

## Section I

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

**DEPARTMENT OF HEALTH**

**Office of Compassionate Use**

**RULE NOS.:RULE TITLES:**

- 64-4.001 Regulatory Structure Rule 1
- 64-4.002 Regulatory Structure Rule 2
- 64-4.003 Regulatory Structure Rule 3
- 64-4.004 Regulatory Structure Rule 4
- 64-4.005 Regulatory Structure Rule 5
- 64-4.006 Regulatory Structure Rule 6
- 64-4.007 Regulatory Structure Rule 7
- 64-4.008 Regulatory Structure Rule 8
- 64-4.009 Compassionate Use Registry

**PURPOSE AND EFFECT:** The Department of Health announces the convening of a negotiated rulemaking proceeding to address the regulatory structure for dispensing organizations of low-THC cannabis. The purpose of the negotiated rulemaking is to draft mutually acceptable proposed rules.

**SUBJECT TO BE ADDRESSED:** The subject and scope of the rules to be developed through negotiated rulemaking will be the regulatory structure for dispensing organizations of low-THC cannabis.

**RULEMAKING AUTHORITY:** 381.986 FS.

**LAW IMPLEMENTED:** 381.986 FS.

**NEGOTIATED RULEMAKING COMMITTEE:** The negotiated rulemaking committee members will be selected from the following representative groups:

1. A nursery that meets the criteria in Section 381.986(5)(b)1., Florida Statutes;
2. A qualified patient or patient representative;
3. A testing laboratory;
4. A member of the Florida Bar experienced in administrative law;
5. An individual with demonstrated experience in sound agricultural practices and necessary regulation;
6. A physician authorized to order low-THC Cannabis products for qualified patients;
7. An individual with demonstrated experience establishing or navigating regulatory structures for cannabis in other jurisdictions; and
8. Representatives of the Department of Health.

If you believe that your interests are not adequately represented by the committee members listed above, you may apply to participate within 30 days of the date of publication of this notice. Your application must contain the following information: your name, business address, and telephone

number; the name of any organization you are representing; a description of the organization or the members of the organization; a description of how the proposed rulemaking proceedings will affect you or the parties that you represent; a statement identifying the reasons why you believe the representative groups listed above will not adequately represent your interests; and a statement that you are willing to negotiate in good faith and can attend the scheduled meeting. Please submit your application to Patricia Nelson, Department of Health, 4052 Bald Cypress Way, Bin A-02, Tallahassee, Florida 32399, email address: Patricia.Nelson@flhealth.gov.

**NEGOTIATED RULEMAKING COMMITTEE MEETING:**

The committee will meet at the following date, time, and place to discuss rule development: February 4, 2015, 8:00 a.m. - 10:00 p.m. and February 5, 2015, 8:00 a.m. until concluded, Department of Health, Room 301, 4052 Bald Cypress Way, Tallahassee, FL 32399.

Pursuant to provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this meeting is asked to advise the agency at least 72 hours before the meeting by contacting Sophia Flowers, Department of Health, (850)245-4005, Sophia.Flowers@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)955-9770 (Voice).

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE IS:** Patricia Nelson, Department of Health, 4052 Bald Cypress Way, Bin A-02, Tallahassee, Florida 32399, Email address: Patricia.Nelson@flhealth.gov

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

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## Section II

### Proposed Rules

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Certificate of Need**

**RULE NOS.: RULE TITLES:**

59C-1.040 Hospital Inpatient General Psychiatric Services

59C-1.041 Hospital Inpatient Substance Abuse Services

**PURPOSE AND EFFECT:** The Agency is proposing to amend Rules 59C-1.040 and 59C-1.041, F.A.C., to remove, update and condense language regarding new hospital inpatient psychiatric services and hospital inpatient substance abuse services. The amendments will also incorporate material regarding population estimates.

SUMMARY: The proposed amendments to this rule include: updates to definitions, updates to language on excluded hospitals, adding incorporated material, updating statutory language, improving/condensing the language for the needs assessment methodology, removing references to State and Local Health Council District health plans, removing language citing Rule 59C-1.038, F.A.C. (repealed), removing language requiring accreditation pursuant to Section 408.043(4), F.S., removing obsolete language and items from the utilization reporting requirement, removing language regarding amended licenses and removing language regarding the applicability of the amended rule.

**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. As there will be no impact on economic growth, job creation or employment, private-sector investment, or business competitiveness and no increase in regulatory costs – no adverse impact is likely.

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: 408.034(3), (8), 408.15(8) FS.  
LAW IMPLEMENTED: 408.034(3), 408.035, 408.036(1)(b), (c), 408.039(4)(a) FS.

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

DATE AND TIME: January 27, 2015, 8:00 a.m. – 10:00 a.m.

PLACE: The Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room C, Tallahassee, Florida 32308

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 1 days before the workshop/meeting by contacting: Marisol Fitch, Certificate of Need, 2727 Mahan Drive, Mail Stop 28, Building 1, Tallahassee, Florida or call (850)412-4346 or email at Marisol.fitch@ahca.myflorida.com.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Marisol Fitch, Certificate of Need, 2727 Mahan Drive, Mail Stop 28, Building 1, Tallahassee, Florida or call (850)412-4346 or email at Marisol.fitch@ahca.myflorida.com

THE FULL TEXT OF THE PROPOSED RULE IS:

59C-1.040 New Hospital Inpatient General Psychiatric Services.

(1) Agency Intent. This rule implements the provisions of Sections 408.032(9), 408.034(3), 408.034(6), 408.036(1)(b) and (c), 395.002(15), and 395.003(4), F.S. It is the intent of the agency to ensure the availability of hospital inpatient general psychiatric services as defined in this rule for children, adolescents and adults in need of these services regardless of their ability to pay. This rule regulates the establishment of new ~~hospital inpatient general psychiatric~~ hospitals and new inpatient intensive residential treatment facilities for children and adolescents services, ~~the construction or addition of new hospital inpatient general psychiatric beds, the conversion of licensed hospital beds to hospital inpatient general psychiatric beds,~~ and specifies which services can be provided by licensed or approved providers of hospital inpatient general psychiatric services.

(2) Definitions.

(a) “Adolescent.” A person age 14 through 17.

(b) “Adult.” A person age 18 and over.

(c) “Agency.” The Agency for Health Care Administration. ~~“Approved Hospital Inpatient General Psychiatric Bed.” A proposed hospital inpatient general psychiatric bed for which a certificate of need, a letter of intent to grant a certificate of need, a signed stipulated agreement, or a final order granting a certificate of need was issued, consistent with the provisions of paragraph 59C-1.008(2)(b), F.A.C., as of the most recent published deadline for agency initial decisions prior to publication of the fixed need pool, as specified in paragraph 59C-1.008(1)(g), F.A.C.~~

(d) “Approved Hospital Inpatient General Psychiatric Bed.” A proposed hospital inpatient general psychiatric bed for which an exemption pursuant to paragraph 59C-1.005(6)(i), F.A.C., or notification pursuant to subsection 59C-1.0085(2), F.A.C., a letter of intent to grant a certificate of need, a signed stipulated agreement, or a final order granting a certificate of need was issued, consistent with the provisions of paragraph 59C-1.008(2)(b), F.A.C., as of the most recent published deadline for agency initial decisions prior to publication of the fixed need pool, as specified in paragraph 59C-1.008(1)(g),

~~F.A.C. “Charity Care.” The portion of hospital charges for which there is no compensation, for care provided to patients whose family income as applicable for the 12 months preceding the determination does not exceed 150 percent of the current Federal Poverty Guidelines, or for care provided to patients for whom the hospital charges are greater than 25 percent of an annual family income which does not exceed four times the current Federal Poverty Level for a family of four, as defined in the Health Care Board’s Florida Hospital Uniform Reporting System Manual, Chapter III, Section 3223.~~

(e) “Charity Care.” As defined in Section 409.911(1), F.S., charity care is the portion of hospital charges reported to the Agency for Health Care Administration for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment, for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 200 percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity. “Child.” A person under the age of 14 years.

(f) “Child.” A person under the age of 14 years. “Department.” The Agency for Health Care Administration.

(g) “District.” A district of the agency defined in Section 408.032(5), F.S.

(h) “Fixed Bed Need Pool.” The numerical hospital inpatient general psychiatric bed need for adults, or for children and adolescents, for the applicable planning horizon, as established by the agency in accordance with this rule and subsection 59C-1.008(2), F.A.C.

(i) “General Hospital.” Means any facility which meets the provisions of Section 395.002(12), F.S., and which makes its facilities and a hospital which provides services available to the general population and does not restrict its services to any specified medical or psychiatric illness or to any specified age or gender group of the population, as defined in Section 395.002(10), F.S.

(j) “Gross Bed Need.” The number of hospital inpatient general psychiatric beds projected for a district for the applicable planning horizon under paragraphs (4)(c) or (4)(f) of this rule, except that the number of licensed beds and approved beds is not subtracted from the projected total.

(k) “Hospital Inpatient General Psychiatric Bed.” A bed designated for the exclusive use of patients receiving hospital inpatient general psychiatric services as defined by this rule.

(l) “Hospital Inpatient General Psychiatric Services.” Services provided under the direction of a psychiatrist or clinical psychologist to persons whose sole diagnosis, or in the event of more than one diagnosis, the principal diagnosis as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM III R) is a psychiatric disorder defined in paragraph (2)(p) of this rule.

(m) “Intensive Residential Treatment Program for Children and Adolescents.” An inpatient program which provides intensive residential treatment services for children and adolescents, as described in Section 395.002(15), F.S., including 24-hour care and diagnosis and treatment of patients under the age of 18 having psychiatric disorders. A facility may seek certificate of need approval for an intensive residential treatment program for children and adolescents in order to have the program beds licensed as specialty hospital beds for hospital inpatient general psychiatric services, in accordance with Section 395.003(2)(c)(f), F.S., and Chapter 59A-3, F.A.C. The net need for intensive residential treatment program beds for children and adolescents in facilities seeking to have the beds licensed as specialty hospital beds is included in the net need for hospital inpatient general psychiatric beds for children and adolescents calculated under paragraph (4)(f) of this rule.

(n) “Local Health Council.” The council referenced in Section 408.033, F.S.

(o) “Planning Horizon.” The projected date by which a proposed hospital inpatient general psychiatric service would be initiated. For purposes of this rule, the planning horizon for applications submitted between January 1 and June 30 is July of the year 5 years subsequent to the year the application is submitted; the planning horizon for applications submitted between July 1 and December 31 is January of the year 5 years subsequent to the year which follows the year the application is submitted.

(p) “Psychiatric Disorder.” For purposes of this rule, a psychiatric disorder is a mental illness as defined in Section 394.455(18), F.S., which requires inpatient hospitalization, disorder coded in any sub classification of category 290 or coded in any sub classification of categories 293 through 302 or coded in any sub classification of categories 306 through 316, in Axis I or Axis II, consistent with the diagnostic categories defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM III R), incorporated herein by reference; or equivalent codes in the following sub-classifications in the International Classification of Disease (ICD 9), incorporated herein by reference: category 290, 293 through 302, or 306 through 316.

(q) "Separately Organized Unit." A specific section, ward, wing, or floor with a separate nursing station designated exclusively for the care of hospital inpatient ~~general~~ psychiatric services patients.

(r) "Specialty Beds." Specialty beds include ~~comprehensive medical rehabilitation beds~~, hospital inpatient substance abuse beds, and ~~the~~ hospital inpatient ~~general~~ psychiatric beds and beds in intensive residential treatment programs for children and adolescents licensed as specialty hospital beds ~~which are regulated under this rule.~~

(s) "Specialty Hospital." A specialty hospital is as defined by subsection 395.002(28), F.S., which restricts its services to a specified category of medical or psychiatric illness or to a specified age or gender group of the population, as defined in Section 395.002(28), F.S., including a facility with an intensive residential treatment program for children and adolescents which is licensed as a specialty hospital.

(t) "Substance Abuse." The misuse or abuse of, or dependence on alcohol, illicit drugs, or prescription medications which requires inpatient hospitalization. ~~A disorder coded in any sub-classification of categories 291, 292, 303, 304 or 305 in Axis I or Axis II consistent with the diagnostic categories defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R), incorporated herein by reference; or equivalent codes in any sub-classification of categories 291, 292, 303, 304 or 305 consistent with the diagnostic categories defined in the International Classification of Diseases (ICD-9), incorporated herein by reference.~~

### (3) General Provisions.

(a) Admissions to Hospital Inpatient ~~General~~ Psychiatric Services. Admission to facilities with a certificate of need for hospital inpatient ~~general~~ psychiatric services is limited to persons whose sole diagnosis, or in the event of more than one diagnosis, the principal diagnosis, is a psychiatric disorder as defined in paragraph (2)(p) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) is a disorder coded in any sub-classification of category 290 or coded in any sub-classification of categories 293 through 302 or coded in any sub-classification of categories 306 through 316, in Axis I or Axis II, consistent with the diagnostic categories defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R), incorporated herein by reference; or equivalent codes in the following sub-classifications in the International Classification of Disease (ICD-9), incorporated herein by reference: category 290, 293 through 302, or 306 through 316. Psychiatric patients in need of medical/surgical care may be treated in acute care medical/ surgical beds for their medical/surgical care needs or in a psychiatric services unit if the unit is properly staffed and equipped to care for the medical/surgical problem.

(b) Service Location. This rule applies to the establishment of new psychiatric inpatient ~~The hospital inpatient general psychiatric services regulated under this rule may be provided in a hospital licensed as a general hospital or licensed as a specialty hospital,~~ including a facility with an intensive residential treatment program for children and adolescents which is licensed as a specialty hospital.

(c) Separate Regulation of Age Categories. The agency regulates two types of hospital inpatient ~~general~~ psychiatric services, those services which are used for ~~general~~ psychiatric treatment of adults, and those services used for ~~general~~ psychiatric treatment of children and adolescents. Certificate of need applications for the establishment of hospital inpatient ~~general~~ psychiatric services for adults shall be reviewed separately from certificate of need applications for hospital inpatient ~~general~~ psychiatric services for children and adolescents. A separate certificate of need shall be issued for each service.

(d) Separately Organized Units. Hospital inpatient ~~general~~ psychiatric services for adults shall be provided in one or more separately organized units within a ~~general hospital or~~ specialty hospital. Hospital inpatient ~~general~~ psychiatric services for children and adolescents shall be provided in one or more separately organized units within a ~~general hospital or~~ specialty hospital.

(e) Minimum Size of Specialty Hospitals. A specialty hospital providing hospital inpatient ~~general~~ psychiatric services, or an intensive residential treatment program for children and adolescents licensed as a specialty hospital, shall have a minimum total capacity of 40 beds. The minimum capacity of a specialty hospital providing hospital inpatient ~~general~~ psychiatric services may include beds used for hospital inpatient substance abuse services regulated under Rule 59C-1.041, F.A.C. The separately organized units for hospital inpatient ~~general~~ psychiatric services for adults or for children and adolescents in specialty hospitals shall meet the minimum size requirements stated in subsection (5) of this rule. ~~Hospitals inventoried consistent with the provisions of subsection (11) of this rule are exempt from meeting the minimum capacity and minimum unit size requirements of this paragraph unless or until they submit a proposal which would modify the number of beds listed in the inventory.~~

(f) Conformance with the Criteria for Approval. A certificate of need for the establishment of new ~~hospital inpatient general psychiatric specialty hospital services, or the expansion of existing services by addition of beds,~~ shall not normally be approved unless the applicant meets the applicable review criteria in Section 408.035, F.S., and the standards and need determination criteria set forth in this rule.

(g) Required Services. ~~Hospital inpatient psychiatric services whether provided directly by the hospital or under contract shall include, at a minimum, emergency screening services, pharmacology, individual therapy, family therapy, activities therapy, discharge planning, and referral services. Accreditation of Intensive Residential Treatment Programs for Children and Adolescents. A licensed intensive residential treatment program for children and adolescents applying for a certificate of need in order to have the program beds licensed as specialty hospital beds shall be accredited by the Joint Commission on Accreditation for Healthcare Organizations prior to submitting a certificate of need application.~~

(h) Excluded Hospitals. ~~Hospitals operated by the State of Florida are not regulated under this rule pursuant to Section 408.036(d), (r) and (s), F.S. Required Services. Hospital inpatient general psychiatric services whether provided directly by the hospital or under contract shall include, at a minimum, emergency screening services, pharmacology, individual therapy, family therapy, activities therapy, discharge planning, and referral services.~~

(i) Excluded Hospitals. ~~Hospitals operated by the State of Florida or the federal government are not regulated under this rule.~~

(4) Criteria for Determination of Need.

(a) Bed Need. A favorable need determination for proposed new inpatient psychiatric or expanded hospitals inpatient general psychiatric services shall not normally be made unless a bed need exists according to the numeric need methodology specified in paragraph (4)(c) or (4)(f) of this rule.

(b) Fixed Bed Need Pool. The future need for hospital inpatient ~~general~~ psychiatric services for adults shall be determined twice a year and published by the agency as a fixed bed need pool for the applicable planning horizon. The future need for hospital inpatient ~~general~~ psychiatric services for children and adolescents shall be determined twice a year and published by the agency as a fixed bed need pool for the applicable planning horizon.

(c) Need Formula for Hospital Inpatient ~~General~~ Psychiatric Beds for Adults. The net bed need for hospital inpatient ~~general~~ psychiatric beds for adults in each district shall be calculated in accordance with the following formula:

$$NNA = ((PDA/PA \times PPA) / (365 \times .75)) - LBA - ABA$$

where:

1. NNA equals the net need for hospital inpatient ~~general~~ psychiatric beds for adults in a district.

2. PDA equals the number of inpatient days in hospital inpatient ~~general~~ psychiatric beds for adults in a district for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.

3. PA equals the estimated population age 18 and over in the district. For applications submitted between January 1 and June 30, PA is the population estimate for January of the preceding year; for applications submitted between July 1 and December 31, PA is the population estimate for July of the preceding year. The population estimate shall be the most recent estimate published by the Office of the Governor and available to the agency at least 6 weeks prior to publication of the fixed bed need pool. The following material is incorporated by reference within this rule: the Florida Population Estimates and Projections by AHCA District 2010 to 2030, released September 2013. This publication is available on the Agency website at [http://ahca.myflorida.com/MCHQ/CON FA/Publications/index.shtml](http://ahca.myflorida.com/MCHQ/CON_FA/Publications/index.shtml) and <http://www.flrules.org/Gateway/reference.asp?No=Ref-01677>.

4. PPA equals the estimated population age 18 and over in the district for the applicable planning horizon. The population estimate shall be the most recent estimate published by the Office of the Governor and available to the agency at least 6 weeks prior to publication of the fixed bed need pool.

5. .75 equals the desired average annual occupancy rate for hospital inpatient ~~general~~ psychiatric beds for adults in the district.

6. LBA equals the district's number of licensed hospital inpatient ~~general~~ psychiatric beds for adults as of the most recent published deadline for agency initial decisions prior to publication of the fixed bed need pool.

7. ABA equals the district's number of approved hospital inpatient ~~general~~ psychiatric beds for adults, as determined consistent with the provisions of paragraph (2)(c) of this rule.

(d) Need Formula for Hospital Inpatient Psychiatric Beds for Children and Adolescents. ~~The net bed need for hospital inpatient psychiatric beds for children and adolescents in each district, including beds in intensive residential treatment programs for children and adolescents seeking to have the program beds licensed as specialty hospital beds, shall be calculated in accordance with the following formula: Special Circumstances for Approval of Expanded Capacity at Hospitals with Licensed Hospital Inpatient General Psychiatric Services for Adults. Need for additional hospital inpatient general psychiatric beds for adults is demonstrated at a hospital with licensed hospital inpatient general psychiatric services for adults in the absence of need shown under the formula in paragraph (4)(c), or the provision specified in subparagraph (4)(e)3., and regardless of the average annual district occupancy rate determined under subparagraph (4)(e)4., if the occupancy rate or the hospital's inpatient general psychiatric beds for adults equalled or exceeded 85 percent for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

$$\text{NNCA} = ((\text{PDCA}/\text{PCA} \times \text{PPCA}) / (365 \times .75)) - \text{LBCA} - \text{ABCA}$$

where:

1. NNCA equals the net need for hospital inpatient psychiatric beds for children and adolescents in a district, including beds in intensive residential treatment programs for children and adolescents seeking to have the program beds licensed as specialty hospital beds.

2. PDCA equals the number of inpatient days in hospital inpatient psychiatric beds for children and adolescents in a district, including days in intensive residential treatment program beds for children and adolescents which are licensed as specialty hospital beds, for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.

3. PCA equals the estimated population under age 18 in the district. For applications submitted between January 1 and June 30 of each year, PCA is the population estimate for January of the preceding year; for applications submitted between July 1 and December 31 of each year, PCA is the population estimate for July of the preceding year. The population estimate shall be the most recent estimate published by the Office of the Governor and available to the agency at least 6 weeks prior to publication of the fixed bed need pool.

4. PPCA equals the estimated population under age 18 in the district for the applicable planning horizon. The population estimate shall be the most recent estimate published by the Office of the Governor and available to the agency at least 6 weeks prior to publication of the fixed bed need pool.

5. .75 equals the desired average annual occupancy rate for hospital inpatient general psychiatric beds for children and adolescents in the district, including beds in intensive residential treatment programs for children and adolescents which are licensed as specialty hospital beds.

6. LBCA equals the district's number of licensed hospital inpatient psychiatric beds for children and adolescents as of the most recent published deadline for agency initial decisions prior to publication of the fixed bed need pool, including beds in intensive residential treatment programs for children and adolescents which are licensed as specialty hospital beds.

7. ABCA equals the district's number of approved hospital inpatient psychiatric beds for children and adolescents, as determined consistent with the provisions of paragraph (2)(c) of this rule, including beds in intensive residential treatment programs for children and adolescents which are seeking to have the program beds licensed as specialty hospital beds.

(e) Other Factors to be Considered in the Review of Certificate of Need Applications for Hospital Inpatient Psychiatric Services for Children and Adolescents. ~~Other Factors to be Considered in the Review of Certificate of Need~~

~~Applications for Hospital Inpatient General Psychiatric Services for Adults.~~

The applicant for an intensive residential treatment program for children and adolescents seeking to have the program beds licensed as specialty hospital beds shall provide documentation that the district's licensed non-hospital residential treatment programs for children and adolescents with psychiatric disorders do not meet the need for the proposed service. This documentation shall include the number of residential facilities and beds in the district, the type of clients served, and the type of program provided. In addition, the applicant shall provide letters of support from other mental health professionals in the district for the proposed facility.

~~1. Applicants shall provide evidence in their applications that their proposal is consistent with the needs of the community and other criteria contained in Local Health Council Plans, the district Alcohol, Drug Abuse and Mental Health Plan, and the State Health Plan.~~

~~2. Applications from general hospitals for new or expanded hospital inpatient general psychiatric beds for adults shall normally be approved only if the applicant converts a number of acute care beds, as defined in Rule 59C 1.038, F.A.C., excluding specialty beds, which is equal to the number of hospital inpatient general psychiatric beds for adults proposed, unless the applicant can reasonably project an annual occupancy rate of 75 percent for the applicable planning horizon, based on historical utilization patterns, for all acute care beds, excluding specialty beds. If conversion of the number of acute care beds which equals the number of proposed hospital inpatient general psychiatric beds for adults would result in an annual acute care occupancy exceeding 75 percent for the applicable planning horizon, the applicant shall only be required to convert the number of beds necessary to achieve a projected annual 75 percent acute care occupancy for the applicable planning horizon, excluding specialty beds.~~

~~3. In order to ensure access to hospital inpatient general psychiatric services for Medicaid-eligible and charity care adults, 40 percent of the gross bed need allocated to each district for hospital inpatient general psychiatric services for adults should be allocated to general hospitals.~~

~~4. Regardless of whether bed need is shown under the need formula in paragraph (4)(c), no additional hospital inpatient general psychiatric beds for adults shall normally be approved in a district unless the average annual occupancy rate of the licensed hospital inpatient general psychiatric beds for adults in the district equals or exceeds 75 percent for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

(f) Preferences Among Competing Applicants for Hospital Inpatient Psychiatric Services. In weighing and balancing statutory and rule review criteria, preference will be given to applicants who: Need Formula for Hospital Inpatient General Psychiatric Beds for Children and Adolescents. The net bed need for hospital inpatient general psychiatric beds for children and adolescents in each district, including beds in intensive residential treatment programs for children and adolescents seeking to have the program beds licensed as specialty hospital beds, shall be calculated in accordance with the following formula:

$$NNCA = ((PDCA/PCA \times PPCA) / (365 \times .75)) - LBCA - ABCA$$

where:

1. Provide Medicaid and charity care days as a percentage of their total patient days equal to or greater than the average percentage of Medicaid and charity care patient days of total patient days provided by other hospitals in the district, as determined by the Florida Center for Health Information and Policy Analysis hospital discharge data for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool. NNCA equals the net need for hospital inpatient general psychiatric beds for children and adolescents in a district, including beds in intensive residential treatment programs for children and adolescents seeking to have the program beds licensed as specialty hospital beds.

2. Propose to serve the most seriously mentally ill patients (e.g. suicidal patients; patients with acute schizophrenia; patients with severe depression) to the extent that these patients can benefit from a hospital-based organized inpatient treatment program. PDCA equals the number of inpatient days in hospital inpatient general psychiatric beds for children and adolescents in a district, including days in intensive residential treatment program beds for children and adolescents which are licensed as specialty hospital beds, for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.

3. Propose to serve Medicaid-eligible persons. PCA equals the estimated population under age 18 in the district. For applications submitted between January 1 and June 30 of each year, PCA is the population estimate for January of the preceding year; for applications submitted between July 1 and December 31 of each year, PCA is the population estimate for July of the preceding year. The population estimate shall be the most recent estimate published by the Office of the Governor and available to the agency at least 6 weeks prior to publication of the fixed bed need pool.

4. Propose to serve individuals without regard to their ability to pay. PPCA equals the estimated population under age 18 in the district for the applicable planning horizon. The population estimate shall be the most recent estimate published by the Office of the Governor and available to the agency at least 6 weeks prior to publication of the fixed bed need pool.

5. Agree to be a designated public or private receiving facility. .75 equals the desired average annual occupancy rate for hospital inpatient general psychiatric beds for children and adolescents in the district, including beds in intensive residential treatment programs for children and adolescents which are licensed as specialty hospital beds.

6. Provide a continuum of psychiatric services for children and adolescents, including services following discharge. LBCA equals the district's number of licensed hospital inpatient general psychiatric beds for children and adolescents as of the most recent published deadline for agency initial decisions prior to publication of the fixed bed need pool, including beds in intensive residential treatment programs for children and adolescents which are licensed as specialty hospital beds.

7. ABCA equals the district's number of approved hospital inpatient general psychiatric beds for children and adolescents, as determined consistent with the provisions of paragraph (2)(e) of this rule, including beds in intensive residential treatment programs for children and adolescents which are seeking to have the program beds licensed as specialty hospital beds.

(g) Non-Competitive Applicants. The factors contained in paragraph (i) shall also be considered in the review of a single non-competitive certificate of need application within the district. Special Circumstances for Approval of Expanded Capacity at Hospitals with Licensed Hospital Inpatient General Psychiatric Services for Children and Adolescents. Need for additional hospital inpatient general psychiatric beds for children and adolescents is demonstrated at a hospital with licensed hospital inpatient general psychiatric services for children and adolescents, or in a facility with an intensive residential treatment program for children and adolescents having beds licensed as specialty hospital beds, in the absence of need shown under the formula in paragraph (4)(f) and regardless of the average annual district occupancy rate determined under subparagraph (4)(h)4., if the occupancy rate of the hospital's inpatient general psychiatric beds for children and adolescents or occupancy rate of the facility with intensive residential treatment program beds for children and adolescents equalled or exceeded 85 percent for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.

~~(h) Other Factors to be Considered in the Review of Certificate of Need Applications for Hospital Inpatient General Psychiatric Services for Children and Adolescents.~~

~~1. Applicants shall provide evidence in their applications that their proposal is consistent with the need of the community and other criteria contained in Local Health Council Plans, the district Alcohol, Drug Abuse and Mental Health Plan, and the State Health Plan.~~

~~2. Applications from general hospitals for new or expanded hospital inpatient general psychiatric beds for children and adolescents shall normally be approved only if the applicant converts a number of acute care beds, as defined in Rule 59C-1.038, F.A.C., excluding specialty beds, which is equal to the number of hospital inpatient general psychiatric beds for children and adolescents proposed, unless the applicant can reasonably project an annual occupancy rate of 75 percent for the applicable planning horizon, based on historical utilization patterns, for all acute care beds, excluding specialty beds. If conversion of the number of acute care beds which equals the number of proposed hospital inpatient general psychiatric beds for children and adolescents would result in an annual acute care occupancy exceeding 75 percent for the applicable planning horizon, the applicant shall only be required to convert the number of beds necessary to achieve a projected annual 75 percent acute care occupancy for the applicable planning horizon, excluding specialty beds.~~

~~3. In order to ensure access to hospital inpatient general psychiatric services for Medicaid eligible and charity care children and adolescents, 40 percent of the gross bed need allocated to each district for hospital inpatient general psychiatric services for children and adolescents should be allocated to general hospitals.~~

~~4. Regardless of whether bed need is shown under the need formula in paragraph (4)(f), no additional hospital inpatient general psychiatric beds for children and adolescents or additional beds in an intensive residential treatment program for children and adolescents seeking to have the program beds licensed as specialty hospital beds shall normally be approved in a district unless the average annual occupancy rate of the licensed hospital inpatient general psychiatric beds for children and adolescents in the district, including beds in intensive residential treatment programs for children and adolescents licensed as specialty hospital beds, equals or exceeds 75 percent for the 12 month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

~~5. The applicant for an intensive residential treatment program for children and adolescents seeking to have the program beds licensed as specialty hospital beds shall provide documentation that the district's licensed non-hospital residential treatment programs for children and adolescents with psychiatric disorders do not meet the need for the proposed~~

~~service. This documentation shall include the number of residential facilities and beds in the district, the type of clients served, and the type of program provided. In addition, the applicant shall provide letters of support from other mental health professionals in the district for the proposed facility.~~

~~(i) Preferences Among Competing Applicants for Hospital Inpatient General Psychiatric Services. In weighing and balancing statutory and rule review criteria, preference will be given to applicants who:~~

~~1. Provide Medicaid and charity care days as a percentage of their total patient days equal to or greater than the average percentage of Medicaid and charity care patient days of total patient days provided by other hospitals in the district, as determined for the most recent calendar year prior to the year of the application for which data are available from the Health Care Board.~~

~~2. Propose to serve the most seriously mentally ill patients (e.g. suicidal patients; patients with acute schizophrenia; patients with severe depression) to the extent that these patients can benefit from a hospital based organized inpatient treatment program.~~

~~3. Propose to serve Medicaid eligible persons.~~

~~4. Propose to serve individuals without regard to their ability to pay.~~

~~5. Agree to be a designated public or private receiving facility.~~

~~6. Provide a continuum of psychiatric services for children and adolescents, including services following discharge.~~

~~(j) Non-Competitive Applicants. The factors contained in paragraph (i) shall also be considered in the review of a single non-competitive certificate of need application within the district.~~

~~(5) Unit Size. A separately organized unit for hospital inpatient general psychiatric services for adults shall have a minimum of 15 beds. A separately organized unit for hospital inpatient general psychiatric services for children and adolescents shall have a minimum of 10 beds. Facilities inventoried consistent with the provisions of subsection (11) of this rule are exempt from meeting the minimum unit size requirements of this subsection unless or until they submit a proposal which would modify the number of beds listed in the inventory.~~

~~(6) Access Standard. Hospital inpatient general psychiatric services should be available within a maximum ground travel time of 45 minutes under average travel conditions for at least 90 percent of the district's total population.~~

~~(7) Quality of Care.~~

~~(a) Compliance with Agency Standards. Hospital inpatient general psychiatric services for adults or for children and adolescents shall comply with the agency standards for program licensure described in Chapter 59A-3, F.A.C. Intensive~~



residential treatment programs for children and adolescents with beds licensed as specialty hospital beds shall comply with the agency standards for program licensure described in Chapter 59A-3, F.A.C. Applicants who include a statement in their certificate of need application that they will meet applicable agency licensure standards are deemed to be in compliance with this provision.

(b) Hospital Inpatient ~~General~~ Psychiatric Services for Children. As required by Section 394.4875(2), F.S., facilities providing hospital inpatient ~~general~~ psychiatric services to children must have beds and common areas designated for children which cannot be used by adults. Adolescents may be treated in the units designated for children. Adolescents may only be treated in units designated for adult hospital inpatient ~~general~~ psychiatric services if the admitting physician indicates that such placement is medically indicated, or for reasons of safety.

~~(c) Accreditation. Applicants proposing to add beds to a licensed hospital inpatient general psychiatric service shall be accredited by the Joint Commission on Accreditation of Healthcare Organizations consistent with the standards applicable to psychiatric services provided in inpatient settings for adults or for children and adolescents. Applicants proposing a new hospital inpatient general psychiatric service shall state how they will comply with the provisions of hospital licensure as defined in Rule 59A-3.300, F.A.C. meet the accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations applicable to the establishment of a new inpatient psychiatric hospital psychiatric services provided in inpatient settings for adults or for children and adolescents.~~

(d) Continuity. Providers of hospital inpatient ~~general~~ psychiatric services shall also provide outpatient services, either directly or through written agreements with community outpatient mental health programs, such as local psychiatrists, local psychologists, community mental health programs, or other local mental health outpatient programs.

(e) Screening Program. All facilities providing hospital inpatient ~~general~~ psychiatric services shall have a screening program to assess the most appropriate treatment for the patient. Patients with a dual diagnosis of a psychiatric disorder, as defined in paragraph (2)(p) and substance abuse, as defined in paragraph (2)(t), shall be evaluated to determine the types of treatment needed, the appropriate treatment setting, and, if necessary, the appropriate sequence of treatment for the psychiatric and substance abuse disorders.

(8) Services Description. An applicant for a new hospital inpatient general psychiatric hospital services shall provide a detailed program description in its certificate of need application including:

(a) Age groups to be served.

(b) Specialty programs to be provided (e.g., programs for eating disorders, stress management programs).

(c) Proposed staffing, including the qualifications of the clinical director and a description of staffing appropriate for any specialty program.

(d) Patient groups ~~by primary diagnosis ICD 9 code~~ that will be excluded from treatment.

(e) Therapeutic approaches to be used.

(f) Expected sources of patient referrals.

(g) Expected average length of stay for the hospital inpatient ~~general~~ psychiatric services discharges by age group.

(h) Projected number of hospital inpatient ~~general~~ psychiatric services patient days by payer type, including Medicare, Medicaid, Baker Act, private insurance, self-pay and charity care patient days for the first 2 years of operation after completion of the proposed project.

(i) Admission policies of the facility with regard to charity care patients.

(9) Quarterly Reports. Facilities providing licensed hospital inpatient psychiatric services, including facilities with intensive residential treatment program beds for children and adolescents licensed as specialty hospital beds, shall report to the agency or its designee, within 45 days after the end of each calendar quarter, the number of hospital inpatient psychiatric services admissions and patient days by age groups: patients under age 18 years and adults. Applications from Licensed Providers of Hospital Inpatient Psychiatric Services or Intensive Residential Treatment Programs for Children and Adolescents. A facility providing licensed hospital inpatient general psychiatric services seeking certificate of need approval for additional hospital inpatient general psychiatric beds, or a licensed intensive residential treatment program for children and adolescents seeking certificate of need approval in order to have the program beds licensed as specialty hospital beds, shall provide the following information in its certificate of need application in addition to the information required by subsection (8):

~~(a) Number of hospital inpatient general psychiatric services admissions and patient days or number of intensive residential treatment program admissions and patient days by age group and primary diagnosis ICD 9 code for the 12 month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

~~(b) Number of hospital inpatient general psychiatric services patient days or intensive residential treatment program patient days by payer type, including Medicare, Medicaid, Baker Act, private insurance, self-pay and charity care patient days, for the 12 month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

~~(c) Gross revenues by payer source for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

~~(d) Patient days by primary diagnosis ICD-9 code for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

~~(e) Current staffing.~~

~~(f) Current specialized treatment programs (e.g., eating disorders, stress management, autism).~~

~~(10) Intensive Residential Treatment Programs for Children and Adolescents. An intensive residential treatment program for children and adolescents which is licensed as a specialty hospital consistent with the requirements of Chapter 59A-3, F.A.C., or a provider who has received Certificate of Need approval for an intensive residential treatment program for children and adolescents which is not yet licensed, may apply to the agency for licensure of the program as a psychiatric hospital with services restricted to children and adolescents if it complies with the requirements specified in Chapter 59A-3, F.A.C., which are applicable to licensure of a psychiatric hospital. Quarterly Reports. Facilities providing licensed hospital inpatient general psychiatric services, including facilities with intensive residential treatment program beds for children and adolescents licensed as specialty hospital beds, shall report to the agency or its designee, within 45 days after the end of each calendar quarter, the number of hospital inpatient general psychiatric services admissions and patient days by age and primary diagnosis ICD-9 code.~~

~~(11) Establishment of An Inventory of Hospital Inpatient General Psychiatric Beds for Adults and Hospital Inpatient General Psychiatric Beds for Children and Adolescents.~~

~~(a) Inventory Process. The agency shall inventory the number of hospital inpatient general psychiatric beds for adults and the number of hospital inpatient general psychiatric beds for children and adolescents, including the number of beds in intensive residential treatment programs for children and adolescents which are licensed as specialty hospital beds. The inventory shall be based on information in certificates of need and an agency survey of facilities with short term hospital inpatient psychiatric beds or long term psychiatric beds that were licensed prior to the effective date of this rule. Facilities with intensive residential treatment program beds for children and adolescents which were licensed as specialty hospital beds prior to the effective date of this rule will also be surveyed. All information reported in the agency survey shall be subject to verification by the agency.~~

~~(b) Separate Identification of Beds for Children or Adolescents Required. The determination of the number of hospital inpatient general psychiatric beds for adults and for children and adolescents shall be based on the certificate of need issued or the provider's survey response. Providers who~~

~~designate hospital inpatient general psychiatric beds for children or adolescents shall document that these beds are located in units which are organized separately from units with hospital inpatient general psychiatric beds for adults. All hospital inpatient general psychiatric beds which are not located in documented separately organized units for children or adolescents will be listed in the inventory as hospital inpatient general psychiatric beds for adults. All beds in intensive residential treatment programs for children and adolescents which are licensed as specialty hospital beds will be deemed to meet the requirement for separate identification of beds for children and adolescents.~~

~~(c) Current Restrictions on Age Groups Treated. Any restrictions imposed by a certificate of need issued prior to the effective date of this rule regarding age groups treated in a facility's short term hospital inpatient psychiatric services or long term psychiatric services will be reflected in the inventory.~~

~~(d) Approved Hospital Inpatient General Psychiatric Beds. Short term hospital inpatient psychiatric beds and long term psychiatric beds which are approved but not licensed as of the effective date of this rule will be listed in the inventory as hospital inpatient general psychiatric beds for adults unless the application for the certificate of need which was approved identified a specific number of beds to be used for children or adolescents. Beds in approved intensive residential treatment programs for children and adolescents seeking to have the program beds licensed as specialty hospital beds will be listed in the inventory as approved hospital inpatient general psychiatric beds for children and adolescents.~~

~~(e) Publication. The agency shall publish a preliminary inventory of the licensed or approved hospital inpatient general psychiatric services for adults and for children and adolescents in the Florida Administrative Weekly. Providers shall have 21 days after the initial publication of the inventory to contest the inventory. Subsequent to the resolution of any issues pertaining to the preliminary inventory, the agency shall publish a final inventory.~~

~~(12) Facilities with Short Term or Long Term Psychiatric Services. Facilities currently licensed for the provision of short term or long term psychiatric services shall be issued an amended license authorizing the provision of hospital inpatient general psychiatric services to adults or hospital inpatient general psychiatric services to children and adolescents, regardless of the length of stay, based on the inventory established by this rule.~~

~~(13) Intensive Residential Treatment Programs for Children and Adolescents. An intensive residential treatment program for children and adolescents which is licensed as a specialty hospital consistent with the requirements of Chapter 59A-3, F.A.C., or a provider who has received Certificate of Need approval for an intensive residential treatment program~~

~~for children and adolescents which is not yet licensed, may apply to the agency for licensure of the program as a psychiatric hospital with services restricted to children and adolescents if it complies with the requirements specified in Chapter 59A-3, F.A.C., which are applicable to licensure of a psychiatric hospital.~~

~~(14) Applicability of this amended rule. This amended rule shall not be applied to applications that are pending final agency action as of the effective date of the rule.~~

Rulemaking Authority 408.034(3), ~~(86)~~, 408.15(8) FS. Law Implemented 408.034(3), 408.035, 408.036(1)(b), (c), 408.039(4)(a) FS. History—New 1-1-77, Amended 11-1-77, 6-5-79, 4-24-80, 2-1-81, 4-1-82, 11-9-82, 2-14-83, 4-7-83, 6-9-83, 6-10-83, 12-12-83, 3-5-84, 5-14-84, 7-16-84, 8-30-84, 10-15-84, 12-25-84, 4-9-85, Formerly 10-5-11, Amended 6-19-86, 11-24-86, 1-25-87, 3-2-87, 3-12-87, 8-11-87, 8-7-88, 8-28-88, 9-12-88, 4-19-89, 10-19-89, 5-30-90, 7-11-90, 8-6-90, 10-10-90, 12-23-90, Formerly 10-5.011(1)(c), 10-5.040, Amended 8-24-93, 2-22-95, \_\_\_\_\_.

59C-1.041 New Hospital Inpatient Substance Abuse Services.

(1) Agency Intent. This rule implements the provisions of Sections 408.032(9), 408.034(3), 408.034(6), 408.036(1)(b) and (c), and Section 395.003(4), F.S. It is the intent of the agency to ensure the availability of hospital inpatient substance abuse services for children, adolescents and adults in need of these services regardless of their ability to pay. This rule regulates the establishment of new hospital inpatient substance abuse hospitals services, the construction or addition of new hospital inpatient substance abuse beds, the conversion of licensed hospital beds to hospital inpatient substance abuse beds, and specifies which services can be provided by licensed or approved providers of hospital inpatient substance abuse services.

(2) Definitions.

(a) “Adolescent.” A person age 14 through 17. ~~“Acute Detoxification Services.” Hospital inpatient services provided under the direction of a physician intended to treat the physiological effects of acute alcohol or drug intoxication during or immediately after the acute intoxication.~~

(b) “Adult.” A person age 18 and over. ~~“Acute Severe Psychiatric Disorder.” A psychiatric disorder not currently in full remission coded in any sub-classification of categories 293 through 295, except for 293.00, or coded as 296.24, 296.34, 296.44, 296.54 or 296.64, or coded in any sub-classification of categories 297 through 299, or coded as 310.10, in Axis I or Axis II, consistent with the diagnostic categories defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III R), incorporated herein by reference; or equivalent codes in the following sub-classifications in the International Classification of Disease (ICD-9), incorporated herein by reference: category 293 through 295, except for 293.00, or~~

~~coded as 296.24, 296.34, 296.44, 296.54 or 296.64, 297 through 299, or 310.10.~~

(c) “Agency.” The Agency for Health Care Administration. ~~“Adolescent.” A person age 14 through 17.~~

(d) “Approved Hospital Inpatient Substance Abuse Bed.” ~~A proposed hospital inpatient substance abuse bed for which an exemption, notification, a certificate of need, a letter of intent to grant a certificate of need, a signed stipulated agreement, or a final order granting a certificate of need was issued, consistent with the provisions of paragraph 59C-1.008(2)(b), F.A.C., as of the most recent published deadline for agency initial decisions prior to publication of the fixed need pool, as specified in paragraph 59C-1.008(1)(g), F.A.C.~~ “Adult.” A person age 18 and over.

(e) “Charity Care.” As defined in Section 409.91 (1), F.S., charity care is the portion of hospital charges reported to the Agency for Health Care Administration for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment, for care provided to a patients whose family income for the 12 months preceding the determination is less than or equal to 200 percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity. ~~“Approved Hospital Inpatient Substance Abuse Bed.” A proposed hospital inpatient substance abuse bed for which a certificate of need, a letter of intent to grant a certificate of need, a signed stipulated agreement, or a final order granting a certificate of need was issued, consistent with the provisions of paragraph 59C-1.008(2)(b), F.A.C., as of the most recent published deadline for agency initial decisions prior to publication of the fixed need pool, as specified in paragraph 59C-1.008(1)(g), F.A.C.~~

(f) “Child.” A person under the age of 14 years. ~~“Charity Care.” The portion of hospital charges for which there is no compensation, for care provided to patients whose family income as applicable for the 12 months preceding the determination does not exceed 150 percent of the current Federal Poverty Guidelines, or for care provided to patients for whom the hospital charges are greater than 25 percent of an annual family income which does not exceed four times the current Federal Poverty Level for a family of four, as defined in the Health Care Board’s Florida Hospital Uniform Reporting System Manual, Chapter III, Section 3223.~~

(g) “District.” A district of the agency defined in Section 408.032(5), F.S. ~~“Child.” A person under the age of 14 years.~~

(h) “Fixed Bed Need Pool.” The numerical hospital inpatient substance abuse bed need for adults for the applicable planning horizon, as established by the agency in accordance with this rule and subsection 59C-1.008(2), F.A.C. ~~“Department.”~~ The Agency for Health Care Administration.

(i) “General Hospital.” Means any facility which meets the provision of Section 395.002(12), F.S., and which makes its facilities and services available to the general population. ~~“District.”~~ A district of the agency defined in Section 408.032(5), F.S.

(j) “Gross Bed Need.” The number of hospital inpatient substance abuse beds for adults projected for a district for the applicable planning horizon under paragraph (4)(c) of this rule, except that the number of licensed beds and approved beds is not subtracted from the projected total. ~~“Fixed Bed Need Pool.”~~ The numerical hospital inpatient substance abuse bed need for adults for the applicable planning horizon, as established by the agency in accordance with this rule and subsection 59C-1.008(2), F.A.C.

(k) “Hospital Inpatient Substance Abuse Bed.” A bed designated for the exclusive use of patients receiving hospital inpatient substance abuse services as defined by this rule. ~~“General Hospital.”~~ A hospital which provides services to the general population and does not restrict its services to any specified medical or psychiatric illness or to any specified age or gender group of the population, as defined in Section 395.002(4), F.S.

(l) “Hospital Inpatient Substance Abuse Services.” Services provided under the direction of a professional trained and experienced in substance abuse services, including a psychiatrist, a physician certified by the American Society of Addiction Medicine, a Certified Addictions Professional, a clinical psychologist, a clinical social worker (as defined in Section 491.003(2), F.S.) or a certified master social worker (as defined in Section 491.0145, F.S.) to persons whose sole diagnosis, or in the event of more than one diagnosis, the principal diagnosis is a substance abuse disorder defined in paragraph (2)(s) of this rule. ~~“Gross Bed Need.”~~ The number of hospital inpatient substance abuse beds for adults projected for a district for the applicable planning horizon under paragraph (4)(c) of this rule, except that the number of licensed beds and approved beds is not subtracted from the projected total.

(m) “Local Health Council.” The council referenced in Section 408.033, F.S. ~~“Hospital Inpatient Substance Abuse Bed.”~~ A bed designated for the exclusive use of patients receiving hospital inpatient substance abuse services as defined by this rule.

(n) “Planning Horizon.” The projected date by which a proposed hospital inpatient substance abuse service would be initiated. For purposes of this rule, the planning horizon for applications submitted between January 1 and June 30 is July

of the year 5 years subsequent to the year the application is submitted; the planning horizon for applications submitted between July 1 and December 31 is January of the year 5 years subsequent to the year which follows the year the application is submitted. ~~“Hospital Inpatient Substance Abuse Services.”~~ Services provided under the direction of a professional trained and experienced in substance abuse services, including a psychiatrist, a physician certified by the American Society of Addiction Medicine, a Certified Addictions Professional, a clinical psychologist, a clinical social worker (as defined in Section 491.003, F.S.) or a certified master social worker (as defined in Section 491.0145, F.S.) to persons whose sole diagnosis, or in the event of more than one diagnosis, the principal diagnosis as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) is a substance abuse disorder defined in paragraph (2)(u) of this rule.

(o) “Psychiatric Disorder.” For purposes of this rule, a psychiatric disorder is a mental illness as defined in Section 394.455(18), F.S., which requires inpatient hospitalization. ~~“Local Health Council.”~~ The council referenced in Section 408.033, F.S.

(p) “Separately Organized Unit.” A specific section, ward, wing, or floor with a separate nursing station designated exclusively for the care of hospital inpatient substance abuse services patients. ~~“Planning Horizon.”~~ The projected date by which a proposed hospital inpatient substance abuse service would be initiated. For purposes of this rule, the planning horizon for applications submitted between January 1 and June 30 is July of the year 5 years subsequent to the year the application is submitted; the planning horizon for applications submitted between July 1 and December 31 is January of the year 5 years subsequent to the year which follows the year the application is submitted.

(q) “Specialty Beds.” Specialty beds include comprehensive medical rehabilitation beds, hospital inpatient psychiatric beds, and the hospital inpatient substance abuse beds regulated under this rule. ~~“Psychiatric Disorder.”~~ For purposes of this rule, a psychiatric disorder is a disorder coded in any sub-classification of category 290 or coded in any sub-classification of categories 293 through 302 or coded in any sub-classification of categories 306 through 316, in Axis I or Axis II, consistent with the diagnostic categories defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R), incorporated herein by reference; or equivalent codes in the following sub-classifications in the International Classification of Disease (ICD-9), incorporated herein by reference: category 290, 293 through 302, or 306 through 316.

(r) “Specialty Hospital.” A specialty hospital is as defined by subsection 395.002(28), F.S. ~~“Separately Organized Unit.”~~ A specific section, ward, wing, or floor with a separate nursing

~~station designated exclusively for the care of hospital inpatient substance abuse services patients.~~

~~(s) "Substance Abuse." The misuse or abuse of, or a dependence on alcohol, illicit drugs or prescription medications which requires inpatient hospitalization. "Specialty Beds." Specialty beds include comprehensive medical rehabilitation beds, hospital inpatient general psychiatric beds, and the hospital inpatient substance abuse beds regulated under this rule.~~

~~(t) "Specialty Hospital." A hospital which restricts its services to a specified category of medical or psychiatric illness or to a specified age or gender group of the population, as defined in Section 395.002(28), F.S.~~

~~(u) "Substance Abuse." A disorder coded in any sub-classification of categories 291, 292, 303, 304 or 305 in Axis I or Axis II consistent with the diagnostic categories defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R), incorporated herein by reference; or equivalent codes in the following sub-classifications in the International Classification of Disease (ICD-9), incorporated herein by reference: category 291, 292, 303, 304 or 305.~~

(3) General Provisions.

(a) Admissions to Hospital Inpatient Substance Abuse Services. Admission to facilities with a certificate of need for hospital inpatient substance abuse services is limited to persons whose sole diagnosis, or in the event of more than one diagnosis, the principal diagnosis is a substance abuse disorder as defined in paragraph (2)(s) the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) is a disorder coded in any sub-classification of categories 291, 292, 303, 304 or 305 in Axis I or Axis II consistent with the diagnostic categories defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R); or equivalent codes in the following sub-classifications in the International Classification of Disease (ICD-9), incorporated herein by reference: category 291, 292, 303, 304 or 305.

(b) Service Location. The hospital inpatient substance abuse services regulated under this rule may be provided in a hospital licensed as a general hospital or licensed as a specialty hospital.

(c) Separate Regulation of Age Categories. The agency regulates two types of hospital inpatient substance abuse services, those services which are used for substance abuse treatment of adults, and those services used for substance abuse treatment of children and adolescents. Certificate of need applications for the establishment of hospital inpatient substance abuse services for adults shall be reviewed separately from certificate of need applications for hospital inpatient substance abuse services for children and adolescents. A separate certificate of need shall be issued for each service.

(d) Separately Organized Units. Hospital inpatient substance abuse services for adults shall be provided in one or more separately organized units within a ~~general hospital or~~ specialty hospital. Hospital inpatient substance abuse services for children and adolescents shall be provided in one or more separately organized units within a ~~general hospital or~~ specialty hospital.

(e) Minimum Size of Specialty Hospitals. A specialty hospital providing hospital inpatient substance abuse services shall have a minimum total capacity of 40 beds, which may include beds used for hospital inpatient general psychiatric services regulated under Rule 59C-1.040, F.A.C. The separately organized units for hospital inpatient substance abuse services for adults or for children and adolescents in specialty hospitals shall meet the minimum size requirements stated in subsection (5) of this rule. ~~Hospitals inventoried consistent with the provisions of subsection (11) of this rule are exempt from meeting the minimum capacity and minimum unit size requirements of this paragraph unless or until they submit a proposal which would modify the number of beds listed in the inventory.~~

(f) Conformance with the Criteria for Approval. A certificate of need for the establishment of new inpatient substance abuse hospitals shall not normally be approved unless the applicant meets the applicable review criteria in Section 408.035, F.S., and the standards and need determination criteria set forth in this rule. Beds for Acute Detoxification. Beds used for acute detoxification services in general hospitals shall be considered a subset of the total number of medical surgical beds allocated to each district under Rule 59C-1.038, F.A.C. Beds used for acute detoxification services in specialty hospitals shall be considered a subset of the number of beds allocated to each district under subsection (4) of this rule.

(g) Required Services. Hospital inpatient substance abuse services whether provided directly by the hospital or under contract shall include, at a minimum: emergency screening services; treatment planning services; pharmacology, if appropriate; individual therapy; family therapy; discharge planning; referral services, including written referral agreements for educational and vocational services; and occupational and recreational therapies. Conformance with the Criteria for Approval. A certificate of need for the establishment of new hospital inpatient substance abuse services, or the expansion of existing services by the addition of beds, shall not normally be approved unless the applicant meets the applicable review criteria in Section 408.035, F.S., and the standards and need determination criteria set forth in this rule.

~~(h) Excluded Hospitals. Hospitals operated by the State of Florida are not regulated under this rule pursuant to Section 408.036(d), (r) and (s), F.S. Required Services. Hospital inpatient substance abuse services whether provided directly by the hospital or under contract shall include, at a minimum, emergency screening services; treatment planning services; pharmacology, if appropriate; individual therapy; family therapy; discharge planning; referral services, including written referral agreements for educational and vocational services; and occupational and recreational therapies.~~

~~(i) Excluded Hospitals. Hospitals operated by the State of Florida or the federal government are not regulated under this rule.~~

(4) Criteria for Determination of Need.

~~(a) Bed Need. A favorable need determination for proposed new or expanded hospital inpatient substance abuse hospitals services for adults shall not normally be made unless a bed need exists according to the numeric need methodology in paragraph (4)(c) of this rule. A favorable need determination for proposed new hospital inpatient substance abuse services for children and adolescents shall not normally be made unless a bed need exists according to the requirements of paragraph (4)(f) of this rule.~~

(b) Fixed Bed Need Pool. The future need for hospital inpatient substance abuse services for adults shall be determined twice a year and published by the agency as a fixed bed need pool for the applicable planning horizon.

(c) Need Formula for Hospital Inpatient Substance Abuse Beds for Adults. The net bed need for hospital inpatient substance abuse beds for adults in each district shall be calculated in accordance with the following formula:

$$NNA = ((PDA/PA \times PPA) / (365 \times .75)) - LBA - ABA$$

where:

1. NNA equals the net need for hospital inpatient substance abuse beds for adults in a district.

2. PDA equals the number of inpatient days in hospital inpatient substance abuse beds for adults in a district for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.

3. PA equals the estimated population age 18 or over in the district. For applications submitted between January 1 and June 30, PA is the population estimate for January of the preceding year; for applications submitted between July 1 and December 31, PA is the population estimate for July of the preceding year. The population estimate shall be the most recent estimate published by the Office of the Governor and available to the agency at least 6 weeks prior to publication of the fixed bed need pool. The following material is incorporated by reference within this rule: the Florida Population Estimates and Projections by AHCA District 2010 to 2030, released February 2012. This publication is available on the Agency website at [x.shtml and <http://www.flrules.org/Gateway/reference.asp?No=Ref-01677>.](http://ahca.myflorida.com/MCHO/CON_FA/Publications/inde</a></u></p>
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4. PPA equals the estimated population age 18 or over in the district for the applicable planning horizon. The population estimate shall be the most recent estimate published by the Office of the Governor and available to the agency at least 6 weeks prior to publication of the fixed bed need pool.

5. .75 equals the desired average annual occupancy rate for hospital inpatient substance abuse beds for adults in the district.

6. LBA equals the district's number of licensed hospital inpatient substance abuse beds for adults as of the most recent published deadline for agency initial decisions prior to publication of the fixed bed need pool.

7. ABA equals the district's number of approved hospital inpatient substance abuse beds for adults, as determined consistent with the provisions of paragraph (2)(d) of this rule.

(d) Need for Hospital Inpatient Substance Abuse Services for Children and Adolescents. The need for proposed hospital inpatient substance abuse services for children and adolescents shall be determined consistent with the following: Special Circumstances for Approval of Expanded Capacity at Hospitals with Licensed Hospital Inpatient Substance Abuse Services for Adults. Need for additional hospital inpatient substance abuse beds for adults is demonstrated at a hospital with licensed hospital inpatient substance abuse services for adults in the absence of need shown under the formula in paragraph (4)(c), or the provision specified in subparagraph (4)(e)3., and regardless of the average annual district occupancy rate determined under subparagraph (4)(e)4., if the occupancy rate of the hospital's inpatient substance abuse beds for adults equalled or exceeded 85 percent for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.

1. The agency shall consider the need for hospital inpatient substance abuse services for children and adolescents within the context of licensed or approved hospital inpatient substance abuse services for children and adolescents and licensed non-hospital residential treatment programs for children and adolescents with substance abuse disorders. The applicant for hospital inpatient substance abuse services for children and adolescents shall provide documentation that the district's licensed non-hospital residential treatment programs for children and adolescents with substance abuse disorders do not meet the need for the proposed service.

2. No additional hospital inpatient substance abuse beds for children and adolescents shall normally be approved in a district having one or more facilities with hospital inpatient substance abuse services for children and adolescents unless the average annual occupancy rate of all licensed hospital inpatient substance abuse beds for children and adolescents in the district

equalled or exceeded 75 percent during the 12 month period ending 6 months prior to the application submission deadline.

(e) Preferences Among Competing Applicants for Hospital Inpatient Substance Abuse Services. In weighing and balancing statutory and rule review criteria, preference will be given to applicants who: Other Factors to be Considered in the Review of Certificate of Need Applications for Hospital Inpatient Substance Abuse Services for Adults.

1. Provide Medicaid and charity care days as a percentage of their total patient days equal to or greater than the average percentage of Medicaid and charity care patient days of total patient days provided by other hospitals in the district, as determined by the Florida Center for Health Information and Policy Analysis hospital discharge data for the 12-month period ending six months prior to the beginning date of the quarter of the publication of the fixed bed need pool. Applicants shall provide evidence in their applications that their proposal is consistent with the needs of the community and other criteria contained in Local Health Council Plans, the district Alcohol, Drug Abuse and Mental Health Plan, and the State Health Plan.

2. Propose to serve Medicaid-eligible persons. Applications from general hospitals for new or expanded hospital inpatient substance abuse beds for adults shall normally be approved only if the applicant converts a number of acute care beds, as defined in Rule 59C 1.038, F.A.C., excluding specialty beds, which is equal to the number of hospital inpatient substance abuse beds for adults proposed, unless the applicant can reasonably project an annual occupancy rate of 75 percent for the applicable planning horizon, based on historical utilization patterns, for all acute care beds, excluding specialty beds. If conversion of the number of acute care beds which equals the number of proposed hospital inpatient substance abuse beds for adults would result in an annual acute care occupancy exceeding 75 percent for the applicable planning horizon, the applicant shall only be required to convert the number of beds necessary to achieve a projected annual 75 percent acute care occupancy for the applicable planning horizon, excluding specialty beds.

3. Propose to serve substance-abusing pregnant and postpartum women regardless of their ability to pay. In order to ensure access to hospital inpatient substance abuse services for Medicaid eligible and charity care adults, 40 percent of the gross bed need allocated to each district for hospital inpatient substance abuse services for adults should be allocated to general hospitals.

4. Propose to serve individuals without regard to their ability to pay. Regardless of whether bed need is shown under the need formula in paragraph (4)(c), no additional hospital inpatient substance abuse beds for adults shall normally be approved for a district unless the average annual occupancy rate of the licensed hospital inpatient substance abuse beds for

adults in the district equals or exceeds 75 percent for the 12 month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.

(f) Non-Competitive Applicants. The factors contained in paragraph (e) shall also be considered in the review of a single non-competitive certificate of need application within the district. Need for Hospital Inpatient Substance Abuse Services for Children and Adolescents. The need for proposed hospital inpatient substance abuse services for children and adolescents shall be determined consistent with the following:

1. The agency shall consider the need for hospital inpatient substance abuse services for children and adolescents within the context of licensed or approved hospital inpatient substance abuse services for children and adolescents and licensed non-hospital residential treatment programs for children and adolescents with substance abuse disorders. The applicant for hospital inpatient substance abuse services for children and adolescents shall provide documentation that the district's licensed non-hospital residential treatment programs for children and adolescents with substance abuse disorders do not meet the need for the proposed service.

2. No additional hospital inpatient substance abuse beds for children and adolescents shall normally be approved in a district having one or more facilities with hospital inpatient substance abuse services for children and adolescents unless the average annual occupancy rate of all licensed hospital inpatient substance abuse beds for children and adolescents in the district equalled or exceeded 75 percent during the 12 month period ending 6 months prior to the application submission deadline.

3. Under special circumstances, need for additional hospital inpatient substance abuse beds for children and adolescents is demonstrated at a hospital with licensed hospital inpatient substance abuse services for children and adolescents regardless of the average annual occupancy rate determined under subparagraph (4)(f)2. if the occupancy of the hospital's inpatient substance abuse beds for children and adolescents equalled or exceeded 85 percent during the 12 month period ending 6 months prior to the application submission deadline.

(g) Other Factors to be Considered in the Review of Certificate of Need Applications for Hospital Inpatient Substance Abuse Services for Children and Adolescents.

1. Applicants shall provide evidence in their applications that their proposal is consistent with the needs of the community and other criteria contained in Local Health Council Plans, the district Alcohol, Drug Abuse and Mental Health Plan, and the State Health Plan.

2. Applications from general hospitals for new or expanded hospital inpatient substance abuse beds for children and adolescents shall normally be approved only if the applicant converts a number of acute care beds, as defined in Rule 59C-1.038, F.A.C., excluding specialty beds, which is equal to the

~~number of hospital inpatient substance abuse beds proposed, unless the applicant can reasonably project an annual occupancy rate of 75 percent for the applicable planning horizon, based on historical utilization patterns, for all acute care beds, excluding specialty beds. If conversion of the number of acute care beds which equals the number of proposed hospital inpatient substance abuse beds for children and adolescents would result in an annual acute care occupancy exceeding 75 percent for the applicable planning horizon, the applicant shall only be required to convert the number of beds necessary to achieve a projected annual 75 percent acute care occupancy for the applicable planning horizon, excluding specialty beds.~~

~~(g) Other Factors to be Considered in the Review of Certificate of Need Applications for Hospital Inpatient Substance Abuse Services for Children and Adolescents.~~

~~1. Applicants shall provide evidence in their applications that their proposal is consistent with the needs of the community and other criteria contained in Local Health Council Plans, the district Alcohol, Drug Abuse and Mental Health Plan, and the State Health Plan.~~

~~2. Applications from general hospitals for new or expanded hospital inpatient substance abuse beds for children and adolescents shall normally be approved only if the applicant converts a number of acute care beds, as defined in Rule 59C-1.038, F.A.C., excluding specialty beds, which is equal to the number of hospital inpatient substance abuse beds proposed, unless the applicant can reasonably project an annual occupancy rate of 75 percent for the applicable planning horizon, based on historical utilization patterns, for all acute care beds, excluding specialty beds. If conversion of the number of acute care beds which equals the number of proposed hospital inpatient substance abuse beds for children and adolescents would result in an annual acute care occupancy exceeding 75 percent for the applicable planning horizon, the applicant shall only be required to convert the number of beds necessary to achieve a projected annual 75 percent acute care occupancy for the applicable planning horizon, excluding specialty beds.~~

~~(h) Preferences Among Competing Applicants for Hospital Inpatient Substance Abuse Services. In weighing and balancing statutory and rule review criteria, preference will be given to applicants who:~~

~~1. Provide Medicaid and charity care days as a percentage of their total patient days equal to or greater than the average percentage of Medicaid and charity care patient days of total patient days provided by other hospitals in the district, as determined for the most recent calendar year prior to the year of the application for which data are available from the Health Care Board.~~

~~2. Propose to serve Medicaid eligible persons.~~

~~3. Propose to serve substance abusing pregnant and post-partum women regardless of their ability to pay.~~

~~4. Propose to serve individuals without regard to their ability to pay.~~

~~(i) Non-Competitive Applicants. The factors contained in paragraph (h) shall also be considered in the review of a single non-competitive certificate of need application within the district.~~

~~(5) Unit Size. A separately organized unit for hospital inpatient substance abuse services for adults shall have a minimum of 10 beds. A separately organized unit for hospital inpatient substance abuse services for children and adolescents shall have a minimum of five beds. Facilities inventoried consistent with the provisions of subsection (11) of this rule are exempt from meeting the minimum unit size requirements of this subsection unless or until they submit a proposal which would modify the number of beds listed in the inventory.~~

~~(6) Access Standard. Hospital inpatient substance abuse services should be available within a maximum ground travel time of 45 minutes under average travel conditions for at least 90 percent of the district's total population.~~

~~(7) Quality of Care.~~

~~(a) Compliance with Agency Standards. Hospital inpatient substance abuse services for adults or for children and adolescents shall comply with the agency standards for program licensure described in Chapter 59A-3, F.A.C. Applicants who include a statement in their certificate of need application that they will meet applicable agency departmental licensure standards are deemed to be in compliance with this provision.~~

~~(b) Hospital Inpatient Substance Abuse Services for Children. Facilities providing hospital inpatient substance abuse services to children must have beds and common areas designated for children which cannot be used by adults. Adolescents may be treated in the units designated for children. Adolescents may only be treated in units designated for adult hospital inpatient substance abuse services if the admitting physician indicates that such placement is medically indicated, or for reasons of safety.~~

~~(c) Accreditation. Applicants proposing to add beds to a licensed hospital inpatient substance abuse service shall be accredited by the Joint Commission on Accreditation of Healthcare Organizations consistent with the standards applicable to substance abuse services provided in inpatient settings for adults or for children and adolescents. Applicants proposing a new hospital inpatient substance abuse service shall state how they will comply with the provisions of hospital licensure as defined in Rule 59A-3.300, F.A.C. meet the accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations applicable to~~



~~substance abuse services provided in inpatient settings for adults or for children and adolescents.~~

(d) Continuity. Providers of hospital inpatient substance abuse services shall also provide outpatient or referral services, either directly or through written agreements with community outpatient substance abuse programs, such as local psychiatrists, other physicians trained in the treatment of psychiatric or substance abuse disorders, local psychologists, community mental health programs, or other local substance abuse outpatient programs.

(e) Screening Program. All facilities providing hospital inpatient substance abuse services shall have a screening program to assess the most appropriate treatment for the patient. Patients with a dual diagnosis of substance abuse, as defined in paragraph (2)(s)(~~u~~), and a psychiatric disorder, as defined in paragraph (2)(o)(~~q~~), shall be evaluated to determine the types of treatment needed, the appropriate treatment setting, and, if necessary, the appropriate sequence of treatment for the substance abuse and psychiatric disorders. ~~Provided, however, that persons with a dual diagnosis which includes an acute severe psychiatric disorder, as defined in paragraph (2)(b), shall be referred to a hospital inpatient general psychiatric service for treatment of the acute severe psychiatric disorder.~~

(8) Services Description. An applicant for an hospital inpatient substance abuse hospital services shall provide a detailed program description in its certificate of need application including:

(a) Age groups to be served.

(b) Specialty programs to be provided (e.g. alcoholism treatment programs, drug abuse treatment programs).

(c) Proposed staffing, including qualifications of the clinical director, a description of staffing appropriate for any specialty program, and a discussion of the training and experience requirements for all staff who will provide substance abuse services.

(d) Therapeutic approaches to be used.

(e) Expected sources of patient referrals.

(f) Expected average length of stay for the hospital inpatient substance abuse services discharges by age group.

(g) Projected number of hospital inpatient substance abuse services patient days by payer type, including Medicare, Medicaid, private insurance, self-pay and charity care patient days for the first 2 years of operation after completion of the proposed project.

(h) Admission policies of the facility with regard to charity care patients.

(9) Quarterly Reports. Facilities providing licensed hospital inpatient substance abuse services shall report to the agency or its designee, within 45 days after the end of each calendar quarter, the number of hospital inpatient substance abuse services admissions and patient days by age groups:

~~patients under age 18 years and adults. Applications from Licensed Providers of Hospital Inpatient Substance Abuse Services. A facility providing licensed hospital inpatient substance abuse services seeking certificate of need approval for additional hospital inpatient substance abuse beds shall provide the following information in its certificate of need application in addition to the information required by subsection (8):~~

~~(a) Number of hospital inpatient substance abuse services admissions and patient days by age group and primary diagnosis ICD 9 code for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

~~(b) Number of hospital inpatient substance abuse services patient days by payer type, including Medicare, Medicaid, private insurance, self-pay and charity care patient days, for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

~~(c) Gross revenues by payer source for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

~~(d) Patient days by primary diagnosis ICD 9 code for the 12-month period ending 6 months prior to the beginning date of the quarter of the publication of the fixed bed need pool.~~

~~(e) Current staffing.~~

~~(f) Current specialized treatment programs (e.g. alcoholism treatment; drug abuse treatment).~~

~~(10) Quarterly Reports. Facilities providing licensed hospital inpatient substance abuse services shall report to the agency or its designee, within 45 days after the end of each calendar quarter, the number of hospital inpatient substance abuse services admissions and patient days by age and primary diagnosis ICD 9 code.~~

~~(11) Establishment of an Inventory of Hospital Inpatient Substance Abuse Beds for Adults and Hospital Inpatient Substance Abuse Beds for Children and Adolescents.~~

~~(a) Inventory Process. The agency shall inventory the number of hospital inpatient substance abuse beds for adults and the number of hospital inpatient substance abuse beds for children and adolescents. The inventory shall be based on information in certificates of need and an agency survey of facilities with short term or long term hospital inpatient substance abuse beds that were licensed prior to the effective date of this rule. All information reported in the agency survey shall be subject to verification by the agency.~~

~~(b) Separate Identification of Beds for Children or Adolescents Required. The determination of the number of hospital inpatient substance abuse beds for adults and for children and adolescents shall be based on the certificate of need issued or the provider's survey response. Providers who designate hospital inpatient substance abuse beds for children~~

~~or adolescents shall document that these beds are located in units which are organized separately from units with hospital inpatient substance abuse beds for adults. All hospital inpatient substance abuse beds which are not located in documented separately organized units for children or adolescents will be listed in the inventory as hospital inpatient substance abuse beds for adults.~~

~~(c) Current Restrictions on Age Groups Treated. Any restrictions imposed by a certificate of need issued prior to the effective date of this rule regarding age groups treated in a facility's short term or long term hospital inpatient substance abuse services will be reflected in the inventory.~~

~~(d) Approved Hospital Inpatient Substance Abuse Beds. Short term or long term hospital inpatient substance abuse beds which are approved but not licensed as of the effective date of this rule will be listed in the inventory as hospital inpatient substance abuse beds for adults unless the application for the certificate of need which was approved identified a specific number of beds to be used for children or adolescents.~~

~~(e) Publication. The agency shall publish a preliminary inventory of the licensed or approved hospital inpatient substance abuse services for adults and for children and adolescents in the Florida Administrative Weekly. Providers shall have 21 days after the initial publication of the inventory to contest the inventory. Subsequent to the resolution of any issues pertaining to the preliminary inventory, the agency shall publish a final inventory.~~

~~(12) Facilities with Short Term or Long Term Hospital Inpatient Substance Abuse Services. Facilities currently licensed for the provision of short term or long term hospital inpatient substance abuse services shall be issued an amended license authorizing the provision of hospital inpatient substance abuse services to adults or hospital inpatient substance abuse services to children and adolescents, regardless of the length of stay, based on the inventory established by this rule.~~

~~(13) Applicability of this Amended Rule. This amended rule shall not be applied to applications that are pending final agency action as of the effective date of the rule.~~

Rulemaking Authority 408.034(3), ~~(8)(6)~~, 408.15(8) FS. Law Implemented 408.034(3), 408.035, 408.036(1)(b), (c), 408.039(4)(a) FS. History—New 1-1-77, Amended 11-1-77, 6-5-79, 4-24-80, 2-1-81, 4-1-82, 11-9-82, 2-14-83, 4-7-83, 6-9-83, 6-10-83, 12-12-83, 3-5-84, 5-14-84, 7-16-84, 8-30-84, 10-15-84, 12-25-84, 4-9-85, Formerly 10-5-11, Amended 6-19-86, 11-24-86, 1-25-87, 3-2-87, 3-12-87, 8-11-87, 8-7-88, 8-28-88, 9-12-88, 4-19-89, 10-19-89, 5-30-90, 7-11-90, 8-6-90, 10-10-90, 12-23-90, Formerly 10-5.011(1)(q), 10-5.041, Amended 8-24-93, 2-22-95, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
 Marisol Fitch  
 NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Elizabeth Dudek

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 21, 2014  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: December 26, 2013

**DEPARTMENT OF HEALTH**

**Board of Dentistry**

RULE NO.: 64B5-2.013      RULE TITLE: Florida Dental Examinations

PURPOSE AND EFFECT: The Board proposes the rule amendment to update the requirements for candidates for the dental examination regarding the assessing of patients for suitability as exam patients.

SUMMARY: The requirements will be updated for candidates for the dental examination regarding the assessing of patients for suitability as exam patients.

**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:**

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

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: During discussion of the economic impact of this rule at its Board meeting, the Board, based upon the expertise and experience of its members, determined that a Statement of Estimated Regulatory Costs (SERC) was not necessary and that the rule 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: 456.017(1)(b), 466.004(4), 466.006(5)(a) FS.

LAW IMPLEMENTED: 456.017(1)(b), (2), 466.006(4), 466.006(5)(a), 466.009 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: Susan Foster, Executive Director, Board of Dentistry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULE IS:

64B5-2.013 Dental Examination.

Each applicant applying for a Florida dental license is required to complete the examinations as provided for in Section 466.006, F.S. The Florida examinations for dentistry shall consist of a Written Examination, a Practical or Clinical Examination and a Diagnostic Skills Examination. All three examinations will be conducted in English. Applicants for examination or re-examination must have taken and successfully completed Part I and Part II of the National Board of Dental Examiners dental examination.

(1) Practical or Clinical Examination:

(a) through (f) No change.

(g) Candidates for the dental examination may only assess patients for suitability as exam patients at a dental office under the direct supervision of a Florida licensed dentist, or at an accredited dental program under the direct supervision of a program faculty member.

(2) Written Examination:

(a) through (b) No change.

Rulemaking Authority 456.017(1)(b), 466.004(4), 466.006(5)(a) FS. Law Implemented 456.017(1)(b), (2), 466.006(4), 466.006(5)(a), 466.009 FS. History—New 10-8-79, Amended 6-22-80, 12-3-81, 12-6-82, 5-24-83, 12-12-83, 5-2-84, 5-27-84, Formerly 21G-2.13, Amended 12-8-85, 12-31-86, 5-10-87, 10-19-87, 12-10-89, 12-24-91, 2-1-93, Formerly 21G-2.013, 61F5-2.013, Amended 1-9-95, 2-7-96, 7-16-97, Formerly 59Q-2.013, Amended 8-25-98, 3-25-99, 11-15-99, 8-3-05, 7-17-07, 8-1-08, 6-28-09, 8-25-10, 5-8-12,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Dentistry

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 21, 2014

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: December 17, 2014

**DEPARTMENT OF HEALTH**

**Board of Dentistry**

RULE NO.: RULE TITLE:

64B5-2.0146 Licensure Requirements for Applicants from Non-Accredited Schools or Colleges

PURPOSE AND EFFECT: The Board proposes the rule amendment to clarify the licensure requirements for applicants from non-accredited schools or colleges.

SUMMARY: The licensure requirements for applicants from non-accredited schools or colleges will be clarified.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

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

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: During discussion of the economic impact of this rule at its Board meeting, the Board, based upon the expertise and experience of its members, determined that a Statement of Estimated Regulatory Costs (SERC) was not necessary and that the rule will not require ratification by the Legislature. Specifically, the board determined that any economic impact was a direct result of amendments to the statute being implemented. 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: 466.004(4), 466.006(3) FS.

LAW IMPLEMENTED: 466.006 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: Susan Foster, Executive Director, Board of Dentistry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULE IS:

64B5-2.0146 Licensure Requirements for Applicants from Non-Accredited Schools or Colleges.

Prior to applying to take the American Dental Licensing Examination (ADLEX), as specified in Rule 64B5-2.013, F.A.C., complete and submit Application for Credentials Review For Graduates From Non-Accredited Dental Colleges or Schools, Form DH-MQA 1254, (10-11), incorporated herein by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-02022> or the Department of Health's website at <http://www.doh.state.fl.us/mqa/dentistry>.

(1) No change.

(2) An applicant who otherwise meets the requirements of Section 466.006(3), F.S., and chooses to apply pursuant to Section 466.006(3)(b), F.S., will be required to:

(a) Complete a full-time, matriculated, ~~American Dental Association recognized dental specialty education program accredited by the Commission on Dental Accreditation of the American Dental Association or a Commission on Dental Accreditation of the American Dental Association~~ supplemental general dentistry programs, which provides didactic and clinical education to the level of an accredited D.D.S. or D.M.D. program, ~~either of which has~~ have a duration of at least two consecutive academic years at the sponsoring institution.

(b) through (c) No change.

(3) through (5) No change.

Rulemaking Authority 466.004(4), 466.006(3) FS. Law Implemented 466.006 FS. History—New 10-15-92, Formerly 21G-2.0146, 61F5-2.0146, Amended 9-24-96, Formerly 59Q-2.0146, Amended 8-19-97, 5-20-01, 6-7-05, 12-26-06, 6-30-09, 3-18-12, 12-11-12, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Dentistry  
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Dentistry  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 21, 2014  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: December 17, 2014

**Section III**

**Notice of Changes, Corrections and Withdrawals**

NONE

**Section IV**

**Emergency Rules**

**DEPARTMENT OF THE LOTTERY**

RULE NO.: 53ER15-1  
RULE TITLE: MONOPOLY MILLIONAIRES' CLUB™ Bonus Drawing

SUMMARY: This emergency rule sets forth the provisions for the MONOPOLY MILLIONAIRES' CLUB™ Bonus Drawing.

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:

53ER15-1 MONOPOLY MILLIONAIRES' CLUB™ Bonus Drawing.

(1) The Florida Lottery will conduct the MONOPOLY MILLIONAIRES' CLUB™ Bonus Drawing ("Bonus Drawing") on January 13, 2015, to distribute the Florida Lottery's portion of the funds remaining in the MONOPOLY MILLIONAIRES' CLUB Top Prize pool after the December 26, 2014, final MONOPOLY MILLIONAIRES' CLUB drawing. All Florida players who enter (or who have already entered) the Webcode on a Florida Lottery MONOPOLY MILLIONAIRES' CLUB ticket at playmmc.com or fl.playmmc.com., during the period of October 19, 2014, through 11:59:59 p.m. ET on January 6, 2015, to earn entries into a MONOPOLY MILLIONAIRES' CLUB (TV Game Show) Second Chance Drawing ("Second Chance Drawing") as further described in Rule 53ER14-67, F.A.C., will automatically be entered into the Bonus Drawing for a chance to win cash prizes. For purposes of this rule, the period of October 19, 2014, through 11:59:59 p.m. ET on January 6, 2015, is hereinafter referred to as the "bonus drawing qualifying period."

(2) Players will receive one entry into the Bonus Drawing for each Webcode entered during the bonus drawing qualifying period.

(3) The prize structure for the Bonus Drawing is set forth in the table below.

<u>Prize Level</u>	<u>Prize</u>	<u>Number of Winners</u>
<u>First Prize</u>	<u>\$100,000</u>	<u>1</u>
<u>Second Prize</u>	<u>\$50,000</u>	<u>5</u>
<u>Third Prize</u>	<u>\$25,000</u>	<u>10</u>
<u>Fourth Prize</u>	<u>\$10,000</u>	<u>20</u>
<u>Fifth Prize</u>	<u>\$5,000</u>	<u>40</u>
<u>Sixth Prize</u>	<u>\$1,000</u>	<u>75</u>
<u>Seventh Prize</u>	<u>\$500</u>	<u>101</u>
	<u>Total</u>	<u>252</u>

(4) The Bonus Drawing will be conducted after the Second Chance Drawing on January 13, 2015. Webcodes associated with the winning entries in the first two Second Chance Drawings will also be included in the Bonus Drawing. In the Bonus Drawing, a total of three hundred fifty-two valid entries will be drawn using a certified random number generation process. The first valid entry drawn will win the first prize of \$100,000. The second through sixth valid entries drawn will each win a second prize of \$50,000. The seventh through sixteenth valid entries drawn will each win a third prize of \$25,000. The seventeenth through thirty-sixth valid entries drawn will each win a fourth prize of \$10,000. The thirty-

seventh through seventy-sixth valid entries drawn will each win a fifth prize of \$5,000. The seventy-seventh through one hundred and fifty-first valid entries drawn will each win a sixth prize of \$1,000. The one hundred fifty-second through two hundred and fifty-second valid entries drawn will each win a seventh prize of \$500. The two hundred and fifty-third through three hundred fifty-second valid entries drawn will serve as alternates and be used in the order in which they were drawn and in the order of need to select an alternate first, second, third, fourth, fifth, six or seventh prize winner in the event a prize cannot be awarded. Players may win more than one prize in the Bonus Drawing. The odds of winning depend on the number of qualifying entries in the Bonus Drawing.

(5) Winner Notification. The Florida Lottery will attempt to notify the first prize winner and each second, third, fourth, fifth, sixth and seventh prize winner no later than twenty-four hours after the winners are posted on the Florida Lottery's website. Notification will be made by telephone, U.S. mail or email using the contact information provided in the winner's registration data. If the Florida Lottery is unable to have personal contact with a prizewinner within two weeks of the date of the drawing, the winner will forfeit his or her right to claim the prize and the Florida Lottery will award the prize to the first alternate winner in accordance with subsection (4) above. If the Florida Lottery is unable to have personal contact with the first alternate winner within two weeks of the date of award of the prize, the alternate winner will forfeit his or her right to claim the prize and the Florida Lottery will award the prize to a second alternate winner. This process will continue until an alternate is contacted or the Florida Lottery has exhausted the list of available alternates. If the Florida Lottery is unable to contact an alternate, the prize will not be awarded.

(6) How to Claim a Prize. To claim the first prize or a second, third, fourth, fifth, sixth or seventh prize in the Bonus Drawing, the winner must submit to the Florida Lottery a completed Winner Claim Form DOL 173-2, revised 9/13, or Spanish Winner Claim Form DOL 173-2S, revised 9/13 and a copy of acceptable identification as set forth in the rule of the Florida Lottery governing payment of prizes. A copy of the current prize payment rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011. Forms DOL 173-2 and DOL 173-2S are hereby incorporated by reference and may be obtained at any Florida Lottery office, from the Florida Lottery's website at flalottery.com, or by writing to: Florida Lottery, Customer Service, 250 Marriott Drive, Tallahassee, Florida 32399-4016. The required documentation must be received by the Florida Lottery no later than two weeks after the Florida Lottery has made personal contact with the winner.

If the Florida Lottery has not received the required documentation from the first or a second, third, fourth, fifth, sixth or seventh prize winner by the fourteenth day after notification, the winner will forfeit his or her right to claim the prize and the Florida Lottery will award the prize to an alternate winner as described in subsection (4) above.

(7) Award of First Prize. Upon the Florida Lottery's receipt of the first prize winner's required documentation, the Florida Lottery will award a prize of \$100,000, less applicable federal tax withholding.

(8) Award of Second Prizes. Upon the Florida Lottery's receipt of a second prize winner's required documentation, the Florida Lottery will award a prize of \$50,000, less applicable federal tax withholding.

(9) Award of Third Prizes. Upon the Florida Lottery's receipt of a third prize winner's required documentation, the Florida Lottery will award a prize of \$25,000, less applicable federal tax withholding.

(10) Award of Fourth Prizes. Upon the Florida Lottery's receipt of a fourth prize winner's required documentation, the Florida Lottery will award a prize of \$10,000, less applicable federal tax withholding.

(11) Award of Fifth Prizes. Upon the Florida Lottery's receipt of a fifth prize winner's required documentation, the Florida Lottery will award a prize of \$5,000, less applicable federal tax withholding.

(12) Award of Sixth Prizes. Upon the Florida Lottery's receipt of a sixth prize winner's required documentation, the Florida Lottery will award a prize of \$1,000.

(13) Award of Seventh Prizes. Upon the Florida Lottery's receipt of a seventh prize winner's required documentation, the Florida Lottery will award a prize of \$500.

(14) Taxes. All federal, state and/or local taxes or other fees on the prizes won in the MONOPOLY MILLIONAIRES' CLUB Bonus Drawing will be the responsibility of the winner.

(15) Other Restrictions and Provisions.

(a) All prizes are subject to the provisions of Chapter 24, Florida Statutes, and rules promulgated thereunder. Prizes shall be paid in accordance with the rule of the Florida Lottery governing payment of prizes. A copy of the current prize payment rule can be obtained from the Florida Lottery, Office of the General Counsel, 250 Marriott Drive, Tallahassee, Florida 32399-4011.

(b) All entries are subject to validation by the Florida Lottery and may be disqualified if eligibility requirements are not met. The Florida Lottery will not enter the Webcode on a ticket received in the mail or return a mailed ticket. MONOPOLY MILLIONAIRES' CLUB tickets should not be mailed to the Florida Lottery unless players are contacted by the Florida Lottery and requested to do so.

(c) If a first, second, third, fourth, fifth or sixth prize winner is identified as owing an outstanding debt to a state agency or child support collected through a court, the debt will be collected in accordance with Section 24.115, Florida Statutes.

(d) Players must be at least 18 years of age. Persons prohibited by Section 24.116, Florida Statutes, from purchasing a Florida Lottery ticket are not eligible to play.

(e) By entering a Webcode to earn entries into a Second Chance Drawing and automatically qualifying for entry into the MONOPOLY MILLIONAIRES’ CLUB Bonus Drawing, a player gives his or her permission for the Florida Lottery to photograph and/or videotape and record the prizewinner with or without prior notification and to use the name, photograph, videotape, and/or recording of the prizewinner for advertising or publicity purposes without additional compensation.

(f) The MONOPOLY MILLIONAIRES’ CLUB Bonus Drawing shall be public, held in Tallahassee, Florida, and witnessed by an accountant employed by an independent certified public accounting firm. The results of the drawing will be available after the drawing on the Florida Lottery’s website at flalottery.com.

Rulemaking Authority 24.105(9), 24.109(1) FS. Law Implemented 24.105(9), 24.115(1) FS. History—New 1-2-15.

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: January 2, 2015

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## Section V

### Petitions and Dispositions Regarding Rule Variance or Waiver

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-1.004: General Sanitation and Safety Requirements

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

On December 10, 2014 the Division of Hotels and Restaurants received a Petition for an Emergency Variance for paragraph 61C-1.004(1)(a), Florida Administrative Code, and Paragraph 5-202.11(A), 2009 FDA Food Code from Sanna located in Bay Lake. The above referenced F.A.C. addresses the requirement that each establishment have an approved plumbing system installed to transport potable water and wastewater. They are requesting to utilize holding tanks to provide potable water and

to collect wastewater at the handwash sink in the second floor bar.

The Petition for this variance was published in Vol. 40, No. 244, F.A.R., on December 18, 2014. The Order for this Petition was signed and approved on December 24, 2014. After a complete review of the variance request, the Division finds that the application of this Rule will create a financial hardship to the food service establishment. Furthermore, the Division finds that the Petitioner meets the burden of demonstrating that the underlying statute has been achieved by the Petitioner ensuring the wastewater holding tank for the handwash sink in the second floor bar is emptied at a frequency as to not create a sanitary nuisance; and potable water provided must come from an approved source and be protected from contamination during handling. The Petitioner shall also ensure that the handwash sink is provided with hot and cold running water under pressure, soap, an approved hand drying device and a handwashing sign. A copy of the Order or additional information may be obtained by contacting: Lydia.Gonzalez@myfloridalicense.com, Division of Hotels and Restaurants, 1940 North Monroe Street, Tallahassee, Florida 32399-1011.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

RULE NO.: RULE TITLE:

62-701.500: Landfill Operation Requirements

NOTICE IS HEREBY GIVEN that on December 31, 2014, the Department of Environmental Protection received a petition for variance or waiver from the Lake Worth Drainage District for the Lake Worth Drainage District Class III Vegetative Landfill, Palm Beach County, Florida. The Petitioner requests a waiver from paragraphs 62-701.500(7)(a), (7)(c) and (7)(e), F.A.C., which require that owners and operators of landfills compact the wastes, and meet certain side slope and cover requirements. Any interested person or other agency may submit written comments on the petition with 14 days after publication of this notice.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Richard B. Tedder, P.E., Environmental Administrator, Department of Environmental Protection, Solid Waste Section, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, email: richard.tedder@dep.state.fl.us, (850)245-8735.

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## Section VI

### Notice of Meetings, Workshops and Public Hearings

DEPARTMENT OF EDUCATION

The Florida Rehabilitation Council announces public meetings to which all persons are invited.

DATES AND TIMES: February 3, 2015, 9:00 a.m. – 6:00 p.m.;  
February 4, 2015, 9:00 a.m. – 6:00 p.m.

PLACE: Homewood Suites, 2987 Apalachee Parkway,  
Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED:  
Florida Rehabilitation Council Quarterly Meeting, General  
Council Business.

February 5, 2015, no meeting is scheduled. Members will travel  
to the Florida Capital to educate and advocate.

A copy of the agenda may be obtained by contacting: Roy  
Cosgrove at (850)245-3317 or at roy.cosgrove@vr.fldoe.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 7 days before the workshop/meeting by  
contacting: Roy Cosgrove at (850) 245-3317 or at  
roy.cosgrove@vr.fldoe.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).

For more information, you may contact: Roy Cosgrove at  
(850)245-3317 or at roy.cosgrove@vr.fldoe.org.

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#### REGIONAL PLANNING COUNCILS

Southwest Florida Regional Planning Council

The SWFL Regional Planning Council/Legislative Affairs  
Committee announces a public meeting to which all persons are  
invited.

DATE AND TIME: January 15, 2015, 8:15 a.m.

PLACE: SWFRPC Offices, Second Floor Meeting Room, 1926  
Victoria Avenue, Fort Myers, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: The  
SWFRPC Legislative Affairs Committee monthly meeting.

A copy of the agenda may be obtained by contacting: Sean  
McCabe at smcabe@swfrpc.org or (239)338-2550, ext. 220.

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: SWFRPC Offices at (239)338-2550. 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 visit the SWFRPC's website at  
www.swfrpc.org.

#### REGIONAL PLANNING COUNCILS

Southwest Florida Regional Planning Council

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

DATE AND TIME: January 15, 2015, 9:00 a.m.

PLACE: Southwest Florida Regional Planning Council – First  
Floor Conference Room, 1926 Victoria Avenue, Fort Myers

GENERAL SUBJECT MATTER TO BE CONSIDERED: The  
regular monthly meeting of the SWFRPC.

A copy of the agenda may be obtained by contacting: Nichole  
Gwinnett at ngwinnett@swfrpc.org or 1(239)338-2550, ext.  
232.

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: SWFRPC's Offices at (239)338-2550. 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 visit the SWFRPC's website at  
www.swfrpc.org/.

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#### WATER MANAGEMENT DISTRICTS

The Suwannee River Water Management District announces a  
public meeting to which all persons are invited.

DATE AND TIME: January 7, 2015, 9:00 a.m. –  
CANCELLED

PLACE: District Headquarters, 9225 CR 49, Live Oak, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: This  
is to publish notice of CANCELLATION of the District Lands  
tour scheduled for January 7, 2015.

A copy of the agenda may be obtained by contacting: No  
agenda available.

For more information, you may contact: Edwin McCook,  
ejm@srwmd.org.

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#### DEPARTMENT OF ENVIRONMENTAL PROTECTION

The Department of Environmental Protection's Water Quality  
Protection Program Canal Restoration Subcommittee  
announces a public meeting to which all persons are invited.

DATE AND TIME: January 16, 2015, 9:00 a.m.

PLACE: Marathon Government Center, Board Meeting Room,  
2798 Overseas Highway, Marathon, FL 33050

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** To update the members of the Subcommittee and the general public on the progress of ongoing canal water quality restoration projects and to discuss future actions. The meeting is open to the public.

A copy of the agenda may be obtained by contacting: Gus Rios, Environmental Administrator, South District Marathon Office, (305)289-7081, gus.rios@dep.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: Gus Rios. 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: Gus Rios.

**BOARD OF GOVERNORS**

The Board of Governors, State University System of Florida, announces a workshop to which all persons are invited.

**DATE AND TIME:** January 15, 2015, 9:30 a.m.

**PLACE:** University of Central Florida Center for Emerging Media, 500 West Livingston Street, Orlando, Florida 32801

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The Board will be briefed on the proposed University of Central Florida Downtown Orlando project and take a bus tour of Downtown Orlando and the proposed site.

A copy of the agenda may be obtained by contacting: Vikki Shirley, Corporate Secretary, Board of Governors, 1614 Turlington Building, 325 W. Gaines St., Tallahassee, FL 32399-0400, and will be available at [www.flbog.edu](http://www.flbog.edu).

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: Vikki Shirley, Corporate Secretary, Board of Governors, 1614 Turlington Building, 325 W. Gaines St., Tallahassee, FL 32399-0400, (850)245-0466. 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: Vikki Shirley, Corporate Secretary, Board of Governors, 1614 Turlington Building, 325 W. Gaines St., Tallahassee, FL 32399-0400.

**LEON COUNTY RESEARCH AND DEVELOPMENT AUTHORITY**

The Leon County Research and Development Authority announces public meetings to which all persons are invited.

**DATES AND TIMES:** February 5, 2015, April 2, 2015, June 4, 2015, August 6, 2015, October 1, 2015, December 3, 2015, 11:00 a.m.

**PLACE:** Innovation Park, Morgan Building, Room 101, 2035 E. Paul Dirac Drive, Tallahassee, Florida 32310

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The purpose of these meetings is to discuss, review, and consider issues relating to the Authority and Innovation Park. All meetings of the Board of Governors of the Authority will be noticed on the Authority's website, <http://lcrda.org/>. Any changes to the aforementioned meeting dates and times will be published on the Authority's website at least three days before the scheduled meeting.

A copy of the agenda may be obtained by contacting: <http://lcrda.org/> or [vstewart@inn-park.com](mailto:vstewart@inn-park.com).

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Vallie Stewart at (850)575-0343 or [vstewart@inn-park.com](mailto:vstewart@inn-park.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 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: Vallie Stewart at (850)575-0343 or [vstewart@inn-park.com](mailto:vstewart@inn-park.com).

**HENDRY SOIL AND WATER CONSERVATION DISTRICT**

The Hendry Soil and Water Conservation District announces public meetings to which all persons are invited.

**DATES AND TIMES:** January 22, February 26, March 26, April 23, May 28, June 25, July 23, August 27, September 24, October 22, 2015 (fourth Thursday of the month), 1:00 p.m.



PLACE: Dallas Townsend Agricultural Building, 1085 Pratt Blvd., LaBelle, FL 33935

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Meetings.

A copy of the agenda may be obtained by contacting: Noreen Berden, (863)674-5700, ext. 3.

For more information, you may contact: Noreen Berden, (863)674-5700, ext. 3.

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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: January 16, 2015, 11:00 a.m.

PLACE: 2463 SR 16 W, Green Cove Springs, FL 32043

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Meeting.

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QUEST CORPORATION OF AMERICA, INC.

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

DATES AND TIMES: Tuesday, January 13, 2015, 5:30 p.m. – 7:30 p.m.; Thursday, January 15, 2015, 5:30 p.m. – 7:30 p.m.

PLACE: Tuesday, January 13, 2015: Living Waters Fellowship Church, 4101 Pleasant Hill Road, Kissimmee, Florida 34746; Thursday, January 15, 2015: The Church of St. Luke and St. Peter, 2745 Canoe Creek Road, St. Cloud, Florida 34772

GENERAL SUBJECT MATTER TO BE CONSIDERED: Financial Management No.: 433693-1-22-01.

Project Description: Poinciana Parkway Southport Connector Project Development and Environment (PD&E) Study from Pleasant Hill Road to Florida's Turnpike in Osceola County

The study will identify and evaluate transportation alternatives for providing connectivity and reducing congestion in the Poinciana community. The purpose of these workshops is to present a project update to the general public and request comments on the project corridors currently being evaluated. Each workshop will be an informal open house where participants are welcome to attend at any time between 5:30 p.m. and 7:30 p.m. An informational video presentation will run continuously throughout the workshop. The study information provided at both workshop locations will be the same. FDOT welcomes and appreciates everyone's participation in the project.

A copy of the agenda may be obtained by contacting: Amy Sirmans, FDOT Project Manager, by mail: 719 S. Woodland Boulevard, DeLand, Florida 32720 or by email: amy.sirmans@dot.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 7 days before the workshop/meeting by contacting: Eileen LaSeur by phone at (407)883-8257, or by email at eileen.laseur@QCAusa.com.

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status. Persons who require translation services, free of charge, should contact: Ms. Eileen LaSeur at the phone number or email address above. 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: Ms. Amy Sirmans, FDOT Project Manager, at (386)943-5404 or via email at Amy.Sirmans@dot.state.fl.us.

Additional information on the project is also available on the study website at [www.southportconnector.com](http://www.southportconnector.com).

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## Section VII

### Notice of Petitions and Dispositions Regarding Declaratory Statements

#### DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Florida Condominiums, Timeshares and Mobile Homes

NOTICE IS HEREBY GIVEN that the Division of Florida Condominiums, Timeshares, and Mobile Homes, Department of Business and Professional Regulation, State of Florida, has received the petition for declaratory statement from Howard J. Perl, Esq., In Re: Hollybrook Golf and Tennis Club Condominium, Inc., Docket No. 2014051933, filed on December 11, 2014. The petition seeks the agency's opinion as to the applicability of Section 718.112(2)(d)2., Florida Statutes, as it applies to the petitioner.

Whether Hollybrook Golf & Tennis Club Condominium’s bylaw provision requiring unit owners to decide whether to run for the association’s Board as either a “director” or as an “officer” is valid under Section 718.112(2)(d)2., Florida Statutes.

A copy of the Petition for Declaratory Statement may be obtained by contacting: Danny Brown, Administrative Assistant II, at Department of Business and Professional Regulation, Division of Florida Condominiums, Timeshares, and Mobile Homes, 1940 North Monroe Street, Tallahassee, Florida 32399-2217; (850)717-1486; Daniel.Brown@myfloridalicense.com.

Please refer all comments to: Michael Martinez, Deputy General Counsel, Department of Business and Professional Regulation, Division of Florida Condominiums, Timeshares, and Mobile Homes, 1940 North Monroe Street, Tallahassee, Florida 32399-2202. Responses, motions to intervene, or requests for an agency hearing, §120.57(2), Fla. Stat., must be filed within 21 days of this notice.

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**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

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

NONE

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

NONE

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

NONE

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**Section XI**  
**Notices Regarding Bids, Proposals and**  
**Purchasing**

NONE

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## Section XII Miscellaneous

### AGENCY FOR HEALTH CARE ADMINISTRATION Certificate of Need

#### Notice of Litigation

The Agency for Health Care Administration has received the following petitions for administrative hearings as of the close of business on December 29, 2014, concerning certificate of need decisions. No decision has been made as to the sufficiency of these petitions. A brief description of these projects is listed below. Resolution of these requests for hearings by way of a grant or denial of their certificate of need at issue will determine the substantial interest of persons. Those persons whose substantial interest may be determined by these proceedings including settlements, grants, and denials are advised to govern themselves accordingly and may wish to exercise rights including intervention. See Chapter 120, F.S., as well as Section 408.039, F.S. and Section 59C-1.012, F.A.C. In deference to rights of substantially affected persons, AHCA will not settle or otherwise reach a final resolution of these matters for a period of 30 days from the date of the publication.

CON#	INITIAL	DECISION,	PROJECT,	CTY,
	APPLICANT, PARTY REQUEST HEARING (PRH)			
10233	Approval,	to establish a 74-bed child/adolescent psychiatric hospital, Brevard County, Indian River Behavioral Health, LLC, (PRH) Circles of Care, Inc.		

- 10233 Approval, to establish a 74-bed child/adolescent psychiatric hospital, Brevard County, Indian River Behavioral Health, LLC, (PRH) The Devereux Foundation, Inc.
- 10234 Denial, to establish a 20-bed comprehensive medical rehabilitation unit, Brevard County, North Brevard County Hospital district d/b/a Parrish Medical Center (PRH) same as applicant
- 10234 Denial, to establish a 20-bed comprehensive medical rehabilitation unit, Brevard County, North Brevard County Hospital district d/b/a Parrish Medical Center, (PRH) Healthsouth of Sea Pines Limited Partnership d/b/a Healthsouth Sea Pines Rehabilitation Hospital
- 10235 Approval, to establish a 200-bed replacement acute care hospital, Broward County, Plantation General Hospital Limited Partnership d/b/a Plantation General Hospital, (PRH) Cleveland Clinic Florida Health System Nonprofit Corporation d/b/a Cleveland Clinic Hospital
- 10235 Approval, to establish a 200-bed replacement acute care hospital, Broward County, Plantation General Hospital Limited Partnership d/b/a Plantation General Hospital, (PRH) South Broward Hospital District d/b/a Memorial Healthcare System

## 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.