

Section I

Notice of Development of Proposed Rules and Negotiated Rulemaking

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE:
59G-1.040 Preadmission Screening and Resident Review

PURPOSE AND EFFECT: The purpose of the amendment to Rule 59G-1.040, Florida Administrative Code (F.A.C.), is to update the Florida Pre-Admission Screening and Resident Review (PASRR) process.

SUBJECT AREA TO BE ADDRESSED: Pre-Admission Screening and Resident Review.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.902, 409.905(8), 409.912 FS.

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

DATE AND TIME: May 7, 2019, 11:00 a.m. to 11:30 a.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308-5407.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: MedicaidRuleComments@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 DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: MedicaidRuleComments@ahca.myflorida.com.

Official comments to be entered into the rule record will be received until 5:00 p.m. on May 8, 2019 and may be e-mailed to MedicaidRuleComments@ahca.myflorida.com.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-1.040 Preadmission Screening and Resident Review.

(1) Purpose. This rule applies to all Florida Medicaid-certified nursing facilities (NF), regardless of payer source; all providers rendering NF services to Florida Medicaid recipients; and all entities that perform a function in the Preadmission Screening and Resident Review (PASRR) process as specified in this rule.

(2) Definitions.

(a) Hospital Discharge Exemption – Exception to the Level II evaluation and determination requirement prior to admission to an NF in accordance with Title 42, Code of Federal Regulations (CFR), section 483.106(b)(2)(i)(A)-(C).

(b) Intellectual Disability (ID) – As defined in 42 CFR 483.102(b)(3). The diagnosis of ID includes related conditions, i.e., individuals who have a severe, chronic disability that meets all of the following conditions:

1. Is attributable to one of the following:

a. Cerebral palsy or epilepsy.

b. Any other condition, (other than mental illness), found to be closely related to ID because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons diagnosed with ID, and requires treatment or services similar to those required for these persons.

2. Is manifested before the person reaches the age of 22 years.

3. Is likely to continue indefinitely.

4. Results in substantial functional limitations in three or more of the following areas of major life activity:

a. Self-care.

b. Understanding and use of language.

c. Learning.

d. Mobility.

e. Self-direction.

f. Capacity for independent living.

(c) Inter-Facility Transfer – The transfer of a resident from one NF to another NF.

(d) Level I PASRR Screen – Process to identify diagnosed or suspected ID, serious mental illness (SMI), or both, based on information gathered by the screener.

(e) Level II Evaluation and Determination – An in-depth, individualized, assessment of the individual to confirm whether the applicant to an NF has SMI, ID, or both; to assess the need for NF services; and evaluate what specialized or specialized rehabilitative services, if any, are needed.

(f) New Admission – An individual admitted to any NF for the first time, who was not readmitted or admitted as an inter-facility transfer.

(g) Preadmission Screening and Resident Review – Federal requirement mandated by 42 CFR 483.100-483.138.

(h) Readmission – When an NF resident who has or is newly suspected of having SMI, ID or both, is transferred to a hospital and returns to any NF within 90 calendar days.

(i) Resident Review (RR) – An evaluation and determination conducted by state-designated authorities when an NF resident experiences a significant change in his or her physical or mental status.

(j) Serious Mental Illness (SMI) – As defined in 42 CFR 483.102(b)(1).

(k) Significant Change – A decline or improvement in an NF resident’s physical or mental status that is anticipated to require intervention.

(l) Specialized Rehabilitative Services – Physical or occupational therapy, speech-language pathology, and rehabilitative services for individuals with SMI, ID or both, specified as necessary for the individual’s NF stay in the Level II PASRR determination, and are included in the NF per diem. Specialized rehabilitative services, pursuant to PASRR, must be noted on the NF plan of care. Specialized Services—Services specified by the state, or its designee, that are not covered in the NF per diem, and are required for appropriate placement in the NF setting for individuals with ID, SMI, or both.

(m) Specialized Services – Services specified by the state, or its designee, that are not covered in the NF per diem, and are required for appropriate placement in the NF setting for individuals with ID, SMI, or both. Specialized services must be noted on the NF plan of care.

(3) Level I PASRR Screen.

(a) The Agency for Health Care Administration (AHCA), or its designee, performs the Level I PASRR screens for all individuals seeking admission to an NF.

(b) The Agency for Health Care Administration delegates Level I PASRR screen responsibilities to hospital, NF, physician office and state-contracted vendor staff who are licensed clinical social workers, physicians, physician assistants, registered nurses, advanced practice registered nurses, mental health counselors, psychologists or persons who hold a Master’s Degree in Social Work. the following entities to perform Level I PASRR screens (collectively referred to as the Level I PASRR screeners):

1. Florida Department of Health (DOH) for individuals under the age of 21 years. The Department of Health may not further delegate Level I screening responsibilities.

2. Florida Department of Elder Affairs’ (DOEA) Comprehensive Assessment and Review for Long Term Care Services (CARES) program for individuals age 21 years and older. The CARES program may only delegate the Level I PASRR screen responsibility to hospital and NF staff who are licensed clinical social workers, physicians, physician assistants, registered nurses, mental health counselors, psychologists, or persons who hold a Master’s Degree in Social Work.

(c) The Level I PASRR screen must be completed by the Level I PASRR screener prior to all new admissions to an NF, and within two business days of the request.

(d)The Level I PASRR screener must complete the Level I PASRR screen and submit it to the state- contracted PASRR vendor, within the same two days of the request.

(4) Level II PASRR Evaluation Request.

Upon completion of the Level I PASRR screen, if the individual has a diagnosis of or suspicion of having an SMI, ID, or both:

(a) ~~The state-contracted vendor~~ The Level I PASRR screener must send the individual or their legal representative, as applicable, written notice stating the individual has a diagnosis of, or is suspected of having, an SMI, ID, or both, and is being referred for a Level II PASRR evaluation.

(b) ~~The AHCA-designated~~ Level I PASRR screener must ~~submit~~ send all of the following documentation for a Level II PASRR evaluation to the Agency for Persons with Disabilities (APD), or the state’s contracted vendor, for individuals diagnosed with, or suspected of having, an ID; or, to the state’s contracted Level II PASRR evaluator for individuals diagnosed with, or suspected of having, an SMI:

1. Completed Preadmission Screening and Resident Review (PASRR) Level I Screen For Serious Mental Illness (SMI) and/or Intellectual Disability or Related Conditions (ID) (Level I PASRR Screen), AHCA MedServ Form 004 Part A, March 2017, incorporated by reference and available on AHCA’s website at <http://ahca.myflorida.com/Medicaid/review/index.shtml>, and at <https://www.flrules.org/Gateway/reference.asp?No=Ref-07931>.

2. Informed consent, as documented on the Level I PASRR Screen, AHCA MedServ Form 004 Part A, March 2017, or the Preadmission Screening and Resident Review (PASRR) Resident Review (RR) – Evaluation Request For a Significant Change for Serious Mental Illness (SMI) and/or Intellectual Disability or Related Conditions (ID) (Resident Review-Evaluation Request), AHCA MedServ Form 004 Part A1, March 2017, incorporated by reference and available on AHCA’s website at <http://ahca.myflorida.com/Medicaid/review/index.shtml>, and at <https://www.flrules.org/Gateway/reference.asp?No=Ref-07932>.

3. AHCA 5000-3008 Form, incorporated by reference in Rule 59G-1.045, Florida Administrative Code (F.A.C.)

4. Other medical documentation including history, most recent physical, relevant case notes or records of treatment and medication administration records, as applicable.

5. Psychiatric or psychological evaluation, if available.

6. The minimum data set (MDS), if applicable, if the individual is currently a resident in an NF ~~An assessment conducted by CARES or the minimum data set (MDS), if applicable, if the individual is age 21 years and older.~~

7. Most recent ~~An~~ assessment conducted by the Department of Health, DOH ~~or the MDS, if applicable,~~ if the individual is under the age of 21 years.

(5) The Level I PASRR screener must document the type of provisional admission an individual is seeking, if applicable, and ensure the individual is referred for a Level II evaluation and determination in accordance with subsection (6), as appropriate.

(6) Level II Evaluation Time Frames.

(a) A Level II evaluation must be finalized within seven business days of a completed Level II request if the Level I PASRR screen indicates a diagnosis, or suspicion of, SMI, ID, or both.

(b) Exceptions to the timeframe specified in subsection paragraph (6)(a) are as follows:

1. Within seven calendar days after the delirium clears, in cases of delirium.

2. Within seven calendar days of admission for emergency admissions requiring protective services.

3. In advance of the expiration of the 14 days, when an individual is admitted to an NF for an in-home caregiver's respite in accordance with Section 400.172, Florida Statutes (F.S.), and is expected to remain in the facility for longer than a 14 calendar day stay, no more than twice in a calendar year.

4. By calendar day 40, when an individual is admitted to an NF under the hospital discharge exemption, and is expected to stay in the NF longer than 30 calendar days. In this instance, the NF must notify the AHCA-designated Level I screener on the 25th day of the individual's stay if the stay is expected to extend past 30 calendar days.

5. Prior to returning to the NF, when an individual with SMI, ID, or both, is transferred to the hospital from the NF, and the hospital stay is longer than 90 consecutive days.

(7) If the individual is not admitted to an NF within 30 calendar days of the Level II PASRR evaluation, another Level II PASRR evaluation must be completed.

(8) Level II Evaluation Entities and Components.

(a) The following entities are responsible for completing the Level II evaluation for applicants to an NF or residents referred for an RR, State-contracted vendor for individuals diagnosed with, or suspected of having, an ID, SMI or both. ~~(collectively known as the Level II evaluator):~~

~~1. State contracted vendor for individuals diagnosed with, or suspected of having, an SMI.~~

~~2. Agency for Persons with Disabilities, or the state's contracted vendor, for individuals diagnosed with, or suspected of having, an ID.~~

(b) All Level II evaluations must involve the following:

1. Individual being evaluated and the legal representative, if appropriate.

2. Individual's family if the individual or the legal representative agrees to family participation.

(c) The Level II evaluation may be terminated if the evaluator determines at any time during the evaluation that the individual:

1. Does not have an SMI or ID.

2. Has a primary diagnosis of dementia.

3. Has a non-primary diagnosis of dementia without a primary diagnosis of SMI or ID.

(9) Level II PASRR Evaluation for Individuals with Diagnosis of, or Suspicion of Having, an SMI.

(a) A Level II PASRR evaluation for individuals with a diagnosis, or suspicion of having, an SMI must:

1. Confirm or rule out the diagnosis, or suspicion of, an SMI. A qualified mental health professional must review accurate and recent data of a comprehensive history and a physical examination, or perform or ensure performance of the same, including:

a. Complete medical history.

b. Review of all body systems.

c. Specific evaluation of the individual's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes.

d. Additional evaluations conducted by appropriate specialists, where abnormal findings are the basis for an NF placement.

e. Comprehensive drug history including current or immediate past use of medications that could mask symptoms or mimic SMI.

f. Psychosocial evaluation of the person, including current living arrangements and medical and support systems.

g. Comprehensive psychiatric evaluation including a complete psychiatric history, evaluation of SMI functioning, memory functioning, and orientation; description of current attitudes and overt behaviors; affect, suicidal or homicidal ideation, paranoia; and degree of reality testing (presence and content of delusions) and hallucinations.

2. Include a functional assessment of the individual's ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities while living in the community. The assessment must determine whether this level of support can be provided to the individual in an alternative community setting or whether the level of support needed is such that an NF placement is required. The functional assessment must address the individual's ability to:

a. Self-monitor health status.

b. Self-administer and schedule medical treatment (including medication compliance) or both.

c. Self-monitor nutritional status.

d. Handle money.

e. Dress appropriately.

f. Self-groom.

3. Confirm the need for NF services and recommend specialized or specialized rehabilitative services, if applicable.

(b) Specialized services for an SMI diagnosis are:

1. Services that are utilized to address an episode of SMI and that are rendered in an NF at levels required to avert or eliminate the need for inpatient psychiatric care.

2. Developed and supervised by a qualified mental health professional and include one or all of the following:

- a. Psychiatric consultation and evaluation.
- b. Psychotropic medication management.
- c. Psychological evaluation.
- d. Psychotherapy.

(10) Level II PASRR Evaluation for Individuals with Diagnosis, or Suspicion of Having, an ID.

(a) A Level II PASRR evaluation for individuals diagnosed with, or suspected of having, an ID must:

1. Confirm or rule out the diagnosis, or suspicion, of an ID.

A licensed psychologist must identify the intellectual functioning measurement of individuals with an ID.

2. Confirm the need for NF services and recommend specialized or specialize rehabilitative services as necessary by assessing:

- a. The individual's medical problems.
- b. The level of impact these problems have on the individual's independent functioning.
- c. All current medications used by the individual, and the current response of the individual to any prescribed medications in the following drug groups:

- (I) Hypnotics.
- (II) Antipsychotics (neuroleptics).
- (III) Mood stabilizers and antidepressants.
- (IV) Antianxiety-sedative agents.
- (V) Anti-Parkinson agents.

d. Self-monitoring of health status.

e. Self-administering and scheduling of medical treatments, including medication compliance.

f. Self-monitoring of nutritional status.

g. Self-help development such as toileting, dressing, grooming, and eating.

h. Sensorimotor development such as ambulation, positioning, transfer skills, gross motor dexterity, visual motor perception, fine motor dexterity, hand-eye coordination, and extent to which prosthetic, orthotic, corrective, or mechanical supportive devices can improve the individual's functional capacity.

i. Speech and language (communication) development such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal), extent to which non-oral communication systems can improve the individual's functional capacity, auditory functioning, and extent to which

amplification devices (e.g., hearing aid) or a program of amplification can improve the individual's functional capacity.

j. Social development such as interpersonal skills, recreation-leisure skills, and relationships with others.

k. Academic or educational development, including functional learning skills.

l. Instrumental activities of daily living.

m. Vocational development, including present vocational skills.

n. Affective development such as ability to express emotions, make judgments and independent decisions.

o. The presence of identifiable maladaptive or inappropriate behaviors of the individual based on systematic observation such as the frequency and intensity of identified maladaptive or inappropriate behaviors.

(b) Specialized services for ID are directed toward the acquisition of the behaviors necessary for the individual to function with as much self-determination and independence as possible, and toward the prevention or deceleration of regression or loss of current optimal functional status. Specialized services for individuals with ID are:

1. Behavior analysis services, pursuant to Rule 65G-4.009, F.A.C.

2. Training services, to include:

a. Services intended to support the participation of recipients in daily, meaningful, valued routines of the community which may include work-like settings that do not meet the definition of supported employment.

b. Training in the activities of daily living, self-advocacy, and adaptive and social skills that are age and culturally appropriate. The service expectation is to achieve the goals defined by each individual or, if appropriate, the individual's legal representative. The training, activities, and routine established by the adult day training program must be meaningful to the individual and provide an appropriate level of variation and interest in accordance with a formal implementation plan that is developed under the direction of the individual or, if appropriate, the individual's legal representative.

(11) Level II Determination.

(a) The following entities are responsible for completing the Level II determination:

1. The Agency for Persons with Disabilities for individuals diagnosed with, or suspected of having, an ID.

2. The Department of Children and Families' (DCF) for individuals diagnosed with, or suspected of having, an SMI.

3. The Department of Children and Families is the lead agency in coordinating a joint determination with APD when the individual has a diagnosis of, or suspicion of having, both an SMI and an ID.

(b) The Level II determination must be issued in the form of a written summary report that:

1. Confirms or rules out SMI or ID.
2. Identifies the name and professional title of each person who performed the evaluation(s) and the date on which each portion of the evaluation was administered.
3. Summarizes the medical and social history, including the positive traits, developmental strengths and weaknesses, and developmental or mental health needs of the individual.
4. Identifies whether NF services and specialized or specialized rehabilitative services are necessary by assessing ~~needed~~.
5. Identifies any specific SMI or ID services the individual requires, including those of a lesser intensity when specialized services are not recommended.
6. Identifies placement options that are available to the individual, including whether the individual's needs could be met in a community setting, and what services would be needed for the individual to live in such a setting.
7. Documents the individual and legal representative, if appropriate, have been educated about all placement options (including information about the benefits of integrated settings), and that any concerns or objections raised by the individual or legal representative have been addressed.
8. Includes the basis for the summary report's conclusions.
9. Notifies the individual and legal representative of the right to appeal the determination.
10. Interprets and explains the summary report to the individual and legal representative, and offers an explanation as to how to obtain the actual evaluation.

(c) If the Level II PASRR evaluator rules out SMI or ID, the determination does not have to include the items indicated in subsection ~~subparagraphs (11)(b)4.-7., of this section.~~

(d) The Department of Children and Families or APD or its' designee must provide ~~send~~ the completed determination summary with the notice of the administrative fair hearing process and the individual's rights to:

1. The evaluated individual and his or her legal representative, as appropriate.
2. The admitting or retaining NF.
3. The individual's attending physician.
4. The discharging hospital, if applicable.
5. ~~The Level I screener appropriate to individual's age.~~

(12) Resident Review.

(a) The NF must notify the state-contracted vendor CARES or DOH, as appropriate, when an NF resident who has, or is newly suspected of having, SMI, ID, or both, experiences a significant change that:

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical

interventions (for individuals experiencing a decline in condition).

2. Impacts more than one area of the resident's health status.
3. Requires an interdisciplinary review or change in the plan of care or both.

(b) The NF must submit all of the following documentation:

1. Completed AHCA MedServ Form 004 Part A1, March 2017.
2. Documented informed consent.
3. Level I PASRR screen.
4. Level II PASRR evaluation and determination or most recent RR, as applicable.
5. ~~The Long Term Care~~ MDS or the most recent physical assessment, ~~or an assessment provided by CARES or DOH.~~
6. Case notes.
7. Record of treatment.
8. Medication administration record.
9. Psychiatric or psychological evaluation, if available.

(c) The NF must request an RR within fourteen (14) days of a resident's significant change.

(13) Medicaid-certified nursing facilities must comply with 42 United States Code section 1396r(e)(7)(C), when a resident no longer requires NF services, but still requires specialized services, or no longer requires either NF services or specialized services.

(14) Consent for Level II PASRR Evaluation.

(a) If a Level II PASRR evaluation is required as a result of the Level I screen, or a resident review is required, written notice must be issued in accordance with 42 CFR 483.128(a) to individuals who have, or are suspected of having, SMI or ID, and are being referred to the state authorities for SMI or ID to perform the Level II evaluation. The signature of the individual being assessed, or their legal representative, must be obtained on AHCA MedServ Form 004 Part A1, March 2017, when possible as acknowledgement and consent for the Level II PASRR evaluation. Signing does not mean that the signator agrees with any determination(s).

(b) The signature is an acknowledgement of the signator's:

1. Opportunity to participate in decisions regarding the arrangements for continued care.
2. Acknowledgement of verbal and written information regarding the range of services in the assessed individual's community.

(c) If an individual is unwilling, or unable, to sign and has no legal representative or health care agent to sign, information regarding the reason for the inability to obtain the signature must be indicated on the Level I PASRR Screen, AHCA MedServ Form 004 Part A, March 2017, or Resident Review-

Evaluation Request, AHCA MedServ Form 004 Part A1, March 2017.

(15) Records. Nursing facilities must maintain copies of all PASRR screenings, evaluations, re-evaluations, and determinations in the resident's individual's file for the duration of his or her stay in the NF facility and for a period of five years after the individual has been discharged or transferred to another facility.

(16) Appeals. In accordance with state and federal law, an individual may request an appeal through the Medicaid fair hearing process if he or she believes the State has made an erroneous determination with regard to the PASRR preadmission and annual resident review processes.

Rulemaking Authority 409.919 FS. Law Implemented 409.902, 409.905(8), 409.912 FS. History—New 12-31-13, Amended 3-29-17, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE:
59G-4.190 Laboratory Services

PURPOSE AND EFFECT: The purpose of the amendment to Rule 59G-4.190 is to update the Florida Medicaid Laboratory Services Coverage Policy, _____. The incorporated coverage policy will specify recipient eligibility, provider requirements, service coverage, and reimbursement information.

SUBJECT AREA TO BE ADDRESSED: Laboratory Services.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.907, 409.908, 409.912, 409.913 FS.

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

DATE AND TIME: May 6, 2019, 10:30 a.m. to 11:00 a.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308-5407.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: MedicaidRuleComments@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 DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: MedicaidRuleComments@ahca.myflorida.com.

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

Official comments to be entered into the rule record will be

received until 5:00 p.m. on May 7, 2019 and may be e-mailed to MedicaidRuleComments@ahca.myflorida.com.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.190 Laboratory Services

(1) This rule applies to all ~~any person or entity prescribing or reviewing a request for laboratory services and to all providers rendering of Florida Medicaid laboratory services to recipients who are enrolled in or registered with the Florida Medicaid program.~~

(2) All ~~providers persons or entities described in subsection (1),~~ must be in compliance with the provisions of the Florida Medicaid Laboratory Services Coverage Policy, _____ ~~June 2016,~~ incorporated by reference. The policy is available on the Agency for Health Care Administration's Web site website at <http://ahca.myflorida.com/Medicaid/review/index.shtml>, and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06760>.

Rulemaking Authority 409.919, 409.961 FS. Law Implemented 409.905, 409.907, 409.908, 409.912, 409.913, 409.973 FS. History—New 1-1-77, Amended 10-11-81, Formerly 10C-7.41, Amended 6-30-92, Formerly 10C-7.041, Amended 9-28-94, 1-9-96, 10-20-96, 9-14-97, 3-22-00, 5-16-01, 2-14-02, 8-25-03, 9-3-03, 10-27-03, 8-18-05, 5-7-07, 6-29-16, _____.

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:
64B8-9.018 Mandatory Standardized Informed Consent for Medical Marijuana; Required Documentation for Comparable Medical Conditions

PURPOSE AND EFFECT: The Board proposes the development of rule amendments to address recent legislation authorizing smokeable medical marijuana. The proposed amendments incorporate the revised medical marijuana consent form and incorporate a new documentation form for use by qualified physicians who determine that smoking marijuana is an appropriate route of administration for a qualified patient.

SUBJECT AREA TO BE ADDRESSED: Incorporation of the revised medical marijuana consent form and the new documentation form for use by qualified physicians who determine that smoking marijuana is an appropriate route of administration for a qualified patient.

RULEMAKING AUTHORITY: 381.986 FS.

LAW IMPLEMENTED: 381.986 FS.

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

THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Claudia Kemp, Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253.

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

Section II Proposed Rules

NONE

Section III Notice of Changes, Corrections and Withdrawals

STATE BOARD OF ADMINISTRATION

Florida Prepaid College Board

RULE NO.: 19B-16.003
RULE TITLE: Participation Agreement
NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 45 No. 15, January 23, 2019 issue of the Florida Administrative Register.

These changes are being made to address comments expressed by the Joint Administrative Procedures Committee, as well as addressing questions from the March 2019 Board Meeting's discussion on Administrative Rules:

19B-16.003 Participation Agreement.

The Participation Agreement, Form No. FPCB 2019-05, [Insert DoS Reference Website Link], <http://www.flrules.org/Gateway/reference.asp?No=Ref-02640> is hereby incorporated by reference. The Terms and Conditions, applicable to the Participation Agreement, Form No. FPCB 2019-06, [Insert DoS Reference Website Link], <http://www.flrules.org/Gateway/reference.asp?No=Ref-03229> is hereby incorporated by reference.

Changes and comments to the incorporated Participation Agreement and the Terms and Conditions, Form Nos. FPCB 2019-05 and -06, Effective _____, include:

1. Address issue raised by the Committee regarding the differences between the incorporated material and the material to be adopted.

2. Two revisions to add clarifying language regarding residency status and the beneficiaries' right to survivorship.

The incorporated material that is changed shall be sent via FedEx to the Committee and to anyone that requests such material with identification of the changes.

STATE BOARD OF ADMINISTRATION

Florida Prepaid College Board

RULE NO.: 19B-4.001
RULE TITLE: Application
NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 45 No. 15, January 23, 2019 issue of the Florida Administrative Register.

These changes are being made to address comments expressed by the Joint Administrative Procedures Committee, as well as addressing questions from the March 2019 Board Meeting's discussion on Administrative Rules:

19B-4.001 Application.

(1) No change.

(2) The Florida Prepaid College Plan Master Contract, Form No. FPCB ~~2019~~ 2017-02, [Insert DoS Reference Website Link], <https://www.flrules.org/gateway/reference.asp?No=Ref-04374> [Insert DoS Reference Website Link], is hereby incorporated by reference.

(3) through (4) No change.

Changes and comments to the incorporated Master Contract, Form No. FPCB 2019-02, Effective _____, include:

1. Address issued raised by the Committee regarding the differences between the incorporated material and the material to be adopted.

2. Two revisions to add clarifying language regarding residency status and the beneficiaries' right to survivorship.

The incorporated material that is changed shall be sent via FedEx to the Committee and to anyone that requests such material with identification of the changes.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

RULE NO.: 61-35.029
RULE TITLE: DBPR Departmental Forms.
NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 43 No. 236, December 8, 2017 issue of the Florida Administrative Register, and updated with a notice of change published in Vol. 45, No. 50, March 13, 2019, issue of the Florida Administrative Register.

Summaries of Substantive Changes to Amended Forms DBPR MVL 003 and LI 001 are as follows:

61-35.029(2) – Amended Form DBPR MVL 003:

The Effective Date of the Form was changed from “January 2018” to “April 2019” to reflect amended changes in the Form.

Page 7, “Section III(a) Background Questions”: Background questions numbers 2 through 4 have been removed, as well as any reference to same contained within the “instructions” section of this form, to reflect the licensure requirements as set forth in Section 455.02(3)(a), Florida Statutes.

Page 8, “Section III(b) and (c) Explanations(s) for Background Questions”: Reference to background questions numbers 2 through 4 have been removed, as well as any reference to same contained within the “instructions” section of this form, to reflect the licensure requirements as set forth in Section 455.02(3)(a), Florida Statutes.

61-35.029(3) – Amended Form DBPR LI 001:

The Effective Date of the Form was changed from “January 2018” to “April 2019” to reflect amended changes in the Form.

Page 1, “Instructions, Section II – Fee Waiver Requirement”: Reference to the low-income calculator and/or matrix has been removed.

Page 2, “Section II – Fee Waiver Requirement”: Pursuant to Section 455.219(7)(a), Florida Statutes, “...the term ‘low-income individual’ means...proof of which may be shown through enrollment in a state or federal public assistance program that requires participants to be at or below 130 percent of the federal poverty guidelines to qualify.” Therefore, the form has been updated to include an Option B which allows applicants to attest to their enrollment in such a public assistance program.

61-35.029 DBPR Departmental Forms.

The following forms can be obtained at www.myfloridalicense.com/dbpr or by contacting the Department of Business and Professional Regulation, 2601 Blair Stone Road, Tallahassee, FL 32399-0790, (850)487-1395:

(1) through (2) No change.

(3) Pursuant to s. 455.219(7)(a), F.S., the department, or a board thereunder, shall waive the initial licensing fee for a low-income individual. As defined in that section, a “low-income individual” is a person whose household income, before taxes, is at or below one hundred thirty percent (130%) of the federal poverty guidelines prescribed for the family’s household size by the United States Department of Health and Human Services. The 2019 federal poverty guidelines, published on February 1, 2019 in 84 Federal Register 1167, are hereby incorporated by reference and may be obtained from <https://www.federalregister.gov/documents/2019/02/01/2019-00621/annual-update-of-the-hhs-poverty-guidelines> or at

<https://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>. Any person claiming waiver of an initial professional licensing fee based upon low-income status pursuant to s. 455.219(7)(a), F.S., shall submit, along with their application for licensure, a completed Form DBPR LI 001, Application for Low Income Waiver of Licensing Fee, effective XXXXXXXX, incorporated herein by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>.

~~(a) Any person claiming waiver of an initial professional licensing fee based upon low income status pursuant to s. 455.219(7)(a), F.S., shall submit, along with their application for licensure, a completed Form DBPR LI 001, Application for Low Income Waiver of Licensing Fee, effective XXXXXXXX, incorporated herein by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>.~~

Rulemaking Authority 20.05, 20.165(8), 455.203(5), 455.213(1), 455.2035 FS. Law Implemented 455.02, 455.213, 455.219, 559.79, 489.1131, 489.5161 FS. History—New _____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Florida Condominiums, Timeshares and Mobile Homes

RULE NO.: RULE TITLE:
61B-35.001 Purpose and Effect

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 45 No. 58, March 25, 2019 issue of the Florida Administrative Register.

The Summary of Statement of Estimated Regulatory Cost and Legislative Ratification is corrected to state:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the agency. The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: the economic review conducted by the Agency. Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

**Section IV
Emergency Rules**

NONE

Section V Petitions and Dispositions Regarding Rule Variance or Waiver

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

59A-4.1265 Emergency Environmental Control for Nursing Homes

NOTICE IS HEREBY GIVEN that on April 10, 2019, the Agency for Health Care Administration, received a petition for Variance from subsection 59A-4.1265(5) from 6700 NW 10th Place Operations LLC d/b/a North Florida Rehabilitation and Specialty Care, seeking additional time beyond June 1, 2019, to implement the Detailed Nursing Home Emergency Power Plan. The petition was assigned case number 2019005663. Any interested person or other agency may submit written comments on the petition within 14 days after this notice by e-mailing LTCstaff@ahca.myflorida.com.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: RULE TITLE:

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A copy of the Petition for Variance or Waiver may be obtained by contacting: Jacqueline Williams, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #33, Tallahassee, Florida 32308 or e-mailing LTCstaff@ahca.myflorida.com.

DEPARTMENT OF HEALTH

Board of Dentistry

NOTICE IS HEREBY GIVEN that on April 19, 2019, the Board of Dentistry, received a petition for variance or waiver filed by Falastin Abu-Samm, D.D.S. Although petitioner did

not mention a specific rule in the petition, it appears that petitioner is seeking a variance or waiver of Rule 64B5-14.003, Florida Administrative Code, which lists the training, education, certification, and requirements for issuance of anesthesia permits.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Jennifer Wenhold, Executive Director, Board of Dentistry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258. Comments on this petition should be filed with the Board of Dentistry within 14 days of publication of this notice.

Section VI Notice of Meetings, Workshops and Public Hearings

DEPARTMENT OF LEGAL AFFAIRS

Division of Victim Services and Criminal Justice Programs

The Council on the Social Status of Black Men and Boys announces a workshop to which all persons are invited.

DATES AND TIMES: Tuesday, May 28, 2019, 8:30 a.m. – 3:00 p.m.; Wednesday, May 29, 2019; 8:30 a.m. – 3:00 p.m.

PLACE: The EpiCenter, 13805 58th Street North, Clearwater, FL, 33760

GENERAL SUBJECT MATTER TO BE CONSIDERED: Collaborative Labs - Full Council Workshop

The Council shall make a systematic study of the conditions affecting black men and boys, including, but not limited to, homicide rates, arrest and incarceration rate, poverty, violence, drug abuse, death rates, disparate annual income levels, school performance in all grade levels including postsecondary levels, and health issues.

A copy of the agenda may be obtained by contacting: <http://www.cssbmb.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: the Bureau of Criminal Justice Programs at (850)414-3300. 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: The Bureau of Criminal Justice Programs at (850)414-3300.

DEPARTMENT OF TRANSPORTATION

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

DATE AND TIME: April 23, 2019, 9:30 a.m.

PLACE: CrossPointe Church, 8605 Gulf Drive, Holmes Beach, Florida, 34228.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Sarasota/Manatee Barrier Islands Traffic Study is examining the feasibility of improving the overall infrastructure, including traffic operations and circulation, on the Sarasota/Manatee barrier islands as well as island-to-mainland connections. Phase 1 and 2 of the traffic study are complete and the proposed operational improvements have been solidified. Phase 3 of the project is underway and includes improved origin/destination analysis, reviewing potential funding sources, refining cost estimates, project priorities, and mobility solutions. At this steering committee project staff will be updating the committee on the progress of the study and will center the discussion on the vision of the local communities.

A copy of the agenda may be obtained by contacting:

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: Project Manager for Barrier Island Traffic Study, Florida Department of Transportation, District One, Office: 1(863)519-2656.

Bessie.Reina@dot.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Project Manager for Barrier Island Traffic Study, Florida Department of Transportation, District One, Office: 1(863)519-2656, Bessie.Reina@dot.state.fl.us.

DEPARTMENT OF TRANSPORTATION

The Florida Department of Transportation, District 2 announces a hearing to which all persons are invited.

DATE AND TIME: April 29, 2019, 4:30 p.m. – 6:30 p.m.

PLACE: City of Newberry Municipal Building, 25440 West Newberry Road, Newberry, Florida 32669

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation (FDOT) invites you to attend the Public Hearing for the proposed improvements to SR 26/West Newberry Road from the Gilchrist County Line to CR 26A, Financial Management Number 207850-2-22-02 in Alachua County, Florida. The Public Hearing will be held on Monday April 29, 2019, at the City of Newberry Municipal Building located at 25440 West Newberry Road, Newberry, Florida 32669. The hearing will begin at 4:30 p.m. to give you an opportunity to review the exhibits and talk one-on-one with FDOT staff. A formal presentation will take place at 6:30 p.m. followed by a public comment period.

The FDOT is conducting a Project Development and Environment (PD&E) Study to add capacity on SR 26/West Newberry Road to improve mobility, decrease emergency evacuation times, and to encourage economic development in downtown Newberry while preserving the historic district. The preferred alternative will convert SR 26/West Newberry Road and NW 1st Avenue from two-way 2-lane roadways into a one-way pair system, with two lanes in each direction. SR 26/West Newberry Road will become a one-way street eastbound, with two 12-foot travel lanes, two 6-foot sidewalks, a bicycle lane on the south side and on-street parking on the north side of the street. NW 1st Avenue will become a one-way street westbound with two 11-foot travel lanes, two 6-foot sidewalks, on-street parking on the south side and a bicycle lane on the north side of the street. FDOT encourages you to get involved throughout the study by providing comments, concerns, questions and/or suggestions to the Study Team.

As of April 8, 2019, project documents will be available for review at the following locations:

Newberry City Hall, 25440 West Newberry Road, Newberry, Florida 32669

Gilchrist County Library – Trenton, 105 NE 11th Avenue, Trenton, Florida 32693

Persons wishing to submit written comments may do so at the Public Hearing or mail/email them to the address provided below no later than May 9, 2019.

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

The environmental review, consultation, and other actions required by applicable federal environmental laws for this project are being, or have been, carried out by FDOT pursuant to 23 U.S.C. § 327 and a Memorandum of Understanding dated December 14, 2016, and executed by Federal Highway Administration and FDOT.

A copy of the agenda may be obtained by contacting: Mr. David Tyler, PE, Florida Department of Transportation, 1109 S. Marion Avenue, MS 2007, Lake City, FL 32025. Phone: (386)961-7842 or 1(800)749-2967 extension 7842. Email: david.tyler@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: Mr. David Tyler, PE, Florida Department of Transportation, 1109 S. Marion Avenue, MS 2007, Lake City, FL 32025. Phone: (386)961-7842 or 1(800)749-2967 extension 7842. Email: david.tyler@dot.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

REGIONAL PLANNING COUNCILS

East Central Florida Regional Planning Council

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

DATE AND TIME: Wednesday, May 15, 2019, 12:30 p.m.

PLACE: 455 N. Garland Avenue, Suite 414, Orlando, FL 32801

GENERAL SUBJECT MATTER TO BE CONSIDERED: Bi-monthly meeting of the Council Subcommittee for Regional Resilience Collaborative

A copy of the agenda may be obtained by contacting: Jenifer Rupert, jrupert@ecfrpc.org or (407)245-0300, ext. 302.

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 two (2) days before the workshop/meeting by contacting: Jenifer Rupert, jrupert@ecfrpc.org or (407)245-0300, ext. 302. 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: Jenifer Rupert, jrupert@ecfrpc.org or (407)245-0300, ext. 302.

REGIONAL UTILITY AUTHORITIES

Tampa Bay Water - A Regional Water Supply Authority

The TAMPA BAY WATER, A REGIONAL WATER SUPPLY AUTHORITY announces a public meeting to which all persons are invited.

DATE AND TIME: May 2, 2019, 10:00 a.m. (one hour has been reserved)

PLACE: Tampa Bay Water's Administrative Offices, 2575 Enterprise Road, Clearwater, FL 33763.

GENERAL SUBJECT MATTER TO BE CONSIDERED: A public meeting of the Selection Committee for the Design-Build for Tampa Bay Water's Regional Reservoir Office Renovation Project, Contract No. 2019-045. As a part of the selection process, the Selection Committee will meet to review and discuss the responses and ranking of the firms, and discussion of any other matters pertaining to this Request for Proposals.

A copy of the agenda may be obtained by contacting: Records Department at (727)796-2355.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Records Department at (727)796-2355. 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: Records Department at (727)796-2355.

DEPARTMENT OF HEALTH

Board of Pharmacy

The Florida Board of Pharmacy announces a public meeting to which all persons are invited.

DATE AND TIME: May 6, 2019, 1:00 p.m.

PLACE: Teleconference: 1(888)585-9008, Participant Code: 744469610

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business meeting involving discussion and actions, including, but not limited to general board business.

A copy of the agenda may be obtained by contacting: (850)245-4474.

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: (850)245-4474. 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: (850)245-4474.

DEPARTMENT OF CHILDREN AND FAMILIES

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

DATE AND TIME: Friday, April 26, 2019, 8:30 a.m.

PLACE: Department of Children and Families office, 2295 Victoria Avenue, conference room 307, Ft. Myers

GENERAL SUBJECT MATTER TO BE CONSIDERED: on-going Lee County Community Alliance business.

A copy of the agenda may be obtained by contacting: Stephanie Jones, (239)895-0257.

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: Stephanie Jones, (239)895-0257. 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: Stephanie Jones, (239)895-0257.

MID-FLORIDA AREA AGENCY ON AGING

The Mid Florida Area Agency on Aging dba Elder Options announces a public meeting to which all persons are invited.

DATE AND TIME: May 22, 2019, 10:00 a.m.

PLACE: Elder Options Conference Room A, 100 SW 75th Street, Suite 301, Gainesville, Florida 32607

GENERAL SUBJECT MATTER TO BE CONSIDERED: Scheduled meeting of the Grant Review Committee of the Elder Options Board of Directors. The Grant Review Committee will discuss and adopt recommendations regarding the applications received by Elder Options for funding for the program year beginning July 1, 2019. Programs funded for this period include: Community Care for the Elderly (CCE), Alzheimer's Disease Initiative (ADI), Home Care for the Elderly (HCE), and Local Service Programs (LSP). The committee will also consider programs that begin in January 2020 that are funded through the Older Americans Act (OAA). Based upon its review and discussion of applications, the Committee will make funding recommendations for consideration by the full Board of Directors during the June 5th, 2019, Board Meeting at 10:00 a.m.

A copy of the agenda may be obtained by contacting: Kathy Dorminey, (352)692-5214, dormineyk@agingresources.org. Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Kathy Dorminey, (352)692-5214. 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: Kathy Dorminey, (352)692-5214, dormineyk@agingresources.org.

QCAUSA

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

DATE AND TIME: Wednesday, May 8, 2019, 5:00 p.m. – 7:00 p.m.

PLACE: Port St. Lucie Community Center, 2195 SE Airoso Blvd., Port St. Lucie, FL 34997

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Multimodal Master Plan is integral in the achieving overall regional mobility goals for I-95/SR-9 from the Palm Beach/Martin County, Florida line to the Indian River/Brevard County, Florida line, a stretch of about 71 miles.

The goal of this project is to identify short-term and long-term capacity and operational improvements necessary to bring the facility to Strategic Intermodal System (SIS) standards. It will also recommend actions to be taken by the Florida Department

of Transportation and the relevant local governments to protect and enhance the facility through the year 2045.

A copy of the agenda may be obtained by contacting: 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 Dr. Min-Tang Li, PE, FDOT Project Manager at (954)777-4652 or email at Min-Tang.Li@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: Dr. Min-Tang Li, PE, District Four Project Manager at (954)777-4652 or toll free at 1(866)336-8435, ext. 4652, via email at Min-Tang.Li@dot.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Dr. Min-Tang Li, PE, District Four Project Manager at (954)777-4652 or toll free at 1(866)336-8435, ext. 4652, via email at Min-Tang.Li@dot.state.fl.us.

THE VALERIN GROUP, INC.

The Florida Department of Transportation (FDOT) District Four announces a workshop to which all persons are invited.

DATE AND TIME: Tuesday, April 30, 2019, 5:30 p.m. – 7:30 p.m.

PLACE: West Boynton Branch Library, 9451 Jog Rd., Boynton Beach, FL 33437

GENERAL SUBJECT MATTER TO BE CONSIDERED: A Public Information Workshop regarding plans to improve SR 804/Boynton Beach Boulevard from Lyons Road to east of Florida's Turnpike in Palm Beach County, which include milling and resurfacing of the roadway, adding an eastbound left turn lane extension and westbound right turn lane extension to the southbound Turnpike, reducing travel-lane widths to accommodate buffered bike lanes, new sidewalks and upgrading Americans with Disabilities Act (ADA) features, new signs and pavement markings, traffic signal upgrades, upgraded pedestrian features, lighting improvements and new guardrails.

The Public Information Workshop is scheduled for 5:30 p.m. – 7:30 p.m., Tuesday, April 30, 2019 at the West Boynton Branch Library located at 9451 Jog Rd., Boynton Beach, FL 33437. The workshop will have an open house format and staff will be available to answer questions and provide assistance at any time during the workshop.

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability, or family status. Persons who require special accommodations under the

Americans with Disabilities Act (ADA) or persons who require translation services (free of charge) should contact Vandana Nagole, P.E., Project Manager by phone at (954)777-4281, toll free at 1(866)336-8435 Ext. 4281, or via email at Vandana.Nagole@dot.state.fl.us at least seven (7) days prior to the Project Workshop.

A copy of the agenda may be obtained by contacting: There is no agenda.

For more information, you may contact: Vandana Nagole, P.E., Project Manager by phone at (954)777-4281, toll free at 1(866)336-8435 Ext. 4281, or via email at Vandana.Nagole@dot.state.fl.us.

Section VII

Notice of Petitions and Dispositions Regarding Declaratory Statements

NONE

Section VIII

Notice of Petitions and Dispositions Regarding the Validity of Rules

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

NONE

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

NONE

Section IX

Notice of Petitions and Dispositions Regarding Non-rule Policy Challenges

NONE

Section X

Announcements and Objection Reports of the Joint Administrative Procedures Committee

NONE

Section XI

Notices Regarding Bids, Proposals and Purchasing

DEPARTMENT OF EDUCATION

University of Central Florida

Structural Engineer Continuing Services

NOTICE TO PROFESSIONALS

The University of Central Florida has a need for several firms to provide firms to provide structural engineering services on an ongoing basis for building renovations, alterations, remediation, and new construction. Structural engineers will work with Architects and Engineers on design and construction projects up to \$2,000,000 construction cost, or services for which the fee for professional services is less than \$200,000. Services required may include design, construction documents, and administration.

The University of Central Florida wishes to enter into an open-ended contract with multiple companies for a period of one year, with an option to renew for four additional one-year periods. The University has the right to amend the terms of the contract at each annual renewal. All firms applying must be licensed as Engineers in the State of Florida by the Florida Department of Business and Professional Regulation at the time of application and, if a Corporation, registered to operate in the State of Florida by the Department of State, Division of Corporations. Blanket professional liability insurance will be required for this project in the amount of \$2,000,000 and will be provided as a part of Basic Services.

The Selection Committee may reject all proposals and stop the selection process at any time. The University also reserves the right to cancel the project at any time.

Instructions for submitting a proposal can be found on the Project Fact Sheet. The Project Fact Sheet and General Contractor’s Form may be obtained on our website www.fp.ucf.edu or by contacting: Gina Seabrook, Email: gina.seabrook@ucf.edu, Phone: (407)823-5894.

We are accepting only electronic submissions, to be uploaded at: <https://ucf.bonfirehub.com/opportunities/15208>.

Submittals must be received by 5:00 p.m. local time May 20, 2019. Late submissions or additional documentation will not be accepted.

**Section XII
Miscellaneous**

DEPARTMENT OF STATE

Index of Administrative Rules Filed with the Secretary of State Pursuant to subparagraph 120.55(1)(b)6. – 7., F.S., the below list of rules were filed in the Office of the Secretary of State between 3:00 p.m., Monday, April 15, 2019 and 3:00 p.m., Friday, April 19, 2019.

Rule No.	File Date	Effective Date
5L-1.001	4/17/2019	5/7/2019
5L-1.005	4/17/2019	5/7/2019
5L-1.007	4/17/2019	5/7/2019
53ER19-31	4/18/2019	4/22/2019
53ER19-32	4/18/2019	4/22/2019
53ER19-33	4/18/2019	4/22/2019
59A-33.006	4/19/2019	5/9/2019
59A-8.005	4/19/2019	5/9/2019
62-17.241	4/18/2019	5/8/2019
68A-25.002	4/17/2019	5/7/2019
68A-29.002	4/17/2019	5/7/2019

LIST OF RULES AWAITING LEGISLATIVE APPROVAL SECTIONS 120.541(3), 373.139(7) AND/OR 373.1391(6), FLORIDA STATUTES

Rule No.	File Date	Effective Date
60FF1-5.009	7/21/2016	**/**/*****
64B8-10.003	12/9/2015	**/**/*****
69L-3.009	12/5/2018	**/**/*****

April 26, 2019, 10:30 a.m. – 11:30 a.m., Agency for Health Care Administration, Medicaid Field Office, 1400 West Commercial Blvd, Suite 195, Ft. Lauderdale, Florida, 33309
 May 10, 2019, 10:30 a.m. – 11:30 a.m., Agency for Health Care Administration, Medicaid Field Office, 160 W Governmental Center Suite 510, Pensacola, Florida, 32502
 For more information, you may contact: BACOMMENTS@ahca.myflorida.com.

**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.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

CANCELLATION-Behavior Analysis Public Meeting

The Agency for Health Care Administration announces the CANCELLATION of the public meetings, noticed in Vol. 45, No. 63, of the Florida Administrative Register on April 1, 2019.

DATES AND TIMES: April 25, 2019, 10:30 a.m. – 11:30 a.m., Agency for Health Care Administration, Medicaid Field Office, 8333 NW 53rd St., Doral, Florida, 33166