Tower, Suite N901, 400 West Robinson Street, Orlando, Florida 32801

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Special meeting of the Probable Cause Panel to conduct a private meeting to review cases to determine probable cause and to conduct a public meeting to review cases where probable cause was previously found. All or part of this meeting may be conducted as a teleconference in order to permit maximum participation of the Probable Cause Panel or its counsel.

A copy of the agenda may be obtained by contacting: Deputy Clerk, Florida Real Estate Commission, 400 W. Robinson Street, Suite N801, Orlando, Florida 32801-1772. Only public portions of the agenda are available upon request.

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: Division of Real Estate, (407)481-5662. 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 HEALTH**

**Board of Nursing Home Administrators**

The Board of Nursing Home Administrators announces a workshop to which all persons are invited.

**DATE AND TIME:** Friday, November 14, 2014, 1:00 p.m. or as soon as possible thereafter

**PLACE:** Embassy Suites Orlando – Lake Buena Vista South, 4955 Kyngs Heath Road, Kissimmee, FL 34746, (407)597-4000

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Rule 64B10-11.002, Florida Administrative Code.

A copy of the agenda may be obtained by contacting: Edith Rogers at edith.rogers@flhealth.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 10 days before the workshop/meeting by contacting: Edith Rogers at edith.rogers@flhealth.gov. 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: Edith Rogers at edith.rogers@flhealth.gov.

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Family Safety and Preservation Program**

**RULE NOS.:RULE TITLES:**

65C-41.001 Definitions

65C-41.002 Application Procedures for Readmission to Extended Foster Care

65C-41.003 Appeals

The Department of Children and Families announces a public meeting to which all persons are invited.

**DATE AND TIME:** November 14, 2014, 10:00 a.m. – 12:00 Noon

**PLACES:**

(1) Attending in person at: Florida Department of Children and Families, 1317 Winewood Boulevard, Bldg. 1, Secretary’s Large Conference Room, 2nd Floor, Tallahassee, FL 32399-0700; contact: Jodi Abramowitz, (850)717-4189

(2) Via conference call: dial 1(888)670-3525, code: 3148793079#

(3) Via video teleconference at one of the following locations:

**Northwest Region:** 2505 W 15th Street, Room #23, Panama City, Florida; contact: Felicsa Sims, (850)691-0530

**Northeast Region**

**Jacksonville:** 5920 Arlington Expressway, VTC Room # 279 (20-25 capacity), Jacksonville, FL 32211; contact: Beth Lowman, (904)485-9426. Note: Parking is available in the back of the building. Visitors must check in with the receptionist on the ground floor.

**Daytona:** 210 N. Palmetto Ave., VTC Room #448A, Daytona Beach, FL 32114; contact: Kathy Walker, (386)481-9198

**Gainesville:** 1730 NE 31st Ave., VTC Room # Bldg. 2-VTC, Gainesville, FL 32601; contact: Tina Moon, (352)415-6131

**SunCoast Region:** 9393 N. Florida Ave., Room 807, Tampa, FL 33612; contact: Dannette Swanton, (813)337-5899

**Southern Region:** contact: Loammi Gamoneda-Figueroa, (786)257-5089

**Southeast Region:** West Palm Beach Government Center (Dimick Bldg.), 111 S Sapodilla Ave., Conference Room 2, West Palm Beach, FL 33401; contact: Mark Holsapfel, (954)818-5759

**Central Region:** 400 W Robinson Street, Room: South Tower 1106, Orlando, Florida 32801; contact: Carol Diaz, (407)317-7054

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Extended Foster Care.

A copy of the agenda may be obtained by contacting: Jodi Abramowitz, jodi\_abramowitz@dcf.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Jodi Abramowitz, [jodi\\_abramowitz@dcf.state.fl.us](mailto:jodi_abramowitz@dcf.state.fl.us). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice). For more information, you may contact: Jodi Abramowitz, [jodi\\_abramowitz@dcf.state.fl.us](mailto:jodi_abramowitz@dcf.state.fl.us).

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Family Safety and Preservation Program

RULE NOS.:RULE TITLES:

65C-42.001 Definitions

65C-42.002 Postsecondary Education Services and Support

65C-42.003 Aftercare Services

65C-42.004 Appeals

The Department of Children and Families announces a public meeting to which all persons are invited.

DATE AND TIME: November 14, 2014, 1:00 p.m. – 3:00 p.m.

PLACES:

(1) Attending in person at: Florida Department of Children and Families, 1317 Winewood Boulevard, Bldg. 1, Secretary’s Large Conference Room, 2nd Floor, Tallahassee, FL 32399-0700; contact: Jodi Abramowitz, (850)717-4189

(2) Via conference call: dial 1(888)670-3525, code: 3148793079#

(3) Via video teleconference at one of the following locations:

Northwest Region: 2505 W 15th Street, Room #23, Panama City, Florida; contact: Felicia Sims, (850)691-0530

Northeast Region

Jacksonville: 5920 Arlington Expressway, VTC Room # 279 (20-25 capacity), Jacksonville, FL 32211; contact: Beth Lowman, (904)485-9426. Note: Parking is available in the back of the building. Visitors must check in with the receptionist on the ground floor.

Daytona: 210 N. Palmetto Ave., VTC Room # 448A, Daytona Beach, FL 32114; contact: Kathy Walker, (386)481-9198

Gainesville: 1730 NE 31st Ave., VTC Room # Bldg. 2-VTC, Gainesville, FL 32601; contact: Tina Moon, (352)415-6131

SunCoast Region: 9393 N. Florida Ave., Room 807, Tampa, FL 33612; contact: Dannette Swanton, (813)337-5899

Southern Region: contact: Loammi Gamoneda-Figueroa, (786)257-5089

Southeast Region: West Palm Beach Government Center (Dimick Bldg.), 111 S Sapodilla Ave., Conference Room 2, West Palm Beach, FL 33401; contact: Mark Holsapfel, (954)818-5759

Central Region: 400 W Robinson Street, Room: South Tower 1106, Orlando, Florida 32801; contact: Carol Diaz, (407)317-7054

GENERAL SUBJECT MATTER TO BE CONSIDERED:  
Road to Independence.

A copy of the agenda may be obtained by contacting: Jodi Abramowitz, [jodi\\_abramowitz@dcf.state.fl.us](mailto:jodi_abramowitz@dcf.state.fl.us).

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Jodi Abramowitz, [jodi\\_abramowitz@dcf.state.fl.us](mailto:jodi_abramowitz@dcf.state.fl.us). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Jodi Abramowitz, [jodi\\_abramowitz@dcf.state.fl.us](mailto:jodi_abramowitz@dcf.state.fl.us).

FISH AND WILDLIFE CONSERVATION COMMISSION

Freshwater Fish and Wildlife

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

DATE AND TIME: Thursday, November 6, 2014, 7:00 p.m.

PLACE: Tiger Point Community Center, 1370 Tiger Park Lane, Gulf Breeze, FL 32563

GENERAL SUBJECT MATTER TO BE CONSIDERED:  
Purpose: To receive public comment regarding considerations for FWC’s ten-year Management Plan for the FWC Lead Managed Portions of Escribano Point Wildlife Management Area (EPWMA).

This hearing is being held exclusively for discussion of the draft Escribano Point WMA Management Plan. This meeting is not being held to discuss area hunting or fishing regulations. For more information on the process for FWC rule and regulation development go online to: <http://myfwc.com/conservation/terrestrial/management-plans/upcoming/or> call (850)487-1764.

A copy of the agenda may be obtained by contacting: A Management Prospectus for Escribano Point WMA and copy of the agenda is available upon request from the Florida Fish and Wildlife Conservation Commission, Land Conservation and Planning Group, 620 South Meridian Street, Tallahassee, Florida 32399-1600, Telephone: (850)487-9982 or (850)487-7063 or by email: Julie.Kilgore@myfwc.com.

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**CLAY SOIL AND WATER CONSERVATION DISTRICT**

The Clay County Soil & Water Conservation District announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, November 7, 2014, 9:00 a.m.

PLACE: Clay County Extension Office, 2463 SR16W, Green Cove Springs, FL 32043

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Matter.

A copy of the agenda may be obtained by contacting: Sally Doyle.

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**REGION XII TRAINING COUNCIL**

The Region XII Training Council announces a public meeting to which all persons are invited.

DATE AND TIME: November 14, 2014, 8:35 a.m.

PLACE: West Palm Beach Police Department Community Room, 600 Banyan Boulevard, West Palm Beach, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: The agenda will include, but is not limited to: F.D.L.E./C.J.S.T.C. updates; Palm Beach State College/Criminal Justice Institute Assessment Center Updates; Region XII budget approval, and other business.

A copy of the agenda may be obtained by contacting: Sue Voccola at (561)868-3403.

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**GMB ENGINEERS & PLANNERS, INC.**

The Florida Department of Transportation announces a workshop to which all persons are invited.

DATE AND TIME: Tuesday, November 18, 2014, 8:30 a.m. – 3:30 p.m. (CST)

PLACE: Florida Department of Transportation Complex, Design Conference Room, 1074 Highway 90, Chipley, Florida 32428

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation (FDOT), District Three is soliciting applications for Federal Transit Administration's Sections 5310, 5311 and 5339 operating and capital grant programs. FDOT will hold a workshop for interested applicants to discuss the following topics:

- Updates on new federal laws affecting surface transportation programs
- Application eligibility requirements
- Preparation of the application and tips on grant writing
- Review of the process once a grant is awarded
- The department's vehicle procurement process
- Review of required plans and certifications

Companies or groups that provide mobility transit which includes private, for-profit, non-profit, local governments and taxi companies are eligible to apply. Agency grant writers, administrators and transportation managers are encouraged to attend the workshop. Note, to comply with security measures, when attending meetings at the FDOT complex, bring photo identification and enter at the Administration Building.

People with disabilities who require special accommodations under the Americans with Disabilities Act or require translation services (free of charge) should contact Kathy Rudd by phone: (850)330-1549 or by email: Kathy.rudd@dot.state.fl.us at least seven (7) days prior to the meeting.

The meeting is developed in compliance with Title VI of the Civil Rights Act of 1964 and related statutes. Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

For more information about the project or the public meeting, you may contact Mrs. Rudd at the telephone phone number or email address listed above.

An RSVP is requested for attendance to the workshop before Monday, November 10, 2014. You may confirm your attendance to Demond Hazley, P.E. at dhazley@gmb.cc or by phone toll-free: 1(888)898-5424.

A copy of the agenda may be obtained by contacting: Demond Hazley.

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Section VII  
Notice of Petitions and Dispositions  
Regarding Declaratory Statements

AGENCY FOR HEALTH CARE ADMINISTRATION  
NOTICE IS HEREBY GIVEN that the Agency for Health Care Administration has received the petition for declaratory statement from Alternative Outcomes, Inc./Adrian Daisley on October 15, 2014. The petition seeks the agency’s opinion as to the applicability of the following provision: AHCA’s Provider Reimbursement Handbook CMS-1500, Place of Service Codes as it applies to the petitioner.  
The Petitioner seeks a declaratory statement about whether a therapy clinic located in a separate office but housed in the same building and at the same physical address as a private school, is an appropriate place of service for a Developmental Disability (DD) Waiver Provider for purposes of Medicaid reimbursement.  
A copy of the Petition for Declaratory Statement may be obtained by contacting: Richard Shoop, Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, MS 3, Tallahassee, Florida 32308.

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

**FLORIDA HOUSING FINANCE CORPORATION**

RFA 2014-112 - Financing To Build Or Rehabilitate Smaller Permanent Supportive Housing Properties For Persons With Developmental Disabilities  
Florida Housing Finance Corporation (the Corporation) was appropriated \$10 million in grant funds by the 2014 Legislature for housing for Persons with Developmental Disabilities as defined in Section 393.063, F.S. This Request for Applications (RFA) will make up to \$4 million available to finance small Permanent Supportive Housing Developments consisting of no more than four (4) Units.  
The legislation specifies that the Corporation will offer the funding through a competitive grant program to private Non-Profit organizations that have a primary mission which includes serving Persons with Developmental Disabilities. Funding must be used for new construction and renovation of existing housing Units, including Community Residential Homes as defined in Section 419.001, F.S. The Corporation is required to consider

the extent to which funds from local and other sources will be used by Applicants to leverage these grant funds; employment opportunities and supports that will be available to Residents of the proposed housing; a plan for Residents to access community-based services, resources, and amenities; and partnerships with supportive services agencies.

Applications shall be accepted until 11:00 a.m., Eastern Time, on Tuesday, December 2, 2014, and sent to the attention of Ken Reecy, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329. For questions or additional information, please contact Ken Reecy at Ken.Reecy@floridahousing.org. The RFA, which outlines selection criteria and Applicant’s responsibilities, can be downloaded from the Florida Housing Finance Corporation website at <http://www.floridahousing.org/Developers/MultiFamilyPrograms/Competitive/2014-112/>.

Any modifications that occur to the Request for Applications will be posted at the website and may result in an extension of the deadline. It is the responsibility of the Applicant to check the website for any modifications prior to the deadline date.

**AULD & WHITE CONSTRUCTORS, LLC**

**JFHQ Conference Room Site Walk-thru**

Auld & White Constructors have scheduled a site visit for subcontractors planning to bid the JFHQ Conference Room Renovation at 11:00 a.m. on October 28, 2014.

Please meet on-site at 11:00 a.m. at the following address: 82 Marine St., St. Augustine, FL 32084.

For any project information, please contact Lauren Wray at [lwray@auld-white.com](mailto:lwray@auld-white.com).

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**Section XII  
Miscellaneous**

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Certificate of Need**

**DECISION ON EXPEDITED APPLICATION**

The Agency for Health Care Administration made the following decision on Certificate of Need application for expedited review:

County: Manatee      Service District: 6-2  
CON#: 10237      Decision      Date:      10/24/2014  
Decision: A

Facility/Project: Surrey Place Healthcare and Rehabilitation  
Applicant: Surrey Place of Bradenton, LLC  
Project Description: Add five community nursing home beds through the delicensure of five beds at Benderson Family Skilled Nursing and Rehabilitation Center in District 8-6

A request for administrative hearing, if any, must be made in writing and must be actually received by this department within 21 days of the first day of publication of this notice in the Florida Administrative Register pursuant to Chapter 120, Florida Statutes, and Chapter 59C-1, Florida Administrative Code.

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**Section XIII  
Index to Rules Filed During Preceding  
Week**

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

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