

DEPARTMENT OF HEALTH

Board of Nursing Home Administrators

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| RULE TITLES: | RULE NOS.: |
| Facility at Which Training Takes Place | 64B10-16.003 |
| Equivalency | 64B10-16.006 |

PURPOSE AND EFFECT: The Board proposes to amend Rule 64B10-16.003 to add the words "nursing home" to "facility" where ever it appears in the rule. The Board proposes to repeal this Rule 64B10-16.006 because the Board does not have statutory authority.

SUBJECT AREA TO BE ADDRESSED: Nursing Home Facility and Repeal of Rule 64B10-16.006.

SPECIFIC AUTHORITY: 468.1685(1), 468.1695(2) FS.

LAW IMPLEMENTED: 468.1695(2) FS.

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

TIME AND DATE: 9:00 a.m., February 11, 2000

PLACE: Clarion Hotel, 2101 Dixie Clipper Road, Jacksonville, Florida 32218

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: John Taylor, Executive Director, Board of Nursing Home Administrators/MQA, 2020 Capital Circle, S. E., Bin #C04, Tallahassee, Florida 32399-3254

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

DEPARTMENT OF HEALTH

Division of Environmental Health and Statewide Programs

| | |
|----------------------------|-------------------|
| RULE CHAPTER TITLE: | RULE CHAPTER NO.: |
| Emergency Medical Services | 64E-2 |

PURPOSE, EFFECT AND SUBJECT AREA TO BE ADDRESSED: To establish rules on staffing, equipment and supplies for ALS nontransport vehicles and to provide for reclassifying of such vehicles under certain conditions.

SPECIFIC AUTHORITY: 401.35 FS.

LAW IMPLEMENTED: 401.25, 401.27 FS.

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

TIME AND DATE: 11:00 a.m., February 15, 2000

PLACE: Florida College of Emergency Physicians, 3717 S. Conway Road, Orlando, Florida 32812

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Pam Lesley, Senior Management Analyst, Bureau of Emergency Medical Services, Department of Health, 2020 Capital Circle, S. E., Bin #C18, Tallahassee, Florida 32399-1738, (850)245-4440, Extension 2733

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT WILL BE AVAILABLE UPON REQUEST AT NO CHARGE ONE WEEK PRIOR TO THE WORKSHOP.
P.O. X00699

**Section II
Proposed Rules**

DEPARTMENT OF BANKING AND FINANCE

Division of Securities and Investor Protection

| | |
|-----------------------------|------------|
| RULE TITLE: | RULE NO.: |
| Examinations/Qualifications | 3E-600.005 |

PURPOSE AND EFFECT: The purpose of the proposed amendment is to update the rule to incorporate the new Series 65 and 66 examinations for investment advisers and investment adviser representatives. The proposed amendments also specify grandfathering provisions and exemptions for certain investment advisers and investment adviser representatives.

The proposed rule amendments are based on the model rules suggested by the North American Securities Administrators Association and are intended to ensure uniformity among the states as to examination requirements for investment advisers and investment adviser representatives.

SUMMARY: Implementation of the modified Series 65 and 66 examinations is January 1, 2000. The proposed amendments will incorporate the modified examinations as requirements for registration as an investment adviser or investment adviser representative. Investment advisers and investment adviser representatives who are currently registered or have been registered within two years of the date of application for registration are not required to satisfy the examination requirements. Individuals holding certain professional designations will be exempt from the examination requirements for investment adviser principals, investment adviser representatives and associated persons of issuer dealers.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory costs has been prepared.

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

SPECIFIC AUTHORITY: 517.03(1) FS.

LAW IMPLEMENTED: 517.12(8) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 10:00 a.m., February 14, 2000

PLACE: Room 604, Fletcher Building, 101 East Gaines Street, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Rick White, Financial Administrator, Room 604, Fletcher Building, 101 East Gaines Street, Tallahassee, Florida 32399-0350, (850)410-9805

THE FULL TEXT OF THE PROPOSED RULE IS:

3E-600.005 Examinations/Qualifications.

(1) Law: Every applicant for registration shall execute and submit a statement attesting to said applicant's knowledge and review of the Florida Securities and Investor Protection Act, as contained in the Uniform Application Form U-4.

(2) ~~Examination Requirements for Principal and Agent of a Dealer Securities General Knowledge~~: Every applicant for initial registration as a ~~dealer, principal, or agent of a dealer or investment adviser~~, shall evidence ~~Securities g~~General ~~k~~knowledge by:

(a) submitting to the Department proof of passing, within two years of the date of application for registration, an appropriate examination relating to the position to be filled administered by a national securities association or a national securities exchange registered with the Securities and Exchange Commission; or

(b) submitting to the Department evidence of effective registration, within the preceding two years, with a national securities association or national stock exchange registered with the Securities and Exchange Commission, relating to the position to be filled as principal or agent; ~~or with the Association for Investment Management and Research (A.I.M.R.) as a Chartered Financial Analyst (CFA) or with the Investment Counsel Associates as a Chartered Investment Counselor (CIC); or~~

(c) having remained continuously registered in the capacity to be filled with the State of Florida without interruption of more than two years; or

(d) having complied with the provision of Rule 3E-600.004(1)(b); ~~or~~

(e) ~~submitting to the Department proof of passing within two years of the date of application, any of the following: 1. the SECO/NASD Non Member examination (Series 2); 2. the Uniform Investment Adviser Law Examination (Series 65); 3. the Uniform Combined State Law Examination (Series 66) with a maximum score of 80% for principal registration and a minimum score of 70% for agent registration.~~

(3) Examination Requirements for Investment Adviser Representative and Principal: An individual applying to be registered as an investment adviser or investment adviser representative shall provide the Department with proof of passing, within two years of the date of application for registration, one of the following examinations: 1. the Uniform Investment Adviser Law Examination (Series 65) or; 2. the General Securities Representative Examination (Series 7) and the Uniform Combined State Law Examination (Series 66). Every applicant for registration shall file the information required in subsections (1) and (2) of this Rule within the time periods set forth in Rule 3E 301.002 and Rule 3E 600.002(3)(a).

(4) Grandfathering Provisions:

(a) Any individual who is registered as an investment adviser or investment adviser representative in any jurisdiction in the United States on the effective date of this rule shall not be required to satisfy the examination requirements for continued registration except that the Department may require additional examinations for any individual found to have violated any state or federal securities law.

(b) An individual who has not been registered in any jurisdiction in the United States as an investment adviser or investment adviser representative within two years of the date of application for registration shall be required to comply with the examination requirements of this rule.

(5) The examination requirement for investment adviser principals, investment adviser representatives, and associated persons of issuer dealers shall not apply to an individual who currently holds one of the following professional designations: 1. Certified Financial Planner (CFP) awarded by the International Board of Standards and Practices for Certified Financial Planners, Inc.; 2. Chartered Financial Consultant (ChFC) awarded by the American College, Bryn Mawr, PA; 3. Personal Financial Specialist (PFS) awarded by the American Institute of Certified Public Accountants; 4. Chartered Financial Analyst (CFA) awarded by the Institute of Chartered Financial Analysts; 5. Chartered Investment Counselor (CIC) awarded by the Investment Counsel Association of America, Inc.

Specific Authority 517.03(1) FS. Law Implemented 517.12(8) FS. History—New 12-5-79, Amended 9-20-82, Formerly 3E-600.05, Amended 8-1-91, 1-11-93, 4-18-96.

NAME OF PERSON ORIGINATING PROPOSED RULE: Rick White, Financial Administrator, Division of Securities
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Don B. Saxon, Director, Division of Securities

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 22, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 14, 2000

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Aquaculture

| | |
|--|-------------------|
| RULE CHAPTER TITLE: | RULE CHAPTER NO.: |
| Comprehensive Shellfish Control Code | 5L-1 |
| RULE TITLES: | RULE NOS.: |
| Shellfish Harvesting Area Standards | 5L-1.004 |
| Container Identification, Terminal Sale Date; Prohibitions | 5L-1.010 |

PURPOSE AND EFFECT: This amendment proposes to reclassify the Body F shellfish harvesting area, Brevard County. A sanitary survey has been conducted that evaluates current information on pollution sources and bacteriological water quality and recommends reclassification of the shellfish harvesting area.

The four-digit harvest area codes are proposed to be updated to reflect the proposed classifications. These codes or the name of the harvest area must be recorded on harvester tags. This information provides for tracing shellfish that are implicated in illness outbreaks back to the harvest area.

SUMMARY: The proposed reclassification of the Body F shellfish harvesting area will decrease the size of conditionally approved area by 344 acres, from 6,381 acres (2,189 acres in conditionally approved zone 1 + 4,192 acres in conditionally approved zone 2) to 6,725 acres, increase the size of conditionally restricted area by 1,491 acres, from 2,834 acres (1,150 acres in conditionally restricted zone 3 + 1,684 acres in conditionally restricted zone 4) to 4,325 acres and decrease the size of the prohibited area by 710 acres, from 3,056 acres to 2,346 acres.

The average expected number of days per month closed will decrease for conditionally approved zone 1 by 9.8 days per month, from to 11.1 days per month to 1.3 days per month, decrease for conditionally approved zone 2 by 3.3 days per month, from 4.6 days per month to 1.3 days per month, decrease for conditionally restricted zone 3 by 3.8 days per month, from 4.4 to 0.6 days per month and decrease for conditionally restricted zone 4 by 0.6 days per month, from 1.2 days per month to 0.6 days per month.

These amendments place descriptions, references to shellfish harvesting area map numbers and operating criteria for the Body F shellfish harvesting area (#74) in the document Shellfish Harvesting Area Classification Boundaries and Management Plans. This document is hereby incorporated by reference in 5L-1.004(1). Additionally, these amendments provide an illustration of the Body F shellfish harvesting area classification boundaries in shellfish harvesting area map #74. This map is hereby incorporated by reference in 5L-1.004(1).

Additionally, these amendments propose updating the four-digit harvest area codes defined in 5L-1.010(3)(e) for Body F. These codes will be used on harvester tags to identify the locations where shellfish are harvested.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: There is no anticipated regulatory cost.

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

SPECIFIC AUTHORITY: 370.021(1), 370.071(1) FS.

LAW IMPLEMENTED: 370.071 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 1:00 p.m., Monday, February 7, 2000

PLACE: 1203 Governors Square Boulevard, 5th Floor, Tallahassee, Florida

If accommodation for a disability is needed to participate in this activity, please notify the Personnel Services Specialist in the Bureau of Personnel Management, (850)921-6262, at least seven days before the meeting.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John McDowell, Division of Aquaculture, 1203 Governors Square Boulevard, 5th Floor, Tallahassee, Florida, Phone (850)488-5471

THE FULL TEXT OF THE PROPOSED RULE IS:

5L-1.004 Shellfish Harvesting Area Standards.

(1) The Department shall describe and/or illustrate harvesting areas and provide harvesting area classifications as approved, conditionally approved, restricted, conditionally restricted, prohibited, or unclassified as defined herein, including criteria for opening and closing shellfish harvesting areas in accordance with Section C of the National Shellfish Sanitation Program Manual of Operations, Part I. Copies of individual shellfish harvesting area maps, revised January 4, 2000 ~~April 14, 1999~~, and the document Shellfish Harvesting Area Classification Boundaries and Management Plans, revised January 4, 2000 ~~April 14, 1999~~, containing shellfish harvesting area descriptions, references to shellfish harvesting area map numbers, and operating criteria herein incorporated by reference may be obtained by writing to the Department at 1203 Governors Square Boulevard, Fifth Floor, Tallahassee, Florida 32301.

(2) through (10) No change.

Specific Authority 370.021(1), 370.071(1) FS. Law Implemented 370.071 FS. History—New 1-4-87, Amended 8-10-88, 7-9-89, 12-23-91, Formerly 16R-7.004, Amended 7-3-95, 6-18-97, 7-1-97, 7-22-97, 10-12-97, 12-16-97, 12-28-97, 2-12-98, 2-25-98, 7-1-98, 7-20-98, 11-3-98, 12-28-98, 3-18-99, 7-1-99, Formerly 62R-7, Amended.

5L-1.010 Container Identification, Terminal Sale Date; Prohibitions.

(1) through (2) No change.

(3) The harvester's tag's shall contain legible waterproof information arranged in the specific order as follows:

(a) The harvester's saltwater product license number as assigned by the Department;

(b) The date of harvesting;

(c) The time of harvest;

(d) The time of refrigeration, if applicable;

(e) The identification of the harvest area using the four digit area code or name of the harvest area listed in Table 2, which is incorporated herein and appears at the end of this Chapter, as well as the most precise identification within that area as practicable;

(f) Common name of shellfish and quantity of shellfish;

(g) The following statement will appear in bold capitalized type "THIS TAG IS REQUIRED TO BE ATTACHED UNTIL CONTAINER IS EMPTY AND THEREAFTER KEPT ON FILE FOR 90 DAYS."

(4) through (12) No change.

Specific Authority 370.071(1) FS. Law Implemented 370.071 FS. History—New 1-4-87, Amended 5-21-87, 8-10-88, 7-9-89, 8-30-89, 5-6-93, 9-14-93, 8-21-94, Formerly 16R-7.010, Amended 9-1-95, 5-8-96, 2-6-97, 10-12-97, 2-12-98, 2-25-98, 7-1-98, 11-3-98, 12-28-98, Formerly 62R-7, Amended.

| AREA CODE | HARVEST AREA NAME |
|-----------|---|
| 0222 | Pensacola Bay: Conditionally Approved (Escambia Bay, Winter, November 1 through March 30) |
| 0232 | Pensacola Bay: Conditionally Approved (East Bay, Winter, November 1 through March 30) |
| 0242 | Pensacola Bay: Conditionally Approved (Escambia Bay, Spring/Fall, April 1 through June 30 and October 1 through October 31) |
| 0252 | Pensacola Bay: Conditionally Approved (East Bay, Spring/Fall, April 1 through June 30 and October 1 through October 31) |
| 0215 | Pensacola Bay: Restricted (Escambia Bay Spring/Fall, April 1 through June 30 and October 1 through October 31) |
| 0216 | Pensacola Bay: Conditionally Restricted (Escambia Bay Winter, November 1 through March 30) |
| 0226 | Pensacola Bay: Conditionally Restricted (East Bay, Winter, November 1 through March 30) |
| 0622 | Choctawhatchee: Conditionally Approved (Central) |
| 0632 | Choctawhatchee: Conditionally Approved (Eastern) |
| 0802 | West Bay: Conditionally Approved |
| 1012 | North Bay: Conditionally Approved (Western) |
| 1022 | North Bay: Conditionally Approved (Eastern) |
| 1206 | East Bay: Conditionally Restricted |
| 1212 | East Bay: Conditionally Approved (Section 1) |
| 1222 | East Bay: Conditionally Approved (Section 2) |
| 1401 | St. Joe Bay: Approved |
| 1506 | Indian Lagoon: Conditionally Restricted |
| 1512 | Indian Lagoon: Conditionally Approved Zone X (April 1 – June 30 & October 1 – December 31) |
| 1522 | Indian Lagoon: Conditionally Approved Zone Y (April 1 – June 30 & October 1 – December 31) |
| 1532 | Indian Lagoon: Conditionally Approved Zone Z (April 1 – June 30 & October 1 – December 31) |
| 1542 | Indian Lagoon: Conditionally Approved Zone A (January 1 – March 31) |
| 1552 | Indian Lagoon: Conditionally Approved Zone B (January 1 – March 31) |
| 1611 | Apalachicola Bay: Approved (Winter) |
| 1621 | Apalachicola Bay: Approved (Summer) |
| 1631 | Apalachicola Bay: Approved, Shellfish lease numbers 525, 551, 551B, 580, 582, 609, 672, and 981 (Summer) |
| 1612 | Apalachicola Bay: Conditionally Approved West 1 (Winter) |
| 1622 | Apalachicola Bay: Conditionally Approved West 2 (Winter) |
| 1632 | Apalachicola Bay: Conditionally Approved West 3 (Winter) |
| 1642 | Apalachicola Bay: Conditionally Approved East (Winter) |
| 1652 | Apalachicola Bay: Conditionally Approved North (Summer) |
| 1662 | Apalachicola Bay: Conditionally Approved South (Summer) |
| 1606 | Apalachicola Bay: Conditionally Restricted |
| 2002 | Ochlockonee Bay: Conditionally Approved |
| 2206 | Wakulla: Conditionally Restricted |
| 2212 | Wakulla: Conditionally Approved (Zone 1) |

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| 2222 | Wakulla: Conditionally Approved (Zone 2) |
| 2502 | Horseshoe: Conditionally Approved |
| 2506 | Horseshoe: Conditionally Restricted |
| 2802 | Suwannee Sound: Conditionally Approved |
| 2806 | Suwannee Sound: Conditionally Restricted |
| 3012 | Cedar Key: Conditionally Approved (Zone A) |
| 3022 | Cedar Key: Conditionally Approved (Zone B) |
| 3006 | Cedar Key: Conditionally Restricted |
| 3202 | Waccasassa Bay: Conditionally Approved |
| 3206 | Waccasassa Bay: Conditionally Restricted |
| 3402 | Withlacoochee Bay: Conditionally Approved |
| 3406 | Withlacoochee Bay: Conditionally Restricted |
| 3702 | Citrus County: Conditionally Approved |
| 3706 | Citrus County: Conditionally Restricted |
| 4202 | Boca Ciega Bay: Conditionally Approved |
| 4802 | Lower Tampa Bay: Conditionally Approved |
| 4806 | Lower Tampa Bay: Conditionally Restricted |
| 5402 | Sarasota Bay: Conditionally Approved |
| 5406 | Sarasota Bay: Conditionally Restricted |
| 5602 | Lemon Bay: Conditionally Approved |
| 5802 | Gasparilla: Conditionally Approved |
| 6002 | Myakka River: Conditionally Approved |
| 6201 | Pine Island Sound: Approved |
| 6602 | Ten Thousand Islands: Conditionally Approved |
| 7001 | Indian River/St. Lucie: Approved |
| 7006 | Indian River/St. Lucie: Restricted |
| 7202 | North Indian River: Conditionally Approved |
| 7206 | North Indian River: Conditionally Restricted |
| 7402 | Body F: Conditionally Approved (Zone 1) |
| 7412 | Body F: Conditionally Approved (Zone 1) |
| 7422 | Body F: Conditionally Approved (Zone 2) |
| 7406 | Body F: Conditionally Restricted |
| 7416 | Body F: Conditionally Restricted (Zone 3) |
| 7426 | Body F: Conditionally Restricted (Zone 4) |
| 7506 | Body E: Conditionally Restricted |
| 7602 | Body D: Conditionally Approved |
| 7606 | Body D: Conditionally Restricted |
| 7712 | Body C: Conditionally Approved (Zone 1, March 1 through November 30) |
| 7722 | Body C: Conditionally Approved (Zone 2, March 1 through November 30) |
| 7732 | Body C: Conditionally Approved (December 1 through February 28 (or February 29 during a leap year)) |

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| 7716 | Body C: Conditionally Restricted (December 1 through February 28 (or February 29 during a leap year)) |
| 7726 | Body C: Conditionally Restricted (March 1 through November 30) |
| 7802 | Body B: Conditionally Approved |
| 7805 | Body B: Restricted |
| 7902 | South Banana River: Conditionally Approved |
| 7906 | South Banana River: Conditionally Restricted |
| 8001 | Body A: Approved |
| 8005 | Body A: Restricted |
| 8201 | Volusia: Approved |
| 8212 | Volusia: Conditionally Approved (Zone 1) |
| 8222 | Volusia: Conditionally Approved (Zone 2) |
| 8206 | Volusia: Conditionally Restricted |
| 8802 | St. Johns South: Conditionally Approved |
| 8806 | St. Johns South: Conditionally Restricted |
| 9202 | St. Johns North: Conditionally Approved |
| 9206 | St. Johns North: Conditionally Restricted |

INDEX OF SHELLFISH HARVESTING AREA MAPS

Revised ~~January 4, 2000~~ April 14, 1999

Shellfish Harvesting Area

| Name | Area Number | Map Number(s) | Revised date |
|---------------------------------|-------------|---------------|---|
| Apalachicola Bay System | 16 | 16 | April 14, 1999 |
| Boca Ciega Bay | 42 | 42 | April 15, 1997 |
| Body A | 80 | 80 | October 10, 1997 |
| Body B | 78 | 78 | April 15, 1997 |
| Body C | 77 | 77A, 77B | April 15, 1997 |
| Body D | 76 | 76 | April 15, 1997 |
| Body E | 75 | 75 | April 15, 1997 |
| Body F | 74 | 74 | <u>January 4, 2000</u> <u>April 15, 1997</u> |
| Cedar Key | 30 | 30 | April 15, 1997 |
| Choctawhatchee Bay | 06 | 06 | April 15, 1997 |
| Citrus County | 37 | 37 | April 15, 1997 |
| Duval County | 96 | 96 | April 15, 1997 |
| East Bay | 12 | 12 | April 15, 1997 |
| Gasparilla Sound | 58 | 58 | April 15, 1997 |
| Horseshoe Beach | 25 | 25A, 25B | January 6, 1999 |
| Indian Lagoon | 15 | 15A, 15B | April 15, 1997 |
| Indian River/St. Lucie Counties | 70 | 70 | April 15, 1997 |
| Lemon Bay | 56 | 56 | May 20, 1998 |
| Lower Tampa Bay | 48 | 48 | April 15, 1997 |
| Myakka River | 60 | 60 | October 28, 1998 |
| North Bay | 10 | 10 | April 15, 1997 |
| North Indian River | 72 | 72 | April 15, 1997 |
| North St. Johns | 92 | 92 | April 15, 1997 |
| Ochlockonee Bay | 20 | 20 | August 26, 1998 |
| Pensacola Bay System | 02 | 02A, 02B | April 15, 1997 |
| Pine Island Sound | 62 | 62 | October 28, 1998 |
| Sarasota Bay | 54 | 54 | April 15, 1997 |
| South Banana River | 79 | 79 | May 21, 1997 |
| South St. Johns | 88 | 88 | April 15, 1997 |
| South Volusia | 82 | 82A, 82B | December 10, 1997 |
| St. Joseph Bay | 14 | 14 | April 15, 1997 |
| Suwannee Sound | 28 | 28 | December 17, 1997 |
| Ten Thousand Islands | 66 | 66 | April 15, 1997 |
| Waccasassa Bay | 32 | 32 | April 15, 1997 |
| Wakulla County | 22 | 22 | April 15, 1997 |
| West Bay | 08 | 08A, 08B | October 28, 1998 |
| Withlacoochee Bay | 34 | 34 | April 15, 1997 |

INDEX OF SHELLFISH HARVESTING AREA
CLASSIFICATION BOUNDARIES AND MANAGEMENT PLANS

Revised ~~January 4, 2000~~ ~~April 14, 1999~~

| Shellfish Harvesting Area | | | |
|---------------------------------|-------------|---------------|---|
| Name | Area Number | Map Number(s) | Revised date |
| Apalachicola Bay System | 16 | 16 | April 14, 1999 |
| Boca Ciega Bay | 42 | 42 | April 15, 1997 |
| Body A | 80 | 80 | October 10, 1997 |
| Body B | 78 | 78 | April 15, 1997 |
| Body C | 77 | 77A, 77B | April 15, 1997 |
| Body D | 76 | 76 | April 15, 1997 |
| Body E | 75 | 75 | April 15, 1997 |
| Body F | 74 | 74 | January 4, 2000 April 15, 1997 |
| Cedar Key | 30 | 30 | April 15, 1997 |
| Choctawhatchee Bay | 06 | 06 | April 15, 1997 |
| Citrus County | 37 | 37 | April 15, 1997 |
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| East Bay | 12 | 12 | April 15, 1997 |
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| Pine Island Sound | 62 | 62 | October 28, 1998 |
| Sarasota Bay | 54 | 54 | April 15, 1997 |
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| South Volusia | 82 | 82A, 82B | December 10, 1997 |
| St. Joseph Bay | 14 | 14 | April 15, 1997 |
| Suwannee Sound | 28 | 28 | December 17, 1997 |
| Ten Thousand Islands | 66 | 66 | April 15, 1997 |
| Waccasassa Bay | 32 | 32 | April 15, 1997 |
| Wakulla County | 22 | 22 | April 15, 1997 |
| West Bay | 08 | 08A, 08B | October 28, 1998 |
| Withlacoochee Bay | 34 | 34 | April 15, 1997 |

NAME OF PERSON ORIGINATING PROPOSED RULE:
Robert Thompson
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Sherman Wilhelm, Director, Division of Aquaculture
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 5, 2000
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 22, 1996 as 62R-7

**DEPARTMENT OF EDUCATION
State Board of Education**

RULE TITLE: Assessment of Student Attainment of College-Level Communication and Computation Skills
 RULE NO.: 6A-10.0311

PURPOSE AND EFFECT: The purpose of this rule amendment is to update the alternatives to the requirements of the College-Level Academic Skills Test as a criterion for award of an associate in arts of baccalaureate degree from a public community college or state university. The effect will be to enable students to earn degrees by demonstrating their basic skills proficiencies by methods other than by passing the College-Level Academic Skills Test.

SUMMARY: This rule amendment updates the alternatives for postsecondary students to demonstrate their basic skills proficiencies to meet the requirements for an associate in arts or baccalaureate degree from public community colleges or state universities by means other than passing the College-Level Academic Skills Test.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 229.053(1)(2)(d) FS.

LAW IMPLEMENTED: 229.053(2)(d), 229.551(3)(i), 240.107(9), 240.239(3) FS.

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

TIME AND DATE: 9:00 a.m., February 22, 2000
 PLACE: Room LL03, The Capitol, Tallahassee, Florida
 THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Betty Cox, Director, Division of Public Schools and Community Education, Department of Education, 325 West Gaines Street, Room 514, Tallahassee, Florida 32399-0400, (850)488-2601

THE FULL TEXT OF THE PROPOSED RULE IS:

6A-10.0311 Assessment of Student Attainment of College-Level Communication and Computation Skills.

(14) Pursuant to Section 240.107(9)(a), Florida Statutes, any student fulfilling one or more of the following requirements before completion of the associate in arts degree requirements or baccalaureate degree requirements is exempt from the testing requirements of this rule:

(a) Students may present scores from the Scholastic Achievement Test (SAT-I) as follows:

1. Quantitative. Students who have earned a quantitative score of five hundred (500) or above on the recentered score scale of the Scholastic Achievement Test (SAT-I), or its equivalent on the original score scale, shall be exempt from the computation section of the College-Level Academic Skills Test.

2. Verbal. Students who have earned a verbal score of five hundred (500) or above on the recentered score scale of the Scholastic Achievement Test (SAT-I), or its equivalent on the original score scale, shall be exempt from the Reading, English Language Skills, and Essay sections of the College-Level Academic Skills Test.

(b) Students may present scores from the American College Testing Program (ACT) as follows:

1. Mathematics. Students who have earned a score of twenty-one (21) or above on the Enhanced American College Testing Program in mathematics, or a score of twenty-one (21) or above on the original ACT, or its equivalent on the original ACT, shall be exempt from the Computation section of the College-Level Academic Skills Test.

2. English. Students who have earned a score of twenty-two (22) or above on the Enhanced American College Testing Program in Reading, or a score of twenty (20) or above on the Composite of the original ACT, or its equivalent on the original ACT, shall be exempt from the Reading section of the College-Level Academic Skills Test. Students who have earned a score of twenty-one (21) or above on the American College Testing Program in English, or a score of twenty (20) or above on the original ACT, or its equivalent on the original ACT, shall be exempt from the English Language Skills and Essay sections of the College-Level Academic Skills Test.

(c) Students who have earned a grade point average of 2.5 or above on a 4.0 grade scale in selected postsecondary level courses shall be exempted from one or more sections of the College-Level Academic Skills Test, as specified below. Each postsecondary institution shall establish its own policies for the evaluation of students' coursework when that student earned credits from an institution other than a Florida public community college or university.

1. To exempt the English Language Skills, Reading and Essay sections of the College-Level Academic Skills Test, the student must have earned a 2.5 grade point average in two (2) courses for a minimum of six (6) semester hours of credit from: ENC 1101, English I and ENC 1102, English II or other equivalent college-level English course.

2. To exempt the Computation section of the College-Level Academic Skills Test, the student must have earned a 2.5 grade point average in two (2) courses for a minimum of six (6) semester hours of credit from:

a. Option 1. The student shall complete any two (2) of the following: MAC*102 College Algebra or any other MAC course with the last three digits being higher than 102; MGF*106 Liberal Arts Mathematics I, MGF*107 Liberal Arts Mathematics II, MGF*202 Finite Mathematics or any other MGF courses with the last three digits being higher than 202; or STA*014 Statistical Methods or any other STA course.

b. Option 2. The student shall complete any two (2) of the following: MGF*106 Liberal Arts Mathematics I and MGF*107 Liberal Arts Mathematics II; MGF*113 Topics in College Mathematics I; MGF*114 Topics in College Mathematics II; or MGF*118 Mathematics CLAST Review.

c. Option 3. MGF*106 Liberal Arts Mathematics I or MGF*113 Topics in College Mathematics I, and MAC*102 College Algebra or MAC*105 College Algebra.

Specific Authority 229.053(1)(2)(d) FS. Law Implemented 229.053(2)(d), 229.551(3)(i), 240.107(9), 240.239(3) FS. History--New 9-3-81, Amended 5-25-82, 10-7-82, 12-7-82, 12-20-83, 3-28-84, Formerly 6A-10.311, Amended 4-13-88, 4-1-91, 8-19-91, 10-18-94, 11-25-97, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: John Stewart, Deputy Commissioner for Educational Programs, Department of Education

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Tom Gallagher, Commissioner of Education

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 11, 2000

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 10, 1999

DEPARTMENT OF EDUCATION

State Board of Education

RULE TITLE: College Preparatory Testing Placement, and Instruction

RULE NO.: 6A-10.0315

PURPOSE AND EFFECT: The purpose of this amendment is to update the equivalent passing scores for the College Board's SAT-I and the American College Testing Program's Enhanced ACT for use as exemptions to the Florida College Entry-Level Placement Test. In addition, obsolete language has been

deleted. The effect will be that passing scores on the Florida College Entry-Level Placement Test, the SAT-I, and the Enhanced ACT will indicate equivalent levels of performance.

SUMMARY: The rule amendment will provide equivalent passing scores for the Florida College Entry-Level Placement Test, the SAT-I, and the Enhanced ACT.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 229.053(1), 239.301(10), 240.117(1) FS.

LAW IMPLEMENTED: 239.301, 240.117 FS.

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

TIME AND DATE: 9:00 a.m., February 22, 2000

PLACE: Room LL03, The Capitol, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Betty Coxe, Director, Division of Public Schools and Community Education, Department of Education, 325 West Gaines Street, Room 514, Tallahassee, Florida 32399-0400, (850)488-2601

THE FULL TEXT OF THE PROPOSED RULE IS:

6A-10.0315 College Preparatory Testing, Placement, and Instruction.

~~(4) Community colleges and universities have the option of delaying implementation of the provisions of Subsection (2) of this rule until August 1, 1996, upon submission of a request by the president of the institution to the Commissioner.~~

~~(4)(5)~~ Community colleges and universities shall have the option of delaying implementation of the provisions of Subsection (3) of this rule upon notification by the president of the institution to the Commissioner. No institution shall be permitted to exempt the provisions of Subsection (3) of this rule for more than one (1) academic year, and no exemptions may be in effect past June 30, 1997.

~~(5)(6)~~ Community colleges and universities may identify optional placement tests to supplement those listed in Subsection (2) of this rule that may be useful. If such optional tests are identified, each institution shall be responsible for designating the scores that will be used for placement purposes and the courses into which the student will be placed.

~~(6)(7)~~ For admissions prior to the fall 2000 academic term, ~~s~~Students who present scores on either the College Board's SAT-I or the American College Testing Program's Enhanced ACT test that meet or exceed the scores shown below, may be exempted from taking the Florida College Entry-Level Placement Test at the option of the president of the community college or university:

| | Standard Score |
|---|----------------|
| SAT-I, The College Board | |
| Verbal | 420 |
| Mathematics | 440 |
| Enhanced ACT, American College Testing Program | |
| Reading | 16 |
| English | 16 |
| Mathematics | 16 |

(7) For admissions beginning with the academic term in the fall of 2000, students who present scores on either the College Board's SAT-I or the American College Testing Program's Enhanced ACT test that meet or exceed the scores shown below, may be exempted from taking the Florida College Entry-Level Placement Test at the option of the president of the community college or university:

| | <u>Standard Score</u> |
|---|-----------------------|
| <u>SAT-I, The College Board</u> | |
| <u>Verbal</u> | <u>440</u> |
| <u>Mathematics</u> | <u>440</u> |
| <u>Enhanced ACT, American College Testing Program</u> | |
| <u>Reading</u> | <u>18</u> |
| <u>English</u> | <u>17</u> |
| <u>Mathematics</u> | <u>19</u> |

Specific Authority 229.053(1), 239.301(10), 240.117(1) FS. Law Implemented 239.301, 240.117 FS. History—New 7-15-84, Amended 6-6-85, Formerly 6A-10.315, Amended 5-17-88, 7-25-91, 10-18-94, 8-28-95, 6-25-96,

NAME OF PERSON ORIGINATING PROPOSED RULE:
John Stewart, Deputy Commissioner for Educational Programs, Department of Education

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Tom Gallagher, Commissioner of Education

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 11, 2000

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 10, 1999

**DEPARTMENT OF TRANSPORTATION
Florida Seaport Transportation and Economic
Development Council**

| RULE TITLES: | RULE NOS. |
|--|-----------|
| Definitions | 14B-1.001 |
| Port Project Funding Application Procedures and Requirements | 14B-1.002 |
| Measuring Economic Benefits | 14B-1.003 |
| Determination of Funding; Council/Agency Review | 14B-1.004 |

| | |
|------------------------------------|-----------|
| Council Procedures | 14B-1.005 |
| Eligible Port Funding Requirements | 14B-1.006 |
| Reporting Requirements | 14B-1.007 |

PURPOSE AND EFFECT: The purpose of the proposed amendments to the rule is to update the application procedures and Council operating procedures due to the amendments to Chapter 311, Florida Statutes, and sections 320.20(3) and (4), Florida Statutes. The effect of the proposed rule is to change the procedures for seaport funding applications.

SUMMARY: Deletes the definition of "Trust Fund" which has been abolished by the Legislature and substitutes the definition "Program Funds" to include funds from the State Transportation Trust Fund and funds derived from the provisions of ss. 320.20(3) and (4), F.S.; amends the definition of "Port Transportation Project" to include environmental protection projects necessary because of state agency conditions, environmental mitigation, and acquisition and improvements to spoil sites; amends the definition of "Port Transportation Project" to include seaport intermodal access projects identified in the Florida Seaport Mission Plan; amends the definition of "Matching Funds" to distinguish between various projects; changes all references to the Department of Commerce to the Office of Tourism, Trade, and Economic Development; amends the definition of "eligible costs" to include the acquisition of trade data information products and certain improvements or fixtures constructed or placed on leased property; adds a definition of "acquisition"; adds a definition of "existing Port Facilities" and a definition of "Trade Data Information Products" and a definition of "Material Project Modification"; changes the application period from January 1-February 15 to January 1-August 1; gives the Council 30 days to notify the applicant of need for corrected or additional information; gives the port applicant 30 days to provide the additional information; gives the Council or the administrative staff the ability to make technical changes with approval of the applicant port; amends Form D-Plan Information to provide a certification process of current updated port master plan; adds Form F to provide for information related to the transportation impact of the project; adds Form G to provide for information related to previously submitted project applications; amends the criteria for emergency projects to add changing circumstances or new opportunities which can not wait until the next regular application period without causing harmful effects to the port or the citizens of the state; removes the necessity for a Certification of Project Acceptance by the Chairman; changes the time period for submission of a summary of port transportation projects to the Council members from 7 days to 5 days; provides the administrative staff may be engaged by contract; provides the share of costs for administrative services shall be paid upon execution by the port and the Department of Transportation or as otherwise directed by the FSTED Council; removes projects funded pursuant to ss. 320.20(3) and (4), F.S., from certain grant restrictions; provides ports shall

reimburse the Council for expenditures on ineligible costs; clarifies that seaport intermodal access projects funded pursuant to ss. 320.20(3) and (4), F.S., are not subject to the 50 percent matching grant from the Department of Transportation; provides that for projects funded by bonds, the reimbursement procedures will be as set forth in the Master Agreement, the Indenture of Trust, the Loan Agreement, and any other agreement with another applicable governmental entity; removes seaport intermodal access projects and projects funded pursuant to bonds under the provisions of ss. 320.20(3) and (4), F.S., from the annual written report and the necessity for a Joint Participation Agreement with the Department of Transportation.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: Since this proposed rule only implements statutory amendments and provisions, no new regulatory costs are being created. Therefore, no statement of estimated regulatory costs has been prepared.

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

SPECIFIC AUTHORITY: 311.09(4); 120.536 FS.

LAW IMPLEMENTED: 311.07, 311.09, 315.02, 320.20(3), 320.20(4) FS.

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

TIME AND DATE: 10:00 a.m., February 14, 2000

PLACE: Department of Transportation, Suwannee Room 250, 605 Suwannee Street, Tallahassee, FL 32301

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT: Any person requiring special accommodations to participate in this hearing is asked to advise Jim Massie, (850)222-8021, at least 5 calendar days before the hearing.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jim Massie, General Counsel, Florida Seaport Transportation and Economic Development Council, Massie & Scott, P. O. Box 10371, Tallahassee, FL 32302, (850)222-8021

THE FULL TEXT OF THE PROPOSED RULE IS:

14B-1.001 Definitions.

(1) "Council" means the Florida Seaport Transportation and Economic Development Council as provided in s. 311.09(1), F.S.

(2) "Program Funds" are those funds identified in s. 311.07(2), F.S., derived from the State Transportation Trust Fund and funds derived from the provisions of ss. 320.20(3)

and (4), F.S. "Trust Fund" means the Florida Seaport Transportation and Economic Development Trust Fund as provided in s. 311.07(2), F.S.

(3) "Eligible Port" means deepwater ports listed in s. 403.021(9)(b), F.S., which are governed by a public body, or any other deepwater port which is governed by a public body which complies with the water quality provisions of s. 403.061, F.S., the comprehensive master plan requirements of s. 163.3178(2)(k), F.S., the local financial management and reporting provisions of Part III of Chapter 218, F.S., and the auditing provisions of s. 11.45(3)(a)(4), F.S.

(4) "Port Transportation Project" means:

(a) Transportation facilities within the jurisdiction of the port; or

(b) The dredging or deepening of channels, turning basins, or harbors; or

(c) The construction or rehabilitation of wharves, docks, structures, jetties, piers, storage facilities, cruise terminals, automated people mover systems, or any facilities necessary or useful in connection with any of the foregoing; or

(d) The acquisition of container cranes or other mechanized equipment used in the movement of cargo or passengers in international commerce; or

(e) The acquisition of land to be used for port purposes; or

(f) The acquisition, improvement, enlargement, or extension of existing port facilities; or

(g) Environmental protection projects which are necessary because of requirements imposed by a state agency as a condition of a permit or other form of state approval; which are necessary for environmental mitigation required as a condition of a state, federal, or local environmental permit; which are necessary for the acquisition of spoil disposal sites and improvements to existing and future spoil sites; defined in s. 376.22, F.S., or which result from the funding of eligible projects listed herein; or

(h) Transportation facilities as defined in s. 334.03(27), F.S., which are not otherwise part of the Department of Transportation's adopted work program; or-

(i) Seaport intermodal access projects identified in the 5-year Florida Seaport Mission Plan as provided in s. 311.09(3), F.S.

(5) "Port Master Plan" means a comprehensive master plan prepared by each eligible deepwater port listed in s. 403.021(9), F.S., which addresses existing port facilities and any proposed expansions and which adequately addresses the applicable requirements of s. 163.3178(2)(k), F.S., or other provisions of the Local Government Comprehensive Planning and Land Development Regulation Act, Part II of Chapter 163.

(6) "Florida Seaport Mission Plan" means the mission statement developed by the Council which defines the goals and objectives of the Council concerning the development of port facilities and an intermodal transportation system. The five year plan shall be updated annually and shall include

specific recommendations for the construction of intermodal transportation projects which connect a port to another transportation mode and port transportation projects which enhance international commerce and provide economic benefits to the state.

(7) "Matching Funds" for an approved port transportation project other than seaport intermodal access projects are those funds provided by the eligible port from any source other than the Florida Department of Transportation which shall, at a minimum, be an amount equal to the program funds ~~each contribution provided by the Trust Fund to fund the approved project.~~ "Matching Funds" for seaport intermodal access projects as described in s. 341.053(5), F.S., that are identified in the Seaport Mission Plan shall be as mutually determined by the Council and the Department of Transportation, provided a minimum of 25 percent of total project funds shall come from any port funds, local funds, private funds, or specifically earmarked federal funds. "Matching Funds" for seaport intermodal access projects that involve the dredging or deepening of channels, turning basins, or harbors; or the rehabilitation of wharves, docks, or similar structures shall be 25 percent of the total project funds coming from any port funds, federal funds, local funds, or private funds.

(8) "Approved Project" means a port transportation project which has been determined by the Department of Community Affairs to be consistent, to the maximum extent feasible, with an approved local government comprehensive plan and with the port master plan; determined by the Department of Transportation to be consistent with the policies and needs contained in the Florida Transportation Plan and, as appropriate, the Department's adopted work program; and determined by the Office of Tourism, Trade, and Economic Development ~~Department of Commerce~~ to be consistent with the Florida Seaport Mission Plan and to have an economic benefit to the state.

(9) "Eligible Costs" means costs that may be incurred and paid by program funds ~~funds from the Trust Fund~~. Eligible costs include: design and engineering, permitting costs, environmental mitigation, construction of the port transportation project, security, right-of-way acquisition, relocation of electrical utilities, drainage, railroad spurs, water lines, sewer lines, ~~and~~ other infrastructure costs associated with construction of the port transportation project, and the acquisition of trade data information products. Eligible costs may include improvements or fixtures constructed or placed on leased property so long as the useful life of the improvements or fixtures is equal to or less than the length of the lease, or so long as the improvements or fixtures remain under the control and use of the port after the termination of the lease. Costs associated with preparation of the application or administration of the project fund are not eligible costs.

(10) "Acquisition" means the legal acquisition of real or personal property and may be by purchase, lease, gift, devise, grant, bequest, or eminent domain.

(11) "Existing Port Facilities" shall mean facilities, and improvements of every kind, nature, and description to property or facilities as defined in s. 311.07, F.S.

(12) "Trade Data Information Products" are products related to the purchase of information related to any or all of the following:

- (a) Market intelligence;
- (b) Economic activity;
- (c) Economic and natural resources;
- (d) Transportation infrastructure;
- (e) Navigational and shipping issues;
- (f) Environmental issues.

(13) "Material Project Modification" shall mean a modification to the facility or project that is reasonably expected to have the following impact:

(a) Increases the cost of the facility or project by more than 10 percent of its original estimated cost;

(b) Increases the capacity of heavy truck traffic, railcar, passenger car or changes in the configuration of internal roadways or rail lines by more than 5% of the capacity in the original estimate;

(c) Leads to a new or substantially different type of facility or project, including any operational change or other changes that impact the reported level of service on any affected roadway; or

(d) Any land acquisition.

Specific Authority 120.536, 311.09(4) FS. Law Implemented 311.07, 311.09, 315.02, 320.20 FS. History--New 12-19-90, Amended.

14B-1.002 Port Project Funding Application Procedures and Requirements.

(1) An application shall be accepted only from an eligible port. The port shall apply for the grant by submitting to the Council an application entitled "Florida Seaport Transportation and Economic Development Project Application", Form FSTED-1, hereby incorporated by reference, which contains five separate elements as described in (7) below. Applications shall be submitted by the appropriate duly authorized official of such port. ~~Beginning in 1991, the period for submitting applications for the applicable fiscal year funding shall be from January 1 to August 1 February 15 in each calendar year.~~ Application forms may be obtained from and completed applications submitted in five (5) copies to: Florida Seaport Transportation and Economic Development Council, P. O. Box 10137, Tallahassee, FL 32302; or, 315 South Calhoun Street, Suite 712, Tallahassee, FL 32301.

(2) The applicant must provide information in application format so that it may be determined whether the proposed port transportation project is consistent, to the maximum extent feasible, with an approved local government comprehensive

plan and port master plan. The applicant must provide its current updated port master plan both to the Council and to the Department of Community Affairs.

(3) The application must be accompanied by a drawing or map which depicts the port transportation project in relation to the port and the local community.

(4) The applicant must provide information in application format so that it may be determined whether the project provides an economic benefit and is consistent with the Florida Seaport Mission Plan.

(5) The applicant must provide information in application format so that it may be determined whether the project is consistent with the policies and needs contained in the Florida Transportation Plan.

(6) The Council will have fifteen (15) days from receipt of an application to examine the application and notify the applicant ~~in writing~~ of any apparent errors or omissions and to request any needed additional information. The applicant shall then have fifteen (15) days from receipt of the request to provide the additional information. The application shall not be considered to be properly completed if the additional information is not provided. If technical changes are necessary, the Council or Administrative Staff can make those changes with approval of the applicant port.

(7) The project information required to be submitted by the applicant port is contained in the application Form FSTED-1, consisting of the following five units or forms:

(a) Form A. The cover sheet summary of the Council's application contains the summary information: name of applicant, authorized representative, brief project description (project number, amount requested/fiscal year), plan information, economic benefit analysis, map/drawing, and signature of authorized official of the applicant port. Attached to Form A is a description of "Project Eligibility Requirements."

(b) Form B – Means of Financing. Incorporated herein by reference is a copy of Form B which requires a detailed description of the project, estimated number of years for project completion, phase or year of request, state funds requested, and source of port matching funds.

(c) Form C – Port Development Candidate File. Incorporated herein by reference is Form C which is a five year forecast of funding requests for capital improvements at the applicant port. If the port's total capital improvement program for the five year period is different than the five year forecast of funding requests, a description of the total five year capital improvement program should also be provided. This latter information will be used for the reporting requirements of the Florida Seaport Mission Plan.

(d) Form D – Plan Information. Incorporated herein by reference is Form D which requires information from the applicant port about its port master plan and local government comprehensive plan so that the Department of Community

Affairs may review the project to determine whether it is consistent to the maximum extent feasible with the local government comprehensive plan and the port master plan. The applicant must certify that both the Department of Community Affairs and the FSTED Council have a provide two (2) copies of its current updated port master plan of the port, when submitting the applications and, if not, include a copy with the application.

(e) Form E – Economic Benefit Analysis. Incorporated herein by reference is Form E which requires economic benefit information related to the project so that the Office of Tourism, Trade, and Economic Development Department of Commerce may determine whether the project provides an economic benefit to the state and is consistent with the Florida Seaport Mission Plan.

(f) Form F – Transportation Impact Information. Incorporated herein by reference is Form F which requires transportation impact information related to the project so that the Department of Transportation may determine the transportation impact to the state. Prior to submitting Form F to the Council, the port applicant is encouraged to submit the project description and Form F to the local government of jurisdiction upon whose transportation facility the proposed project would impact in order to highlight any possible transportation problems relating to level of service requirements.

(g) Form G – Status Report and Resubmittal of Previously Submitted Projects. Incorporated herein by reference is Form G which requires information related to the status of projects and resubmission of previously submitted project applications to the Council. Previously submitted projects that have a material project modification shall require new or additional project information to be submitted on forms A through F.

(8) All forms and form instructions are incorporated herein by reference and are available by writing to the address provided in subsection (1) above.

(9) The Council may will consider the submittal by an eligible port of an application for funding of an emergency project at any time during the calendar year. An emergency project is defined as a project which requires the maintenance or reconstruction of an eligible project which contributes to or enables the port to continue to perform an essential service at the same level of service which it has previously provided in the movement of cargo or passengers; or is a project which, because of changing circumstances, new opportunities, or a material project modification is considered by the Council to be an eligible project which can not wait until the next application period without causing harmful effects to the port or the citizens of the state.

Specific Authority 120.53, 311.09(4) FS. Law Implemented 311.09 FS. History--New 12-19-90, Amended.

14B-1.003 Measuring Economic Benefits.

(1) The Council shall review each properly completed application to determine the economic benefit of the port transportation project measured by the potential for the proposed project to increase or maintain cargo flow, cruise passenger movement, international commerce, port revenues, and the number of jobs for the port's local community.

(2) The minimum criteria to be utilized by the Council in specifying and identifying a port transportation project as facilitating the economic benefit of Florida shall consist of satisfaction of the following:

(a) Each application must indicate the amount of the port's capital investment in the port transportation project and the source of port matching funds.

(b) Each application must provide a separate port analysis of how the port transportation project will support international commerce, increase or maintain cargo flow through the port or improve cruise passenger movements. The analysis must provide specific assumptions about demand for additional service or capacity on which the project is based; type of employment to include the average hourly wage that will be created by the project or reasons the port project is needed to support existing employment; expected life of the project; expected port revenue stream resulting from the project; and a description of how the port project will affect and enhance the local, regional and state economies. The applicant shall, upon request by the Council, provide any other economic impact information which would assist the Council and the Office of Tourism, Trade, and Economic Development ~~Department of Commerce~~ to determine the economic benefit of the port transportation project.

Specific Authority 120.53, 311.09(4) FS. Law Implemented 311.09 FS. History—New 12-19-90, Amended.

14B-1.004 Determination of Funding; Council/Agency Review.

(1) The Council shall review and take action on ~~approve or disapprove~~ each project eligible for funding ~~from the Trust Fund~~ within one hundred twenty (120) days of the application deadline. After such determination, the Council shall annually submit to the Secretary of Transportation, the Office of Tourism, Trade, and Economic Development ~~Secretary of Commerce~~, and the Secretary of Community Affairs a list of projects which have been approved by the Council. The list shall specify the recommended funding level for each project; and, if staged implementation of the project is appropriate, the funding requirements for each stage shall be specified. The decision to fund a project at any funding level is within the sole discretion of the Council.

(2) Upon receipt of the list of projects approved by the Council and the appropriate related project information, the Department of Community Affairs shall review the projects to determine consistency, to the maximum extent feasible, with approved local government comprehensive plans of the units

of local government in which the port is located and with the port master plan. Within forty-five (45) days from receipt of the list of projects and supporting applications, the Department of Community Affairs shall notify the Council of those projects which are not consistent, to the maximum extent feasible, with such comprehensive plans and port master plans. Should additional information be requested from one or more applicants by the Department of Community Affairs to permit the Department of Community Affairs to evaluate project consistency, the time limit for the Department's review and notice to the Council shall be extended fifteen (15) days following receipt of the requested information.

(3) Upon receipt of the list of projects approved by the Council and the appropriate related project information, the Department of Transportation shall review the list of projects for consistency with the policies and needs contained in the Florida Transportation Plan and, as appropriate, the Department's adopted work program. In evaluating the consistency of a project, the Department shall determine whether the transportation impact of the proposed project is adequately handled by existing state highway facilities or by the construction of additional state highway facilities as identified in the Department's adopted work program. In reviewing for consistency a transportation facility project as defined in s. 334.03(27), F.S., which is not otherwise part of the Department's work program, the Department shall evaluate whether the project is needed to provide for projected movement of cargo or passengers from the port to the State Highway System or local road. If the project is needed to provide for projected movement of cargo or passengers, the project shall be approved for consistency as a consideration to facilitate the economic development and growth of the state in a timely manner. Within forty-five (45) days from receipt of the list of projects, the Department of Transportation shall identify those projects which are not consistent with the policies and needs contained in the Florida Transportation Plan and, as appropriate, the Department's adopted work program and shall notify the Council of projects found to be inconsistent. Should additional information be requested from one or more applicants by the Department of Transportation to permit the Department of Transportation to evaluate project consistency, the time limit for the Department's review and notice to the Council shall be extended fifteen (15) days following receipt of the requested information.

(4) Upon receipt of the list of projects approved by the Council and the appropriate related project information, the Office of Tourism, Trade, and Economic Development ~~Department of Commerce~~ shall review the list of projects to evaluate the economic benefit of the project and to determine whether the project is consistent with the Florida Seaport Mission Plan. The Office of Tourism, Trade, and Economic Development ~~Department of Commerce~~ shall evaluate the economic benefits of each project based upon the information required by the Council Rule No. 14B-1.003 and, in so doing,

may conduct any appropriate investigation to determine the accuracy of the information. Within forty-five (45) days from receipt of the list of projects, the Office of Tourism, Trade, and Economic Development ~~Department of Commerce~~ shall identify those projects which it has determined do not offer an economic benefit to the state or are not consistent with the Florida Seaport Mission Plan and shall notify the Council of its findings. Should additional economic impact information be requested from the applicant by the Office of Tourism, Trade, and Economic Development ~~Department of Commerce~~, the time limit for the Department's review of the project shall be extended fifteen (15) days following receipt of the requested information.

(5) The Council shall review the findings of the Department of Community Affairs, the Office of Tourism, Trade, and Economic Development ~~Department of Commerce~~, and the Department of Transportation. Projects found to be inconsistent pursuant to subsections (2), (3), and (4) above and projects which have been determined not to offer an economic benefit to the state pursuant to subsection (4) shall not be included in the list of projects to be funded. However, the list of proposed projects may include projects which have been determined inconsistent, where such inconsistency determination was wholly unrelated to the proposed project itself, but was made on the basis that the local government comprehensive plan was not in compliance with the requirements of Chapter 163, F.S. Such projects are eligible for funding at the time the local government comprehensive plan is determined by the Department of Community Affairs or the Administration Commission to be in compliance with Chapter 163, F.S.; provided, however, that no amendments to the local comprehensive plan which brought it into compliance altered or modified the plan in relation to the impacts of the project itself.

(6) The Council shall submit to the Department of Transportation a list of approved projects for funding ~~from the Trust Fund~~. The Department of Transportation shall include in its annual legislative budget request a Florida Seaport Transportation and Economic Development grant program ~~for expenditure of funds in the Trust Fund~~. Such budget request shall request funding for the list of approved projects submitted by the Council based upon the funds expected to be available ~~in the Trust Fund~~ during the ensuing budget year. Additionally, the Council may submit to the department a list of unfunded approved projects that could be made production-ready within the biennium and for which program ~~trust~~ funds are not available in that budget year. The list of unfunded approved projects shall be submitted by the Department of Transportation as part of the project list prepared pursuant to s. 339.135(4)(j), F.S., and the needs list prepared pursuant to s. 339.155(5)(b), F.S.

Specific Authority 120.53, 311.09(4) FS. Law Implemented 311.09 FS. History--New 12-19-90, Amended.

14B-1.005 Council Procedures.

(1) The Council shall meet at the call of its chairperson, at the request of a majority of its membership, or at such times as may be prescribed in its bylaws. However, the Council must meet at least semiannually. A majority of voting members of the Council constitutes a quorum for the purpose of transacting the business of the Council. All members of the Council are voting members except for members representing the Department of Transportation, the Department of Community Affairs, and the Office of Tourism, Trade, and Economic Development ~~Department of Commerce~~. A majority vote of the voting members present is sufficient for any action of the Council, unless the bylaws of the Council require a greater vote for a particular action.

(2) The Council shall allocate ~~prioritize~~ funding for approved projects. A majority vote of the voting Council members present is sufficient to approve funding for a specific port transportation project and is sufficient for the Council to allocate ~~prioritize~~ funding for all approved projects. ~~A Certification of Project Acceptance which certifies that the Council has reviewed the port projects pursuant to the requirements of applicable Florida law must be executed by the Chairman of the Council, witnessed, and attested to by the Assistant Secretary prior to submission of the approved project candidate list to the Department of Transportation. Said certification in the form approved by the Department of Transportation shall accompany the project list submittal.~~ A majority vote of the voting Council members present is sufficient to disapprove funding for a specific port transportation project.

(3) The Council shall submit a summary of port transportation projects with pertinent information to the Council members no less than five (5) ~~seven (7)~~ working days prior to the date of the meeting at which such projects will be considered for funding approval.

(4) Applicants whose port transportation projects are not recommended for funding in any given year may reapply for subsequent funding consideration by the Council.

(5) The Council shall publish in the Florida Administrative Weekly, at least seven (7) days prior to Council meetings or workshops, notification of the time and place the Council will meet. Such meetings or workshops shall be open to the public. At least seven (7) days prior to a meeting, the Council shall prepare and make available an agenda for distribution on request of any interested person. The Council also shall provide seven (7) days prior notification of Council meetings or workshops by mailing a notice to each eligible port applicant whose port transportation project is to be considered.

(6) Special meetings of the Council may be held at the call of the Chairman or shall be called by the Chairman at the written request of a majority of the voting members. Upon seven (7) days public notice, a special meeting may be

conducted by a telephone conference call with members of the Council in accordance with the provisions of Chapter 28-8, F.A.C., Model Rules of Procedure.

(7) Emergency meetings of the Council may be held at the call of the Chairman in accordance with the provisions of Chapter 28-2.007, F.A.C., Model Rules of Procedure.

(8) Members of the Council shall serve without compensation but are entitled to receive reimbursement for per diem and traveling expenses as provided in s. 112.061, F.S. The Council may elect to provide an administrative staff, by contract or otherwise, to provide services to the Council on matters relating to the program Trust Fund and the Council. The cost for such administrative services shall be paid by all ports that receive program funds funding from the Trust Fund, based upon a pro rata formula measured by each recipient's share of the funds as compared to the total program trust funds disbursed to all recipients during the year. The share of costs for administrative services shall be paid in full by the recipient port upon execution by the port and the Department of Transportation of a Joint Participation Agreement or as otherwise directed by the FSTED Council at the time the first payment of trust funds are disbursed to it. Such administrative services payment is in addition to the matching funds required to be paid by the recipient port.

Specific Authority 120.53, 311.09(2),(11) FS. Law Implemented 311.09 FS. History--New 12-19-90, Amended.

14B-1.006 Eligible Port Funding Requirements.

(1) Except for projects funded pursuant to ss. 320.20(3) and (4), F.S., a port eligible for matching funds ~~from the Trust Fund~~ may receive a grant of program funds from the Trust Fund of not more than \$7 million during any one calendar year and grants of not more than \$30 million during any five calendar year period.

(2) Any port which receives funding from the Council Trust Fund shall institute procedures to ensure that jobs created as a result of the state funding shall be subject to equal opportunity hiring practices in the manner provided in s. 110.112, F.S.

(3) The Department of Transportation shall subject any project that receives funds pursuant to this section to a final audit. The Department may adopt rules and perform such other acts as are necessary or convenient to ensure that the final audits are conducted and that any deficiency or questioned costs noted by the audit are resolved.

(4) Funds received by eligible ports from the Council Trust Fund shall be expended on eligible costs only. If program funds are not expended on eligible costs, then the port shall immediately reimburse the Council for its share of the ineligible expenditures.

(5) Except for seaport intermodal access projects and projects funded pursuant to bonds issued under the provisions of ss. 320.20(3) and (4), F.S., uUpon legislative approval of the Department of Transportation's budget request as provided in

Rule 14B-1.004 and upon entering into a written grant agreement with an eligible port, the Department of Transportation will reimburse the eligible port an amount equal to 50 percent of eligible costs incurred on an approved project. This reimbursement will be made upon receipt of an invoice showing total eligible costs incurred to date, less the port's 50 percent share, less reimbursements received to date. These reimbursements will be made in compliance with the payment requirements set forth in s. 215.422, F.S. The final reimbursement to the port will be released upon the satisfactory completion of a final audit conducted by the Florida Department of Transportation.

(6) For projects funded pursuant to bonds issued under the provisions of ss. 320.20(3) and (4), F.S., the reimbursement procedures will be as set forth in the Master Agreement, the Indenture of Trust, the Loan Agreement, and any other agreement with another applicable governmental entity.

Specific Authority 120.53, 311.07(4) FS. Law Implemented 311.07, 320.20(3),(4) FS. History--New 12-19-90, Amended.

14B-1.007 Reporting Requirements.

(1) If the port transportation project, except for seaport intermodal access projects and projects funded pursuant to bonds issued under the provisions of ss. 320.20(3) and (4), F.S., is to be funded in annual phases, the Council may shall require the port to submit an annual written report which describes the work completed per the project schedule, the status of the project, a description of any change orders which change the nature of the project and a budget summary detailing the amount of financial contribution to the project by the port. A phased project shall be considered by the Council as one project and shall be annually prioritized accordingly. An approved phased project shall be awarded separate annual grants until complete; provided, however, that no change order has been requested by the recipient port. Change orders requested for previously approved projects will require resubmission of a revised project application for Council and agency consistency review.

(2) Except for seaport intermodal access projects and projects pursuant to bonds issued under the provisions of ss. 320.20(3) and (4), F.S., the ~~The~~ eligible port shall enter into a joint participation agreement (JPA) with the Department of Transportation which sets forth the duties and obligations of the parties thereto regarding the expenditure and receipt of funds prior to any expenditure of state funds. The recipient port also shall provide a signed letter stating that the port accepts total responsibility and ownership of the port transportation project.

Specific Authority 120.53, 311.09(4) FS. Law Implemented 311.07 FS. History--New 12-19-90, Amended.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Jim Massie, General Counsel, Florida Seaport Transportation and Economic Development Council

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Charles Towsley, Chairman, Florida Seaport Transportation and Economic Development Council
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 1, 1999
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 10, 1999. No one requested a rule development workshop, and no one submitted written comments.

DEPARTMENT OF CORRECTIONS

RULE TITLE: Offender Travel
RULE NO.: 33-302.106

PURPOSE AND EFFECT: The purpose of the proposed rule is to set forth guidelines for approval of offender requests to travel. The effect of the proposed rule is to provide criteria which must be met for an offender to receive permission to travel and to provide instructions for officers related to offender travel requests.

SUMMARY: The proposed rule provides criteria which must be met for an offender to receive permission to travel and provides instructions for officers related to processing offender travel requests.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 944.09 FS.

LAW IMPLEMENTED: 944.09 FS.

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

TIME AND DATE: 9:00 a.m., February 16, 2000

PLACE: Law Library Conference Room, Room B-404, 2601 Blair Stone Road, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Perri King Dale, Office of the General Counsel, Department of Corrections, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE FULL TEXT OF THE PROPOSED RULE IS:

33-302.106 Offender Travel.

(1) Officers are required to instruct each offender under the officer's supervision not to change his or her residence, or leave the county of residence, without first procuring the consent of the officer. In order for an offender to obtain permission to travel, the following conditions must exist:

(a) The offender is not prohibited by the order of supervision from traveling to the desired location.

(b) The offender is not wanted or facing prosecution for criminal charges or violation of the order of supervision.

(c) The offender presents a plan of travel that is verifiable by providing a specific location name, telephone number, and contact person by which the information is to be verified, in advance, by the officer.

(d) The offender has provided the officer with reasonable advance notice of his or her request to travel and has provided the officer ample time to verify the travel plan and review any documentation prior to travel authorization.

(e) The travel does not interfere with condition compliance or treatment programming.

(f) Monetary obligations are current when the travel requested is purely recreational in nature. However, travel shall be denied for purely recreational purposes when there is any outstanding, court ordered victim restitution and the offender will expend monies in the course of travel.

(g) No extenuating circumstances exist which indicate that authorizing the offender to travel would constitute a lack of prudence. Such extenuating circumstances include those that would cause a reasonable person to believe that the offender may be likely to violate a condition of supervision if travel were authorized.

(2) An officer shall transfer the supervision of an offender who is travelling to a single judicial circuit in the state of Florida for more than 30 consecutive days.

(3) An officer shall transfer the supervision of an offender who is travelling to a single other state, the District of Columbia, Puerto Rico or the Virgin Islands, for more than 30 consecutive days. The transfer of supervision involves the forwarding of all pertinent supervision documents to the receiving location and the formal assumption of supervision of the offender by a probation/parole officer in the receiving location.

(a) When interstate travel is for the sole purpose of transfer to another state, the District of Columbia, Puerto Rico or the Virgin Islands, the offender must meet the other state's requirements and receive consent to travel from the Interstate Compact Office before proceeding to that state.

(b) In compact cases that meet emergency criteria, the officer must submit a Request for Emergency Reporting Instructions, Form EF1-007, to the Interstate Compact Office two days before the requested date of travel. Form EF1-007 is hereby incorporated by reference. Copies of this form are available from the Forms Control Administrator, Office of the General Counsel, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500. Requests for copies to be mailed must be accompanied by a self-addressed envelope. The effective date of this form is _____.

(4) In high profile and sex offender cases, the officer must review the Interstate Compact File Cabinet computer database or seek guidance from the Interstate Compact Office to ensure that the offender meets and follows travel requirements for the

state of destination before granting travel permission. Once the officer has verified and instructed the offender as to the requirements of the state of destination, a copy of the travel permit providing the offender's itinerary must be transmitted to the Interstate Compact Office.

(5) Offender travel outside the United States or its territories shall not be approved by an officer or supervisor, without the written approval of the sentencing or releasing authority.

Specific Authority 944.09 FS. Law Implemented 944.09 FS. History--New

NAME OF PERSON ORIGINATING PROPOSED RULE:
Tina Hayes
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Michael W. Moore
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 6, 2000
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 5, 1999

DEPARTMENT OF CORRECTIONS

| | |
|---|------------|
| RULE TITLES: | RULE NOS.: |
| Substance Abuse Program Services – General Policy | 33-507.001 |
| Operation of Substance Abuse Programs | 33-507.002 |
| Substance Abuse Program Services – Determination of Need | 33-507.201 |
| Substance Abuse Program Services – Inmate Procedures | 33-507.202 |
| Confidentiality of Substance Abuse Clinical Records | 33-507.401 |

PURPOSE AND EFFECT: The purpose of the proposed rules is to provide for mandatory substance abuse services, and to correct titles of personnel and offices associated with substance abuse programs. The effect of the proposed rules is to establish criteria for placement in mandatory substance abuse programs and to establish restrictions to be applied to those inmates refusing mandatory services.

SUMMARY: The proposed rules establish criteria for placement in mandatory substance abuse programs, establish restrictions to be applied to those inmates refusing mandatory services and correct titles of personnel and offices associated with substance abuse programs.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 397.501(7), 397.752, 397.754, 944.09 FS., 42 USCS 290 ee-3.

LAW IMPLEMENTED: 397.501(7), 397.752, 397.754, 944.09 FS., 42 USCS 290 ee-3.

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

TIME AND DATE: 9:00 a.m., February 23, 2000

PLACE: Law Library Conference Room, Room B-404, 2601 Blair Stone Road, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Perri King Dale, Office of the General Counsel, Department of Corrections, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE FULL TEXT OF THE PROPOSED RULE IS:

33-507.001 Substance Abuse ~~Treatment~~ Program Services – General Policy.

The department shall provide substance abuse program services ~~treatment programs~~ at institutions and facilities to the extent that is permitted by available resources. Inmates who meet criteria established by the department shall be mandated to participate in substance abuse services when such services are available. ~~The assignment of inmates to such programs is a classification function as authorized in chapter 33-601, Florida Administrative Code, and~~ No right to substance abuse program services ~~treatment~~ is stated, intended, or otherwise implied by this chapter.

Specific Authority 397.754, 944.09 FS. Law Implemented 397.754, 944.09 FS. History--New 1-18-95, Formerly 33-37.001, Amended.

33-507.002 Operation of Substance Abuse Programs.

Inmate substance abuse programs shall be operated under the direction of the program manager within whose program center the program exists ~~regional director, warden, or employee in charge of each region, institution or facility.~~ In order to ensure the provision of quality services, the bureau of substance abuse programs services ~~office~~ shall have responsibility for administering the overall program, for the development and issuance of performance standards for each program entity with regard to program operation, staffing ratio, hours of service delivery ~~counseling~~, and other such areas as deemed necessary for the administration of the programs, and for oversight review. Each program manager ~~region~~ shall provide for periodic monitoring activities for programs at institutions and facilities in his or her program center ~~the region~~ to ensure that performance standards and contract compliance are maintained.

Specific Authority 397.754, 944.09 FS. Law Implemented 397.754, 944.09 FS. History--New 1-18-95, Formerly 33-37.002, Amended.

33-507.201 Substance Abuse ~~Treatment~~ Program Services
– Determination of Need.

(1) Upon arrival at a Department of Corrections' reception center for initial processing, each inmate shall be screened and assessed ~~through review of his or her record~~ to determine if the inmate meets the department's criteria his or her need for mandated substance abuse program participation services.

(2) Criteria for mandated substance abuse program services shall be based upon:

(a) The presence of a diagnosed psychoactive substance dependence or use disorder;

(b) The severity of the addiction;

(c) A history of criminal behavior related to substance abuse;

(d) A sentencing authority recommendation for substance abuse program services;

(e) Unsuccessful participation in community-based substance abuse services.

(3)(2) When, in accordance with criteria established in (2), it is determined that an inmate is in need of substance abuse program services treatment, he or she shall be assigned a priority ranking for services based upon these criteria and shall be placed into available programs or referred for further assessment, placed on a waiting list for future assignment to a program, or assigned to a substance abuse treatment program.

(4)(3) Priority ranking for assignment shall be maintained for all inmates and updated at least monthly, based upon space available in substance abuse treatment programs; Prioritization ranking shall also be based upon length of sentence remaining to be served, and readiness for program services treatment.

(5) Inmates who refuse to participate in mandated substance abuse services shall be subject to disciplinary action.

(6) Inmates discharged from substance abuse programs due to program rule violations, violation of institutional rules, or behavioral management problems shall be subject to disciplinary action.

(7) Inmates who refuse to participate in mandated program services shall be removed from the priority listing until such time as the inmate agrees to participate in the substance abuse program mandated.

(8) Inmates shall only be subject to disciplinary action when a program slot is available and the inmate refuses to enter or participate in the program.

(a) If an inmate recants an earlier refusal to participate in a mandated program, he or she shall be returned to the priority listing and the priority ranking shall be recalculated.

(b) When a program slot becomes available, the inmate shall be considered for placement into the substance abuse program. Inmates entering a substance abuse program after refusal or who are re-admitted to a program after administrative discharge per (6) of this rule shall be considered

at the time of program entry for restoration of incentive gain time lost as a result of refusal to participate in or administrative discharge from a mandated substance abuse program.

(10)(4) Inmates shall not be denied access to substance abuse program treatment services on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior treatment departures against professional medical advice, disability or number of relapse episodes.

Specific Authority 397.754, 944.09 FS. Law Implemented 397.754, 944.09 FS. History--New 1-18-95, Formerly 33-37.003, Amended.

33-507.202 Substance Abuse ~~Treatment~~ Program Services
– Inmate Procedures.

(1) Consideration for individual dignity shall be accorded to inmates in the provision of substance abuse program services treatment. No employee of the department or of any agency or individual under contract with the department to provide substance abuse program services treatment shall use or authorize deliberate acts of humiliation as part of any substance abuse the treatment program.

(2) Substance abuse program services shall be designed to suit each inmate's individual needs.

(3) Inmates who are assigned to a substance abuse services treatment program shall have an individualized services treatment plan developed by the individual designated as their primary counselor by the department or the contract services treatment provider which shall include service treatment goals and shall specify the types of activities necessary to meet those goals.

(4) Inmate participants in substance abuse services treatment programs shall be subject to the same communication restrictions that apply to inmates in the general population at the institution or facility. Any additional limitations imposed as a part of the substance abuse program treatment regimen shall be agreed to in writing by the inmate participant.

(5) Within one month prior to final release from the facility, inmates participating in substance abuse programs shall be provided with information by their primary counselor or transitional assistance officer regarding options for continuing substance abuse services in the community and with referrals for such services if requested.

Specific Authority 397.754, 944.09 FS. Law Implemented 397.754, 944.09 FS. History--New 1-18-95, Formerly 33-37.004, Amended.

33-507.401 Confidentiality of Substance Abuse Clinical Records Treatment Files.

Files of the department ~~or of service providers~~ which pertain to the identity, diagnosis, and prognosis of substance abuse program treatment services to any inmate are confidential in accordance with the provisions of Section 397.754(8), Florida Statutes, and 42 USCS 290, ee-3, and shall be disclosed only in accordance with these provisions.

Specific Authority 397.501(7), 397.752, 397.754(8) FS. 42 USCS 290 ee-3. Law Implemented 397.501(7), 397.752, 397.754(8) FS. 42 USCS 290 ee-3. History--New 1-18-95, Formerly 33-37.005, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Richard Nimer
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Michael W. Moore
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 17, 1999
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 15, 1999

LAND AND WATER ADJUDICATORY COMMISSION

Florida Land and Water Adjudicatory Commission

RULE CHAPTER TITLE: Cypress Grove Community Development District
RULE CHAPTER NO.: 42O-1

RULE TITLE: Creation
RULE NO.: 42O-1.001

PURPOSE, EFFECT AND SUMMARY: The purpose of this proposed rule amendment is to delete language of the rule for which specific statutory authority does not exist.

SPECIFIC AUTHORITY: 120.53(1), 190.005 FS.

LAW IMPLEMENTED: 190.005 FS.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: A Statement of Estimated Regulatory Costs was not prepared.

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

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

TIME AND DATE: 10:00 a.m. – 12:00 Noon, Thursday, February 17, 2000

PLACE: Room 2106, The Capitol, Tallahassee, Florida

Any person requiring a special accommodation to participate in the hearing because of a disability should contact Barbara Leighty, (850)488-7793, at least 3 business days in advance to make appropriate arrangements.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Barbara Leighty, Senior Governmental Analyst, Florida Land and Water Adjudicatory Commission, The Capitol, Room 2105, Tallahassee, Florida 32399-0001, telephone (850)488-7793

THE FULL TEXT OF THE PROPOSED RULE IS:

42O-1.001 Creation.

Cypress Grove Community Development District is hereby created. ~~This district is established for the purpose of operating and maintaining existing infrastructure for an existing citrus grove, and will remain predominately agricultural in character. However, if at a future date the purpose of the community development district is changed, approval by the Florida Land and Water Adjudicatory Commission will be required by amendment to this rule.~~

Specific Authority 120.53(1), 190.005 FS. Law Implemented 190.005 FS. History--New 12-14-93, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Teresa Tinker, Florida Land and Water Adjudicatory Commission, Room 2105, The Capitol, Tallahassee, Florida 32399-0001

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Teresa Tinker, Florida Land and Water Adjudicatory Commission

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 30, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 5, 1999

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE CHAPTER TITLE: Minimum Standards for Home Medical Equipment Providers
RULE CHAPTER NO.: 59A-25

RULE TITLES: Definitions 59A-25.001
Licensure Requirements 59A-25.002
Scope of Services 59A-25.003
Minimum Qualifications for Personnel 59A-25.004
Compliance 59A-25.005

PURPOSE AND EFFECT: The purpose of this rule is to provide for the establishment of basic standards that will ensure quality home medical equipment and services in the consumer's regular or temporary place of residence. According to Florida Statutes, section 400.935, the agency shall adopt, publish and enforce rules to implement reasonable and fair minimum standards relating to the following: qualifications and minimum training requirements of all home medical equipment provider personnel; licensure application and renewal; license and inspection fees, financial ability to operate; the administration of the home medical equipment provider; procedures for maintaining patient records; ensuring that the home medical equipment and services provided by the home medical equipment provider are in accordance with the plan of treatment established for each patient, when provided as part of the plan of treatment; contractual arrangements for the patient, when provided as part of the plan of treatment;

contractual arrangements for the provision of home medical equipment and services by providers not employed by the home medical equipment provider providing for the consumer's needs; physical location and zoning requirements; home medical equipment requiring home medical equipment services.

SUMMARY: The purpose of this rule is to create minimum home medical equipment standards as required by part X of chapter 400, F.S.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory cost was prepared.

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

IF REQUESTED, WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 10:00 a.m. – 1:00 p.m., February 15, 2000

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Monteen Spooner, Agency for Health Care Administration, Home Care Unit, 2727 Mahan Drive, Bldg. 1, Room 204, Tallahassee, FL 32308, (850)414-6010, Email address is spoonerm@fdhc.state.fl.us. Copies of the draft rule can be obtained by contacting this office.

THE FULL TEXT OF THE PROPOSED RULES IS:

59A-25.001 Definitions.

(1) "AHCA" means Agency for Health Care Administration.

(2) "Controlling interest" means 51% or more of the interest in a company.

(3) "Distribution centers" means those buildings that are not located at the address of the home office site and are utilized to provide home medical equipment services.

(4) "HME" means home medical equipment.

(5) "Home office" means those buildings where the primary business site is located.

(6) "Life-supporting or life-sustaining device", as defined in 21 Code of Federal Regulations part 860.3, means a device that is essential to, or that yields information that is essential to, the restoration or continuation of a bodily function important to the continuation of human life.

Specific Authority 400.931, 400.935 FS. Law Implemented Part X of chapter 400, 400.92-.965 FS. History--New

59A-25.002 Licensure Requirements.

(1) Home medical equipment locations requiring a license are any locations that sell, rent, or distribute, or offer to sell or rent to or for a consumer any home medical equipment that requires services. These locations can be identified as follows:

(a) any location providing or distributing home medical equipment requiring services;

(b) any location where an intake person takes calls from consumers and offers to sell or rent home medical equipment requiring services;

(c) any location where a consumer may call in response to a provider advertising to sell or rent home medical equipment requiring services; e.g., television advertisements, 800 numbers, phone books, newspapers, flyers or any other forms of public advertisement;

(d) any location out of state that offers to sell or rent home medical equipment requiring services to consumers in Florida;

(e) any location in state or out of state, with sales representatives working in Florida, that offer to sell or rent home medical equipment requiring services, i.e., the sales representatives themselves do not need to be licensed; and,

(f) any buildings, that are not located at the licensed home office address, called shops, warehouses, distribution centers, or called by any other name, are required to have a license if that site location provides selection (via telephone, showroom or sales representative), delivery, set up, consumer instruction and maintenance of equipment.

(2) Home medical equipment locations that do not require a license:

Diabetic monitors and disposable supplies, e.g., diabetic, ostomy, urological and wound care supplies have been identified as equipment and supplies that do not require services as defined in section 400.925(11), F.S.; therefore, locations that supply these items only will not require a HME license.

(3) Licensing fees:

(a) Fees for initial licensure application and renewal will be a \$300 licensing fee and a \$400 inspection fee for a two-year license. However, in the first year of implementation, half of the providers will be given an application for one-year licenses. Those given one-year applications will pay one half of the fees, \$150 for licensing and \$200 for inspection.

(b) When a change is reported which requires the issuance of another license, a fee must be assessed by AHCA as referenced in section 400.931(13) and (14), F.S. The following fees have been established:

1. Change of ownership: a \$300 license fee and a \$400 inspection fee unless exempt from inspection;

2. Change of address: a \$15 license fee;

3. Name change: a \$15 license fee;

4. Duplicate license: a \$5 license fee;

(c) The fee for an application with rules, law and an instruction package is \$7.50 as referenced in section 400.931(15), F.S. Renewal application packages are automatically sent out free of charge.

(4) Initial licensure application:

An application for initial licensure shall be made on forms prescribed by AHCA, which is referred to as the Home Medical Equipment Provider Licensure Application that is AHCA form number 3110-1005, Nov. 99. The forms may be obtained through the AHCA Home Care Unit, 2727 Mahan Drive, Building 1, Tallahassee, Florida 32308. In addition to the application, the following information must be submitted:

(a) Demonstration of financial ability to operate as referenced in section 400.931(3), F.S., by submitting one of the following:

1. New providers must submit proof of a current \$50,000 surety bond for each location to be licensed.

2. Existing providers, with locations established prior to 12/31/99, may submit proof of a current \$50,000 surety bond (an additional surety bond is not necessary if the provider already has one) or three current checking account statements or the applicant's most current annual report or the latest income tax return for the applicant.

(b) Background screening:

1. The general manager as defined in section 400.925(7), F.S., and the financial officer shall submit level 2 screening directly to AHCA. Level 2 screening consists of the Florida Department of Law Enforcement/FBI fingerprint screening and the Florida Abuse Hotline Information System Background Check.

2. The general manager shall coordinate the submission of level 1 screening for all personnel who enter a consumer's home, including contractors, hired on or after 7/1/99. Level 1 screening is submitted directly to the Florida Department of Law Enforcement and the Department of Children and Families. Level 1 screening consists of the submission of Florida Abuse Hotline Information System Background Check to the local Department of Children and Families District Screening coordinator and the submission of the criminal history check to the Florida Department of Law Enforcement. The cost of processing screening must be paid by the provider or by the employee that is screened. New employees may work on probationary status, once they have submitted their screening documents as permitted in chapter 435, F.S. The general manager shall submit a signed affidavit with each initial and renewal application affirming that direct and contract personnel who enter the home in the capacity of their employment, have been screened for good moral character.

(c) Each licensed HME provider location must obtain and maintain professional and commercial liability insurance of not less than \$250,000 per claim. In case of contracted services, the contractor shall maintain liability insurance of not less than \$250,000 per claim. A corporation can provide a blanket policy, which indicates that each of its licensed locations are insured under one policy, verifying not less than \$250,000 per claim for each location.

(d) Applicants must meet the local zoning requirements. Physical location cannot be a post office box. The licensee must have all county licenses and permits that are applicable.

(5) Renewal application:

(a) An application for renewal of licensure, with its forms and attachments, is required. AHCA form number 3110-1005, Nov. 99, incorporated by reference must be submitted. AHCA will send out applications 120 days prior to the expiration of the license. It is the responsibility of the HME provider to submit an application, within the specified time frames, whether or not they receive separate notification from AHCA of the impending expiration of the license.

(b) If AHCA has reason to believe a provider is financially unstable, the applicant must demonstrate financial ability to operate by submitting proof of a current \$50,000 surety bond as referenced in section 400.931(3), F.S., before the license is renewed. Failure to pay any outstanding fines, unless the fine is being appealed, is an indicator of financial instability and AHCA will ask the provider to demonstrate financial ability to operate by submission of proof of a bond unless the provider pays the fine.

(6) Change of ownership:

An application for a change of ownership, AHCA form number 3110-1005, Nov. 99, incorporated by reference, must be submitted per the requirements in section 400.931(9), F.S. Any change of 51% or more of the controlling interest in an HME business, will require a change of ownership application and fee as stated in (3)(b) above. The application and additional information necessary to submit a change of ownership application is the same as required for the initial licensure application with the addition of the submission of closing documents. However, if the owners remain the same but the percentage of their ownership changes, then a letter regarding the percentage change should be sent to AHCA instead of an application.

(7) Change of address:

The provider must submit a letter notifying AHCA of the impending move, the date the change of address is to occur and the letter must be accompanied by the required fee. The notification of relocation must be given not less than 24 hours before the actual move. The applicant must comply with local zoning requirements and obtain all applicable local county licenses and permits for the new location.

Specific Authority 400.925, 400.93, 400.931, 400.935, 400.953 FS. Law Implemented Part X of chapter 400, 400.92-.965 FS. History—New

59A-25.003 Scope of Services.

(1) Minimum standards: In addition to the minimum standards listed in section 400.934, F.S., every home medical equipment provider must meet the following minimum standards:

(a) The business must have a visible sign with the name of the business, business hours, and a phone number where the business can be contacted during business hours.

(b) Each licensed location must maintain personnel records for personnel that work at that location. The records must include the following: employment history for the past 5 years, proof of background screening including a signed copy of the good moral character form and a license of any professional that may work from that location.

(c) The HME program shall provide management and consumer instruction regarding the use of home medical equipment requiring services, as referenced in 400.925(11), F.S., and any professional services as necessary. Delivery services include transportation of equipment and supplies to and from consumer homes, equipment setup, and record keeping. Providers must be able to serve their consumers in a timely manner.

(d) If the HME is no longer able to serve the patient who needs continuing services, they must ensure their patients receive service from another provider to avoid interruption in their service.

(e) The HME provider is ultimately responsible for the management of all equipment and services even if a contractor is involved.

(f) The provider must warranty assistive technology devices as defined in section 427.802(2), F.S. The "Assistive Technology Device Warranty Act rights period" means the period ending 1 year after first delivery of the assistive technology device to the consumer or the manufacturer's express written warranty, whichever is longer, as referenced in sections 427.803 and 427.804, F.S.

(g) The provider must honor all warranties as required in section 400.934(9), F.S., and warranty used equipment at least 30 days.

(h) The provider must provide the consumer with user instructions as required in section 400.934(13), F.S.

(i) The provider must be able to demonstrate the safety and infection control measures that follow:

1. procedures that identify safety precautions to be followed in the handling and use of each type of equipment and its related supplies;

2. equipment is routinely inspected for safety and stability prior to delivery;

3. the electrical adequacy and safety of a home is assessed prior to placing any electrical or electronic equipment, and instructions are provided to consumers regarding applicable precautions and safety measures;

4. compliance with bedding and mattress reuse regulations;

5. specific cleaning or sanitizing requirements between usage for each type of equipment according to the manufacturers' guidelines;

6. storage of unclean equipment separate from clean equipment;

7. transportation of unclean equipment separate from clean equipment; and,

8. storage of equipment to prevent dust accumulation, water damage, and vermin contact.

(2) Home medical equipment includes but is not limited to oxygen and related respiratory equipment, customized wheelchairs and related seating and positioning as referenced in section 400.925(8), F.S. In addition to the home medical equipment referenced in section 400.925(8), F.S., other examples of equipment requiring services includes but is not limited to the following:

(a) apnea monitors, enteral feeding pumps, infusion pumps, portable home dialysis equipment, and ventilator equipment and supplies for all related equipment. All of the equipment referenced here in (a), including oxygen equipment and related respiratory equipment as referenced in section 400.925(8), F.S., is considered as life-supporting or life-sustaining equipment.

(b) continuous positive airway pressure machines, all electrostimulation equipment such as bone, muscle and transcutaneous electrical nerve stimulators, hospital beds, intermittent positive pressure breathing machines, motorized scooters, nebulizers, passive motion devices, patient lifts, phototherapy (billirubin) light with photometer, pressure ulcer care equipment, specialty prescribed cribs (child safety), suction machines, trapeze equipment, ventilator equipment (that is non-life supporting), wheelchairs, and walkers. All of the equipment referenced here in (b), including the custom wheelchairs and seating as referenced in section 400.925(8), F.S., is considered non-life supporting equipment.

(3) Minimum service standards required for equipment are as follows:

(a) Services for all home medical equipment must be based upon the current recommended manufacturers' standards.

(b) The provider must prioritize consumer service needs based upon the urgency of the situation. Any equipment utilized to provide a therapy treatment, as prescribed by the consumer's physician, shall require urgent attention. Also, any equipment in general that is completely non-functional shall be serviced with urgency. Any equipment that is functional, but needs minor repair may be serviced in a less urgent time frame. All service requests must be responded to in a timely manner that satisfies the consumer's needs.

(c) Service must be provided for life-supporting or life-sustaining equipment 24 hours, 7 days per week. Emergency service requests, as referenced in section 400.934(8), F.S., must be responded to with a telephone call, within 30 minutes and back up service provided at the consumer's home within two hours or less due to equipment failure or power outages. Providers must offer assistance regarding registration with emergency management services for consumers who use life-supporting or life-sustaining equipment.

(d) Services may be provided for non-life supporting or life-sustaining equipment during regular business hours. Requests for consumer instruction or any needed repair shall be responded to by telephone within the same working day. The consumer may bring to the provider's place of business any small equipment item requiring consumer instruction or repair.

(e) Life-support or life-sustaining equipment and related supplies must be provided to the consumer in the home environment based on initial and periodic reassessments of the consumer's equipment needs. Life supporting or life sustaining equipment shall be provided based upon physician orders including any physician order for medically necessary back-up equipment and supplies.

(4) Patient records:

(a) A record must be maintained for each patient that documents the home medical equipment and any services received as required in section 400.94(1), F.S.

(b) Patient information may not be disclosed from the patient's file without the written consent of the patient, the patient's guardian or the patient's power of attorney. All information received by any employee, contractor or AHCA employee regarding a patient of the HME is confidential.

(c) Patient records shall be made available to AHCA representatives when an inspection or a complaint investigation is done.

(d) Retained records can be stored as hard paper copy, microfilm, computer discs or tapes as long as they are retrievable for use during unannounced inspections or complaint investigations.

(5) Contracts:

Services provided by contract for consumers shall be through a written agreement between the provider and the business providing any equipment and services for a consumer, herein referred to as the contractor. Contracts must be retained for a minimum of 5 years. The contract must include the following at a minimum:

(a) a description of any of the equipment or services to be provided by the contractor;

(b) designation if the HME provider or the contractor is responsible for monitoring the equipment and services provided by the contractor;

(c) charges for any contracted equipment and services and designation of who will be billing the consumer, the HME provider or the contractor;

(d) responsibility of the HME provider to retain and maintain all records of patients served by a contractor;

(e) evidence that the contractor has professional and commercial liability insurance coverage (the licensee is responsible for making sure that the contractor has liability insurance);

(f) period of the contract between the HME provider and the contractor;

(g) procedures for reporting service and maintenance notes and any clinical or progress notes by the contractor to the HME provider;

(h) date and signatures of all parties, and

(i) contracts must be retained for a minimum of five years.

Specific Authority 400.925, 400.934, 400.935, 400.94, 400.953 FS. Law Implemented Part X of chapter 400, 400.92-.965 FS. History--New

59A-25.004 Minimum Qualifications for Personnel.

The provider shall be in compliance with and make available to AHCA surveyors the information referenced in this section; however, this section will not be enforced until three months after the effective date of this rule.

(1) General Manager, as defined in section 400.925(7), F.S.:

(a) Qualifications: A minimum of two years experience in business management or a college degree in business or a health care related field can substitute for the required experience year for year.

(b) Duties: The general manager is responsible for the following areas either directly or by clear delegation in writing:

1. assuring the maintenance of patient records including equipment repair and maintenance records as referenced in section 400.94, F.S.;

2. maintain job descriptions of staff;

3. assuring trained and qualified staff essential to the services provided as referenced in section 400.934(4) and (5) and (15), F.S.;

4. keeping program personnel up to date with health care information and practices;

5. directing staff in performance of their duties;

6. assuring that staff can accommodate patient's language;

7. assuring an adequate inventory of equipment and supplies to provide patients currently being served;

8. assuring that policies are developed and implemented as required in state law and rule;

9. maintaining and updating procedure manuals related to business functions;

10. maintain customer service complaint records containing the specifics related to the complaint and how the complaint was resolved as referenced in section 400.934(8) and (10), F.S.:

11. evaluating services, and personnel:

12. establishing and maintaining effective channels of communication:

13. maintaining training manuals and records verifying all training that personnel has received or is scheduled to receive thus assuring staff development including orientation, in-service education, and continuing education:

14. assuring adequate staff supervision during all service hours.

(2) Licensed health care professionals, such as respiratory therapists, certified respiratory therapy technicians, registered nurses, and licensed practical nurses that may be on staff or contracted with as needed for service provision:

(a) Qualifications: Current professional license(s).

(b) Training: Clinical staff must have required experience or training relative to the specific service they are providing.

(c) Duties: Provider policies must clearly identify that the respective duties of each type of clinical professional worker are within the scope of the described clinical responsibilities.

(3) Delivery personnel:

(a) Qualifications: A driver's license as required by law for the vehicle being driven and the physical capacity to handle the equipment assigned. Delivery persons must be able to accommodate the consumer's language and have the ability to work without continuous direct supervision.

(b) Training: Delivery and equipment service staff shall have successfully completed a documented training program covering all components of their assigned jobs including training for each type of equipment they are responsible for delivering.

(c) Duties: Delivery personnel are responsible for providing safe and clean transport of equipment and supplies to and from consumer homes, setting up equipment safely, and record keeping of the equipment delivered. They must provide in writing to the consumer a telephone number for use during business hours and an emergency number for after business hours when life supporting or life sustaining equipment is provided.

(4) Maintenance personnel:

(a) Qualifications: The ability to maintain and coordinate the repair of all equipment and to work without continuous direct supervision.

(b) Training: Attend any training required by the manufacturer regarding equipment maintenance.

(c) Duties: Coordinate maintenance of equipment, complete and sign maintenance logs that verify equipment has been maintained and repaired as required by manufacturer standards.

Specific Authority 400.935 FS. Law Implemented Part X of chapter 400, 400.92-965 FS. History-New

59A-25.005 Compliance.

(1) The survey or inspection:

(a) All providers must be in compliance with Part X of chapter 400, F.S., and these rules. A provider shall be surveyed every two years, unless a survey is necessary due to a complaint. Area offices may do follow-up surveys to check on correction of deficiencies at any time on an unannounced basis.

(b) Any home offices located out of state will be required to provide AHCA with any necessary records requested to perform an inspection or to investigate a complaint.

(c) Once the AHCA surveyor has finished conducting an inspection, an exit conference is conducted with the general manager or designee to discuss the results of the inspection and any deficiencies that may have been found.

(d) If the provider disagrees with the survey findings of the AHCA surveyor, the provider may speak with the surveyor regarding the proposed deficiencies during the exit conference. Once the provider has received the notification of deficiencies report from the area office, if the surveyor's recommended deficiency citation remains, then the provider may contact the area office supervisor to appeal the citation. The supervisor may remove the deficiency citation based on documentation supplied by the provider. Documentation submitted from the provider may include, but is not limited to, a statement from a technical expert in the field of HME and services. If the provider wishes to appeal the decision of the area office supervisor, the appeal, with all supporting information, is forwarded to the chief of field operations. If the chief of field operations does not support the deficiency citation, a directive to the area office supervisor will be initiated to remove the citation.

(e) The survey findings will be written and any notification of deficiencies prepared if needed. The provider can expect to receive the written survey results and any notification of deficiencies from the area office within ten working days from the survey.

(f) If any deficiencies were cited during the survey, the provider will be given ten working days to submit a plan of correction to the area office. A follow up visit will then be made by the area office to determine if the plan of correction is acceptable and has been implemented. After the follow up visit, the area office will make a recommendation to AHCA headquarters in Tallahassee.

(g) If a provider is cited regarding serious patient harm or a threat of clear and present danger to the public's health and safety, AHCA has the authority to request an injunction to halt operations through an emergency order or moratorium. Also, AHCA has the authority to deny, revoke or suspend a license when survey findings present a threat or clear and present danger to the public's health and safety as permitted in section 400.932, F.S.

(2) Adverse action: Denial, Suspension, Revocation, and Administrative Fines. Fine amounts are not to exceed \$5000 per violation, per day as stated in section 400.932(1), F.S.

(a) AHCA shall deny, suspend or revoke an application for license, or impose a fine for the reasons in section 400.932, F.S., and for the following reasons:

1. if the provider fails to submit an application for a change of ownership within time frames specified in section 400.931(8) & (9), F.S., a \$500 fine shall be levied. If the application is received after the required filing date, but exhibits a hand-canceled postmark from the U.S. Post Office, or delivery documentation by a carrier service, dated on or before the required filing date, no fine will be levied;

2. if the provider fails to submit an application for renewal of a license within sixty days from the date of expiration of the existing license, a \$500 fine will be levied.

3. if the provider fails to notify AHCA of a change of address, within the timeframes in section 59A-25.002(7), of this rule, a minimum of a \$500 fine shall be levied if a surveyor cannot locate the provider for inspection;

4. if existing providers (providers in existence on the effective date of this licensure act of 7/1/99) fail to submit an application by 12/31/99, a minimum of a \$500 fine shall be levied;

5. if the applicant fails to screen all employees who enter a consumer's home, as required or employs persons who are disqualified from employment based on abuse registry screening or a criminal record check (fine);

6. if the provider fails to carry out its responsibility regarding the provision of equipment and services by its staff or contractors in such a way that patients are subjected to inadequate care (fine or revocation);

7. if the provider is cited for a deficiency that could have caused harm to a patient or did cause harm to a patient (fine, revocation, denial);

8. if the provider is cited for repeated deficiencies or for uncorrected violations of state law and rule; (fine, revocation, denial); and.

9. if AHCA goes to inspect an HME during office hours, as indicated on their licensure application, and cannot gain entry and is not permitted to see any records (fine, deny, revoke).

(b) The action taken by AHCA regarding the above shall be based on the following:

1. the gravity of the violation, including the probability that death or serious physical or emotional harm to a patient will result or has resulted, and the severity of the actual or potential harm;

2. the actions taken by the HME provider to correct violations, and

3. any previous violations.

(3) Complaint investigations:

(a) AHCA will conduct investigations of complaints regarding violations of licensure requirements. Complaint investigations will not be unannounced. An entrance conference will be conducted to inform the general manager of the nature of the complaint. An exit conference will be conducted to report the findings and to receive additional information or clarification concerning the investigation.

(b) If necessary, a Statement of Deficiencies will be sent to the provider within 10 working days after the investigation. If the complaint was confirmed or any incidental deficiencies were cited as a result of the complaint investigation, the provider must submit a Plan of Correction to the area office. AHCA may impose a fine against the provider for any deficiency or confirmed complaint that could have caused harm to a patient.

(4) Other requirements:

(a) Providers should report unlicensed home medical equipment providers to the AHCA Information Center's toll free number of 1-888-419-3456 or the local number of 850-487-3183.

(b) Consumers should contact their HME provider with any complaint issues regarding equipment and services. If the provider and consumer are unable to resolve the complaint issues together, the provider must inform the consumer of the AHCA Information Center's numbers listed above to report unresolved issues.

Specific Authority 400.932, 400.933, 400.95, 400.965 FS. Law Implemented Part X of chapter 400, 400.92-.965 FS. History--New

NAME OF PERSON ORIGINATING PROPOSED RULE: Monteen Spooner, Program Administrator, Agency for Health Care Administration

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Ruben J. King-Shaw, Director, Agency for Health Care Administration

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 7, 2000

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October, 1, 1999

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Early Intervention Services

RULE NO.: 59G-4.085

PURPOSE AND EFFECT: The purpose of this rule is to establish authority for the Medicaid Early Intervention Services program, for which the Florida legislature appropriated specific funds. The effect is to consolidate the policies specific to the Early Intervention Services program into rule.

SUMMARY: The purpose of the proposed rule is to incorporate by reference the *Florida Medicaid Early Intervention Services Coverage and Limitations Handbook*,

February 1999, in 59G-4.085. The effect is to consolidate the policies specific to the Early Intervention Services program into rule.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory cost has been prepared.

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

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.908 FS.

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

TIME AND DATE: 10:00 a.m., February 15, 2000

PLACE: Agency for Health Care Administration, 2728 Fort Knox Boulevard, Building 3, Conference Room C, Tallahassee, Florida 32308

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: L. Gail Connolly, Management Review Specialist, Medicaid Program Development, P. O. Box 12600, Tallahassee, Florida 32317-2600, Telephone (850)922-7319

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-4.085 Early Intervention Services.

(1) This rule applies to all Early Intervention Service providers enrolled in the Medicaid program.

(2) All Early Intervention Service providers enrolled in the Medicaid program must comply with the Florida Medicaid Early Intervention Services Coverage and Limitations Handbook, February 1999, incorporated by reference; and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in 59G-5.020. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908 FS. History—New

NAME OF PERSON ORIGINATING PROPOSED RULE: L. Gail Connolly, Management Review Specialist, Medicaid Program Development

NAME OF PERSON OR SUPERVISOR WHO APPROVED THE PROPOSED RULE: Ruben J. King-Shaw, Jr., AHCA Director

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 6, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 11, 1999

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Care Responsibility Program

| | |
|---|-------------|
| RULE TITLES: | RULE NOS.: |
| Definitions | 59H-1.00352 |
| County Financial Responsibility | 59H-1.0045 |
| Hospital Participation | 59H-1.0055 |
| Covered Services | 59H-1.0065 |
| Individual Eligibility Requirements | 59H-1.007 |
| Determination of a Qualified Indigent Patient | 59H-1.008 |
| Certification of County of Residence | 59H-1.009 |
| Reimbursement Procedures | 59H-1.010 |
| Coordination of Third Party Payments | 59H-1.011 |
| State Comptroller Responsibilities | 59H-1.012 |
| Procedures for Handling Disputes | 59H-1.013 |

PURPOSE AND EFFECT: The proposed amendments will incorporate by reference the Health Care Responsibility Act (HCRA) Handbook, the Monthly Caseload and Appeals Report Form, the Quarterly Financial Report Form, update the procedural rules for the administration of the Health Care Responsibility Act (HCRA) and incorporate legislative changes to Chapter 154 (Chapter 98-191, Laws of Florida).

SUMMARY: The proposed amendments to Rule 59H-1.00352 define the terms "family unit", "HCRA Handbook", "Monthly Caseload and Appeals Report", "Quarterly Financial Report", adds procedure for in-county reimbursement, and updates the Department of Health and Rehabilitative Services to the Agency for Health Care Administration. The proposed amendments to Rule 59H-1.0045 incorporates the Monthly Caseload and Appeals Report and the Quarterly Financial Report and changes "department" to "agency". The proposed amendments to Rule 59H-1.0055 changes "Chapter 10C-26" to "Chapter 59H-1", changes "board" to "Bureau of Certificate of Need and Financial Analysis", and "department" to "agency". The proposed amendments to Rule 59H-1.0065 changes "Rule 10C-7" to "Rule 59G-4". The proposed amendments to Rule 59H-1.007 changes "10C-26" to "59H-1", changes "department" to "agency" and adds reference to in-county reimbursement. The proposed amendments to Rule 59H-1.008 changes "department" to "agency", gives hospitals the option of supplying documentation with the application, changes the time frame for submitting applications to counties from 10 to 30 days to comply with legislative change, changes "10C-26" to "59H-1", gives the applicant the ability to remove the income of a roomer or boarder from the assets used to determine eligibility, adds reimbursement criteria for in-county eligibility, updates the form numbers of the application and notification forms. The proposed amendments to Rule 59H-1.009 changes the time for counties to pend an eligibility determination while awaiting eligibility for other programs, changes "department" to "agency", gives county's the option of not having to require face-to-face interviews. The proposed amendments to Rule 59H-1.010 requires hospitals to reimburse counties for reimbursement if hospital receives payment from

other sources and sets time frame of 30 days, changes "department" to "agency". The proposed amendments to Rule 59H-1.011 changes "10C-26" to "59H-1", adds time frame of 30 days for hospitals to reimburse counties for duplicate payments. The proposed amendments to Rule 59H-1.012 changes "department" to "agency", "10C-26" to "59H-1". The proposed changes to Rule 59H-1.013 changes "department" to "agency".

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory cost has been prepared.

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

SPECIFIC AUTHORITY: 154.308 FS.

LAW IMPLEMENTED: 154.308 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FEBRUARY 25, 2000 FAW:

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Hazel Greenberg, CPM, Medical Health Care Program Analyst, Bureau of Managed Health Care, Data Analysis Unit, 2727 Mahan Drive, Bldg. 1, Room 337, Stop Mail Code 26, Tallahassee, FL 32308, (850)414-8983

THE FULL TEXT OF THE PROPOSED RULE IS:

59H-1.00352 Definitions.

The following words and phrases shall have the following meanings for the purpose of this rule.

(1) Act: The ~~Florida~~ Health Care Responsibility Act (HCRA).

(2) No change.

(3) Agency: Agency for Health Care Administration

(4)(3) No change.

(5)(4) Application: The Health Care Assistance Application, AHCA Form 5220-0001, as revised by the agency in consultation with the hospitals and the counties HRS-MED Form 1022, January 1991, and incorporated by reference, used to apply for coverage for hospital services under the act. Interested parties may obtain copies of the application from the Agency for Health Care Administration, Bureau of Managed Health Care, 2727 Mahan Drive, Mail Stop Code 26, Tallahassee, Florida 32308 district Medicaid office.

(6)(5) Assets: Those items defined as assets in 20 CFR 416 for determining eligibility for Supplemental Security Income (SSI), except as otherwise provided in Rule ~~59H-140C-26.008~~, F.A.C., shall be used in determining eligibility under the act.

(7)(6) Asset Limits: The overall amount of countable assets a person may retain and still remain eligible. This amount shall be the same as used in the Medicaid medically needy program as defined in Rule ~~65A-1.716(3) 40C-8.206~~, F.A.C.

(7) Board: ~~The Health Care Cost Containment Board as established in Chapter 407, Florida Statutes (FS).~~

(8) Certified Resident: A United States citizen or lawfully admitted alien who is certified by a county or the agency department as being a resident of that county at the time the need for hospital care arose.

(9) Certifying Agency: The county unit or agency department unit responsible for determining eligibility and certifying residency under the act.

(10) Charity Care Obligation: The ratio of uncompensated charity care days compared to total acute care inpatient days provided by a given hospital which is equal to or greater than 2 percent, based on the hospital's most recent audited actual experience, as reported to the Agency for Health Care Administration, Division of Managed Care and Health Quality, Bureau of Certificate of Need/Financial Analysis board.

(11) Claim: The universal hospital billing form, UB 92 82/HCFA-1450, incorporated by reference. Interested parties may obtain a copy of the UB 92 82/HCFA-1450 from the district Medicaid office.

(12) through (13)(b) No change.

(14) Department: ~~Department of Health and Rehabilitative Services.~~

(14)(15) No change.

(15)(16) Eligible Individual: An individual who is a certified resident of the county, who has received hospital services from a participating out-of-county hospital, ~~or a~~ regional referral hospital or an in-county eligible hospital and who is either a qualified indigent patient or a spend-down provision eligible patient. An in-county eligible hospital is a hospital located in a county that has elected to use up to one half of its HCRA designated funds to reimburse its in-county hospitals for in-county indigent care.

(16)(17) Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, or other acute symptoms such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

(a) Serious jeopardy to the ~~patient's~~ health of a patient;

(b) Serious impairment of any ~~to~~ bodily functions;

(c) Serious dysfunction of any bodily organ or part.

(d) With respect to a pregnant woman:

1. That there is inadequate time to effect safe transfer to another hospital prior to delivery.

2. That a transfer may pose a threat to the health and safety of the patient or fetus.

3. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.

~~(17)(18)~~ Emergency Services and Care: Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine whether if an emergency medical condition ~~or active labor~~ exists and, if it does, the care, treatment, or surgery by a physician which is necessary to relieve or eliminate the emergency medical condition, within the service capability of the hospital facility.

~~(18)(19)~~ Family Unit: One or more persons residing together in the same household whose needs, income and assets are included in the household budget, excluding roomers and boarders. Members include the applicant, legal spouse, partner, dependent children, stepchildren, adopted children and blood relatives under 21 years of age, unrelated minor children for whom the applicant, the applicant's spouse, or partner has legal guardianship or custody, legal guardian or parents of minor children, minor siblings, and partner's children under the age of 21. One or more persons living in one dwelling place who are related by blood, marriage or law. This relationship criteria will be applied only between minor or unborn children and natural, adoptive or step parents and between legal and common law spouses. A pregnant woman and her unborn child or children are considered to be two or more family unit members. If the dwelling place includes more than one family unit or more than one unrelated individual, the income and asset requirements are applied separately to each family unit or unrelated individual.

(a) A boarder is a person for whom payment is made for room and meals and who is not the spouse or partner of the landlord.

(b) A roomer is a person for whom a payment is made for a room and who is not the spouse or partner of the landlord.

(c) An applicant who is a roomer or boarder must verify his/her status as a roomer or boarder by providing a written statement from the landlord stating that the applicant is a roomer or boarder, the amount of the cash payment, that the cash payment is for a room or a room and meals, and that the applicant is not the spouse or partner of the landlord.

(d) An applicant who wishes to exclude a person from his/her family unit based on the fact that the person is a roomer or boarder must verify that person's status as a roomer or boarder by providing a written statement from the person stating that the he/she is a roomer or boarder, the amount of the cash payment, that the cash payment is for a room or a room and meals, and that the person is not the spouse or partner of the landlord.

~~(19)(20)~~ Gross Family Income: The sum of gross income a family unit receives or is entitled to receive at the time of determination, as defined under s. 154.308(4), F.S. application. Income shall include the following:

(a) through (m) No change.

(n) Contributions from any source, including but not limited to any amounts contributed toward the support of any individuals and not otherwise excluded under the HCRA guidelines.

(20) HCRA Handbook: The Health Care Responsibility Act (HCRA), created by and revised by the agency in consultation with the hospitals and the counties, and incorporated by reference, for the purpose of providing detailed and uniform policies and procedures to the hospitals, counties and others in complying with the applicable statutes and administrative rules.

(21) No change.

(22) Hospital: An establishment defined in 395.002, F.S., and qualified by the agency licensed by the department which qualifies as either a participating hospital or a regional referral hospital. Hospitals operated by the State of Florida department shall not be considered participating hospitals.

(23) Maximum County Financial Responsibility: That amount obtained by multiplying total county population by \$4 per capita using the most recent official state population estimate for the total county population published by the Executive Office of the Governor and the Bureau of Economic and Business Research.

(24) No change.

(25) Monthly Caseload and Appeals Report: The form, as revised by the agency and incorporated by reference, used by the counties to document and report caseload activity to the agency on a monthly basis.

~~(26)(25)~~ Notification of Eligibility: The form, Notification of Eligibility, AHCA Form 5220-0002, as revised by the agency, in consultation with the hospitals and counties, HRS MED Form 1023, January 1992, and incorporated by reference, used to notify applicants and hospitals of the disposition of an application. Interested parties may obtain copies of the notification from the Agency for Health Care Administration, Bureau of Managed Health Care, 2727 Mahan Drive, Building 1, Tallahassee, Florida 32308 district Medicaid office.

~~(27)(26)~~ Participating Hospital: A hospital that has met its charity care obligation as defined in 59H-140C-26.0035(10) and has either:

(a) A formal signed agreement with a county or counties to treat such county's or counties' indigent patients; or

(b) Demonstrated to the Bureau of Certificate of Need/Financial Analysis board that at least 2.5 percent of its uncompensated charity care, based on the hospital's most recent audited actual experience as reported to the Bureau of Certificate of Need/Financial Analysis board, is generated by out-of-county residents.

~~(28)(27)~~ Poverty Guidelines: The family poverty income levels published in February 1988 and updated annually by the Federal Office of Management and Budget (OMB) and as

posted by the Federal Register. For the purposes of this program, new guidelines will be effective on October 1 of each year, subsequent to the publication by OMB.

~~(29)(28)~~ No change.

~~(30)(29)~~ Qualified Indigent Patient: An applicant whose gross family unit income, for the 12 months preceding the determination, has been equal to or below 100 percent of federal poverty level; who is not eligible to participate in any other state or federal program which provides hospital care; has assets that do not exceed standards specified in ~~59H-140C-26.0035(6)(4)~~; who has no private insurance or inadequate private insurance; and who does not reside in a public institution as defined under the medical assistance program under Title XIX of the Social Security Act, as amended.

~~(31)~~ Quarterly Financial Report: The form, as revised by the agency and incorporated by reference, used by the counties to report expenditures and claim activity to the agency on a quarterly basis.

~~(32)(30)~~ Regional Referral Hospital: Any hospital which has met its charity care obligation as defined in ~~59H-140C-26.0035(10)~~, and meets the definition of teaching hospital as defined in ~~section 408.07(49) 395.502~~, F.S.

~~(33)(31)~~ No change.

~~(34)(32)~~ Spend-down Provision: The provision through which an applicant who meets the following criteria becomes eligible by meeting a share of cost requirement. Such an applicant must:

(a) No change.

(b) Meet the definition of a qualified indigent patient as defined in ~~59H-140C-26.0035(30)(29)~~, excluding the income requirement;

(c) No change.

(d) For out-of-county hospital reimbursement: Have incurred out-of-county hospital bills which would have otherwise qualified for payment under this section and which exceed the applicant's share of cost.

(e) For in-county hospital reimbursement: Have incurred in-county hospital bills which would have otherwise qualified for payment under this section and which exceed the applicant's share of cost.

~~(35)(33)~~ Spend-down Provision Eligible County: A Florida county which is not at its 10 mill cap on ad valorem taxes as of October 1, 1991, as determined by the Florida Department of Revenue.

~~(36)(34)~~ No change.

~~(37)(35)~~ Uncompensated Charity Care: Defined in the ~~Florida Hospital Health Care Cost Containment Board Uniform Reporting System (FHURS)~~ as charity/uncompensated care – other and charity/uncompensated care – Hill-Burton as reported on worksheet C-~~3a 2~~, or current designated form, of the hospital's prior year report.

~~(38)(36)~~ No change.

Specific Authority 154.3105 FS. Law Implemented 154.304, 154.306, 154.309 FS. History–New 3-29-89, Amended 12-24-90, 2-24-92, Formerly 10C-26.0035, Amended.

59H-1.0045 County Financial Responsibility.

(1) No change.

(2) Reimbursement for treatment in a hospital emergency room for emergency medical conditions shall be at the Medicaid outpatient per diem rate and shall be limited to the annual Medicaid reimbursement limits as defined in Rule 59G-4.160 10C 7.040.

(3) No county shall be required to pay more than the equivalent of \$4 per capita as the maximum county financial responsibility in that county's fiscal year. The agency department shall calculate and certify to each county and hospital by March 1 of each year the maximum county financial responsibility the county may be required to pay.

(4) For spend-down provision eligible counties, the rate of reimbursement to out-of-county hospitals shall not be less than 100 percent of the per diem reimbursement rate in effect for the out-of-county hospital under the Medicaid program unless the county and the hospital sign a formal agreement to treat such county's indigent patients at a lower or higher negotiated rate. The county shall provide written notification to the agency department of the rate negotiated for each hospital and the effective date within 30 days of the date the agreement is signed.

(5) For counties that are not spend-down provision eligible counties, the rate of reimbursement to eligible out-of-county hospitals shall not be less than 80 percent of the per diem reimbursement rate in effect for the out-of-county hospital under the Medicaid Program unless the county and the hospital sign a formal agreement to treat such county's indigent patients at a lower or higher negotiated rate. The county shall provide written notification to the agency department of the rate negotiated for each hospital and the effective date within 30 days of the date the agreement is signed.

(6) The agency department will provide semi-annually a list of Medicaid hospital per diem rates which would be effective January 1 and July 1. However, the hospital is responsible for notifying the county of any interim adjustments to its per diem rate. The per diem rate utilized at the time of claim adjudication is considered the final rate for that claim. No retroactive per diem rate adjustment is allowed.

(7) Each county shall certify to the agency department, within 60 days of the end of the county's fiscal year, the amount of reimbursement it paid to all out-of-county hospitals. Additionally, should a county reach its maximum county financial responsibility before the end of the fiscal year, the county has 60 days from the date the responsibility has been met to provide the certification to the agency department that the responsibility has been met.

(8) Each month, each county must complete a Monthly Caseload and Appeals Report, documenting caseload activity for the month. Each county must submit this report to the agency by the 15th of the month following the end of the reported month, to the address provided on the form. If a county has no caseload activity for any month, the county must file the Caseload and Appeals Report indicating no activity. Timely filing of the report is required.

(9) At the end of each quarter, each county must submit a Quarterly Financial Report for expenditures and claim activity to the agency at the address specified on the report form. Each county must submit this report within 30 days from the end of the quarter being reported. Quarters are based on the county's fiscal year. If a county has no expenditures or activity for any quarter, the county must file the Quarterly Financial Report indicating no activity. Timely filing is required to insure accurate financial information is available to determine if and when the maximum financial responsibility has been met.

(10)(8) When the maximum county financial responsibility has been met, the county shall notify the agency, those hospitals with which they have agreements and those hospitals which serve county residents that the maximum county financial responsibility has been met.

(11)(9) In order to be reimbursed, a participating hospital or regional referral hospital must provide documentation to the county that it has met its charity care obligation based on the most recent audited actual experience as reported and certified by the Bureau of Certificate of Need/Financial Analysis board. The agency department will provide to the hospitals and the counties, annually and more frequently when revised, a list of hospitals meeting their charity care obligation.

(12)(10) No change.

(13)(11) Payment made to a hospital by the county under this chapter for covered services provided to an eligible individual shall be considered as payment in full, and the eligible individual shall not be billed, except for the applicant's share of cost and the cost of any other non-covered services.

Specific Authority 154.3105 FS. Law Implemented 154.304(8), 154.306 FS. History--New 3-29-89, Amended 12-24-90, 2-24-92, Formerly 10C-26.0045, Amended _____.

59H-1.0055 Hospital Participation.

(1) The Bureau of Certificate of Need/Financial Analysis board shall determine and certify to the agency department, by July 1 of each year, those hospitals that meet the charity care obligation as defined in 59H-140C-26.0035(10), based on audited actual experience for the hospital's fiscal year ending within the preceding calendar year. Hospital eligibility is determined annually for the coming county fiscal year.

(2) Those hospitals that meet the charity care obligation shall become participating hospitals as defined in 59H-140C-26.0035(27)(26), if the hospitals:

(a) through (b) No changes.

(3) Those hospitals that meet the charity care obligation but are not eligible under 59H-140C-26.0055(2)(a) must provide annually to the Bureau of Certificate of Need/Financial Analysis board by May 1 the following information in the format prescribed by the Bureau of Certificate of Need/Financial Analysis board in order for the Bureau of Certificate of Need/Financial Analysis board to determine the amount of out-of-county uncompensated charity care:

(a) through (f) No change.

This information shall be for the same period as the period of the hospital's last fiscal year ending within the preceding calendar year. The Bureau of Certificate of Need/Financial Analysis board shall certify to the Bureau of Managed Health Care department, by July 1 of each year, those hospitals that meet out-of-county requirements as specified in 59H-140C-26.0055(2)(b).

(4) No change.

(5) Subsequent to the initial determination of hospital participation, the Bureau of Certificate of Need/Financial Analysis board shall determine the hospital's eligibility annually following submission of the hospital's audited actual experience. The Bureau of Managed Health Care department shall annually distribute by September 15, update and annotate a list of participating hospitals and regional referral hospitals to all counties. If, after a hospital has been determined eligible pursuant to 59H-140C-26.0055(3), the Bureau of Certificate of Need/Financial Analysis board finds that the hospital incorrectly reported information used to verify having met its charity care obligations and that based on accurate data the hospital was not eligible to participate, then the hospital's eligibility shall be immediately rescinded. The hospital shall also repay to the county any amounts paid to the hospital based upon the erroneous certification of eligibility.

(6) The county shall not be liable for payment of treatment of a certified resident who is a qualified indigent patient or spend-down provision eligible patient, until such time as that hospital has documented to the Bureau of Certificate of Need/Financial Analysis board and the Bureau of Certificate of Need/Financial Analysis board has determined that the hospital has met its charity care obligations.

(7) The county shall notify the agency department of any hospital which has met the charity care obligation and with which the county has a formal signed agreement, within 30 days of the effective date of the agreement.

Specific Authority 154.3105 FS. Law Implemented 154.304(4),(8),(10), 154.31 FS. History--New 3-29-89, Amended 12-24-90, 2-24-92, Formerly 10C-26.0055, Amended _____.

59H-1.0065 Covered Services.

(1) Covered services are limited to hospital services as defined in Rule 59G-4.160 40C-7.039, and Rule 59G-4.150 40C-7.040, and the Medicaid Provider Handbook – Hospital

Services, incorporated by reference, unless otherwise specified in this rule. The handbook is available from the Medicaid fiscal agent.

(2) The county of residence shall be liable for the cost of treatment for emergency medical conditions in a hospital emergency room, as defined in 59G-4.160 ~~40C-7.040~~ and the Medicaid Provider Handbook – Hospital Services, unless otherwise specified in this rule.

(3) through (4) No change.

Specific Authority 154.3105 FS. Law Implemented 154.306, 154.31 FS. History—New 3-29-89, Amended 12-24-90, Formerly 10C-26.0065, Amended

59H-1.007 Individual Eligibility Requirements.

(1) For a hospital to receive reimbursement for hospital services under the act, an individual must meet the following conditions:

(a) through (b) No change.

(c) Receive treatment for a covered service as defined in 59H-140C-26.0065 at a participating hospital or a regional referral hospital not located in the county of residence, unless the county has established a procedure to reimburse a qualified in-county hospital as allowed in section 154.306(1), F.S.

(2) The county may establish income or asset standards for eligibility, or both, which are less restrictive than those found in 59H-140C-26.0035(30)(29). A county shall not establish income or asset standards which are more restrictive than those found in 59H-140C-26.0035(30)(29).

(3) The county shall notify the ~~agency department~~ of any income or asset standards that are less restrictive than those found in 59H-140C-26.0035(30)(29) within 30 days of adopting such standards and within 30 days of any subsequent changes.

Specific Authority 154.3105 FS. Law Implemented 154.304(9), 154.306 FS. History—New 3-29-89, Amended 12-24-90, 2-24-92, Formerly 10C-26.007, Amended

59H-1.008 Determination of a Qualified Indigent Patient.

(1) The county has the primary responsibility for determining eligibility for individuals applying for coverage, using the eligibility determination procedures described in this section. The ~~agency department~~ shall conduct eligibility determinations only when the county demonstrates to the ~~agency department~~ that staff are not available. The county shall notify the ~~agency department~~ of its intent to determine eligibility. The participating hospital or regional referral hospital may elect to provide some of the eligibility documentation to the certifying agency.

(2) The governing board of the county shall designate a person or county specific agency to be responsible for the administration of the act. The name, including the position title, address, and phone number of the person or county agency supervisor, which shall determine eligibility and certify county of residence under the act shall be provided to the

agency on an annual basis, and as needed when modified. The agency shall provide such information to the participating hospitals and regional referral hospitals on an annual and as needed basis. In the event the county does not so designate, the ~~agency department~~ shall determine eligibility and certify residency.

(3) Hospitals shall screen applicants to determine the availability and adequacy of third party insurance and potential eligibility for Medicaid or other State or Federal governmental programs. Participating hospitals and regional referral hospitals are responsible for initiating the eligibility determination procedures. The hospital has 30 ~~40~~ days from the date of admission or emergency treatment to notify the certifying agency by certified mail of an individual who may qualify or the hospital forfeits its right to reimbursement.

(4) Notification shall consist of an application, AHCA Form 5220-0001 ~~HRS-MED Form 1022~~, signed by the applicant or his designated representative.

(5) In those situations where the applicant is comatose or is physically incapacitated to the extent that an application cannot be completed, and there is no designated representative to complete the application, the hospital may serve as designated representative has 10 days from the date the patient or designated representative is able to complete the application. ~~In no event shall the application be submitted by the hospital later than 10 days from the date of discharge. The hospital may serve as designated representative in those instances where the patient is comatose or physically incapacitated, and there is no one to serve as the designated representative.~~

(6) No change.

(7) The certifying agency has 60 days following receipt of an application from ~~notification by~~ the hospital to determine eligibility. If for any reason eligibility cannot be determined within 60 days, the hospital shall be notified, in writing, of the reason for the delay. ~~In those cases where eligibility for a state or federal program is pending, the certifying agency has up to 90 days following notification by the certifying agency to the hospital to determine eligibility.~~

(8) The certifying agency shall use gross family income to determine if the family unit's income is less than or equal to 100 percent of the federal poverty level or less than or equal to 150 percent of the federal poverty level for residents of spend-down provision eligible counties. Verification of earnings shall be requested for the 4-week period prior to the date of determination pursuant to s. 154.308(4), F.S. admission or treatment. The certifying agency shall require additional income verification for the preceding 12 month period if the income received for the 4 weeks prior to determination admission is not representative of the family unit's gross income ~~and if it is to the client's benefit to do so.~~

(9) If the family unit's monthly gross income is more than 100 percent of the federal poverty level and the applicant is a resident of a spend-down provision eligible county, the

certifying agency shall use monthly gross family income to determine if the family unit's income is between 100 percent and 150 percent of the federal poverty level. Verification of earnings shall be for the one month period prior to the applicant's date of ~~determination admission or treatment~~. The certifying agency shall require additional income verification for the preceding 12 month period if the income received for the month prior to ~~the date of determination admission~~ is not representative of the family unit's annual gross income.

(10) Verification of income, except as provided in ~~59H-140C-26.0035(38)(36)~~, may be a written or oral statement that certifies the applicant's income and may include but not be limited to:

(a) through (b) No change.

(c) Pay stubs for 4 weeks if available or if needed, information for the preceding 12 month period; or

(d) No change.

(11) The certifying agency shall determine if the applicant's assets exceed the standards specified in ~~59H-140C-26.0035(7)(6)~~. The certifying agency shall verify assets, but such verification must be completed within 30 days of receipt of the application. If verification is not requested and received within 30 days of receipt of the application, the assets will be accepted as stated in the application unless the certifying agency documents by independent means that assets exceed the limit.

(12) The following shall not be included as assets in the eligibility determination:

(a) through (g) No change.

(h) The income and assets of roomers and boarders. The applicant must verify the person's status as a roomer or boarder by providing a written statement from the person stating that he/she is a roomer or boarder, the amount of payment and that the payment is for a room or a room and meals and that the person is not the spouse or partner of the landlord.

(13) The certifying agency ~~may shall~~ determine eligibility based on documentation submitted by the hospital or applicant without a face-to-face interview, if adequate information is provided to verify income, assets and, if appropriate, spend-down provision eligibility.

(14) If the applicant is a resident of a spend-down provision eligible county and the applicant's gross family income is between 100 percent and 150 percent of the federal poverty level, the certifying agency shall determine the applicant's share of cost for the spend-down provision as defined in ~~59H-140C-26.0035(35)(32)~~. The applicant's share of cost is the difference between the applicant's monthly gross family income and 100 percent of the federal poverty level.

(15) For out-of-county hospital reimbursement, the applicant must have out-of-county hospital bills that exceed the applicant's share of cost, as defined in 59H-140C-26.0035(34)(31), to be eligible. Allowable out-of-county hospital bills are the out-of-county hospital bill

for the date(s) of service indicated on the application, AHCA Form 5220-0001 HRS MED Form 1022, and all other hospital bills for related services, which would have otherwise qualified for payment under this part, that had been provided during the four weeks prior to the date(s) of service indicated on the application. Follow-up care which occurs within 4 weeks from the date of discharge of a related reimbursed incident shall not require an additional share of cost.

(16) For in-county hospital reimbursement, the applicant must live in a county that uses up to 1/2 of its designated HCRA funds for in-county hospital reimbursement and have in-county hospital bills that exceed the applicant's share of cost, as defined in 59H-1.0035(34), to be eligible. Allowable in-county hospital bills are the in-county hospital bill for the date(s) of service indicated on the application, AHCA Form 5220-0001, and all other hospital bills for related services, which would have otherwise qualified for payment under this part, that had been provided during the four weeks prior to the date(s) of service indicated on the application. Follow-up care which occurs within 4 weeks from the date of discharge of a related reimbursed incident shall not require an additional share of cost.

~~(17)(46)~~ To determine if the applicant has met his share of cost, the certifying agency shall first determine the amount of reimbursement for which the hospital would have been eligible if no share of cost was involved. To determine the amount of reimbursement for inpatient hospital care, the certifying agency shall multiply the number of approved days by 100 percent of the Medicaid per diem rate or other negotiated rate. The certifying agency shall determine the amount of reimbursement for any outpatient services provided, for which the hospital would have been eligible if no share of cost was involved, based on the Medicaid rate, or other negotiated rate, for each covered service. If the applicant's share of cost is less than the determined amount of reimbursement, then the applicant has met his share of cost and is eligible for reimbursement through the spend-down provision, within the limitations specified in ~~59H-140C-26.0045~~.

~~(18)(47)~~ The certifying agency shall notify the applicant and the hospital of the disposition of the application using the Notification of Eligibility Form, AHCA Form 5220-0002 HRS MED Form 1023, January 1992, within 10 days of the disposition. A copy of the notification of eligibility shall be included with the request for payment submitted by the hospital.

~~(19)(48)~~ Eligibility shall be retroactive to the date of admission or treatment, as indicated on the application, AHCA Form 5220-0001 HRS MED Form 1022.

(19) through (21) renumbered (20) through (22) No change.

Specific Authority 154.3105 FS. Law Implemented 154.306, 154.308, 154.316 FS. History—New 3-29-89, Amended 12-24-90, 2-24-92, Formerly 10C-26.008, Amended.

59H-1.009 Certification of County of Residence.

(1) No change.

(2) The county has 60 days from the date of receipt of the application to determine the applicant's county of residence. This time limit shall run concurrent with the time limit for determining eligibility. If the county fails to make or is unable to make a determination within 60 days, for reasons other than awaiting eligibility for other state or federal hospital reimbursement programs, the hospital shall notify the agency department, providing a copy of the application and all supporting documentation. The agency department shall determine residency within 45 days of receipt of notification from the hospital that the county was unable to determine residency. The agency department shall notify the hospital and the county of the residency determination.

(3) County of Residence Verification: The applicant must provide or make available one of the following as corroborating evidence of current residency within the county:

(a) Current active driver's license or State of Florida Identification Card;

(b) through (k) No change.

(4) The certifying agency may determine eligibility based on documentation submitted by the hospital or applicant without a face-to-face interview, if adequate information and documentation are provided to verify the county of residence.

(5)(4) The agency department's determination of county of residence is binding on the county of residence, and that county shall be liable to reimburse the treating hospital for a qualified indigent patient or spend-down provision eligible patient to the extent provided in the rule. The agency department must provide the county with the basis for the determination.

(6)(5) If for any reason the county or agency department is unable to determine an applicant's county of residence, the county or agency department shall notify the hospital in writing of such reason.

(7)(6) The agency's department's residency determination shall be based solely on the application and supporting documentation submitted by the hospital and the county. The agency department shall not verify residency information or seek additional information to establish residency.

Specific Authority 154.3105 FS. Law Implemented 154.309, 154.316 FS. History--New 3-29-89, Amended 12-24-90, 2-24-92, Formerly 10C-26.009, Amended.

59H-1.010 Reimbursement Procedures.

(1) The hospital shall use the universal hospital claim form, UB 92 82/HCFA-1450, to submit claims to the county for eligible individuals who received covered hospital care.

(2) through (3) No change.

(4) The county shall reimburse the hospital within 90 days of receipt of a claim, unless the claim is disputed under the provisions of Chapter 120, F.S. In cases where the patient

becomes eligible for third party payment, disability benefits or other state or federal benefits, the hospital shall reimburse the county for any overpayment by the county within 30 days of receipt of such payment from any other source.

(5) No change.

(6) The county shall provide the agency department, if requested, a copy of the claim for which payment is made or denied, indicating disposition and date.

Specific Authority 154.3105 FS. Law Implemented 154.306, 154.314 FS. History--New 3-29-89, Amended 2-24-92, Formerly 10C-26.010, Amended.

59H-1.011 Coordination of Third Party Payments.

(1) The hospital shall pursue all third party payors prior to submitting a claim to a county. This requirement shall not preclude submission of the application within time frames established in 59H-140C-26.008. The county, through the HCRA, shall serve as payor of last resort in regard to third party insurance, federally funded and state-funded hospital programs which may be available to the applicant.

(2) No change.

(3) In cases where a hospital is reimbursed by a third party payor or other government program, after the county has paid the hospital under this program, the hospital shall reimburse the county up to the amount paid by the county, within 30 days of receipt of such payment.

(4) through (5) No change.

Specific Authority 154.3105 FS. Law Implemented 154.304(9) FS. History--New 3-29-89, Amended 12-24-90, 2-24-92, Formerly 10C-26.011, Amended.

59H-1.012 State Comptroller Responsibilities.

(1) through (2) No change.

(3) Section 154.314, F.S., requires the Comptroller to provide reports quarterly to the Governor, appropriations and finance and tax committees in the House of Representatives and the Senate and to the agency department the amount certified by the hospitals as owed by counties and the amounts paid to hospitals out of any revenue or tax sharing funds due to the county.

(4) Hospitals shall be reimbursed not less than 100 percent of the Medicaid per diem rate unless the hospital or county provides the Comptroller:

(a) No change.

(b) Evidence of a different rate negotiated pursuant to 59H-140C-26.0045(4), or

(c) No change.

(5) The Comptroller shall reimburse hospitals for counties that are not eligible for the spend-down provision at a rate not less than 80 percent of the Medicaid per diem rate, minus the applicant's share of cost, unless the hospital or county provides the Comptroller:

(a) Evidence of a different rate negotiated pursuant to 59H-140C-26.0045(5), or

(b) No change.

Specific Authority 154.3105 FS. Law Implemented 154.314 FS. History--New 3-29-89, Amended 12-24-90, 2-24-92, Formerly 10C-26.012, Amended

59H-1.013 Procedures for Handling Disputes.

(1) All disputes among counties, the agency department, a participating hospital or a regional referral hospital shall be resolved by order as provided in Chapter 120, F.S. Hearings shall be conducted as provided in Section 120.57, F.S., except that the hearing officer's order shall be the final agency action.

(2) Notwithstanding other provisions of this section, when a county alleges that a residency determination or eligibility determination made by the agency department is incorrect, the burden of proof shall be on the county to demonstrate that such determination is, in light of the total record, not supported by the evidence.

Specific Authority 154.3105 FS. Law Implemented 154.312 FS. History--New 3-29-89, Formerly 10C-26.013, Amended

NAME OF PERSON ORIGINATING PROPOSED RULE: Hazel Greenberg, CPM

NAME OF PERSON WHO APPROVED THE PROPOSED RULE: Ruben J. King-Shaw, Jr., AHCA Director

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 1, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 17, 1999

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Care Responsibility Program

| | |
|---|------------|
| RULE TITLES: | RULE NOS.: |
| Definitions | 59H-2.003 |
| County Financial Participation and Lead Agency Responsibilities | 59H-2.004 |
| Hospital Participation | 59H-2.005 |
| Covered Services | 59H-2.006 |
| Determination of Eligibility | 59H-2.007 |
| Reimbursement Procedures | 59H-2.009 |
| Administrative Hearing; Applicant's Rights and Responsibilities | 59H-2.010 |

PURPOSE AND EFFECT: The proposed amendments will update the procedural rules, form numbers, rule and statute references and terminology for the administration of the Shared County and State Health Care Program. At present, this program is NOT funded and therefore is not active.

SUMMARY: The proposed amendments to Rule 59H-2.003 define "Agency", "Bureau", "Family Unit", changes "department" to "agency", updates rule cites, and form numbers, removes references to the agencies and boards no longer in existence, adds pregnancy to emergency definition, and adds the Agency's address for notification and ordering forms. The proposed amendments to Rule 59H-2.004 changes "department" to "agency", changes rule chapter "10C-34" to

"59H-2". The proposed amendments to Rule 59H-2.005 changes "department" to "agency". The proposed amendments to Rule 59H-2.006 changes rule chapter "10C-7" to "59G-4", changes "department" to "agency". The proposed amendments to Rule 59H-2.007 changes rule chapter "10C-34" to "59H-2", changes "department" to "agency", updates form numbers, changes the time limit to determine eligibility from "90 days" to notification in writing when applicant is pending eligibility for another program. The proposed changes to Rule 59H-2.009 change "department" to "agency", corrects form numbers, changes rule chapter "10C-7" to "59G-4". The proposed amendments to Rule 59H-2.010 changes "board" to "bureau", "department" to "agency".

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory cost has been prepared.

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

SPECIFIC AUTHORITY: 409.2673 FS.

LAW IMPLEMENTED: 409.2673 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FEBRUARY 25, 2000 FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Hazel Greenberg, CPM, Medical Health Care Program Analyst, Bureau of Managed Health Care, Data Analysis Unit, 2727 Mahan Drive, Bldg. 1, Room 337, Stop Mail Code 26, Tallahassee, FL 32308, (850)414-8983

THE FULL TEXT OF THE PROPOSED RULE IS:

59H-2.003 Definitions.

The following words and phrases shall have the following meanings for the purpose of this rule.

(1) No change.

(2) Agency: The Agency for Health Care Administration, Bureau of Managed Health Care, Data Analysis Unit.

(3)~~(2)~~ No change.

(4)~~(3)~~ Application: The Health Care Assistance Application, AHCA HRS-MED Form 5220-0001 ~~4022, January 1994~~, and incorporated by reference, used to apply for coverage for in-patient hospital services under this program. Interested parties may obtain copies of the application forms from the agency's office at 2727 Mahan Drive, Bldg. 1, Rm. 337, Tallahassee, FL 32308 ~~district Medicaid office.~~

(5)~~(4)~~ Assets: Those items defined as assets in 20 CFR 416 for determining eligibility for Supplemental Security Income (SSI), except as otherwise provided in 59H-240C-34.007.

~~(6)(5)~~ Asset Limits: The overall amount of countable assets a family unit may retain and still remain eligible. This amount shall be the same as used in the Medicaid medically needy program as defined in Rule 65A-1.716(3) ~~40C-8.206~~, FAC.

~~(6) Board: The Health Care Cost Containment Board as established in Chapter 407, Florida Statutes (FS).~~

~~(7) Bureau: The Bureau of Certificate of Need/Financial Analysis.~~

~~(8)(7)~~ No change.

(a) through (e) No change.

~~(9)(8)~~ Certifying Agency: The county unit or agency department unit responsible for determining eligibility and residency under the program.

~~(10)(9)~~ Charity Care Obligation: The ratio of uncompensated charity care to net revenue provided by a tax district hospital which is equal to or greater than 2.5 percent, based on the hospital's most recent audited actual experience, as reported to the Bureau board.

~~(11)(40)~~ Claim: The universal hospital billing form, UB 92 82/HCFA-1450, incorporated by reference. Interested parties may obtain a copy of the UB 92 82/HCFA-1450 from the district Medicaid office.

~~(12)(44)~~ No change.

~~(13)(42)~~ County of Residence:

(a) through (b) No change.

~~(13) Department: Department of Health and Rehabilitative Services.~~

(14) No change.

(15) Eligible Individuals: Individuals who meet the following criteria:

(a) No change.

(b) Have insufficient or inadequate third party insurance coverage as defined in 59H-240C-34.003(1);

(c) No change.

(d) Have assets within limits as defined in 59H-240C-34.003(5);

(e) Are participating in case-managed programs of primary care and other health services as defined in 59H-240C-34.003(7) prior to admission or are referred to such programs by the hospital at the time of discharge;

(f) Do not reside in public institutions as defined under the medical assistance program for the needy under Title XIX of the Social Security Act, as amended, and also defined in 59H-240C-34.003(27);

(g) No change.

(h) And are:

1. through 3. No change.

(16) Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, or other acute symptoms such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

(a) No change.

(b) Serious impairment of any ~~to~~ bodily functions;

(c) No change.

(d) With respect to a pregnant woman:

1. That there is inadequate time to effect safe transfer to another hospital prior to delivery.

2. That a transfer may pose a threat to the health and safety of the patient or fetus.

3. That there is evidence of the onset and persistence of uterine contractions or rupture of the membrane.

(17) Emergency Services and Care: Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine whether ~~if~~ an emergency medical condition ~~or active labor~~ exists and, if it does, the care, treatment, or surgery by a physician which is necessary to relieve or eliminate the emergency medical condition, within the service capability of the hospital facility.

(18) Family Unit: One or more persons residing together in the same household whose needs, income and assets are included in the household budget, excluding roomers and boarders. Members include the applicant, legal spouse, partner, dependent children, stepchildren, adopted children and blood relatives under 21 years of age, unrelated minor children for whom the applicant, the applicant's spouse, or partner has legal guardianship or custody, legal guardian or parents of minor children, minor siblings, and partner's children under the age of 21 living in one dwelling place who are related by blood, marriage, or law. This relationship criteria shall be applied only between minor or unborn children and their natural, adoptive or step-parents and between legal or common-law spouses. A pregnant woman and her unborn child or children are considered to be two or more family unit members. If the dwelling place includes more than one family unit or more than one unrelated individual, the income and asset requirements are applied separately to each family unit or unrelated individual.

(a) A boarder is a person for whom payment is made for room and meals and who is not the spouse or partner of the landlord.

(b) A roomer is a person for whom a payment is made for a room and who is not the spouse or partner of the landlord.

(c) An applicant who is a roomer or boarder must verify that his/her status as a roomer or boarder by providing a written statement from the landlord stating that the applicant is a roomer or boarder, the amount of the cash payment, that the cash payment is for a room or a room and meals, and that the applicant is not the spouse or partner of the landlord.

(d) An applicant who wishes to exclude a person from his/her family unit based on the fact that the person is a roomer or boarder must verify that person's status as a roomer or boarder by providing a written statement from the person stating that he/she is a roomer or boarder, the amount of the cash payment, that the cash payment is for a room or a room and meals, and that the person is not the spouse or partner of the landlord.

(19) Gross Family Income: The sum of gross income a family unit receives or is entitled to receive at the time of application. Income shall include the following:

(a) through (n) No change.

(20) No change.

(21) Hospital: An establishment defined in 395.002, F.S., and qualified by the bureau to operate in the State of Florida licensed by the department.

(22) Lead Agency: An agency appointed by the county to:

(a) through (g) No change.

(23) No change.

(24) Notification of Eligibility: The form, Notification of Eligibility, AHCA HRS-MED Form 5220-0002 4023, January 1991, and incorporated by reference, used to notify the applicant and the hospital of the disposition of an application. Interested parties may obtain the notification forms from the agency's Tallahassee Office at 2727 Mahan Drive, Mail Stop Code 26, Tallahassee, FL 32308 ~~district Medicaid office.~~

(25) through (29) No change.

Specific Authority Chapter 88-294, Section 27, Laws of Florida. Law Implemented 409.2673 FS. History--New 3-29-89, Amended 12-24-90, Formerly 10C-34.003, Amended.

59H-2.004 County Financial Participation and Lead Agency Responsibilities.

(1) A county has the option to participate in the program through September 30, 1991. A county desiring to participate shall notify the agency department of the intent to participate.

(2) No change.

(3) The level of financial participation for a county and the state for this program shall be determined as follows:

(a) No change.

(b) If the county was not funding inpatient hospital services for those individuals who would have been eligible for this program, and the county has not reached its maximum ad valorem rate authorized by law and certified to the Department of Revenue, the county:

1. through 2. No change.

(c) No change.

(d) The state shall fund greater than 65 percent of the cost of this program if:

1. through 2. No change.

(e) The state shall fund 100 percent of the cost of the program if:

1. through 3. No change.

(f) No change.

(4) Allocation Methodology:

(a) For each state fiscal year the agency department shall allocate a share of the funds appropriated for this program to each county. The allocation methodology shall be the total of funds appropriated for this program divided by the number of individuals statewide who have income below poverty guidelines, excluding Medicaid eligibles, which shall equal the amount allocated per capita for potential eligibles. The county allocation shall be the per capita amount multiplied by the number of individuals in the county excluding Medicaid eligibles who have income below poverty guidelines.

(b) The allocation shall be calculated using the latest information available as of April 1 of each year. The allocation methodology shall use population estimates published by the Executive Office of the Governor. The agency department shall provide the number of Medicaid eligibles.

(5) No change.

(6) State funds allocated for a county that chooses not to participate in the optional year or does not provide the county share shall be re-allocated to participating counties, using the methodology described in 59H-240C-34.004(4).

(7) through (9) No change.

(10) Maintenance of effort.

(a) through (d) No change.

(11) The county shall reimburse participating hospitals at a negotiated rate not to exceed the hospital's Medicaid per diem rate. The county shall notify the agency department in writing of the rate negotiated for each hospital and the effective date of such rate within 30 days of the date the agreement is signed.

(12) through (15) No change.

(16) Shared County and State Program Trust Fund

(a) Each county shall establish a Shared County and State Program Trust Fund. The county shall deposit in that trust fund the county quarterly share of program cost as determined in 59H-240C-34.004(3). The county shall notify the agency department when the trust fund is established and the county quarterly share has been deposited. The county shall maintain in the trust fund its share of unexpended funds for the program, and shall deposit in the fund an amount equal to its share for all requests for state share submitted on expenditure reports. Any balance in the trust fund at the end of any fiscal year shall remain therein and shall be available for carrying out the provisions of this section.

(b) Within 30 days of receipt of notification from a participating county that the trust fund is established, the agency department shall effect issuance to each participating county trust fund a state warrant in an amount equal to one quarter of the county's allocation.

(c) A participating county shall submit on a monthly or more frequent basis an expenditure report, which shall include the name of the individual for whom a claim is paid or encumbered, client identification number, and amount of

payment. The ~~agency department~~ shall effect issuance to the county trust fund the amount claimed within 30 days of receipt of the expenditure report.

(d) No change.

(e) Counties receiving funds under this program shall refund to the state any state monies dispensed for ineligible clients or services or for any overpayments identified by the state. The county shall remit to the state any monies due within 30 days of notification or, if appealed, 30 days from resolution of all administrative and legal remedies. The ~~agency department~~ has the authority to deduct from future payments due to the county the amounts owed to the state for this program.

(f) through (g) No change.

(17) County Lead Agency.

(a) Each county shall designate a lead agency as defined in Rule ~~59H-240C-34.003(22)~~, to serve as the overall coordinator of the program. Responsibilities of the lead agency shall include:

1. through 5. No change.

(b) In addition, the lead agency may, at the option of the county:

1. through 2. No change.

Specific Authority Chapter 88-294, Section 27, Laws of Florida. Law Implemented 409.2673(4),(7),(9) FS. History--New 3-29-89, Amended 12-24-90, Formerly 10C-34.004, Amended.

59H-2.005 Hospital Participation.

(1) The ~~agency department~~ will provide, semi-annually, a list of Medicaid hospital per diem rates which would be effective January 1 and July 1. However, the hospital is responsible for notifying the county of any interim adjustments to its per diem rate. The per diem rate utilized at the time of claim adjudication is considered the final rate for that claim. No retroactive per diem rate adjustment is allowed.

(2) No change.

(3) The hospital and the lead agency may also negotiate, at the county's option, prepaid reimbursement plans and the number of days of care provided under the program. If a county chooses to provide prepaid reimbursement plans, it must notify the ~~agency department~~ of its decision.

(4) Public hospitals and hospital tax districts shall commit not to reduce the percentage of the hospital's ad valorem tax revenue allocated to funding health programs for low income persons as a result of funds received or anticipated from this program. Public hospitals and hospital taxing districts shall certify to ~~the department no later than March 15, 1989~~, their commitment not to reduce funding no later than March 15, 1989.

(5) through (6) No change.

Specific Authority Chapter 88-294, Section 27, Laws of Florida. Law Implemented 409.2673(9) FS. History--New 3-29-89, Amended 12-24-90, Formerly 10C-34.005, Amended.

59H-2.006 Covered Services.

(1) Inpatient covered services are limited to inpatient hospital services as defined in ~~59G-4.160 40C-7.039~~ and in the Medicaid Provider Handbook – Hospital Services, incorporated by reference, unless otherwise specified in this rule. The handbook is available from the Medicaid fiscal agent.

(2) A county may provide reimbursement for outpatient services and physician specialty care services if it so chooses. If a county chooses to provide either or both of those services, it must notify the ~~agency department~~ of its decision.

(a) Covered outpatient services, if reimbursed by the county, are limited to outpatient hospital services as defined in ~~59G-4.150 40C-7.040~~ and in the Medicaid Provider Handbook – Hospital Services, unless otherwise specified in this rule.

(b) Covered physician specialty services for hospital care, if reimbursed by the county, are limited to certain physician specialty hospital services as defined in ~~59G-4.230 40C-7.038~~ and in the Medicaid Provider Handbook – Hospital Services, unless otherwise specified in this rule.

(3) through (5) No change.

Specific Authority Chapter 88-294, Section 27, Laws of Florida. Law Implemented 409.2673(2) FS. History--New 3-29-89, Amended 12-24-90, Formerly 10C-34.006, Amended.

59H-2.007 Determination of Eligibility.

(1) For a hospital to receive reimbursement for hospital services provided to an individual eligible under the program, an individual must meet the following conditions:

(a) No change.

(b) Be an eligible individual as defined in ~~59H-240C-34.003(15)~~;

(c) Receive treatment for a covered service as defined in ~~59H-240C-34.006~~ at a hospital; and

(d) No change.

(2) The county has the primary responsibility for determining the eligibility of individuals, as defined in ~~59H-240C-34.003(15)~~, who apply for the program, using the eligibility determination procedures described in this section.

(3) For those counties that contribute 20 percent or more to funding the program, the ~~agency department~~ shall conduct eligibility determinations only when the county demonstrates to the ~~agency department~~ that staff are not available or are inadequate to conduct the determinations. The county shall notify the ~~agency department~~ by the date established by the ~~agency department~~ of their intent to determine eligibility.

(4) For those counties that contribute less than 20 percent to fund the program, the ~~agency department~~ shall determine eligibility.

(5) In those counties choosing to determine eligibility, the governing board of the county shall designate a lead specific agency, including the position title, address, and phone number of the supervisor, which shall determine eligibility for the program.

(6) The standard application form shall be the most current Health Care Assistance Application, AHCA HRS MED Form 5220-0001 4022, January 1994.

(7) Hospitals shall screen applicants to determine the availability and adequacy of third party insurance and potential eligibility for Medicaid or other state or federal governmental programs. Hospitals are responsible for initiating the eligibility determination procedures. The hospital has 30 40 days from the date of admission to notify the certifying agency by certified mail of an individual who may qualify, or the hospital forfeits its right to reimbursement.

(8) The hospital may serve as designated representative in those instances where the patient is comatose or physically incapacitated and there is no one to serve as designated representative. ~~In those situations where the applicant is comatose or is physically incapacitated to the extent that an application cannot be completed and there is no designated representative to complete the application, the hospital has 10 days from the date the patient or designated representative is able to complete the application.~~

(9) Notification shall consist of an application, AHCA HRS MED Form 5220-0001 4022, signed by the applicant or his designated representative. In no event shall the application be submitted by the hospital later than 30 40 days from the date of discharge. ~~The hospital may serve as designated representative in those instances where the patient is comatose or physically incapacitated and there is no one to serve as designated representative.~~

(10) No change.

(11) The certifying agency has 60 days following notification by the hospital to determine eligibility. If for any reason eligibility cannot be determined within 60 days, the hospital shall be notified, in writing, of the reason for the delay. Such reasons may include ~~in~~ those cases where eligibility for a state or federal program is pending, ~~the certifying agency has up to 90 days, following notification by the certifying agency to the hospital, to determine eligibility and notify the hospital.~~

(12) No change.

(13) Gross family income shall be used to determine if the family unit's income is less than 100 percent of the poverty guidelines as defined under 59H-2.003(25). Verification of earnings shall be requested for the 4-week period prior to the date of admission. The certifying agency may require additional income verification for the preceding 12-month period if the income received for the 4 weeks prior to admission is not representative of the family unit's gross income ~~and if it is to the client's benefit to do so.~~

(14) Verification of income, except as provided in 59H-240C-34.003(29) may be a written or oral statement that certifies the applicant's income and may include but not be limited to:

(a) through (d) No change.

(15) The certifying agency shall determine if the applicant's assets exceed the standards specified in 59H-240C-34.003(5). The certifying agency may verify assets, but such verification must be completed within 30 days of receipt of the application. If verification is not requested and received within 30 days of receipt of the application, the assets shall be accepted as stated in the application unless the county or ~~agency department~~ documents by independent means that assets exceed the limit.

(16) The following shall not be included as assets in the eligibility determination:

(a) through (g) No change.

(17) No change.

(18) The certifying agency shall notify the applicant and the hospital of the disposition of the application using the most current AHCA HRS MED Form 5220-0002 4023, January 1994, within 10 days of the disposition. A copy of the notification of eligibility shall be included with the request for payment submitted by the hospital.

(19) through (22) No change.

(23) County of Residence Verification: The applicant must provide or make available one of the following as corroborating evidence of current residency within the county:

(a) Current Florida dDriver's license or Florida resident identification card;

(b) through (c) No change.

(d) Water, electric, or other public utility bill in the name of the applicant, ~~or spouse,~~ or applicant's partner within the county;

(e) No change.

(f) Vehicle registration in the name of the applicant, ~~or spouse,~~ or applicant's partner to a residential address within the county;

(g) through (i) No change.

(j) Other documents of equal weight as those above that verify an applicant's residency; or

(k) No change.

Specific Authority Chapter 88-294, Section 27, Laws of Florida. Law Implemented 409.2673(2),(8),(9) FS. History--New 3-29-89, Amended 12-24-90, Formerly 10C-34.007, Amended.

59H-2.009 Reimbursement Procedures.

(1) The hospital shall use the universal hospital claim form, UB 92 82/HCFA-1450, to submit claims to the county for eligible individuals who received covered hospital care.

(2) Each county shall designate an office or lead agency that shall pay claims.

(3) through (4) No change.

(5) The county shall provide the ~~agency department~~ or the lead agency, if requested, a copy of the claim for which payment is made or denied, indicating disposition and date.

(6) through (9) No change.

(10) The county shall reimburse participating hospitals:

(9) through (12) No change.

Specific Authority 723.006(7) FS. Law Implemented 723.011(1), 723.012, 723.006(8) FS. History--New 1-10-85, Formerly 7D-30.02, Amended 8-2-87, Formerly 7D-30.002, Amended 8-31-94, 11-15-95, 1-19-97, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Cynthia Henderson, Secretary, Department of Business and Professional Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Cynthia Henderson, Secretary, Department of Business and Professional Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 20, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 30, 1999

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Florida Land Sales, Condominiums and Mobile Homes

RULE CHAPTER TITLE: Mobile Home Prospectus and Rental Agreement Rule

RULE CHAPTER NO.: 61B-31

RULE TITLE: Prospectus and Rental Agreement

RULE NO.: 61B-31.001

PURPOSE AND EFFECT: The purpose of amendments to rule chapter 61B-31.001 is to allow additional circumstances in which a Prospectus can be amended. The effect of this rule, consistent with section 723.006, Florida Statutes, is to expand the list of allowable amendments to an approved Prospectus.

SUMMARY: The amendment allows additional circumstances in which amendments to a Prospectus can be made.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory costs has been prepared.

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

SPECIFIC AUTHORITY: 723.006(8) FS.

LAW IMPLEMENTED: 723.006(8) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 9:00 a.m. – 11:00 a.m., February 15, 2000

PLACE: Fuller Warren Building, Conference Room #B03, 202 Blount Street, Tallahassee, Florida

THOSE PERSONS WHO CANNOT ATTEND IN PERSON MAY SUBMIT THEIR COMENTS IN WRITING TO MARY DENISE O'BRIEN, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, 1940 NORTH MONROE STREET, CLEMONS BUILDING, TALLAHASSEE,

FLORIDA 32399-2202, WITHIN 21 DAYS OF THIS NOTICE. WRITTEN COMMENTS RECEIVED AFTER THE HEARING CANNOT BE CONSIDERED.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this hearing is asked to advise the agency at least 48 hours before the hearing by contacting: Sharon A. Elzie, (850)488-1631. If you are hearing or speech impaired, please contact the agency by calling 1(800)955-8770 Voice 1(800)955-8771 TDD.

THE PERSON TO BE CONTACTED REGRDING THE PROPOSED RULE IS: Mary Denise O'Brien, Assistant General Counsel, Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32399-2202

THE FULL TEXT OF THE PROPOSED RULE IS:

61B-31.001 Prospectus and Rental Agreement.

(1) through (3) No change.

(4) The prospectus distributed to a home owner or prospective home owner shall be binding for the length of the tenancy, including any assumptions of that tenancy, and may not be changed except in the following circumstances:

(a) Amendments consented to by each affected ~~both the~~ home owner and the park owner.

(b) Amendments to reflect new rules or rules that have been changed in accordance with procedures described in Section 723.037 ~~Chapter 723~~, F.S., and the prospectus.

(c) Amendments to reflect changes in the name or address of the owner of the park, name or address of the mobile home park or the name or address of the park manager or management company.

(d) Amendments to reflect changes in zoning.

(e) Amendments to reflect a change in the person authorized to receive notices and demands on the park owner's behalf.

(f) Amendments to reflect changes in the entity furnishing utility or other services.

(g) Amendments required by the Division.

(h) Amendments required as a result of revisions of Chapter 723, F.S.

(i) Amendments to add, delete or modify user fees for ~~prospective homeowners, so long as the park owner does not~~ violate Section 723.031, F.S. by charging a user fee for a service previously included in lot rental amount unless a corresponding reduction in lot rental amount is provided.

(j) Amendments to correct scrivener's errors.

(k) Amendments to reflect changes to the mobile home park property description due to a change in land use, condemnation or other legal action which changes the mobile home park property or a portion thereof.

(l) Amendments made to conform the prospectus to requirements of federal, state and local government ordinances, statutes, and regulations, including, but not limited to, the Fair Housing Act, the Americans with Disabilities Act, or the Telecommunications Act of 1996, where there is no charge to the home owner, except as provided in Section 723.031, F.S.

(m) Amendments to reflect changes in facilities or structural amenities after a natural disaster, as long as the requirements of Section 723.037, F.S. are met.

(n) Amendments agreed to by the homeowners' association and the park owner.

(o) Amendments to revise, renew, or extend an underlying ground lease.

(p) Amendments to reflect reduction in services or utilities in accordance with the procedures described in Section 723.037, F.S.

(q) Amendments to describe new facilities, services or utilities in the park.

Specific Authority 723.006(7) FS. Law Implemented 723.003(2),(10),(12), 723.0031, 723.006(7),(8),(10), 723.011, 723.012(9),(10), 723.031(7), 723.032(1), 723.037, 723.011(3), 723.012, 723.059 FS. History--New 1-10-85, Amended 10-20-85, Formerly 7D-31.01, Amended 8-2-87, 10-13-87, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Cynthia Henderson, Secretary, Department of Business and Professional Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Cynthia Henderson, Secretary, Department of Business and Professional Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 20, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 7, 1999, July 30, 1999 and September 10, 1999

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

RULE TITLE: Requirements for Certification and Registration

RULE NO.:

61G4-15.005

PURPOSE AND EFFECT: The Board proposes to implement requirements for certification and registration of new applicants.

SUMMARY: Certification and Registration.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 489.115(5),(6), 489.129(1), 489.132(5) FS.

LAW IMPLEMENTED: 489.113(1), 489.115(5),(6), 489.129(1), 489.132(5) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Rodney Hurst, Executive Director, Construction Industry Licensing Board, 7960 Arlington Expressway, Suite 300, Jacksonville, Florida 32211-7467

THE FULL TEXT OF THE PROPOSED RULE IS:

61G4-15.005 Requirements for Certification and Registration.

In order that the Board may carry out its statutory duty to investigate the financial responsibility, credit, and business reputation of a new applicant for certification or registration or a change of status of a certification or registration, an applicant shall be required to forward the following to the Department for a review by the Board:

(1) through (2) No change.

(3) As a prerequisite to issuance of a certificate, an applicant shall, in addition to the submissions required in subsections (1) and (2) above, submit competent, substantial evidence to the Florida Construction Industry Licensing Board demonstrating the following:

(a) Net worth as listed below for the following categories of contractors:

1. General Contractor, \$20,000;
2. Building Contractor, \$20,000;
3. Residential Contractor, \$20,000;
4. Sheet Metal Contractor, \$10,000;
5. Roofing Contractor, \$10,000;
6. Class A Air Conditioning Contractor, \$10,000;
7. Class B Air Conditioning Contractor, \$10,000;
8. Class C Air Conditioning Contractor, \$10,000;
9. Mechanical Contractor, \$10,000;
10. Commercial Pool/Spa Contractor, \$10,000;
11. Residential Pool/Spa Contractor, \$10,000;
12. Swimming Pool/Spa Servicing Contractor, \$2,500;
13. Plumbing Contractor, \$10,000;
14. Underground Utility and Excavation Contractor, \$10,000;
15. Solar Contractor, \$10,000;
16. Residential Solar Water Heating Specialty Contractor, \$2,500;
17. Specialty Structure Contractor, \$10,000;
18. Pollutant Storage System Specialty Contractor, \$10,000;

- 19. Gypsum Drywall Specialty Contractor, \$2,500;
- 20. Gas Line Specialty Contractor, \$10,000; or

(b) Possession of either a letter of credit or a compliance bond established to reimburse the appropriate parties for diversion of funds, abandonment, and all other statutory violations, said instruments to be issued in the same license classification to dollar ratio listed in paragraph (a), above. The aforementioned instruments are not to be construed as performance bonds.

(c) Net worth shall be defined to require a showing for all contractor licensure categories that the applicant has a minimum of 50 percent (%) of the amount in cash.

(d) Cash shall be defined to include a line ~~letter~~ of credit.

(4) No change.

(a) through (j) No change.

Specific Authority 489.115(5),(6), 489.129(1), 489.132(5) FS. Law Implemented 489.113(1), 489.115(5),(6), 489.129(1), 489.132(5) FS. History--New 1-10-80, Amended 4-15-82, 9-5-82, 3-21-83, Formerly 21E-15.05, Amended 4-18-86, 1-19-87, 7-1-87, 1-26-88, 1-1-89, 5-23-89, 6-5-90, 4-16-92, Formerly 21E-15.005, Amended 10-17-93, 7-18-94, 7-19-95, 4-24-96, 9-8-96, 10-31-96, 2-4-97, 8-2-98, 9-15-98,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Construction Industry Licensing Board

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Construction Industry Licensing Board

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 15, 1999

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 24, 1999

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

| | |
|--|-------------|
| RULE TITLES: | RULE NOS.: |
| Definitions | 61G4-18.002 |
| Approval of Continuing Education Courses | 61G4-18.004 |
| Required Records Maintained by Course Sponsors | 61G4-18.007 |

PURPOSE AND EFFECT: In Rule 61G4-18.002, the Board proposes to define certain terms. The Board shall approve all continuing education courses in Rule 61G4-18.004. And in Rule 61G4-18.007, the Board shall hold course sponsors responsible for maintaining required records.

SUMMARY: Continuing Education.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 455.213(7), 489.108 FS.

LAW IMPLEMENTED: 455.271(10), 489.115, 489.116, 455.2123 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Rodney Hurst, Executive Director, Construction Industry Licensing Board, 7960 Arlington Expressway, Suite 300, Jacksonville, Florida 32211-7467

THE FULL TEXT OF THE PROPOSED RULES IS:

61G4-18.002 Definitions.

When used in this rule, the following terms shall have the following meanings:

(1) through (3) No change.

(4) "Interactive Distance Learning Hour" means fifty minutes of instruction presented in an alternative nonclassroom interactive distance learning setting, exclusive of any breaks, recesses, or other time not spent in instruction.

(5) "Interactive Distance Learning" means the delivery of educational offerings or courses via the internet and/or other interactive electronic media. Such offerings or courses shall be interactive, providing for the interchange of information between the student, and teacher, and shall provide for the registration, evaluation, monitoring, and verification of continuing education. The courses shall be accessible at locations and times determined by the student.

~~(6)~~(4) "Course Sponsor" means the person or legal entity who is registered pursuant to this rule and who is responsible for conducting a course approved pursuant to this rule. The course sponsor is responsible for maintaining records regarding the name and license number of each person who attends a continuing education course and for reporting the attendance to the board on forms approved by the board.

~~(7)~~(5) "Person" means any natural person and does not include any corporation, partnership or other type of legal entity.

Specific Authority 489.108, 489.115, ~~455.2123~~ FS. Law Implemented 489.115 FS. History--New 12-2-93, Amended 5-17-99,_____.

61G4-18.004 Approval of Continuing Education Courses.

(1) through (2) No change.

(3) The application shall include the total number of classroom or interactive distance learning hours, the course syllabus, a detailed outline of the contents of the course, the name and qualifications of all instructors known at the time of the application and the minimum qualifications of any instructors not known at the time of the application.

(4) through (12) No change.

Specific Authority 489.108, 489.115, 455.2123 FS. Law Implemented 489.115 FS. History—New 12-2-93, Amended 7-20-94, 1-18-95, 7-2-95, 11-25-97, _____.

61G4-18.007 Required Records Maintained by Course Sponsors.

Each course sponsor must maintain the following records with respect to each course:

(1) The time, date and place each course is completed conducted.

(2) through (6) No change.

(7) For interactive distance learning courses, in lieu of the original sign-in sheet required in (4), the course sponsor shall maintain and provide a record of the registration, login, course access log, and course completion, which shall contain the information required in (6)(a)1.-7. In lieu of providing a document bearing the contractor's signature, the course sponsor shall provide the student's identity verification data, which shall include the student's password and the student's mother's maiden name.

~~(8)(7)~~ Each person who completes an approved course shall be issued a certificate of completion by the course sponsor. The certificate of completion shall contain the name and the license number of the person who completed the course, the course sponsor, the course name, the course number, the date the course was offered, the number of continuing education hours awarded for the course, and whether the course includes workers' compensation, workplace safety or business practices. The course sponsor shall maintain a list of the names and license numbers of each person who completes each course conducted by the course sponsor for four years from the date of the course.

~~(9)(8)~~ The records must be maintained for at least four years following the date the course is conducted.

~~(10)(9)~~ Each course sponsor shall provide the board with copies of any of these required records, upon request by the board.

Specific Authority 489.108 FS., Chapter 93-166, Laws of Florida. Law Implemented Chapter 93-166, Laws of Florida, 455.2123 FS. History—New 12-2-93, Amended 7-2-95, 11-25-97, 4-15-99, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
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NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Construction Industry Licensing Board

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Section III Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.: 6A-16.026
RULE TITLE: Reporting Information to the State Board of Education

NOTICE OF CONTINUATION

Notice is hereby given that the above rule, as noticed in Vol. 26, No. 1, January 7, 2000, Florida Administrative Weekly has been continued from February 7, 2000, to February 22, 2000. The State Board of Education will meet at 9:00 a.m., in Room LL03 of the Capitol in Tallahassee, Florida.

DEPARTMENT OF REVENUE

Sales and Use Tax

RULE NO.: 12A-1.051
RULE TITLE: Sales to or by Contractors Who Repair, Alter, Improve and Construct Real Property

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed substantial rewording of Rule 12A-1.051, FAC., in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 25, No. 43, pp. 4910-4919, October 29, 1999, issue of the Florida Administrative Weekly. These changes are in response to comments received from the Joint Administrative Procedures Committee on January 3, 2000. The changes to paragraphs (11)(b) and (c) and to subsection (17) address objections that the proposed language was vague or failed to provide criteria for department actions. The change to paragraph (19)(b) is technical in nature and corrects an incorrect statutory cross-reference.

Paragraphs (b) and (c) of subsection (11) of Rule 12A-1.051, FAC., have been changed, so that, when adopted, those paragraphs will read as follows:

(11) Percent of contract price method.

(b) In order to initiate a rulemaking project to adopt the percent of contract price method for an industry group, the Department must receive a petition from the majority of the members of the group or from a statewide association representing the group. The petition must be accompanied by a proposal setting forth the percent of contract price the group believes should be adopted in the rule and by sufficient information and documentation to establish that the proposed percentage is based on the taxable costs incurred by members of the petitioning group. The industry group may propose alternative percentages for members of the group who are registered dealers and do not pay tax on purchases of direct