

Specific Authority 456.036 FS. Law Implemented 456.036 FS. History—New 2-22-96, Formerly 59T-12.016, Amended \_\_\_\_\_.

## Section II Proposed Rules

### DEPARTMENT OF BANKING AND FINANCE

#### Board of Funeral and Cemetery Services

RULE TITLE: Criteria for Filing a Letter of Credit in Lieu of Trusting

RULE NO.: 3F-7.011

PURPOSE AND EFFECT: This rule is being amended to update the form DBF-C-1, entitled Application to “Use a Letter of Credit or Surety Bond, and to change the reference to 3D-30.037 to read 3F-7.009, regarding compliance with the law.

SUMMARY: This rule sets forth the criteria for a certificate of authority holder to obtain a letter of credit in lieu of utilizing a trust or purchasing a surety bond.

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: 497.103, 497.425 FS.

LAW IMPLEMENTED: 497.425, 497.427 FS.

IF REQUESTED IN WRITING WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A NOTICE OF HEARING DATE WILL BE PUBLISHED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY. (IF NOT REQUESTED IN WRITING, A HEARING WILL NOT BE HELD):

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Diana Evans, Executive Director, Board of Funeral and Cemetery Services, 101 East Gaines Street, Tallahassee, FL 32399-0350

THE FULL TEXT OF THE PROPOSED RULE IS:

3F-7.011 Criteria for Filing a Letter of Credit in Lieu of Trusting.

(1) No change.

(2) For approval, the certificate of authority holder shall submit to the Board of Funeral and Cemetery Services, Form DBF-C-1, Application to Use a Letter of Credit or Surety Bond, which is hereby incorporated by reference (effective \_\_\_\_\_ 3-20-91) and available from the Department of

Banking and Finance, Division of Finance, The Fletcher Building, 101 East Gaines Street, Suite 550, Tallahassee, Florida 32399-0350 and meet the following criteria:

(a) through (4) No change.

(5) The Board shall deny an application to use a letter of credit in lieu of the merchandise trust fund if the application is incomplete or if the report as set forth in Rule 3F-7.009, Florida Administrative Code, 3D-30.037 shows the existing merchandise trust is not in compliance with the law.

Specific Authority 497.103, 497.425 FS. Law Implemented 497.425, 497.427 FS. History—New 3-20-91, Formerly 3D-30.036, Amended 10-25-95, 7-22-97, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Funeral and Cemetery Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral and Cemetery Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 23, 2001

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 26, 2000

### DEPARTMENT OF BANKING AND FINANCE

#### Board of Funeral and Cemetery Services

RULE TITLE: Criteria for Filing a Surety Bond in Lieu of Trusting

RULE NO.: 3F-7.012

PURPOSE AND EFFECT: The purpose of this rule is to set forth the requirements for a certificate of authority holder to purchase a surety bond in lieu of utilizing preneed trust fund.

SUMMARY: This rule sets out the criteria for Filing a Surety Bond in Lieu of Trusting.

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: 497.103, 497.425 FS.

LAW IMPLEMENTED: 497.425 FS.

IF REQUESTED IN WRITING WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A NOTICE OF HEARING DATE WILL BE PUBLISHED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY. (IF NOT REQUESTED IN WRITING, A HEARING WILL NOT BE HELD):

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Diana Evans, Executive Director, Board of Funeral and Cemetery Services, 101 East Gaines Street, Tallahassee, FL 32399-0350

THE FULL TEXT OF THE PROPOSED RULE IS:

3F-7.012 Criteria for Filing a Surety Bond in Lieu of Trusting.

(1) No change.

(2) For approval the certificate of authority holder shall submit to the Board of Funeral and Cemetery Services, Form DBF-C-1, Application to Use a Letter of Credit or Surety Bond, as set forth in rule 3F-7.011, hereby incorporated by reference (effective 3/20/91) and available from the Department of Banking and Finance, Division of Finance, The Fletcher Building, 101 East Gaines Street, Suite 550, Tallahassee, Florida 32399-0350 and meet the following criteria:

(a) No change.

(b) The amount of the bond shall be based on a report documenting the outstanding liabilities of the certificate of authority holder as prescribed by Section 497.425(1)(b), Florida Statutes, and set forth in Rule 3F-7.010, Florida Administrative Code; however, should no liabilities exist, a minimum of \$250,000 will be the initial amount. If the certificate of authority has existing liabilities that are secured by a trust fund account which will remain in place, and desires to secure new preneed sales with a surety bond, the face amount of the bond shall be at least \$1,000,000.

(3) through (4) No change.

(5) The surety company or its agent, on such bond shall be licensed to do business in the State of Florida, and shall have been in business in this state with a record of successful operations for a period of at least five (5) years prior to the execution of the bond and meet the following criteria:

(a) The surety company must have at minimum a Best's rating of A- with a "Financial Size Category" of at least "X".

(b) The surety company must have an "underwriting limitation" of not less than \$10,000,000 as report in the U.S. Department of the Treasury's Fiscal Service Dept. Circular 570.

(6) The surety company must agree to give the Board and the certificate of authority holder at least one hundred twenty (120) ninety (90) days written notice if the surety company does not intend to renew the surety bond at the time of expiration. The certificate of authority holder must agree upon receipt of the notification that the surety bond will not be renewed to immediately:

(a) Purchase another surety bond;

(b) Secure a letter of credit; or

(c) Establish a preneed trust fund with an initial deposit which shall include:

1. The wholesale purchase price plus 10% or 30% retail, whichever is greater, for all merchandise and 70% retail for all services and 100% retail for all cash advances which were included in the surety bond unless the contract requires more;

2. The wholesale purchase price shall be determined at the time the preneed trust fund is established.

(7) No change.

(8) The Board shall deny an application to use a surety bond in lieu of the merchandise trust fund if the application is incomplete or if the report as set forth in Rule 3F-7.009 shows the existing merchandise trust is not in compliance with the law.

Specific Authority 497.103, 497.425 FS. Law Implemented 497.425 FS. History--New 3-20-91, Formerly 3D-30.039, Amended 10-25-95, 7-22-97,

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Funeral and Cemetery Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral and Cemetery Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 23, 2001

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 4, 2000

DEPARTMENT OF BANKING AND FINANCE

Board of Funeral and Cemetery Services

RULE TITLE: Procedures for Filing Claim with the Board

RULE NO.: 3F-7.013

PURPOSE AND EFFECT: This rule is being amended to correct the language to conform with the statute numbers and form names.

SUMMARY: This rule sets out the procedures for filing a claim with the Board.

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: 497.103, 497.425 FS.

LAW IMPLEMENTED: 497.425(3)(a) FS.

IF REQUESTED IN WRITING WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A NOTICE OF HEARING DATE WILL BE PUBLISHED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY. (IF NOT REQUESTED IN WRITING, A HEARING WILL NOT BE HELD):

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Diana Evans, Executive Director, Board of Funeral and Cemetery Services, 101 East Gaines Street, Tallahassee, FL 32399-0350

THE FULL TEXT OF THE PROPOSED RULE IS:

3F-7.013 Procedures for Filing Claim with the Board.

A buyer of preneed merchandise or services who does not receive such services or merchandise due to the economic failure, closing, or bankruptcy of the ~~certificateholder cemetery company~~ which has submitted a surety bond or letter of credit to the Board in lieu of utilizing a ~~preneed merchandise~~ trust fund may file a claim with the Board as provided by Section ~~497.425(3)(a), 497.0484(3)(a)~~, Florida Statutes. The name and address of the surety company shall be provided by the Department. Once the requirements of Section 497.425(3)(a) have been met, the The purchaser of preneed merchandise or services must file the claim in the following manner:

(1) Submit to the Board Form DBF-C-3, Letter of Credit/Surety Bond Claim Form, ~~Surety Bond or Letter of Credit Claim Form~~, which is hereby incorporated by reference (effective ~~3-20-91~~) and available at the Department of Banking and Finance, Division of Finance, The Fletcher Building, 101 East Gaines Street, ~~Suite 553~~, Tallahassee, Florida 32399-0350;

(2) Attach a copy of the ~~preneed cemetery~~ contract for merchandise or services which is the subject of the claim and provide documentation evidencing the purchaser's payment for the merchandise or services; and

(3) Submit evidence that the purchaser has made reasonable attempts to have the ~~certificateholder company~~ deliver the merchandise or perform the service.

Specific Authority 497.103, 497.425 FS. Law Implemented 497.425(3)(a) FS. History--New 3-20-91, Formerly 3D-30.040, Amended.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Funeral and Cemetery Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral and Cemetery Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 23, 2001

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 4, 2000

**DEPARTMENT OF BANKING AND FINANCE**

**Board of Funeral and Cemetery Services**

RULE TITLE: RULE NO.:

Disbursement from the Preneed Funeral Contract Consumer Protection Trust Fund 3F-10.002

PURPOSE AND EFFECT: This rule is being amended to adopt the revised updated form numbered DBF-TFD-1, Proof of Claim and Disbursement Request.

SUMMARY: The purpose of this rule is to set forth the requirements for Disbursement from the Preneed Funeral Contract Consumer Protect Trust Fund.

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: 497.103, 497.413 FS.

LAW IMPLEMENTED: 497.413 FS.

IF REQUESTED IN WRITING WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A NOTICE OF HEARING DATE WILL BE PUBLISHED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY. (IF NOT REQUESTED IN WRITING, A HEARING WILL NOT BE HELD):

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Diana Evans, Executive Director, Board of Funeral and Cemetery Services, 101 East Gaines Street, Tallahassee, FL 32399-0350

THE FULL TEXT OF THE PROPOSED RULE IS:

3F-10.002 Disbursement from the Preneed Funeral Contract Consumer Protection Trust Fund.

The purpose of the Preneed Contract Consumer Protection Trust Fund is to provide restitution to preneed contract purchasers and their estates due to a Certificateholder's or otherwise covered provider's failure to provide the benefits of a preneed contract or failure to refund the appropriate principal amount by reason of cancellation thereof. All restitution to be paid from the Preneed Funeral Contract Consumer Protection Trust Fund shall be subject to review and approval of the Board. Amounts disbursed from the Preneed Funeral Contract Consumer Protection Trust Fund shall be determined in accordance with the following criteria:

(1) through (1)(e) No change.

(2) Requests for restitution shall be submitted on the Preneed Funeral Contract Consumer Protection Trust Fund Proof of Claim and Request for Disbursement Request form, DBF-TFD-1, effective ~~May 23, 1994~~, which is incorporated herein by reference and available from the Department of Banking and Finance, 101 East Gaines Street, Tallahassee, FL 32399-0350. Restitution will only be made if the Certificateholder or otherwise covered provider was licensed as a COA or was regulated under Chapter 470, F.S., when the contract was written. All requests for restitution from the Preneed Funeral Contract Consumer Protection Trust Fund shall be accompanied by a copy of the preneed contract and documentation which verifies the total funds paid on preneed contract, and that the applicant has not defaulted in the terms of the contract. In addition, documentation that the Certificateholder or otherwise covered provider has failed to

provide the benefits of the preneed contract or has failed to refund the appropriate principal amount by reason of cancellation.

(3) through (8) No change.

Specific Authority 497.103, 497.413 FS. Law Implemented 497.413 FS. History--New 5-23-94, Amended 12-4-95, 10-18-99,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Funeral and Cemetery Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Funeral and Cemetery Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 23, 2001

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 26, 2000

**DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

**Division of Agricultural Environmental Services**

RULE TITLE: RULE NO.:

Procedures for Landowners and Leaseholders to Submit the Notice of Intent to Comply with Nitrogen Best Management Practices (BMPs) 5E-1.023

PURPOSE AND EFFECT: To implement sections 576.045(6), 403.067(7)(d), F.S. The effect is to adopt a specific interim measure.

SUMMARY: This rule adopts a specific interim measure for forage crops (Bahagrass and Bermuda grass) grown within the Suwannee River Water Management District boundaries.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No SERC has been 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: 576.045(6) FS.

LAW IMPLEMENTED: 576.045(6) 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., April 2, 2001

PLACE: 3125 Conner Blvd., George Eyster Auditorium, Tallahassee, FL

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kenneth A. Kuhl, Environmental Administrator, Division of Agricultural Environmental Services, 3125 Conner Blvd., Doyle Conner Building, Tallahassee, Florida 32399-1650, Telephone (850)921-5745, Fax (850)488-8497

THE FULL TEXT OF THE PROPOSED RULE IS:

5E-1.023 Procedures for Landowners and Leaseholders to Submit the Notice of Intent to Comply with Nitrogen Best Management Practices (BMPs).

(1) through (2) No change.

(3) The Notice must contain the following information related to the implementation of the BMPs and Interim Measures: the name of the BMP or Interim Measures to be followed, the date of implementation, the name and the tax parcel identification number or other identification of the parcel or land unit upon which the practices will be implemented, the county(s) where said parcels are located, and the signature of the landowner(s) or leaseholder(s).

(4) through (6)(a) No change.

(b) Bahiagrass and Bermuda grass. The approved "Nitrogen Interim Measure For Bahiagrass and Bermuda grass" dated 10-31-2000, and the associated recordkeeping requirements dated 10-31-2000 are hereby adopted and incorporated by reference into this rule. Copies may be obtained from the Department.

Specific Authority 576.045 FS. Law Implemented 576.045 FS. History--New 10-16-96, Amended\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Kenneth A. Kuhl, Environmental Administrator, Division of Agricultural Environmental Services, 3125 Conner Blvd., Doyle Conner Building, Tallahassee, Florida 32399-1650, Telephone (850)921-5745, Fax (850)488-8497

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Mr. Steven J. Rutz, Director, Division of Agricultural Environmental Services, 3125 Conner Boulevard, Doyle Conner Building, Room 130, Mail Stop C-16, Tallahassee, FL 32399-1650, Telephone (850)488-3731, Fax (850)488-2164

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: June 13, 2000

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 18, 2000

**DEPARTMENT OF COMMUNITY AFFAIRS**

**Florida Coastal Management Program**

RULE CHAPTER TITLE: Administration and Procedure RULE CHAPTER NO.: 9M-1

RULE TITLES: Policy RULE NOS.: 9M-1.002

Definitions 9M-1.003

Application Procedures 9M-1.004

Limitations on the Use of Subgrant Funds 9M-1.0045

Preliminary Approval 9M-1.005

Review Procedures and Criteria 9M-1.007

Table of Eligible Counties and Cities 9M-1.009

**PURPOSE AND EFFECT:** The purpose of these revisions is to clarify the Florida Coastal Management Program competitive subgrant application process and to improve the overall operation of the competitive award program. The effect of these changes will be to clarify the competitive award process and provide greater certainty to applicants in terms of information requirements and scoring criteria.

**SUMMARY:** Certain rule sections and definitions are repealed or deleted. Eligible applicants are identified. Specific application information and format requirements are identified; categories of assistance and categories of project proposal types are listed; and application submission deadlines are specified. The process of preliminary approval is clarified. All review procedures, review criteria, and point scoring are enumerated. Minor clerical changes are also made.

**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST:** None 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:** 120.569, 120.57, 380.22(3) FS.

**LAW IMPLEMENTED:** 120.569, 380.21, 380.22, 380.24, 380.27, 380.32 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., Wednesday, April 4, 2001

**PLACE:** Room 320Q, Sadowski Building, 2555 Shumard Oak Boulevard, Tallahassee, FL

Any person requiring special accommodation at the hearing because of a disability or physical impairment should contact L. Christine McCay, Florida Coastal Management Program, 2555 Shumard Oak Boulevard, Tallahassee, FL 32399-2100, (850)414-6562, Suncom 994-6562, at least seven days before the date of the hearing. If you are hearing or speech impaired, please contact the Department of Community Affairs using the Florida Dual Party Relay System which can be reached at 1(800)955-8770 (Voice) or 1(800)955-9771 (TDD).

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS:** L. Christine McCay, Environmental Administrator, Florida Coastal Management Program, 2555 Shumard Oak Boulevard, Tallahassee, FL 32399-2100, (850)414-6562, Suncom 994-6562

**THE FULL TEXT OF THE PROPOSED RULES IS:**

#### 9M-1.002 Policy.

Specific Authority 380.22(3) FS. Law Implemented 380.22, 380.27, 380.32 FS. History—New 10-15-81, Formerly 17-24.02, 17-24.020, Amended 11-22-93, 4-30-96, Repealed.

#### 9M-1.003 Definitions.

As used in this rule, except where the context clearly indicates a different meaning, the following terms shall have the meaning indicated:

(1) No change.

(2) “Applicant” includes local governments of the 35 coastal counties and all municipalities within their boundaries designated as ‘coastal’ by the state land planning agency or required to include a coastal element in the local comprehensive plan; national estuarine research reserves; and national estuary programs. “Applicant” also includes public and private colleges and universities, regional planning councils, and non-profit groups, as long as an eligible local government, national estuarine research reserve, or national estuary program agrees to participate as a partner state agencies, as identified in Sections 20.10 through 20.42, F.S., public and private colleges and universities, water management districts, regional planning councils, port authorities, local governments and Indian Tribes. For purposes of this rule chapter, “local government” is limited to Florida’s thirty five coastal counties and all municipalities within their boundaries designated as coastal by the state planning agency.

(3) “Coastal Management Funds” means a portion of those funds received by the State of Florida pursuant to the Coastal Zone Management Act of 1972, and appropriated by the Legislature for coastal management projects or purposes, pursuant to the Florida Coastal Management Act, sSections 380.20-380.24 380.20-380.27, F.S., and made available by the Florida Coastal Management Program for application pursuant to a notice of availability of funding.

(4) “CAC” means the Citizens Advisory Committee on Coastal Resources Management.

(4)(5) “Department” means the Florida Department of Community Affairs.

(6) “Equipment” means tangible, nonexpendable, personal property having useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

(5)(7) “FCMP” means Florida Coastal Management Program as described identified in sections 380.20-380.24 380.20-380.27, F.S.

(6)(8) “Matching Funds Match” means non-federal funds expended and/or in-kind services provided by the recipient in conjunction with funds received through this program.

(7)(9) “NOAA” means the National Oceanic and Atmospheric Administration in the U.S. Department of Commerce.

(8)(10) “Recipient” means an applicant who receives an subgrant award through the criteria and procedures established in this rule chapter.

Specific Authority 380.22(3) FS. Law Implemented 380.22, ~~380.27, 380.32~~ FS. History—New 10-15-81, Formerly 17-24.03, Amended 12-2-87, Formerly 17-24.030, Amended 11-22-93, 4-30-96, \_\_\_\_\_.

(Substantial rewording of Rule 9M-1.004 follows. See Florida Administrative Code for present text.)

9M-1.004 Application Procedures.

(1) Types of Assistance.

Four types of assistance can be requested and provided to implement local projects, depending upon project type and demonstrated need: technical assistance, site designation, training, and financial assistance. One, all, or any combination of types of assistance may be requested through the application process. A financial assistance award is limited to no more than \$50,000 for land acquisition, small construction, or capital improvement projects; and no more than \$25,000 for all other projects. A recipient will be required to provide 100 percent (one to one) matching funds, which may be cash or in-kind. However, budget information is not requested in the application process; it will be developed in a collaborative effort between a selected recipient and the Florida Coastal Management Program during final project development.

(2) Period of Assistance.

Funding is available and project work must be initiated and completed during a 12-month period beginning July 1 and ending June 30.

(3) Categories of Projects.

The Department intends to inspire community action and to promote the protection and effective management of Florida's coastal resources. The Department seeks to develop partnerships in four specific initiative categories. A number of proposals will be selected through the application process, and the Florida Coastal Management Program will then work with the selected recipients to refine the type and amount of assistance appropriate. Throughout the course of the projects, the FCMP will continue to work with the recipients and local communities in an active partnership. Proposal applications must address one of the following coastal partnership initiative categories:

(a) Remarkable Coastal Places – The goal of this initiative is to help communities identify and officially designate areas with exceptional cultural, historical, or ecological values. This initiative will help local partners develop a suite of management tools tailored to resource and community characteristics. Projects may include efforts such as developing conservation plans, raising awareness of resource values, or establishing long-term administrative management structures.

(b) Community Stewardship – The ultimate goal of this initiative is to give Florida's residents and visitors a sense of the value, wonder, and fragility of coastal resources and to encourage personal stewardship of those resources through citizen involvement. Stewardship projects are designed to encompass a broad range of activities, from dune and wetland revegetation projects and educational fields trips to volunteer monitoring and waterfront clean-ups.

(c) Access to Coastal Resources – The goal of this initiative is to establish a partnership between the coastal management program and a community to promote public access while protecting coastal environments. The coastal management program will help communities to identify and improve public access points and to inform residents and visitors about the responsible use of valuable coastal resources.

(d) Working Waterfronts – The working waterfronts initiative is designed to assist communities that are preparing to apply for designation as "Waterfronts Florida" communities, or that are implementing waterfront revitalization plans, whether the community is designated or not. The goal of the working waterfronts initiative is to result in projects that enhance the traditional waterfront economy while addressing the issues of public access, resource protection, and hazard mitigation.

(4) Notice.

(a) To initiate a funding cycle, the Department shall publish a notice of the availability of funds in the Florida Administrative Weekly on or about August 1 and no later than at least thirty days prior to the deadline for receiving proposal applications. Applications for a funding cycle will not be accepted prior to the publication of the notice of availability of funds.

(b) In addition, the Department shall send a copy of the notice of availability of funds to the chair of the Board of County Commissioners in each of the 35 coastal counties and to the chair of the governing body of each eligible municipality within the coastal counties.

(5) Application Process.

There is no specific application form. The proposal must conform to the following format:

(a) All applications must be submitted on 8 1/2" by 11" white paper. The maximum length of the application work plan is ten (10) single-sided or five (5) double-sided pages. Whenever possible, applicants are requested to provide double-sided copies on recycled paper. No binding (other than paper clips or staples), cover, or folder/notebook shall be used.

(b) Ten (10) signed copies of each application must be submitted. One copy of the application shall be marked "Original" and contain original signatures wherever signature is required. Reproductions of signed originals are authorized for the other nine (9) copies of the application. All copies shall be identical except that one copy includes original signatures.

(c) Title Page – Each application must include a Title Page. The Title Page does not count as one of the maximum 10 pages of the application work plan and is in addition to the 10 pages. All items listed below must be included and addressed in the Title Page. Each copy of the application shall have a title page which contains the following information:

1. Title of the application project.
2. Single initiative category in which application is submitted.
3. Name of applicant entity and name of applicant partner entity, if applicable, that has agreed to participate.
4. Name, title, phone and fax numbers, e-mail address (if available), and postal address of official contact during application and award procedures.
5. Name of proposed project manager.
6. The following Certification Statement:

“By signing this title page, the undersigned certifies that:

  - a. This application is in all respects fair and submitted in good faith without collusion or fraud;
  - b. If selected through this application process, the recipient will work in good faith and in partnership with the Florida Coastal Management Program to more specifically develop the project, including appropriate types and amounts of assistance that are mutually acceptable;
  - c. Any funds awarded as a result of this application process will not be used to supplant or replace any state or local funds;
  - d. Any funds awarded as a result of this application process will not be used as matching funds to apply for or receive other federal funds;
  - e. No federal funds will be used as match for funds awarded as a result of this application process;
  - f. The applicant local government’s adopted comprehensive plan has been found to be in compliance with Chapter 163, Part II, F.S.; and
  - g. The undersigned has full authority to bind the applicant.”
7. Signature and date. Include typewritten name and full title of signatory.
8. If applicant is a public or private college or university, regional planning council, or non-profit group, then a signature, typewritten name, full title, and date for the participating partner local government, national estuarine research reserve, or national estuary program must be included.

(d) Work Plan – This section represents the proposal itself, cannot exceed 10 single-sided pages, and must include the following sections and information:

  1. Project Need, Description of need or problem.
  2. Project Location.
    - a. Identification of geographic area that the proposed project includes or addresses (written description, map, aerial photo, etc.) and discussion of its unique or distinctive features.
    - b. Discussion about the value of the geographic area to the community.
  3. Project Description or Solution.
    - a. Description of proposed project or solution, including how it can be completed within one year and implemented upon completion.

- b. Discussion about how the project is an appropriate solution for the need or problem identified in the “Project Need” section.
  - c. If applicable, discussion of the role each partner will play in the proposed project.
4. Initiative Category.
  - a. Identification of single initiative category in which project application is submitted.
  - b. Description of how the project or solution is appropriate to or fits the initiative category and meets the goal of the chosen initiative category.
5. Project Benefit.
  - a. Discussion of how project solution enhances or protects coastal resources.
  - b. Discussion of local or other support for the proposed project and how project in turn benefits the local community.
  - c. If applicable, discussion about how proposed project is consistent with and furthers specific local comprehensive plan goals and policies.
  - d. If applicable, identification and discussion of how proposed project builds on participation in any of four existing community-oriented Department programs:
    - (i) Local Mitigation Strategy (LMS). To provide evidence of participation in the LMS program, include a statement signed by the designated chairperson of the LMS working group that functions in the applicant’s county, certifying that the project is identified on the LMS prioritized initiatives list.
    - (ii) Florida Communities Trust (FCT). To provide evidence of participation in the FCT program, include project number or pending application number. Proposed project must be within the geographic boundaries of an existing or pending FCT project or application.
    - (iii) “Waterfronts Florida.” Proposed project must be within the geographic boundaries of a designated “Waterfronts Florida” community.
    - (iv) “Front Porch Florida.” Proposed project must be within the geographic boundaries of a designated “Front Porch Florida” community. Maps, letters of support, or other materials may be submitted to address the work plan components above, but these items count toward the maximum total of 10 (ten) pages of the application work plan. Only the first 10 submitted pages will be considered part of the 10-page work plan. Any pages following the first 10 pages will be disregarded in the evaluation of the application.
    - (e) Applications must be submitted either in person, by certified or registered mail (return receipt requested), or by courier service. Applications must be received at either Room 155E or Suite 320 of the Sadowski Building, Department of Community Affairs, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100; on or before 4:00 pm, Eastern Time Zone, October 1. If October 1 is a Saturday or Sunday, the application is due on the next working day at the time and location specified above.

(f) It is the applicant's responsibility to ensure that the application is delivered at the proper time and place. Applications submitted by telecopier, facsimile machine, or other electronic media are not acceptable. Applications received after the exact time and date specified above for receipt will not be considered and will be disqualified.

Specific Authority 380.22(3) FS. Law Implemented 380.22, ~~380.32~~ FS. History--New 10-15-81, Formerly 17-24.04, Amended 12-2-87, Formerly 17-24.040, Amended 11-22-93, 4-30-96, \_\_\_\_\_.

9M-1.0045 Limitations on the Use of Subgrant Funds.

Specific Authority 380.22(3) FS. Law Implemented 380.22, 380.27, 380.32 FS. History--New 11-22-93, Amended 4-30-96, Repealed.

(Substantial rewording of Rule 9M-1.005 follows. See Florida Administrative Code for present text.)

9M-1.005 Preliminary Approval.

(1) The amount of funding available from the National Oceanic and Atmospheric Administration to the State of Florida Coastal Management Program for a fiscal year is not known at the time of application submission or review. Therefore, funding of any application submitted in response to the Department's notice of availability of funding and in accordance with this rule chapter is subject to the availability of coastal zone management federal funding.

(2) Based upon the criteria and procedures established in this rule chapter, project applications will be included as part of Florida's official cooperative agreement application for federal assistance under the Act. The final decision whether or not to fund a particular project application is made by the National Oceanic and Atmospheric Administration.

(3) Notice of the scores and rankings of applications shall be published in the Florida Administrative Weekly. Any person whose substantial interests are affected may request a hearing pursuant to section 120.57, F.S., within 14 days of publication of the notice. Failure to request a hearing within the applicable time period shall constitute a waiver of the right to a hearing.

(4) A timely filed petition for an administrative hearing shall not cause the suspension of further action on other applications. If, as a result of a Chapter 120, F.S., administrative or judicial proceeding, the Department's preliminary determination of scoring and ranking for an application is reversed, the Department will take all reasonable steps to include the application in its current financial assistance application. If this inclusion is not possible, the Department shall give appropriate priority consideration to the application in the following year's application for coastal zone management funds pursuant to the Act.

Specific Authority 120.569, 120.57, 380.22(3) FS. Law Implemented 120.569, ~~380.22~~, ~~380.32~~ FS. History--New 10-15-81, Formerly 17-24.05, Amended 12-2-87, Formerly 17-24.050, Amended 11-22-93, 4-30-96, \_\_\_\_\_.

(Substantial rewording of Rule 9M-1.007 follows. See Florida Administrative Code for present text.)

9M-1.007 Review Procedures and Criteria.

(1) An applicant may submit applications for one, all, or any of the initiative categories. Irrespective of the number of applications for which an applicant seeks an award, each application must be submitted in full compliance with the requirements of this rule chapter, must be submitted independently of and not rely upon another application, can be submitted in response to only one initiative category, and will be reviewed and scored within each proposal initiative category individually.

(2) Each application will be reviewed by a technical evaluation committee of at least five (5) members with knowledge about coastal resource management appointed by the administrator of the Florida Coastal Management Program. Each of the applications will be evaluated using the evaluation criteria below. Total point scores for each application shall be calculated by the evaluation committee in determining recommended awards.

(3) Evaluation Criteria:

Overall Criteria for all Initiative Categories    Maximum Points

<u>1. Signed Title Page with Certification Statement</u>		<u>5*</u>
(* An application is awarded 5 points for the inclusion of a completed Title Page; an application is awarded 0 points for failure to include a Title Page or for failure to include each and every item of the Signed Title Page with Certification Statement.)		
<u>Project Need</u>		
2. There is a demonstrated need for the project.		<u>5</u>
<u>Project Location</u>		
3. Project geographic area is easily identified and is appropriate for the proposed solution.		<u>5</u>
<u>Project Description</u>		
4. Project components are clearly described.		<u>5</u>
5. Project is an appropriate solution for the demonstrated need.		<u>5</u>
6. Applicant and partner roles have been adequately identified. Applicant and partners (if any) can effectively and efficiently complete the project within one year.		<u>5</u>
7. Proposed solution is innovative and could be used by another group or locale facing similar circumstances.		<u>5</u>
8. Initiative category is appropriate for the demonstrated need.		<u>5</u>
9. Project meets the goal of the initiative category.		<u>5</u>



Project Benefit

- 10. Proposed solution ensures or promotes a benefit to coastal resource protection or enhancement. 5
- 11. There is evidence of widespread community support for the project. 5
- 12. Project will contribute positively to the quality of life of the community and, if applicable, will support specific goals and objectives of the local comprehensive plan. 5
- 13. Project builds on participation in any of the following Department programs:
  - a. Local Mitigation Strategy 5
  - b. Florida Communities Trust 5
  - c. Waterfronts Florida 5
  - d. Front Porch Florida 5

Specific Initiative Category Criteria

For Remarkable Coastal Places

- 1. Project site is critical to the unique diversity of Florida and has distinctive natural, cultural, historical, educational, recreational, scientific features. 5
- 2. Project site has demonstrated significant value to the community, including economic, cultural, historical, and/or ecological values. 5

For Community Stewardship

- 1. Proposed solution includes clearly identified community involvement. 5
- 2. Proposed solution includes physical projects or activities on site. 5

For Access to Coastal Resources

- 1. For physical access – Project is proximate to adequate parking or public transportation. 5
- 2. For physical access – Project provides access to an area not currently accessible. 5

For Working Waterfronts

- 1. Proposed solution will assist applicant in preparing for designation or will assist already designated community in implementing specific projects. 5
- 2. Project seeks to balance resource protection and water-dependent economic development. 5

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Total Maximum Points Possible 90

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(4) The evaluation committee will rank the proposals within each category based on total point scores.

(5) Within each category, the highest rated projects (based on total points) that also score above a minimum of 50 points multiplied by the number of members on the evaluation committee will be recommended by the evaluation committee to the Secretary of the Department for funding in order of ranking, subject to the availability of funds.

(6) Projects will be funded in order of score and rank as determined by the Evaluation Committee and subject to the availability of funds.

(7) Initially, 25 percent (25%) of available funding will be directed to each initiative category when the amount of funding is known. If there is an insufficient number of applications that score above the minimum number of points in a particular initiative category to use that amount of funding, then any excess funds within that category will be redistributed among any other categories in which there is more than a sufficient number of proposals that score above the minimum number of points to use 25% of available funding.

Specific Authority 380.22(3) FS. Law Implemented 380.22, 380.27, ~~380.32~~ FS. History—New 10-15-81, Formerly 17-24.07, Amended 12-2-87, Formerly 17-24.070, Amended 11-22-93, 4-30-96, \_\_\_\_\_.

9M-1.009 Table of Eligible Counties and Cities.

Specific Authority 380.22(3) FS. Law Implemented 380.22-24 FS. History—New 10-5-81, Amended 12-2-87, Formerly 17-24.100, Amended 11-22-93, 4-30-96, Repealed \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: L. Christine McCay, Environmental Administrator, Florida Coastal Management Program, Department of Community Affairs, 2555 Shumard Oak Boulevard, Tallahassee, FL 32399-2100

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Joseph F. Myers, Acting Executive Director, Florida Coastal Management Program, Department of Community Affairs, 2555 Shumard Oak Boulevard, Tallahassee, FL 32399-2100

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 26, 2001

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 15, 2000

**STATE BOARD OF ADMINISTRATION**

RULE TITLE: Investment Policy Statement  
 RULE NO.: 19-9.001

PURPOSE AND EFFECT: This rule is promulgated to implement Section 121.4501(14), F.S., regarding the Public Employee Optional Retirement Program.

SUMMARY: Proposed new rule 19-9.001, F.A.C. adopts the Investment Policy Statement required by Section 121.4501(14), F.S., and approved by the Trustees of the State Board of Administration on February 27, 2001.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: The Board has prepared a statement and found the cost to be minimal.

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: 121.4501(8)(a), 215.52 FS.  
 LAW IMPLEMENTED: 121.4501(1),(2),(3),(4),(5),  
 (6),(7),(8),(9),(10),(11),(12),(13),(14),(15) 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. – 12:00 Noon, Tuesday, April 3,  
 2001  
 PLACE: Room 116 (Hermitage Conference Room), 1801  
 Hermitage Blvd., Tallahassee, Florida 32308  
 THE PERSON TO BE CONTACTED REGARDING THE  
 PROPOSED RULE IS: Cindy Gokel, Assistant General  
 Counsel, State Board of Administration, P. O. Drawer 13300,  
 Tallahassee, FL 32317-3300, telephone (850)413-1199

THE FULL TEXT OF THE PROPOSED RULE IS:

19-9.001 Investment Policy Statement.

The Florida Retirement Systems Public Employee Optional Retirement Program Investment Policy Statement, as approved by the Trustees of the State Board of Administration on February 27, 2001, is hereby adopted and incorporated by reference.

Specific Authority 121.4501(8)(a), 215.52 FS. Law Implemented 121.4501(1),(2),(3),(4),(5),(6),(7),(8),(9),(10),(11),(12),(13),(14),(15) FS. History—New

NAME OF PERSON ORIGINATING PROPOSED RULE:  
 Dr. James Francis, Chief Economist, State Board of  
 Administration  
 NAME OF SUPERVISOR OR PERSON WHO APPROVED  
 THE PROPOSED RULE: Trustees of the State Board of  
 Administration  
 DATE PROPOSED RULE APPROVED BY AGENCY  
 HEAD: February 27, 2001  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT  
 PUBLISHED IN FAW: September 22, 2000

**DEPARTMENT OF CITRUS**

RULE CHAPTER TITLE:	RULE CHAPTER NO.:
Ownership and Use of “Made with Florida Citrus” Certification Mark	20-111
RULE TITLES:	RULE NOS.:
Ownership and Purpose	20-111.001
Exclusive Category Rights	20-111.0021
General Restrictions on the Use of the Mark	20-111.003
Use on Containers	20-111.004
Standards for Non-beverage Food Products Bearing the Mark	20-111.007
Standards for Citrus Wines Bearing the Mark	20-111.008

PURPOSE AND EFFECT: Would repeal the exclusivity portion of the rule as this issue is better handled through the Florida Citrus Commission on a contract basis. Would also bring rule into conformity with other symbol rules.

SUMMARY: Repealing the exclusivity portion of the rule and bringing rule into conformity with other symbol rules.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of 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: 601.10(1), 601.11, 601.15(10)(a) FS.

LAW IMPLEMENTED: 601.101 FS.

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

TIME AND DATE: 9:00 a.m., April 18, 2001

PLACE: Department of Citrus Building, 1115 East Memorial Boulevard, Lakeland, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Alice P. Wiggins, Administrative Assistant, Legal Department, Florida Department of Citrus, P. O. Box 148, Lakeland, Florida 33802-0148

THE FULL TEXT OF PROPOSED RULES IS:

20-111.001 Ownership and Purpose.

The purpose of this rule is to establish the guidelines for use of the “Made With Florida Citrus” mark.

INSERT CITRUS MARK

The “Made With Florida Citrus” ~~mark symbol~~, as shown below, is a registered trademark of the State of Florida, Department of Citrus. All right, title and interest in and to said mark, granted to and vested in the State of Florida, Department of Citrus, via State and Federal laws, is hereby noticed to all interested persons.

Specific Authority 601.10(1), 601.11, 601.15(10)(a) FS. Law Implemented 601.101 FS. History—New 4-28-98, Amended 3-19-00, \_\_\_\_\_.

20-111.0021 Exclusive Category Rights.

Specific Authority 601.10(1), 601.11, 601.15(10)(a) FS. Law Implemented 601.101 FS. History—New 7-1-99, Repealed.

20-111.003 General Restrictions on the Use of the Mark.

(1) Use of the mark shall be restricted to the use in conjunction with the advertising, promotion, merchandising, sales and packaging of non-beverage food products and citrus wines made with citrus from Florida which meet the description and standards as set forth in this chapter.

(2) The mark shall not be used in any advertising, promotion, merchandising or packaging in lieu of a brand name or used in conjunction with a brand name in such a manner as to dominate or appear to be a part of a brand name.

(3) The mark as shown in section 20-111.001 must be used in its entirety.

(4) Each licensee or other authorized user of the mark shall deliver to the Department of Citrus for its records, a finished sample of any material bearing the mark, including product labels and advertisements.

(5) The licensee shall indemnify the Department and save it harmless with respect to any claims arising out of the use of its products bearing the mark by any person, or any claims arising out of misbranding or false or misleading advertising by the licensee.

(6) All products bearing the mark shall be subject to sampling and analysis.

(7) Each licensee or other authorized user of said mark shall be required, as a condition for such authorization, to allow reasonable and periodic inspections by a Department of Citrus representative or agent of the pertinent records and the processing or manufacturing premises of said users in order to determine whether or not said products meet the requirements set forth herein and otherwise to protect the integrity of said mark.

(8) In the case of persons packing products bearing the mark outside the state of Florida, permission shall be secured from each Florida supplier by the mark user to allow for the inspection of the supplier's pertinent records by the Department in order to determine whether or not citrus product supplied meets requirements set forth herein.

(9) Product shall be labeled as provided by law.

Specific Authority 601.10(1), 601.11, 601.15(10)(a) FS. Law Implemented 601.101 FS. History--New 4-28-98, Amended 3-19-00,\_\_\_\_\_.

20-111.004 Use on Containers.

The "Made With Florida Citrus" ~~mark symbol~~, when used on consumer sized containers, shall be displayed in a conspicuous manner defined as follows:

(1) The mark must appear on

(a) The principal display panel of the container, or

(b) That part of the container that is most likely to be shown, presented or examined under customary conditions of display for retail sale.

(2) Additionally, the mark shall be in distinct contrast by color, layout or design to other matter on the package.

(3) When appearing on the principal display panel or other container face, the mark must meet the following size specifications:

(a) Not less than 1/2" in width on the container's principal display panel or other container face of which has an area of 15 square inches or less.

(b) Not less than 3/4" in width on the package's principal display panel or other container face of which has an area of more than 15 but not more than 32 square inches.

(c) Not less than 1" in width where the area of the principal display panel or other container face is more than 32 square inches.

Specific Authority 601.10(1), 601.11, 601.15(10)(a) FS. Law Implemented 601.101 FS. History--New 4-28-98, Amended \_\_\_\_\_.

20-111.007 Standards for Non-beverage Food Products Bearing the Mark.

Non-beverage food products, including but not limited to fruit salads, spreads, sauces, dressings, syrups, baked goods, cereals, mixes, seasonings, frozen desserts, and snack foods, made with Florida citrus or citrus products may bear the mark provided:

(1) Citrus fruit or citrus products used in the manufacture of the food product packaged under an individual brand or label bearing the mark is supplied in its entirety from a Florida licensed citrus fruit dealer, "processing partner," who has signed and placed on file with the Department, a "Made With Florida Citrus Florida Processor's Agreement Form" DOC/LEG/21 EFF. 1/1/98, incorporated herein by reference, and

(2) At least 25% of the food product's total ingredients are Florida citrus, Florida citrus products or Florida citrus by-products, and

(3) All citrus fruit or citrus fruit products used are from citrus grown in the state of Florida.

In-state processors who prepare non-beverage food products using 100% Florida grown fruit processed at their own facility shall be eligible to use the "Made With Florida Citrus" ~~mark symbol~~ on qualifying food products without dealing with a "processing partner." However, such in-state processors shall not be eligible for exclusive category rights as described in section 20-111.0021 of this rule chapter.

Specific Authority 601.10(1), 601.11, 601.15(10)(a) FS. Law Implemented 601.101 FS. History--New 4-28-98, Amended 3-19-00,\_\_\_\_\_.

20-111.008 Standards for Citrus Wines Bearing the Mark.

Wines made with Florida citrus or citrus products may bear the mark provided:

(1) Citrus fruit or citrus products used in the manufacture of the citrus wine packaged under an individual brand or label bearing the mark is supplied in its entirety from a Florida licensed citrus fruit dealer, "processing partner," who has signed and placed on file with the Department, a "Made With Florida Citrus Florida Processor's Agreement Form" DOC/LEG/21 EFF. 1/1/98, incorporated herein by reference.

(2) At least 50% of the total ingredients of the wine are Florida citrus, Florida citrus products or Florida citrus by-products, and

(3) Alcohol content shall be limited to not more than 14% by volume, and

(4) All citrus fruit or citrus fruit products used are from citrus grown in the state of Florida.

In-state processors who prepare citrus wines using 100% Florida grown fruit processed at their own facility shall be eligible to use the "Made With Florida Citrus" ~~mark symbol~~ on qualifying citrus wine without dealing with a "processing partner." ~~However, such in-state processor shall not be eligible for exclusive category rights as described in section 20-111.0021 of this rule chapter.~~

Specific Authority 601.10(1), 601.11, 601.15(10)(a) FS. Law Implemented 601.101 FS. History--New 3-19-00, Amended.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Mia L. McKown, General Counsel

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Mia L. McKown, General Counsel

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 17, 2001

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 2, 2001

**DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY**

**Division of Workers' Compensation**

RULE TITLES: RULE NOS.:  
Definitions 38F-7.522  
Carrier Responsibilities 38F-7.523

PURPOSE AND EFFECT: Rule 38F-7.522, F.A.C., itemizes definitions for the purpose of the Carrier Utilization Review Responsibilities Rule. Rule 38F-7.523, F.A.C., itemizes the Carrier responsibilities for in-house utilization review plans.

SUMMARY: The Division is repealing the above two rules in that it no longer has statutory authority for them.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: The proposed rule is anticipated to have no cost to the agency other than the normal expenses incurred in the promulgation of administrative rules; will have no special or particular impact upon small businesses, counties, or cities; and will not adversely impact competition and the open market for employment.

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: 440.591, 440.13(2)(h) FS.

LAW IMPLEMENTED: 440.13(1),(2)(a),(b),(c),(h),(i), (4)(f),(g),(h),(5) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT A TIME, DATE AND PLACE TO BE NOTICED IN A FUTURE ISSUE OF THE F.A.W. (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Nancy Staff Terrel, Senior Attorney, Suite 307, Hartman Building, 2012 Capital Circle, S. E., Tallahassee, FL 32399-2189, telephone (850)488-9370

THE FULL TEXT OF THE PROPOSED RULES IS:

38F-7.522 Definitions.

Specific Authority 440.591, 440.13(2)(h) FS. Law Implemented 440.13(1),(2)(a),(b),(c),(i),(4)(f),(g),(h),(5) FS. History--New 5-15-91, Repealed.

38F-7.523 Carrier Responsibilities.

Specific Authority 440.591, 440.13(2)(h) FS. Law Implemented 440.13(2)(b),(c),(h) FS. History--New 5-15-91, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Anna Ohlson, R.N. Consultant

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: William A. Wood, Deputy Bureau Chief, Bureau of Rehabilitation and Medical Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 23, 2001

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**State Center for Health Statistics**

RULE TITLES:	RULE NOS.:
Submission of Ambulatory Patient Data Definition	59B-9.011
Reporting Instructions	59B-9.013
Notice of Reporting Deficiencies and Response	59B-9.015
Certification and Audit Procedures	59B-9.016
Ambulatory Patient Data Format – Data Elements and Codes	59B-9.017
Ambulatory Patient Data Format – Record Layout	59B-9.018
Data Standards	59B-9.019
Manual Submission of Data	59B-9.020
	59B-9.021

PURPOSE AND EFFECT: The proposed rule amendments eliminate the manual report option.

The proposed rule amendments require that unlicensed facilities and providers report separately for each separate location. Multi-facility tapes will no longer be accepted.

The proposed rule amendments limit ambulatory surgical visits to be reported to those visits in which any of the surgical services are performed by a physician. The proposed rule amendments clarify that patient visits in which the patient is transferred from ambulatory care to inpatient care within a facility at the same location shall not be reported as an ambulatory visit.

The proposed rule amendments eliminate data tapes as a reporting media as of January 1, 2002. The proposed rule amendments add the option for the agency to use electronic mail to send error reports to ambulatory centers. The proposed

rule amendments add the option for ambulatory centers to use electronic mail and an agency authorized digital signature to submit certification of data to the agency.

The proposed rule amendments require that the agency use consistent standards and procedures in the performance of ambulatory center audits. The proposed rule amendments limit desk and field audits of data to 36 months from the initial submission of data, and require that ambulatory centers correct any errors and certify the data, or verify the correctness of the data previously submitted and certified within 90 days of receipt of notice of audit findings.

The proposed rule amendments will add the category, KidCare to the data element, principal payer, starting with ambulatory visits occurring on or after January 1, 2003.

The proposed rule amendments will add the category, unknown, to the data element, patient sex. Starting with ambulatory visits occurring on or after January 1, 2003, the proposed rule amendments will change the data element, patient status, from an optional to a required data element and change the categories to be reported to the following: home, to a short-term general hospital, to a skilled nursing facility, and other.

The proposed rule amendments define the race categories, other and no response. The proposed rule amendments change the age standards for the data element, social security number, to permit zero-fill entries for patients under two years of age. The proposed rule amendments change the title of the data element, referring or ordering physician ID # to attending physician ID #. The proposed rule amendments change the data elements, referring or ordering physician UPIN # and operating or performing physician UPIN # to a blank field. The proposed rule amendments change the zip code designation for homeless patients from 22222 to 00007.

The proposed rule amendments eliminate the edit standard for unknown social security number, unknown or invalid zip codes, and unknown referring physician. The proposed rule amendments add a code for reporting attending physicians in the U.S. military that do not have a Florida license number.

**SUMMARY:** Rule 59B-9.021 is repealed. The agency is developing amendments to rule 59B-9.011 that will require unlicensed facilities and providers to submit a separate report for each separate location. The agency is proposing amendments to rule 59B-9.017 that will limit a desk or field audit of a patient data report to 36 months from initial submission of the report. The agency is proposing amendments to rule 59B-9.015 that limit ambulatory surgical visits to be reported to those visits in which any of the surgical services are performed by a physician. The agency is developing amendments to rules 59B-9.013, 59B-9.015 and rules 59B-9.018 through rules 59B-9.020 that will modify definitions, change the data element, patient status, from an optional to a required data element and consolidate required categories, add data element categories, modify definitions of

data elements and data elements categories, modify data standards, and modify the media to be used to report patient data.

**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST:** None 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:** 408.15(8) FS.

**LAW IMPLEMENTED:** 408.061, 408.08(1), 408.08(5), 408.15(11) FS.

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

**TIME AND DATE:** 11:00 a.m., April 3, 2001

**PLACE:** Agency for Health Care Administration, Building 3, First Floor Conference Room, 2727 Mahan Drive, Tallahassee, Florida 32308

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS:** Jerry Mayer, Bureau Chief, State Center for Health Statistics, Building 3, 2727 Mahan Drive, Tallahassee, Florida 32308

**THE FULL TEXT OF THE PROPOSED RULES IS:**

59B-9.011 Submission of Ambulatory Patient Data.

(1) through (2) No change.

(3) Each facility ~~and provider~~ in (1)(a) above shall submit a separate report for each location per 59A-3.203, F.A.C. Each facility in (1)(b) above shall submit a separate report for each location per 59A-5.003, F.A.C. Each facility or provider in (1)(c), (1)(d) or (1)(e) above shall submit a separate report for each separate location, separately, as set forth in Rules 59B-9.018 and 59B-9.019, F.A.C., except that a group practice or entity may submit one report. Multi-facility tapes may be submitted provided all records are identifiable to an entity and there is a listing attached that identifies entities, their AHCA number and a contact person.

(4) through (7) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063, 408.07, ~~408.08~~ FS. History--New 9-6-93, Formerly 59B-7.011, Amended 6-29-95, 12-28-98,\_\_\_\_\_.

59B-9.013 Definitions.

(1) through (3) No change.

(4) “Inpatient” means a patient who has an admission order given by a licensed physician or other individual who has been granted admitting privileges by the hospital. Observation patients are excluded unless they are admitted. “Premises” means those buildings, beds and equipment located at the address of the licensed facility and all other buildings, beds, and equipment for the provision of hospital or ambulatory

~~surgical care located in such reasonable proximity to the address of the licensed facility as to appear to the public to be under the dominion and control of the licensee.~~

(5) through (6) No change.

(7) ~~“Attending Referring or Ordering Physician” means a licensed physician who would be expected to certify and re-certify the medical necessity of the services rendered or who has is the primary responsibility care-giver for the patient’s medical care and treatment or who certifies as to the medical necessity of the services rendered.~~ The attending physician may be the referring physician or the operating or performing physician.

(8) ~~“Operating or Performing Physician” means a licensed physician who has primary responsibility for the surgery or procedure performed physically performs the out-patient procedure or who supervises the other medical professionals performing such procedures.~~

(9) No change.

Specific Authority 408.15(8) FS. Law Implemented 395.002, 408.061, 408.062, 408.063 FS. History–New 9-6-93, Formerly 59B-7.013, Amended 6-29-95, 12-28-98,\_\_\_\_\_.

59B-9.015 Reporting Instructions.

(1) No change.

(2) Ambulatory centers shall report data for all non-emergency room ambulatory or outpatient visits in which the following services are provided:

(a) Surgery services performed by a physician to which the following Current Procedural Terminology (CPT) codes are assigned: CPT codes 10000 through 69999 and 93500 through 93599. Codes must be valid in the current or the immediately preceding year’s code book to be accepted.

(b) No change.

(3) Ambulatory centers shall report one record for each patient per visit, excluding records of any patient visit in which the patient was transferred from ambulatory care and admitted to inpatient care within a facility at the same location per 59A-3.203, F.A.C. If more than one visit for the same patient occurs on the same date, report one record which includes all required data for all visits of that patient to the ambulatory center occurring on that date. If more than one visit occurs on different dates by the same patient, report one record for each date of visit, unless the dates of visits are directly associated to the service. See 59B-9.013(5), F.A.C.

(4) No change.

(5) Beginning with the report of patient visits occurring between January 1 and March 31, 2000, inclusive, and thereafter, ambulatory centers shall submit ambulatory patient data reports to the agency using one of the following methods described in (a) or in (b) below except that on or after January 1, 2002, data tapes must not be used.

(a) through (b) No change.

(6) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History–New 9-6-93, Formerly 59B-7.015, Amended 6-29-95, 12-28-98, 1-4-00,\_\_\_\_\_.

59B-9.016 Notice of Reporting Deficiencies and Response.

(1) No change.

(2) Written notification shall be provided by certified mail, electronic mail, or FAX to an ambulatory center in the event the staff determines the data is incomplete or nonconforming. The notice shall clearly indicate the deficiencies found, and the time by which a corrected or modified report must be received in the agency’s office.

(3) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.006(5), 408.061 FS. History–New 9-6-93, Formerly 59B-7.016, Amended 6-29-95,\_\_\_\_\_.

59B-9.017 Certification and Audit Procedures.

(1) All ambulatory centers submitting data in compliance with Rules 59B-9.010 through 59B-9.022, F.A.C., shall certify that the data submitted for each reporting period is accurate. These certification pages are sent by the agency to the reporting entity with summary reports generated by the agency using submitted data. The certification shall be submitted to the agency’s office at the address in (3) below using the Certification of Ambulatory Patient Data Form described in (3) below or the Certification of Ambulatory Patient Data Form shall be submitted by electronic mail to SCHSdata@fdhc.state.fl.us using an agency authorized electronic signature.

(2) through (3) No change.

(4) The agency shall to the extent practical, apply the same audit standards and use the same audit procedures for all ambulatory centers or audit a random sample of ambulatory centers. The agency will notify each ambulatory center of any possible errors discovered by audit and request that the ambulatory center either correct the data or verify that the data is complete and correct. The notice shall indicate that the ambulatory center must return corrected data if there are errors and certify the data within ninety (90) days of receipt of the notice, or the ambulatory center Chief Executive Officer must verify by signature that the previously submitted and certified data is complete and correct within ninety (90) days of receipt of the notice. The notice shall clearly indicate that the ambulatory center may be subject to penalties pursuant to Rule 59B-9.022. The agency shall not conduct a desk audit or a field audit of a report more than thirty-six (36) months following the initial submission of data.

Specific Authority 408.15(8) FS. Law Implemented ~~408.006(5)~~, 408.061, 408.08(1), 408.08(5), 408.15(11) FS. History–New 9-6-93, Formerly 59B-7.017, Amended 6-29-95,\_\_\_\_\_.

59B-9.018 Ambulatory Patient Data ~~Tape/Diskette~~ Format – Data Elements and Codes.

- (1) No change.
- (2)(a) through (c) No change.
- (d) Patient Racial Background A one + digit code as follows:
  - 1 – American Indian/Eskimo/Aleut
  - 2 – Asian or Pacific Islander
  - 3 – Black
  - 4 – White
  - 5 – White Hispanic
  - 6 – Black Hispanic
  - 7 – Other (Use if patient is not described by above categories.)
  - 8 – No Response (Use if patient refuses to disclose.)
- (e) No change.
- (f) Patient Sex A one + digit code as follows:
  - 1 – Male
  - 2 – Female
  - 3 – Unknown (Use if unknown due to medical condition.)
- (g) Patient Zip Code A five ~~5~~ digit zip code of the patient's permanent address: XXXXX
- (h) No change.
- (i) Principal Payer Code A one + character field as follows:
  - A – Medicare
  - B – Medicare HMO
  - C – Medicaid
  - D – Medicaid HMO
  - E – Commercial Insurance
  - F – Commercial HMO
  - G – Commercial PPO
  - H – Workers' Compensation
  - I – ~~CHAMPUS~~ Champus
  - J – VA
  - K – Other State/Local Govt
  - L – Self Pay (No third party coverage)
  - M – Other
  - N – Charity
  - O – KidCare (Report Healthy Kids, MediKids and Children Medical Services, excluding Medicaid. Required for ambulatory visits occurring on or after January 1, 2003.)
- (j) through (ggg) No change.
- (hhh) ~~Attending Referring or Ordering~~ Physician ID # Enter the Florida license number of the attending referring/ordering physician, beginning with “FL”. An eleven character alpha-numeric field (e.g. FLME1234567). If out-of-state physician, fill with the physician's state two letter abbreviation and 9's (e.g. NY999999999 for a physician from

New York). For non-U.S. physicians (a physician licensed and practicing in another country and not licensed in the U.S.), fill with “XX” and 9's (e.g. XX999999999). For military physicians not licensed in Florida, fill with “US” and 9's (e.g. US999999999).

(iii) ~~Blank Field Referring or Ordering Physician UPIN # (Optional)~~ Enter the UPIN number of the referring/ordering physician. A six character alpha-numeric field to be left blank.

(jjj) No change.

(kkk) ~~Blank Field Operating or Performing Physician UPIN # (Optional)~~ A six character alpha-numeric field to be left blank.

(lll) through (zzz) No change.

(aaaa) Patient Status ~~(Optional)~~ Required for ambulatory visits occurring on or after January 1, 2003. A two digit code indicating patient disposition as follows:

- 01 – Home
- 02 – To a short-term general hospital
- 03 – To a skilled nursing facility
- 04 – ~~Other To an intermediate care facility~~
- 05 – ~~To another institution~~
- 06 – ~~Home under care of home health care organization~~
- 07 – ~~Left this facility against medical advice (AMA)~~
- 08 – ~~Home on IV medications~~
- 20 – ~~Expired~~

(bbbb) through (cccc) No change.

(3) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History–New 9-6-93, Formerly 59B-7.018, Amended 6-29-95, 12-28-98,\_\_\_\_\_.

59B-9.019 Ambulatory Patient Data ~~Tape/Diskette~~ Format – Record Layout.

“Type” means (A)lpha or (N)umeric or combination field. “Justification” is either (R)ight or (L)eft. The data elements for each ambulatory patient data record must have a logical record length of 400 characters with the following record layout:

(1) No change.

(a) through (ggg) No change.

(hhh) ~~ATTENDING PHYSICIAN REFERRING OR ORDERING PHYS. ID # A/N L 11 214-224~~

(iii) ~~BLANK FIELD REFERRING OR ORDERING PHYS. UPIN # A/N L 6 225-230~~

(jjj) No change.

(kkk) ~~BLANK FIELD PERFORMING PHYS. UPIN # A/N L 6 242-247~~

(lll) through (cccc) No change.

(3) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History–New 9-6-93, Formerly 59B-7.019, Amended 6-29-95, 12-28-98,\_\_\_\_\_.

59B-9.020 Data Standards.

(1) through (2) No change.

(3) The Social Security Number (SSN) is a 9 digit required field for all patients ~~who having have had~~ SSNs assigned. ~~(E.g., those not having SSNs may include newborns up to 2 years of age or very old patients who may not have ever had one assigned.)~~ Social Security Number 000000000 is acceptable for newborns and infants up to 2 years of age who ~~do have~~ not have had a social security number assigned. For patients not from the U.S., use 555555555 if a SSN is not assigned. For those patients where all efforts ~~have been made~~ to obtain the social security number have been unsuccessful or where one is unavailable, and but the patient is two (2) years of age or older over the age of 2 and a resident of the U.S. use 777777777. ~~Unknown SSN (777777777) must not exceed 5 percent of the total records per report period.~~

(4) Race is a single digit entry showing: 1 – American Indian/Eskimo/Aleut, 2 – Asian/Pacific Islander, 3 – Black, 4 – White, 5 – White Hispanic, 6 – Black Hispanic, 7 – Other (Use if patient is not described by above categories), 8 – No Response (Use if patient refuses to disclose). It is a required field for all patients who self-report race as requested by the center.

(5) No change.

(6) Sex designation is required. Must be 1-Male, or 2-Female, or 3-Unknown (Use if unknown due to medical condition).

(7) A valid patient zip code is required and must be 5 digits. Use 00009 for foreign zip codes. Use 00007 22222 for at large (homeless) zip codes. Use 00000 for unknown zip code. If the zip code is missing or in the wrong format the record is an error. Unknown (00000) or invalid zip codes must equal 1.0% or less of records per report period. No blank fields are permitted.

(8) No change.

(9) Principal Payer is required and must be an alpha character A through Q N.

(10) through (15) No change.

(16) The ~~Attending Referring or Ordering~~ Physician ID is a required entry showing the identification number of the attending referring or ordering physician. An eleven character alpha-numeric field using the State of Florida physician license number, preceded by the prefix FL. Florida physicians shall have four alphas preceding seven digits (e.g. FLME1234567). For out-of-state physicians, fill with the physician's home state two letter abbreviation and 9's (e.g. NY999999999 for a physician from New York) ~~and fill in the unique physician's identification number (UPIN) number in the next field~~. For non-U.S. physicians (a physician licensed and practicing in another country and not licensed in the U.S.), fill with "XX"

and 9's (e.g. XX999999999). For military physicians not licensed in Florida, fill with "US" and 9's (e.g. US999999999). For those patients where all efforts ~~have been made~~ to obtain the ~~referring or ordering~~ physician's ID have been unsuccessful or where one is unavailable, but the physician is practicing in the U.S. use ZZ999999999. ~~Unknown physician ID (ZZ999999999) must not exceed 5 percent of the total records per report period.~~

(17) ~~The Blank Field Referring or Ordering Physician~~ UPIN Number is a blank fill an optional entry showing the identification number of the referring or ordering physician.

(18) No change.

(19) ~~A Blank Field Performing or Operating Physician~~ UPIN Number is a blank fill entry optional. ~~The identification number represents the physician who is the principal surgeon or radiologist or other physician responsible for the procedure performed.~~

(20) through (34) No change.

(35) Patient Status is a required an optional entry from 01-04 01-08, 20, or blank fill.

(36) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History--New 9-6-93, Formerly 59B-7.020, Amended 6-29-95, 12-28-98, \_\_\_\_\_.

59B-9.021 Manual Submission of Data.

~~Facilities having more than 199 reportable visits and fewer than 300 reportable visits in a quarter shall submit ambulatory patient data using either form AHCA 2000 MIS 13, or according to the requirements in Rule 59B-9.015.~~

~~(1) Form AHCA 2000 MIS 13, may be obtained from the Agency for Health Care Administration, Ambulatory Patient Data Section, 2727 Mahan Drive, Fort Knox Building #3, Tallahassee, Florida 32308-5403.~~

~~(2) Form AHCA 2000 MIS 13 is titled "Ambulatory Patient Detail Reporting Form". The effective date of the form is July 1, 1995. Form AHCA 2000 MIS 13 is incorporated by reference.~~

Specific Authority 408.15(8) FS. Law Implemented 408.061 FS. History--New 9-6-93, Formerly 59B-7.021, Amended 6-29-95, 1-4-00, Repealed \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Jerry Mayer, Bureau Chief, State Center for Health Statistics

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 7, 2001

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 15, 2000



**AGENCY FOR HEALTH CARE ADMINISTRATION**

**State Center for Health Statistics**

<b>RULE TITLES:</b>	<b>RULE NOS.:</b>
Definitions	59E-7.011
Reporting and Audit Procedures	59E-7.012
Data Elements and Formatting Requirements	59E-7.014
General Provisions	59E-7.016

**PURPOSE AND EFFECT:** The proposed rule amendments eliminate data tapes as a reporting media as of January 1, 2002. The proposed rule amendments add the option for the agency to use electronic mail or FAX to send error reports to hospitals. The proposed rule amendments add the option for hospitals to use electronic mail and an agency authorized digital signature to submit certification of data to the agency.

The proposed rule amendments require that the agency use consistent standards and procedures in the performance of hospital audits. The proposed rule amendments limit desk and field audits of data to 36 months from the initial submission of data, and require that hospitals correct any errors and certify the data, or verify the correctness of the data previously submitted and certified within 90 days of receipt of notice of audit findings.

The proposed rule amendments change the age standards for the data elements, social security number and infant linkage identifier from age one to age two with the start date for the infant linkage identifier change beginning with discharges occurring on or after January 1, 2003. The proposed rule amendments add a code to indicate foreign patients and a code to indicate adoptions or patients who are in the custody of state to be used if the infant linkage identifier is unavailable. The proposed rule amendments add the category, KidCare to the data element, principal payer, starting with discharges occurring on or after January 1, 2003. The proposed rule amendments add two hospice categories, hospice-home and hospice-medical facility, to the data element, inpatient discharge status, starting with discharges occurring on or after January 1, 2003. The proposed rule amendments change the definitions of two race categories, other and no response. The proposed rule amendments change the optional data elements, attending physician UPIN # and operating physician UPIN #, to a blank field. The proposed rule amendments change the zip code designation for homeless patients from 22222 to 00007.

The proposed rule amendments eliminate the edit standard for unknown social security number. The proposed rule amendments eliminate the requirement that hospitals install and use data processing edits supplied by the agency.

**SUMMARY:** The agency is proposing amendments to rule 59E-7.012 that will limit a desk or field audit of a patient data report to 36 months from initial submission of the report. The agency is proposing amendments to rules 59E-7.011, 59E-7.012, and 59E-7.014 that will add data element categories, modify definitions of data elements and data elements categories, modify data standards, and modify the

media to be used to report patient data. The agency is proposing an amendment to rule 59E-7.016 that eliminates the requirement that each hospital install and use data processing edits supplied by the agency.

**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST:** None 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:** 408.061(1)(e), 408.15(8) FS.

**LAW IMPLEMENTED:** 408.061, 408.08(1), 408.08(2), 408.15(11) FS.

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

**TIME AND DATE:** 10:00 a.m., April 3, 2001

**PLACE:** Agency for Health Care Administration, Building 3, First Floor Conference Room, 2727 Mahan Drive, Tallahassee, Florida 32308

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS:** Jerry Mayer, Bureau Chief, State Center for Health Statistics, Building 3, 2727 Mahan Drive, Tallahassee, Florida 32308

**THE FULL TEXT OF THE PROPOSED RULES IS:**

59E-7.011 Definitions.

As used in Rules 59E-7.011 through 59E-7.016, F.A.C.:

(1) through (3) No change.

(4) "Inpatient" means a patient who has an admission order given by a licensed physician or other individual who has been granted admitting privileges by the hospital. ~~This shall include obstetric patients who experience a length of stay of twenty four hours or less. Observation Short stay and observation patients are excluded unless they are admitted.~~

(5) ~~"Groups 1 Through 7 — General, Short-term Acute Care" means any establishment that offers services more intensive than those required for room, board, personal services, and general nursing care, and offers facilities and beds for use beyond 24 hours by individuals requiring diagnosis, treatments, or care for illness, injury, deformity, infirmity, abnormality, disease, or pregnancy; diagnostic radiology services; clinical laboratory; and treatment facilities for surgery or obstetrical care, or other definitive medical treatment of similar extent (s. 395.002(12)(a) & (b), F.S.).~~

(6) ~~"Group 8 — Teaching Hospital" means any hospital formally affiliated with an accredited medical school that exhibits activity in the area of medical education as reflected by at least seven different resident physician specialties and the presence of 100 or more resident physicians.~~

(7) "Group 9 — Family Practice Teaching Hospital" means a freestanding, community-based hospital licensed under this chapter that offers a 3-year family practice residency program accredited through the Residency Review Committee of the Accreditation Council of Graduate Medical Education or the Postdoctoral training of the American Osteopathic Association.

(8) "Group 12 — Specialty Rehabilitation Hospital" means a hospital in grouping 12 of the Agency's hospital peer grouping and a hospital certified by Medicare as a long-term care hospital.

(9) "Group 13 — Long-term Psychiatric" means a facility which provides acute or subacute psychiatric care with an average length of stay (ALOS) exceeding 60 days.

(10) "Group 14 — Specialty Hospital" means any facility which meets the provisions of 59E-7.011(5), and which regularly makes available either the range of services offered by a general hospital, but restricted to a defined age or gender group of the population; or a restricted range of services appropriate to the diagnosis, care, and treatment of patients with specific categories of medical or psychiatric illnesses or disorders (s. 395.002(14)(a), (b), F.S.).

(11) "Groups 15 through 17 — Short-term Psychiatric Hospital" means a facility which provides acute or subacute psychiatric care with an average length of stay (ALOS) not exceeding 60 days.

(5)(12) "Newborn" means a newborn baby born within the facility or the initial admission of an infant to any acute facility within 24 hours of birth.

(13) "Premises" means those buildings, beds and equipment located at the address of the licensed facility and all other buildings, beds, and equipment for the provision of hospital care located in such reasonable proximity to the address of the licensed facility as to appear to the public to be under the dominion and control of the licensee.

(14) "UPIN" means Unique Physician Identifier Number.

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History—New 12-15-96, Amended \_\_\_\_\_.

59E-7.012 Reporting and Audit Procedures.

(1) All acute care hospitals and all short term psychiatric hospitals (hereinafter referred to as "hospital/hospitals"), in operation for all or any of the reporting periods described in Rule 59E-7.012(5)(2) below, shall submit hospital inpatient discharge data in a format consistent with requirements of Rules 59E-7.011 through 59E-7.016 to the Agency following the provisions of this Rule, commencing with discharges for the 1st quarter 1997 (01/01/97 — 03/31/97).

(2) For purposes of submission of hospital inpatient discharge data, hospital shall be any hospital licensed under Chapter 395, Florida Statutes except state-operated hospitals, long-term psychiatric hospitals with an average length of stay exceeding 60 days and comprehensive rehabilitation hospitals as defined in 59A-3.201, F.A.C. in the following groups as set

out in the Florida Hospital Uniform Reporting System Manual: Groups 1 through 9, 12 through 17, and any new hospital assigned to these groups as defined in 59E-7.012. Additionally, long-term psychiatric hospitals, Group 13 in the Florida Hospital Uniform Reporting Manual, are required to submit aggregated data following the format and context as presented in the Psychiatric Reporting Format AHCA PSY III dated 9/12/88 and herein incorporated by reference.

(3) Each hospital premises shall submit a separate report for each location per 59A-3.203, F.A.C. report separately, as set forth in Rules 59E-7.012 and 59E-7.014, F.A.C.

(4) through (6) No change.

(7) Failure to file the report on or before the due date without an extension, and failure to correct a report which has been filed but contains errors or deficiencies within 10 working days from notification of errors or deficiencies, is punishable by fine pursuant to Rule 59E-7.013. The agency shall send notification of errors or deficiencies by certified mail, electronic mail, or FAX.

(8) Beginning with the inpatient data report for the 1st Quarter of the year 2000 (January 1, 2000 through March 31, 2000), reporting facilities shall submit inpatient discharge reports in one of the following formats except that on or after January 1, 2002, data tapes must not be used:

(a) No change.

(b) 1. through 2. No change.

3. The data in the text file shall contain the same data elements and codes, the same record layout and meet the same data standards required for tapes or diskettes mailed to the agency as described comply with the formatting requirements specified in Rules 59E-7.014 and 59E-7.016.

(c) through (d) No change.

(9) All hospitals submitting data in compliance with Rules 59E-7.011 through 59E-7.014 shall certify that the data submitted for each quarter is accurate, complete, and verifiable using Certification Form for Inpatient Discharge Data, AHCA Form 4200-002, dated 10/93 and incorporated by reference. AHCA Form 4200-002 can be obtained from the Agency's office at the Agency for Health Care Administration, State Center for Health Statistics, ~~Hospital Patient Data Section~~, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308. The completed Certification Form for Inpatient Discharge Data shall be submitted to the Agency's office at the above address or shall be submitted by electronic mail to SCHSdata@fdhc.state.fl.us using an Agency authorized digital signature.

(10) through (11) No change.

(12) The agency shall to the extent practical, apply the same audit standards and use the same audit procedures for all hospitals or audit a random sample of hospitals. The agency will notify each hospital of any possible errors discovered by audit and request that the hospital either correct the data or verify that the data is complete and correct. The notice shall

indicate that the hospital must return corrected data if there are errors and certify the data within ninety (90) days of receipt of the notice, or the hospital Chief Executive Officer must verify by signature that the previously submitted and certified data is complete and correct within ninety (90) days of receipt of the notice. The notice shall clearly indicate that the hospital may be subject to penalties pursuant to Rule 59E-7.013. The agency shall not conduct a desk audit or a field audit of a report more than thirty-six (36) months following the initial submission of data.

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.08(1), 408.08(2)(~~3~~), 408.15(11) FS. History—New 12-15-96, Amended 1-4-00.

#### 59E-7.014 Data Elements and Formatting Requirements.

(1)(a)1. through 6. No change.

7. AHCA Hospital Number: Valid for up to ten alphanumeric characters, ~~field; however, use the six digit or eight digit~~ Report the AHCA approved hospital identification number assigned for AHCA reporting purposes. ~~Multi-premises hospital systems are required to submit hospital inpatient data separately using a unique AHCA Hospital number to denote each individual premises. Right Left~~ justify, zero fill unused spaces. A required field; file is rejected if missing or wrong.

8. through 19. No change.

(b)1. through 4. No change.

5. AHCA Hospital Number: Valid for up to ten alphanumeric characters, ~~digits; however, use the six digit or eight digit~~ Report the AHCA approved hospital identification number assigned for AHCA reporting purposes. ~~Right Left~~ justified; zero fill unused spaces. A required field; must be submitted for the hospital submission to run.

6. No change.

7. Inpatient Social Security Number. The social security number (SSN) of the inpatient receiving treatment/services during this hospital stay. A nine digit numeric field to facilitate retrieval of individual case records, to be used to track inpatient readmissions, and for epidemiological or demographic research use. A SSN is required for each inpatient record ~~if the patient is indicating an inpatient of the age of two years of age or 1-year and older except in cases of very old persons never issued a SSN, foreign visitors (including illegal aliens), and migrant workers (non-citizens). One SSN; one inpatient. DO NOT share SSNs in this field. (See also provisions in 59E-7.014(3)(b)7.)~~

8. Inpatient Race. A one digit code as follows:

- 1 – American Indian/Eskimo/Aleut
- 2 – Asian or Pacific Islander
- 3 – Black
- 4 – White
- 5 – Hispanic – White
- 6 – Hispanic – Black

7 – Other (Use if patient is not described by above categories. ~~If none of the above~~)

8 – No Response (Use if patient refuses to disclose. ~~Valid only if data is not available~~)

9. No change.

10. Inpatient Sex. A one digit code as follows:

- 1 – Male
- 2 – Female
- 3 – Unknown (Use if unknown due to medical condition.)
- 11. through 15. No change.

16. Inpatient Discharge Status. A two digit code as follows:

- 01 – Discharged Home
- 02 – Discharged to a short-term general hospital
- 03 – Discharged to a skilled nursing facility
- 04 – Discharged to an intermediate care facility
- 05 – Discharged to another type of institution
- 06 – Discharged to home under care of home health care organization
- 07 – Left this hospital against medical advice (AMA)
- 08 – Discharged home on IV medications
- 20 – Expired
- 50 – Discharged to hospice – home (Required for discharges occurring on or after January 1, 2003.)
- 51 – Discharged to hospice – medical facility (Required for discharges occurring on or after January 1, 2003.)

17. Principal Payer Code. A one character alpha field as follows:

- A – Medicare
- B – Medicare HMO
- C – Medicaid
- D – Medicaid HMO
- E – Commercial Insurance
- F – Commercial HMO
- G – Commercial PPO
- H – Workers' Compensation
- I – ~~CHAMPUS~~ Champus
- J – VA
- K – Other State/Local Government
- L – Self Pay/Under-insured (no third party coverage or less than 30% estimated insurance coverage)
- M – Other
- N – Charity
- O – KidCare (Report Healthy Kids, MediKids and Children Medical Services, excluding Medicaid. Required for discharges occurring on or after January 1, 2003.)

18. through 39. No change.

40. ~~Blank Field. Attending Physician UPIN (Optional). An optional Unique Physician Identifier Number (UPIN), which is required by Medicare authorities. A six character~~

alpha-numeric field to be left blank. ~~Submission is discretionary but does not replace the physician license number which is required in Element 39.~~

41. No change.

42. ~~Blank Field. Operating Physician UPIN (Optional). An optional Unique Physician Identifier Number (UPIN), which is required by Medicare authorities. A six character alphanumeric field to be left blank. Submission is discretionary but does not replace the physician license number which is required in Element 41.~~

43. through 67. No change.

68. ~~Infant First Year Linkage Identifier. A required field for patients less than two (2) years of age newborn birth and infant identification with the baby's mother up to the first year of life. A nine digit numeric field. Use use the birth mother's (preferred) or father's (acceptable) SSN. CAUTION: If the patient not reporting a birth or infant is two (2) years over one (1) year of age or older, this field is zero filled. To be used only for research purposes to link infants with their respective mother. (Linkage identifiers for infants one year of age and older and less than two years are required beginning with discharges occurring on or after January 1, 2003.)~~

69. No change.

(c) No change.

(2)(a) No change.

(b)1. through 39. No change.

40. ~~BLANK FIELD ATTENDING PHYS UPIN A/N L 6 185-190.~~

41. No change.

42. ~~BLANK FIELD OPERATING PHYSICIAN UPIN A/N L 6 202-207~~

43. through 67. No change.

68. ~~INFANT FIRST YEAR LINKAGE IDENTIFIER N R 9 410-418~~

69. No change.

(c) No change.

(3)(a) No change.

(b)1. through 6. No change.

7. The Social Security Number (SSN) is a nine (9) digit required field for all inpatients having social security numbers. ~~Since all United States citizens one (1) year of age and older are required to have SSNs for tax exemption purposes, SSNs should be submitted for all inpatients two (2) years one (1) year of age or older. Patients inpatients not having SSNs should be in one of the following groups: newborns and infants (i.e., less than 2 years 1 year of age), very old inpatients never issued a SSN, foreign visitors (including aliens), and migrant workers (i.e., non-citizens). An entry of 000000000 SSN-000-00-0000 is acceptable for patients less than newborns up to two (2) years one (1) year of age who do not have an SSN. For patients not from the U.S., use 555555555 555-55-5555, if a SSN one is not assigned. For those patients where all efforts have been~~

~~made to obtain the SSN have been unsuccessful or where one is unavailable, and but the patient is over the age of two (2) years or older one (1) year and a resident of the U.S., use 77777777 777-77-7777. Unknown SSN (777-77-7777) must not exceed five (5) percent of the total records per report period. DO NOT share SSNs in this field; one SSN – one inpatient. The use of "Other" for SSNs will trigger an edit of data, and will result in a partially rejected record if the total meets or exceeds 5% of discharges.~~

8. Inpatient Race is a single digit entry showing: 1 – American Indian/Eskimo/Aleut, 2 – Asian or Pacific Islander, 3 – Black, 4 – White, 5 – Hispanic-White, 6 – Hispanic-Black, 7 – Other (Use if patient is not described by above categories To be used only if none is known), 8 – No Response (Use if patient refuses to disclose if the inpatient refuses the information). For use by AHCA as demographic and epidemiological information, and health planning. Not an optional field.

9. through 10. No change.

11. A valid Inpatient Zip Code is required; must be five digits. Use Zip Code 00009 for patients inpatients of foreign origin. Use the Zip Code 00007 22222 for homeless patients; those having no permanent Zip Code. Use Zip Code 00000 for unknown zip codes. ~~The Zip Code field will be edited and if the total of Zip Code 00000 to 22222 equals or exceeds 1% of total discharges for either of these entries, the hospital file will be error flagged for rejection if not corrected or validated. Spaces are not acceptable.~~

12. through 15. No change.

16. Inpatient Discharge Status is a required field; must be two digits using the codes 01-08, ~~or~~ 20, or 50-51 (59E-7.014(1)(b)16.).

17. Principal Payer Code is a required field; must be a single alpha character (UPPERCASE), A – Q M. Describes the primary source of expected reimbursement to the hospital for services.

18. through 39. No change.

40. ~~Blank Field is a blank fill entry. The Attending Physician Unique Physician Identification Number (UPIN) is a six character alphanumeric field. The UPIN is an identifier issued by the Health Care Finance Administration (HCFA) for Medicare purposes. Submission of this entry is optional at the discretion of the hospital. Data will be used by AHCA only to develop a "crosswalk" identification number between Florida licensed numbers and the UPIN. Space filled if a UPIN is not submitted. Cannot be used in lieu of the Physician Florida License Number required in field 42.~~

41. No change.

42. ~~Blank Field is a blank fill entry. A new field, the Operating Physician Unique Physician Identification Number (UPIN) is a six character alphanumeric field. The UPIN is an identifier issued by the Health Care Finance Administration (HCFA) for Medicare purposes. Submission of this entry is~~

optional at the discretion of the hospital. Data will be used by the AHCA only to develop a "crosswalk" identification number between Florida license numbers and the UPIN. Space fill if a UPIN is not submitted. Cannot be used in lieu of the Operating Physician Florida License Number required in field 44.

43. through 67. No change.

68. ~~Infant Newborn~~ Linkage Identifier is a required field; of nine numeric digits for patients less than two (2) years of age. Enter the birth mother's Social Security Number or if the birth mother's Social Security Number is not available, enter the father's Social Security Number in the Infant Linkage Identifier field for any birth which occurs in the hospital. Use the mother's SSN only in this field, and if the patient is a newborn Type of Admission 4 (birth) or an infant up to one (1) year of life. For patients not from the U.S., use 555555555, if a SSN is not assigned. For patients in the custody of the State or adoptions, use 333333333 if the birth mother's or father's SSN is not available. Use 999999999 999-99-9999 in the Infant Linkage Identifier field for unknown ~~or unreportable~~ mother's and father's SSN (i.e., adoptions). If the patient is ~~not a newborn (Type of Admission 4) or age is greater than two (2) years of age or older one (1) year~~, the field is zero filled.

69. No change.

(c) No change.

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History—New 12-15-96, Amended.

59E-7.016 General Provisions.

(1) through (2) No change.

~~(3) Hospitals are required to enter the full set of the AHCA programming edits on their data processing systems to be used as an integral part of the processing cycle prior to submitting their quarterly data to the AHCA. Edits will be provided to hospitals or vendors/corporate offices in hard copy printouts for installation into data processing systems. If hospitals utilize an outside service for data processing or have their data prepared by a corporate office, they are responsible for notifying their service of the requirement to install the edits, and to provide the service office with a copy of the AHCA edits. Failure to install and utilize the edits will result in the initiation of legal action.~~

~~(3)(4)~~ No change.

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History—New 12-15-96, Amended.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Jerry Mayer, Bureau Chief, State Center for Health Statistics  
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Ruben J. King-Shaw, Jr., Secretary, Agency for Health Care Administration  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 7, 2001

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 15, 2000

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

RULE TITLE: Medicaid Certified School Match Program  
RULE NO.: 59G-4.035

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Certified School Match Program Coverage and Limitations Handbook, August 2000. The effect will be to incorporate by reference in the rule the current Florida Medicaid Certified School Match Program Coverage and Limitations Handbook.

SUMMARY: This proposed rule would incorporate by reference the current Florida Medicaid Certified School Match Coverage and Limitations handbook.

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: 236.0812, 409.905, 409.906, 409.9071, 409.908, 409.9122, 409.9126 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. (EST), March 26, 2001

PLACE: Ft. Knox Office Complex, Building 3, Conference Room C, 2727 Mahan Drive, Tallahassee, Florida 32308

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kim Corsmeier, Medicaid Program Development, P. O. Box 12600, Tallahassee, Florida 32317-2600, (850)922-7318

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-4.035 Medicaid Certified School Match Program.

(1) This rule applies to all school districts enrolled in the Medicaid certified school match program, as described in 409.9071, F.S.

(2) All school district providers enrolled in Medicaid under the certified school match program must be in compliance with the Florida Medicaid Certified School Match Program Coverage and Limitations Handbook, August 2000 ~~August 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 236.0812, 409.905, 409.906, 409.9071, 409.908, 409.9122, 409.9126 FS. History—New 4-9-98, Amended 11-23-99.

NAME OF PERSON ORIGINATING PROPOSED RULE: Kim Corsmeier  
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Ruben J. King-Shaw, Jr., Secretary  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 12, 2001  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 29, 2000

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

DOCKET NO.: 01-20R

RULE CHAPTER TITLE: Total Maximum Daily Loads  
RULE CHAPTER NO.: 62-304

RULE TITLES: Definitions  
RULE NOS.: 62-304.200

Total Maximum Daily Loads in the Southeast Florida District 62-304.700

PURPOSE AND EFFECT: The purpose of the proposed rule is to establish a total maximum daily load for total phosphorus for Lake Okeechobee. The proposed rule established the total maximum daily load as 140 metric tons per year of total phosphorus. It also includes the allocation, implementation, and management strategy needed to achieve the total maximum daily load. The rule states that the TMDL is to be re-evaluated in 5 years from the effective date of this rule.

SUMMARY: According to 403.067, Florida Statutes, a phosphorus total maximum daily load is to be established for Lake Okeechobee. In November 1999, the Department initiated the rulemaking process. In February 2000, the Department established a technical advisory committee of expert scientists. The technical advisory committee met 7 times over the last year, as public workshops, to discuss technical issues associated with the development of the TMDL, including the in-lake restoration target, role of the sediments in phosphorus cycling, changes in the apparent assimilative capacity of the lake, and the development and evaluation of models appropriate for TMDL development.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: The Department is preparing a Statement of Estimated Regulatory Cost (SERC) for the proposed Chapter 62-304.700(1): Total Maximum Daily Loads for phosphorus for Lake Okeechobee.

In accordance with 120.541, F.S., the SERC will provide estimates of the costs of compliance to regulated entities, and the estimated costs of rule implementation by DEP, the South Florida Water Management District, and other government agencies.

Due to the relative scarcity of information on the costs and effectiveness of phosphorus control measures from agricultural nonpoint sources, the Department expects the estimates of compliance costs to be preliminary in nature and subject to change as more data become available.

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: 403.061, 403.067 FS.

LAW IMPLEMENTED: 373.4595, 403.031, 403.061, 403.062, 403.067 FS.

IF REQUESTED IN WRITING 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. – 11:00 a.m., April 9, 2001

PLACE: Florida Department of Environmental Protection, Conference Room A, Douglas Building, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000

If accommodation for a disability is needed to participate in this activity, please notify the Personnel Services Specialist in the Bureau of Personnel, (850)488-2996 or 1(800)955-8771 (TDD), at least seven days before the meeting.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Kim Shugar, Florida Department of Environmental Protection, Division of Water Resource Management, 2600 Blairstone Road, Mail Station 3560, Tallahassee, FL 32399-2400, telephone (850)921-9395, Suncom 291-9395, Fax (850)488-4358

THE FULL TEXT OF THE PROPOSED RULES IS:

62-304.200 Definitions.

Total Maximum Daily Loads (TMDLs) shall be defined as set forth in s. 403.031, F.S.

Specific Authority 403.061, 403.067 FS. Law Implemented 403.031, 403.061, 403.062, 403.067 FS. History—New

62-304.700 Total Maximum Daily Loads in the Southeast Florida District.

Lake Okeechobee

(1) The Total Maximum Daily Load for total phosphorus for Lake Okeechobee shall be 140 metric tons, including atmospheric deposition. Attainment of the TMDL shall be calculated using a 5-year rolling average of the monthly loads calculated from measured flow and concentration values.

(a) Implementation shall be in accordance with 373.4595, F.S.

(b) Management strategies shall be implemented in a phased approach.

