

Section I Notices of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF TRANSPORTATION

RULE CHAPTER TITLE: Florida’s Highway Guide
Sign Program

RULE CHAPTER NO.: 14-51

RULE TITLES: Definitions
Standards
Design
Installation

RULE NOS.: 14-51.011
14-51.051
14-51.052
14-51.053

PURPOSE AND EFFECT: This amendment creates a Part V Wayfinding Signs. New definitions are added to Rule 14-51.011, F.A.C., and three new rules are established in a new Part V.

SUBJECT AREA TO BE ADDRESSED: This amendment creates a Part V Wayfinding Signs.

SPECIFIC AUTHORITY: 316.0745 FS.

LAW IMPLEMENTED: 316.0745 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: James C. Myers, Clerk of Agency Proceedings, Florida Department of Transportation, Office of the General Counsel, 605 Suwannee Street, Mail Station 58, Tallahassee, Florida 32399-0458

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

14-51.011 Definitions.

As used in this rule chapter, the following words and phrases shall have the following meanings.

(1) “Applicant” means the person or entity seeking permission for a sign under this rule chapter.

(2) “Department” means the Florida Department of Transportation.

(3) “Enhancement Marker” means a sign or portion of a sign where shape, color, or pictograph is used as an aesthetic identifier for the Wayfinding Sign.

(4) “FHWA” means the Federal Highway Administration.

~~(5)(3)~~ “Guide Sign” means a sign that shows route designations, destinations, directions, distances, services, points of interest, or other geographical, recreational, or cultural information.

~~(6)(4)~~ “Limited Access Facility” means as defined in Section 334.03(13), Florida Statutes.

~~(7)(5)~~ “Manual on Uniform Traffic Control Devices (MUTCD)” is a federal publication, which is incorporated by reference under Rule 14-15.010, F.A.C., and is used to establish the uniformity of traffic control devices, such as sign placement, color of sign backgrounds and letters, and sign messages. The Department has adopted the use of this manual in order to provide a uniform system of traffic control devices on the State Highway System.

~~(8)(6)~~ “Non-Limited Access Facility” means an arterial or collector road as these terms are defined in Sections 334.03(1) and (4), Florida Statutes, respectively, and which is not a limited access facility.

(9) “Pictograph” means the distinctive use of color(s), symbol(s), or copy that is used as a brand identifier for Wayfinding Sign system areas and attractions. They are non-commercial graphics as opposed to commercial logos.

(10) “Official Traffic Control Devices” means as defined in Section 316.003(23), Florida Statutes.

~~(11)(7)~~ “Place Name Sign” means a sign identifying the geographic boundary of a city or county, lying on or along a road on the State Highway System.

~~(12)(8)~~ “Rural Interchange” means a grade separated intersection between streets or roadways outside the limits of any urban or urbanized area, as such areas are defined both in Sections 334.03(32) and (36), Florida Statutes. Where either the immediate right of way of a limited access facility or the right of way of an intersecting roadway is within the boundary of an urban or urbanized area, the interchange or intersection shall be considered urban.

~~(13)(9)~~ “Sign” means any traffic control device that is intended to communicate specific information to road users through a word or symbol legend. Signs do not include traffic control signals, pavement markings, delineators, or channelization devices.

~~(14)(10)~~ “Supplemental Guide Sign” means a sign placed or erected to provide information regarding destinations accessible from an interchange, other than places shown on the standard interchange signing. The standard guide signs are called “exit direction” signs. These signs usually contain information about the route number, nearest cities, and sometimes the local street name. The purpose of a supplemental guide sign is to provide direction to destinations for motorists unfamiliar with the local area.

~~(15)(11)~~ “Tourist Attraction” means facilities that principally provide recreation, amusement, or leisure activities to the general public, with the majority of its visitors not residing in the immediate area of the attraction, and traveling over 100 miles to enjoy what the facility offers. Tourist attractions are publicly or privately owned, but derive the major portion of their income from these non-resident visitors.

~~(16)~~(12) “Trailblazers” means signs erected at strategic locations, usually along major urban arterials in conjunction with the signing of a major destination, tourist attraction, or general service facility on a limited access facility.

~~(17)~~(13) “Unincorporated Area” means as defined in Section 153.53(1), Florida Statutes.

(18) “Wayfinding Signs” means a directional sign that guides the traveling public to key civic, cultural, visitor, and recreational destinations within a specific region.

Specific Authority 316.0745 FS. Law Implemented 316.0745 FS. History—New 3-27-05, Amended _____.

PART V WAYFINDING SIGNS

14-51.051 Standards.

(1) This section will provide statewide criteria for Wayfinding Signs to be installed on the State Highway System.

(2) All regulatory, warning, and general service signs shall conform to the MUTCD.

(3) On the State Highway System, destinations shown on Wayfinding Signs shall meet the criteria established in Rule 14-51.030, F.A.C.

(4) Communities eligible for Wayfinding Signs shall be on the Official Florida Transportation Map. Wayfinding Signs for either an incorporated or unincorporated area not appearing on the Official Florida Transportation Map are eligible upon written request of the local government with jurisdiction. Such requests shall follow the process outlined in subsection 14-51.041(2), F.A.C.

(5) Existing Wayfinding Signs that have previously been installed on the State Highway System shall be allowed to remain until January 1, 2012. As of that date, all existing Wayfinding Signs that are on the State Highway System, and which are not in compliance with this rule chapter, must have been removed or be brought into compliance.

(6) Wayfinding Signs are not allowed within the right of way of limited access facilities, including ramps and frontage roads. Concerns regarding possible directional signing confusion from limited access facilities ramps and frontage roads shall be addressed by the appropriate District Traffic Operations Engineer.

(7) Wayfinding Signs shall be designed, installed, and maintained in accordance with the standards referenced in subsection 14-51.014(8), F.A.C.

(8) The planning, design, installation, and maintenance of all Wayfinding Signs and their assemblies is the responsibility of the local government with jurisdiction, even on the State Highway System.

Specific Authority 316.0745 FS. Law Implemented 316.0745 FS. History—New _____.

14-51.052 Design.

(1) Red, yellow, orange, or fluorescent yellow-green shall not be used as background colors for Wayfinding Signs in order to minimize confusion with regulatory, warning, or construction signs.

(2) Background colors, other than those stated in subsection 14-51.052(1), F.A.C., shall be allowed on Wayfinding Signs.

(3) A minimum contrast value of legend color to background color of 70 percent is required for Wayfinding Signs (ADA minimum contrast value).

(4) Enhancement markers shall be allowed as a means of aesthetically identifying the Wayfinding Signs. The size and shape of an enhancement marker shall be smaller than the Wayfinding Signs in order not to create confusion for motorists as a traffic control device.

(5) A pictograph shall be incorporated into the overall design of a Wayfinding Sign.

(6) There shall be a maximum of three destinations shown on each Wayfinding Sign.

(7) All lettering used on Wayfinding Signs on the State Highway System must be highway gothic fonts or other FHWA approved fonts. If the local government with jurisdiction proposes the use of other non-approved fonts, then the local government with jurisdiction shall provide published research that defines the legibility of the non-standard highway fonts relative to the Standard Highway Signs Alphabet. This shall be done when the local government with jurisdiction submits its Wayfinding Signing Master Plan to the Department for review.

(8) The minimum lettering size on Wayfinding Signs shall be 4-inch.

(9) Arrows shown on Wayfinding Signs shall be designed in accordance with Section 2D.08 of the MUTCD. The positioning of arrows relative to the destinations shown shall comply with Section 2D.34 of the MUTCD.

(10) Wayfinding Signs and their supporting structures shall be designed, constructed, and installed to meet the Department’s clear zone and safety criteria including breakaway features. The design shall be signed and sealed by a Professional Engineer registered in the State of Florida.

(11) Sign panels shall be reflective and in accordance with Section 994 (Retroreflective and Nonreflective Sign Sheeting) of the *Standard Specifications for Road and Bridge Construction 2004* referenced in subsection 14-51.014(8), F.A.C.

Specific Authority 316.0745 FS. Law Implemented 316.0745 FS. History—New _____.

14-51.053 Installation.

(1) The local government with jurisdiction shall submit a Wayfinding Signing Master Plan to the appropriate District Traffic Operations Office for review.

(2) After review by the appropriate District Traffic Operations Office, the Wayfinding Signing Master Plan shall be sent to the Central Traffic Engineering and Operations Office where they will assist the local government, or their representative, to prepare and submit a FHWA Request to Experiment.

(3) Once the FHWA has approved the Request to Experiment, Wayfinding Signs may be installed on the State Highway System through the Department’s permit process.

Specific Authority 316.0745 FS. Law Implemented 316.0745 FS. History--New _____.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection’s home page at <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

DEPARTMENT OF CORRECTIONS

RULE TITLE: Donations
 RULE NO.: 33-501.402

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to provide a process for making donations to and acceptance of donations by the Department of Corrections.

SUBJECT AREA TO BE ADDRESSED: Donations.

SPECIFIC AUTHORITY: 944.09 FS.

LAW IMPLEMENTED: 20.315, 273.01, 273.02, 273.03, 273.04, 570.545, 944.09, 944.11, 944.37, 944.802 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Perri King Dale, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-501.402 Donations.

(1) Definitions.

(a) Designee: refers to the employee appointed by the warden or circuit administrator who is responsible for accepting donations.

(b) Donation: refers to the gift or contribution of tangible personal property for the benefit and use of the department. It does not include donations of volunteer services or materials provided by other state agencies.

(c) Foundation: refers to the Corrections Foundation, Inc., which is the tax exempt non-profit direct support organization for the Florida Department of Corrections authorized by Section 944.802, F.S. The foundation is organized and operated to conduct programs and activities; initiate developmental projects; raise funds; request and receive grants, gifts, and bequests of funds; acquire, receive, hold, invest, and administer, in its own name, securities, funds, objects of value, or other property, real or personal; and make expenditures to or for the direct or indirect benefit of the department.

(d) Immediate family: refers to an inmate’s spouse, children, stepchildren, parents, stepparents, foster parents, brothers, sisters, half-brothers, half-sisters, stepbrothers, stepsisters, grandparents, great grandparents, grandchildren, brothers-in-law, sisters-in-law, mothers-in-law, fathers-in-law, sons-in-law, and daughters-in-law.

(e) Public performance: refers to the performance or display of a work at a place open to the public or at any place where a substantial number of persons outside of a normal circle of a family and its social acquaintances is gathered, or the transmission or communication of a performance or display of a work to a place specified or to the public by means of any device or process, whether the members of the public capable of receiving the performance or display receive it in the same place or in separate places and at the same time or at different times.

(f) Public performance license: refers to a document that transfers the exclusive rights of a copyright from the owner of the copyright to another party.

(2) All donations become the property of the department when accepted. The department retains the right to determine the usefulness of the donated item(s) and to dispose of the item(s) in an environmentally safe and legal manner when the item is no longer functional, repairable, or deemed useful to the department.

(3) Receiving Donations.

(a) For all tangible personal property donations, the donor and the designee shall complete Form DC5-156, Property Donations. Form DC5-156, Property Donations, is hereby incorporated by reference. Copies of this form are available from the Forms Control Administrator, Office of Research, Planning and Support Services, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500. The effective date of this form is _____.

(b) Retention and Distribution of Form DC5-156, Property Donations:

1. Except as otherwise provided in this rule, the original copy of the Form DC5-156, Property Donations, shall be retained by the office or program that accepted the donation. A copy of Form DC5-156, Property Donations also shall be given to the donor.

2. If the donated item is transferred to another institution, office or program, a copy of Form DC5-156, Property Donations, shall be provided to the institution, office, or program taking possession of the donation.

(c) If the designee determines that the donated item has a value of \$1000 or more and has an estimated useful life of greater than one (1) year, the designee shall forward a copy of the Form DC5-156, Property Donations, to the Property Section of the Bureau of Finance and Accounting to add the donated item to the department's property inventory.

(d) The warden or circuit administrator shall disapprove a designee's acceptance of a donation if he or she believes:

1. The item poses a potential threat to security or the safety of any person;

2. The item may be misused or is not needed;

3. It shall be too costly to operate or maintain; or

4. Acceptance of donations from a particular donor, or acceptance of particular types of items, poses ethical or legal concerns.

(4) Restrictions on Acceptance of Donations.

(a) Department of Corrections institutions, offices, programs, or staff shall not accept donations of currency. Persons or organizations interested in making currency donations in support of departmental programs or activities shall contact the foundation. The mailing address for the foundation is: Corrections Foundation, Inc., 2601 Blair Stone Road, Tallahassee, FL 32399-2500.

(b) Donations shall not be accepted from offenders, their immediate family, ex-offenders, or any person on the visitation list of an offender under the supervision of the department except:

1. Printed materials for use by inmates;

2. Wellness equipment for use by inmates, other than weight training equipment, including equipment and supplies used in team sports and fitness activities; and

3. Educational materials for use by inmates including instructional materials, equipment, and supplies.

(c) No donations shall be accepted which are designated or restricted for the use or benefit of a particular offender.

(d) Donations of animals will not be accepted without the prior written approval of the appropriate regional director.

(5) A donated item or items may be donated for use that is limited to a particular department or area of a correctional facility.

(6) There is no limit as to the number of item(s) that can be donated to an institution/office or other location.

(7) Donations of audiotapes, videotapes, or other forms of copyrighted non-print media.

(a) An audiotape or videotape shall not be accepted if the subject matter content is not consistent with the security, safety, and rehabilitative concerns of the department.

(b) No donation of films or videos shall be accepted unless the donor provides a public performance license or a legally sufficient written waiver to the department that permits use of the item in public performances.

(c) Audiotapes and videotapes that are accepted as donations shall be used with department-equipment only.

(8) Printed materials and expendable wellness equipment and supplies.

(a) Printed material shall only be accepted if it is admissible pursuant to Rule 33-501.401, F.A.C., and the warden or designee determines that the subject matter is appropriate for inclusion in the institutional library collection and circulation to inmates.

(b) Donations of religious materials shall be maintained and used by chaplaincy services or distributed to the offender population.

(c) Donations of wellness equipment, including equipment and supplies used in team sports and fitness activities, shall be made available to all inmates.

(9) Computer equipment and software.

(a) No donations of computer equipment shall be accepted by the department unless the Office of Information Technology has certified in writing that the equipment is serviceable and meets the minimum standards established by that office. The individual receiving the donated item or items shall contact the Office of Information Technology (OIT) staff to request a work order be completed, and request that an OIT staff member inventory and approve the equipment to be donated.

(b) The department shall not accept any donation of computer software unless the donor has a valid, transferable license and provides the original installation floppy or CD-ROM disk, and license.

(c) Donations of computer equipment and software to the Computers for Florida Kids program shall be made to the department. Persons or organizations interested in donating computer equipment and software to the Computer for Florida Kids program shall contact the foundation.

(10) Donations of vehicles and mobile equipment must be approved by the department's fleet management section and by the Department of Management Services. Wardens or designees who wish to accept vehicle and mobile equipment donations shall contact the fleet management section to secure their approval. If fleet management disapproves the request, the donation shall be refused. If the fleet management section approves acceptance, it shall submit a request for approval to the Department of Management Services. Institutions shall not take agree to accept, or take physical possession of such equipment, until Department of Management Services' approval has been secured.

Specific Authority 944.09 FS, Law Implemented 20.315, 273.01, 273.02, 273.03, 273.04, 570.545, 944.09, 944.11, 944.37, 944.802 FS, History—New

LAND AND WATER ADJUDICATORY COMMISSION

Palm Coast Park Community Development District

RULE CHAPTER TITLE: RULE CHAPTER NO.:

Palm Coast Park Community 42AAA-1
Development District

RULE TITLES: RULE NOS.:

Establishment 42AAA-1.001

Boundary 42AAA-1.002

Supervisors 42AAA-1.003

PURPOSE AND EFFECT: The purpose of this proposed rule is to establish a community development district ("CDD"), the Palm Coast Park Community Development District ("District"), pursuant to Chapter 190, F.S. The amended petition, as supplemented, filed by Florida Landmark Communities, Inc., Palm Coast Land, LLC, and Palm Coast Forest, LLC, requests the Commission establish a community development district located within the City of Palm Coast, Florida. The land area proposed to be served by the District comprises approximately 4,778 gross acres. The land area is generally bounded on the north by Old Kings Road and Ranch House Grade, bounded on the south by Palm Coast Industrial Park and Pine Lakes Industrial Park Phase 2, bounded on the west by the Florida East Coast Railway, and bounded on the east by Belle Terre Parkway and Interstate-95. The following real property is located within the external boundaries of the District and is to be excluded from the District:

a. Parcels owned by the City of Palm Coast:

1011300000010300040

1011300000010300020

0311300000010100010

2810300000010400000

04113000000101000A0

b. Parcels owned by Florida Water Services Corporation:

33103000000103000A1

2810300000010100010

The following real property is located outside the boundaries of the District which are excluded from the District:

a. Parcels owned by Donald L. Deal, Jr.:

2110301400001900080

2110301400001100000

b. Parcel owned by the City of Palm Coast:

1011300000010300030

c. Parcel owned by Palm Coast Community Service Corporation:

1011300000010100050

d. Parcel owned by Frank & Odelle Clegg:

2110301400000100000

e. Parcel owned by David J. & Hazel Cook:

2110300000020400000

f. Parcel owned by Wilda Hargette, et al.:

3310300000010100000

The Petitioner has written consent to establish the District from the landowners of one hundred percent (100%) of the real property located within the proposed District. There are currently three owners of property making up the boundaries of the District. It is estimated that there will be approximately 7,700 residents in the District upon completion of the proposed development. Petitioner notes that actual numbers are difficult to quantify at this point in time. The development plan for the proposed lands within the District also includes 900 acres of commercial, office and industrial development to be divided into 30 to 50 individual parcels. The District, if established, currently intends to participate in the provision of certain infrastructure improvements including water management and control, water supply, sewer, wastewater management, bridges or culverts, roads and street lights, transportation facilities, parking improvements, environmental remediation and cleanup, conservation areas, parks and recreational facilities, fire prevention and control, schools, security, mosquito control, waste collect and disposal, or any other project, within or without the boundaries of the District as required by a development order issued by a local government or subject of an agreement between the District and a governmental entity.

SUBJECT AREA TO BE ADDRESSED: Establishment of the Palm Coast Park Community Development District.

SPECIFIC AUTHORITY: 190.005 FS.

LAW IMPLEMENTED: 190.004, 190.005 FS.

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

TIME AND DATE: 10:00 a.m., Tuesday, May 10, 2005

PLACE: Room 1802M, The Capitol, Tallahassee, Florida 32399-0001

Any person requiring a special accommodation to participate in the workshop because of a disability should contact Barbara Leighty, (850)487-1884, at least three (3) business days in advance to make appropriate arrangements.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Michael D. Chiumento III, Chiumento & Davenport, P.A., 4 Old Kings Road, North, Suite B, Palm Coast, Florida 32137, (386)445-8900; Barbara Leighty, Florida Land and Water Adjudicatory Commission, Office of Policy and Budget, Executive Office of the Governor, The Capitol, Room 1801, Tallahassee, Florida 32399-0001, (850)487-1884

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

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: RULE NO.:

Medicaid Provider Reimbursement 59G-4.002

PURPOSE AND EFFECT: Rule 59G-4.002, F.A.C., incorporates by reference update April 2005 to the Florida Medicaid Provider Reimbursement Schedule. The reimbursement schedule was updated to include a ten percent reduction in Independent Laboratory fees effective for dates of service beginning April 1, 2005. The reduction was mandated by the Florida Legislature because no contract will be in place by April 1, 2005. Conference Report HB 1835 – FY 2004-2005, line 210 reads, “If by April 1, 2005, because of litigation or for other reasons, the agency has been unable to enter into a risked-based contract with a single or multiple independent laboratories where Medicaid payment is made on a per eligible per month basis, the agency shall reduce all Medicaid fees for all independent laboratory procedures by 10 percent.”

SUBJECT AREA TO BE ADDRESSED: Medicaid Provider Reimbursement.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.906, 409.908 FS.

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

TIME AND DATE: 2:00 p.m., Monday, May 2, 2005

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Mail Stop 20, Conference Room D, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Susan Rinaldi, Bureau of Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7308

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.002 Medicaid Provider Reimbursement.

Medicaid providers who provide the following services and their billing agents who submit claims on behalf of an enrolled Medicaid provider must be in compliance with the provisions of the Florida Medicaid Provider Reimbursement Schedule, January 2005, updated April 2005: advanced registered nurse practitioner, birth center, chiropractic, dental, hearing, independent laboratory, licensed midwife, optometric, outpatient hospital laboratory, physician, physician assistant, podiatry, portable x-ray, registered nurse first assistant, and visual.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.906, 409.908 FS. History–New _____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Veterinary Medicine

RULE TITLE: Continuing Education Standards
RULE NO.: 61G18-16.003

PURPOSE AND EFFECT: The Board proposes to review new amendments to determine whether necessary.

SUBJECT AREA TO BE ADDRESSED: Requirements for registration of continuing education providers and for continuing education course approval.

SPECIFIC AUTHORITY: 474.206, 474.211 FS.

LAW IMPLEMENTED: 474.211 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Juanita Chastain, Executive Director, Board of Veterinary Medicine, Northwood Centre, 1940 N. Monroe Street, Tallahassee, Florida 32399-0750

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

61G18-16.003 Continuing Education Standards.

(1) through (3) No change.

(4) Beginning on May 31, 2006, each provider, unless exempted by rule, shall be registered with the Board. The fee for such registration shall be \$200 and such registration must be renewed by May 31 of every other even numbered year.

(5) Course approval shall expire four (4) years from the date of approval. Continuing education providers shall reapply for approval of any course that has expired by complying with Rule 61G18-16.0035, F.A.C.

Specific Authority 474.206, 474.211 FS. Law Implemented 474.211 FS. History–New 12-10-81, Amended 8-15-84, 5-7-85, Formerly 21X-16.03, Amended 10-14-86, 3-26-90, Formerly 21X-16.003, Amended 8-18-94, 2-6-95, 7-4-95, 12-30-97, 7-13-04, _____.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection’s home page at <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

DEPARTMENT OF HEALTH

Board of Dentistry

RULE TITLE: Disciplinary Guidelines
RULE NO.: 64B5-13.005

PURPOSE AND EFFECT: The Board proposes to review the rules to determine whether amendments are necessary.

SUBJECT AREA TO BE ADDRESSED: Disciplinary guidelines for practice violations.

SPECIFIC AUTHORITY: 456.079(1) FS.

LAW IMPLEMENTED: 456.072(2)(d), 456.079(1), 466.028 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Sue Foster, Executive Director, Board of Dentistry/MQA, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258
THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

**Section II
Proposed Rules**

DEPARTMENT OF EDUCATION

State Board of Education

RULE TITLE: The Dale Hickam Excellent Teaching Program
RULE NO.: 6A-10.060

PURPOSE AND EFFECT: This amendment is to amend one of the qualifications for who may be certified as eligible for the fee subsidies, incentives and bonuses under Section 1012.72, Florida Statutes. The qualification relating to discipline of a teacher certificate will now only exclude those whose certificate has been disciplined within the five years prior to certification by the district pursuant to Section 1012.72(2)(c), Florida Statutes.

SUMMARY: This amendment is to amend one of the qualifications for who may be certified as eligible for the fee subsidies, incentives and bonuses under Section 1012.72, Florida Statutes. The qualification relating to discipline of a teacher certificate will now only exclude those whose certificate has been disciplined within the five years prior to certification by the district pursuant to Section 1012.72(2)(c), Florida Statutes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 1012.72(4), 1001.02(2)(n) FS.

LAW IMPLEMENTED: 1012.72 FS.

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

TIME AND DATE: 9:00 a.m., May 17, 2005

PLACE: 325 West Gaines Street, Tallahassee, Florida 32399

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Michael Kooi, Assistant General Counsel, Department of Education, 325 West Gaines Street, Room 1242, Tallahassee, Florida, (850)245-0442

THE FULL TEXT OF THE PROPOSED RULE IS:

6A-10.060 The Dale Hickam Excellent Teaching Program.

(1) Eligibility for payment(s) of the certification fee subsidy, teaching salary bonus, and mentoring salary bonus, pursuant to Section 1012.72, Florida Statutes, requires the following:

(a) through (e) No change.

(f) Holding a valid Florida educator’s certificate that has not never been subject to discipline as the result of a final order of the Education Practices Commission after a formal, informal, or show cause hearing or settlement agreement within the five (5) years immediately prior to the district’s certification pursuant to Section 1012.72(2)(c), Florida Statutes.

(2) through (8) No change.

Specific Authority 1012.72 FS. Law Implemented 1012.72 FS. History–New 7-12-99, Amended 5-29-00, 5-25-04,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Michael Kooi, Assistant General Counsel, Department of Education

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Jim Warford, Chancellor K-12 Education, Department of Education

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 4, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 25, 2005

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection’s home page at <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

STATE BOARD OF ADMINISTRATION

RULE TITLE: Reimbursement Premium Formula
RULE NO.: 19-8.028

PURPOSE AND EFFECT: This rule is promulgated to implement Section 215.555, Florida Statutes, regarding the Florida Hurricane Catastrophe Fund, for the 2005-2006 contract year.

SUMMARY: Proposed amended Rule 19-8.028, F.A.C., establishes the premium formula and adopts the rates for the 2005-2006 contract year.

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: 215.555(3) FS.

LAW IMPLEMENTED: 215.555(2),(3),(4),(5),(6),(7) FS.

REGARDLESS OF WHETHER OR NOT REQUESTED, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 9:00 a.m. – 12:00 Noon, Eastern Standard Time, Thursday, May 12, 2005

PLACE: Room 116 (Hermitage Conference Room), 1801 Hermitage Blvd., Tallahassee, FL 32308

Any person requiring special accommodations to participate in this proceeding is asked to advise Patti Elsbernd, P. O. Box 13300, Tallahassee, FL 32317-3300, (850)413-1346, at least five (5) calendar days before such proceeding.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jack E. Nicholson, Senior FHCF Officer of the Florida Hurricane Catastrophe Fund, State Board of Administration, P. O. Box 13300, Tallahassee, FL 32317-3300, (850)413-1340

THE FULL TEXT OF THE PROPOSED RULE IS:

19-8.028 Reimbursement Premium Formula.

(1) through (2)(j) No change.

(k) New Participants. The term means all Companies which are granted a certificate of authority by the Department of Financial Services after the beginning of the FHCF’s Contract Year on June 1 and which write Covered Policies, or which already have a certificate of authority and begin writing Covered Policies on or after the beginning of the FHCF’s Contract Year on June 1 and did not or was not required to enter into a contract on June 1 of the Contract Year. A Company that enters into an assumption agreement with Citizens that includes Covered Policies and is effective after on or after June 1 and had written no other Covered Policies on or before June 1 is also considered a New Participant.

(l) through (n) No change.

(3)(a) through (g) No change.

(h) For the 2005-2006 Contract Year, the Formula developed by the Board’s Independent Consultant, “Florida Hurricane Catastrophe Fund: 2005 Ratemaking Formula Report to the State Board of Administration of Florida, March 16, 2005” is hereby adopted and incorporated by reference. The basic premium rates developed in accordance with the Premium Formula methodology approved by the Board on April 5, 2005, are hereby adopted and incorporated by reference in Form FHCF-Rates 2005, “Florida Hurricane Catastrophe Fund Proposed 2005 Rates, March 16, 2005.” The forms may be obtained from the Fund’s Administrator at the address stated in this subsection (5).

(4)(a) No change.

(b) Forfeiture or Surrender of Certificates of Authority, 1. through (c)4. No change.

5. For purposes of ~~paragraph~~ ~~subsubparagraph~~ (4)(c), the requirement that a report is due on a certain date means that the report shall be in the physical possession of the Fund’s Administrator in Minneapolis no later than 5 p.m., Central Time, on the due date applicable to the particular report. If the applicable due date is a Saturday, Sunday or legal holiday, then the applicable due date will be the day immediately following the applicable due date which is not a Saturday, Sunday or legal holiday. For purposes of the timeliness of the submission, neither the United States Postal Service postmark nor a postage meter date is in any way determinative. Reports sent to the Board in Tallahassee, Florida, will be returned to the sender. Reports not in the physical possession of the Fund’s Administrator by 5:00 p.m., Central Time, on the applicable due date are late.

(d) No change.

(5) All the forms adopted and incorporated by reference in this rule may be obtained from: Administrator, Florida Hurricane Catastrophe Fund, Paragon Strategic Solutions, Inc., 3600 American Boulevard West, Suite 700, Minneapolis, Minnesota 55431.

Specific Authority 215.555(3) FS. Law Implemented 215.555(2),(3),(4),(5),(6),(7) FS. History—New 9-20-99, Amended 7-3-00, 9-17-01, 7-17-02, 7-2-03, 7-29-04, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jack E. Nicholson, Senior FHCF Officer, Florida Hurricane Catastrophe Fund, State Board of Administration of Florida

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: The Trustees of the State Board of Administration of Florida

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 5, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 17, 2004, Vol. 30, No. 51

DEPARTMENT OF CORRECTIONS

RULE TITLE: Canteen Operations RULE NO.: 33-203.101

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to delete obsolete language. Reference to the Department’s cashless canteen system is being deleted as the contracted vendor provides their own cashless system.

SUMMARY: Reference to the Department’s cashless canteen system is being deleted as the contracted vendor provides their own cashless system.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 20.315, 944.09, 945.215 FS.

LAW IMPLEMENTED: 20.315, 944.09, 945.215, 946.002 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

33-203.101 Canteen Operations.

(1) through (2) No change.

(3) ~~A standard mark up policy implemented through the department's cashless canteen system will be used to price canteen resale items.~~ Current price lists will be posted in the proximity of the canteen for inmate viewing purposes.

(4) through (8) No change.

Specific Authority 20.315, 944.09, 945.215 FS. Law Implemented 20.315, 944.09, 945.215, 946.002 FS. History--New 1-20-86, Formerly 33-3.035, Amended 11-22-91, 5-25-95, 11-13-95, 5-28-96, 2-12-97, Formerly 33-3.0035, Amended 11-18-02, 12-3-03, 12-14-04, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Millie Seay

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: James V. Crosby, Jr.

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 8, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 18, 2005

DEPARTMENT OF CORRECTIONS

RULE TITLE: Rules of Prohibited Conduct and Penalties for Infractions

RULE NO.: 33-601.314

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to renumber disciplinary charges for consistency with the Department's database, and to provide a specific disciplinary charge for making a threatening gesture. SUMMARY: The proposed rule renumbers disciplinary charges for consistency with the Department's database, and provides a specific disciplinary charge for making a threatening gesture.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 944.09 FS.

LAW IMPLEMENTED: 20.315, 944.09, 944.14, 944.279, 944.28 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

33-601.314 Rules of Prohibited Conduct and Penalties for Infractions.

The following table shows established maximum penalties for the indicated offenses. As used in the table, "DC" means the maximum number of days of disciplinary confinement that may be imposed and "GT" means the maximum number of days of gain time that may be taken. Any portion of either penalty may be applied.

	Maximum Disciplinary Actions
SECTION 1 – ASSAULT, BATTERY, THREATS, AND DISRESPECT	
1-1 through 1-2 No change.	
1-3 Spoken, or written, <u>or gestured</u> threats	30 DC + 90 GT
1-4 through 1-5 No change.	
SECTION 2 – No change.	
SECTION 3 – CONTRABAND – ANY ARTICLE NOT SOLD IN THE CANTEEN, OR ISSUED BY THE INSTITUTION, OR FOR WHICH YOU DO NOT HAVE A SPECIFIC PERMIT AUTHORIZED BY THE INSTITUTION WHERE PRESENTLY HOUSED	
3-1 through 3-12 No change.	
3-13 <u>Introduction of any contraband</u>	60 DC + All GT
3-14 3 Possession or use of a cellular telephone or any other type of wireless communication device	60 DC + All GT
3-14 Introduction of any contraband	60 DC + All GT
SECTION 4 through SECTION 11 – No change.	

Specific Authority 944.09 FS. Law Implemented 20.315, 944.09, 944.14, 944.279, 944.28 FS. History--New 3-12-84, Amended 1-10-85, Formerly 33-22.12, Amended 12-30-86, 9-7-89, 11-22-90, 6-2-94, 10-01-95, 3-24-97, 7-9-98, 8-13-98, Formerly 33-22.012, Amended 9-30-99, 6-7-00, 4-18-02, 10-10-04, 1-9-05, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
George Sapp
NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: James V. Crosby, Jr.
DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: April 4, 2005
DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: March 18, 2005

DEPARTMENT OF CORRECTIONS

RULE TITLE: Maximum Management
RULE NO.: 33-601.820

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to: delete obsolete and unnecessary language; define relevant terms; provide requirements for documentation of actions and decisions related to maximum management; describe the process for maximum management placement, review and release; provide for the imposition of immediate restrictions; reorganize provisions for clarity; and clarify authority and responsibilities associated with maximum management review and decision-making.

SUMMARY: The proposed rule deletes unnecessary language related to general purpose; defines the authority and role of the maximum management review team; includes the regional director in the maximum management decision process; reflects the change to an electronic database; provides for immediate placement of an inmate into maximum management upon recommendation from the shift supervisor; clarifies requirements for restriction of inmate property or privileges for security reasons; requires approval by the Deputy Assistant Secretary of Operations before an inmate is released from maximum management; and deletes the prohibition against maximum management inmates checking out library books.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 944.09 FS.

LAW IMPLEMENTED: 944.09 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

33-601.820 Maximum Management.

~~(1) General. Maximum Management is a temporary status for an inmate who, through a recent incident or a series of recent incidents, has been identified as being an extreme security risk to the Department and requires an immediate level of control beyond that available in close management or death row.~~

~~(1)(2) Definitions.~~

~~(a) No change.~~

~~(b) Institutional Classification Team (ICT) for Maximum Management Review – refers to the team consisting of the Warden or Assistant Warden, Classification Supervisor, a correctional officer chief, and other members as necessary when appointed by the Warden or designated by rule. The ICT is responsible for making work, program, housing and inmate status decisions at a facility and for making other recommendations to the State Classification Office (SCO).~~

~~(c) Maximum Management (MM) – refers to a temporary status for an inmate who, through a recent incident or series of recent incidents, has been identified as being an extreme security risk to the Department and requires an immediate level of control beyond that available in close management or death row. The Secretary shall designate which institutions are authorized to house maximum management inmates, based upon the needs of the Department.~~

~~(d) No change.~~

(e) Maximum Management Review Team – refers to the committee in Central Office that has approval authority for placement in maximum management and the modification of conditions and restrictions imposed at the time an inmate is initially placed in maximum management. The Maximum Management Review Team shall consist of the following staff or those acting in that capacity:

1. Deputy Assistant Secretary of Operations (Chairperson);

2. Chief, Bureau of Classification and Central Records;

3. Chief, Bureau of Security Operations; and

4. Deputy Director of Health Services (clinical).

~~(f)(e) Shift Supervisor – the highest ranking Correctional Officer in charge of security on any work shift on duty.~~

~~(g)(f) No change.~~

~~(2)(3) Maximum Management Placement Criteria.~~

~~(a) An inmate shall have, at a minimum, met the criteria for placement in Close Management I or death row and participated in a recent incident or series of recent incidents which demonstrate:~~

1. through 4. renumbered (a) through (d) No change.

(3) Initial Placement in Maximum Management Housing.

~~(a)(b)~~ Whenever an inmate has met at least one of the conditions above, ~~and the Shift Supervisor believes that the inmate cannot be controlled in a status less than maximum management,~~ the Shift Supervisor shall recommend immediate placement in maximum management on the electronic by completing Section 1 of Form DC6-101, Referral for mMaximum mManagement in the Offender Based Information System (OBIS). Form DC6-101 is incorporated by reference in subsection (6) of this rule. Approval from the warden or duty warden shall be received prior to placement of the inmate in maximum management.

~~(b)(e)~~ The Warden or Duty Warden shall document this decision on the electronic referral for maximum management in OBIS. Approval from the Warden or Duty Warden shall be received prior to placement of the inmate in maximum management pending completion of the hearing process in subsection (5) approve or disapprove the immediate placement of an inmate in maximum management by signing Form DC6-101, Referral for Maximum Management.

(c) The Shift Supervisor who recommended placing an inmate in maximum management shall ensure delivery of the electronic notice of referral for maximum management to the inmate prior to being relieved of duty. The written notice will provide the inmate the reason for the placement and inform the inmate that a hearing will be held no sooner than 24 hours to review the recommendation for placement in maximum management. The inmate may waive the 24 hour period or appearance at the hearing by signing the Waiver of Right to Appear/Waiver of 24 Hour Period, Form DC6-104. Form DC6-104 is hereby incorporated by reference. Copies of this form are available from the Forms Control Administrator, Office of Research, Planning and Support Services, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500. The effective date of this form is December 7, 2000.

~~(d)~~ Whenever an inmate has met at least one of the conditions in subsection 33-601.820(3), F.A.C., and the Shift Supervisor believes that the inmate should be reviewed for but not immediately placed in maximum management at the present time, then the Shift Supervisor shall recommend placement by completing Section 1 of Form DC6-101, Referral for Maximum Management. The Shift Supervisor shall notify the Classification Supervisor in writing of the recommendation no later than the following administrative workday.

~~(d)(e)~~ No change.

(4) Initial Conditions at time of Placement in Maximum Management Housing.

(a) During initial placement of an inmate into maximum management the following will be provided:

1. through 2. No change.

3. Cell with a Solid Door Should an inmate's behavior require that the solid door be closed for security reasons, the Shift Supervisor may authorize this immediate restriction. The Shift Supervisor shall notify the ICT the following day and the ICT shall approve, disapprove or modify this restriction. The ICT shall notify the warden for final approval, disapproval or modification of the ICT decision as described in subsection (5) of this rule.

4. through 10. No change.

(b) Should an inmate's behavior require that the clothing or bedding be removed or that the solid door be closed for security reasons either upon initial placement or at any time during maximum management status, the Shift Supervisor may authorize this immediate restriction. The Shift Supervisor shall notify the Warden. If in agreement with the action, the Warden shall notify the Regional Director. If the Regional Director agrees with the action, the Deputy Assistant Secretary of Operations will be contacted for final approval no later than the first work day following the Shift Supervisor's action. If an inmate's clothing is removed, a modesty garment shall be immediately given to the inmate. If the inmate chooses not to wear the garment, the garment shall be left in the cell and this action shall be documented. Under no circumstances shall an inmate be left without a means to cover him or herself.

~~(c)(b)~~ No change.

~~(e)~~ The conditions set forth in paragraphs (a) and (b) above shall be reviewed at least weekly by the ICT, and when the ICT determines the inmate has sufficiently demonstrated positive adjustment, consideration shall be given to adjusting the inmate's conditions to the extent authorized for Close Management I inmates. The Institutional Classification Team shall document their justification for adjustment on Form DC6-101, Referral for Maximum Management.

(5) Maximum Management Conditions After Initial Placement Hearing and Decision Process. Should the inmate's behavior require alteration of initial placement conditions or previously relaxed conditions as described in paragraphs (4)(a) and (b), the Institutional Classification Team shall make the recommendation to the warden on Form DC6-101, Referral for Maximum Management. The warden shall approve, disapprove or modify the recommendations.

(6) Inmate Notice of Maximum Management Hearing. The Shift Supervisor who recommends placing an inmate in maximum management shall ensure delivery of the Notice of Referral for Maximum Management, Form DC6-101, to the inmate prior to being relieved of duty. Form DC6-101 is hereby incorporated by reference. Copies of this form are available from the Forms Control Administrator, Office of the General Counsel, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500. The effective date of this form is December 7, 2000. The written notice will provide the inmate with an explanation of the reason for the recommendation or placement and inform the inmate that a hearing will be held no sooner

than 24 hours of the recommended placement in maximum management. The inmate may waive the 24-hour period of appearance at the hearing by signing the Waiver of Right to Appear/Waiver of 24 Hour Period, Form DC6-104. Form DC6-104 is hereby incorporated by reference. Copies of this form are available from the Forms Control Administrator, Office of the General Counsel, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500. The effective date of this form is December 7, 2000.

~~(7) Conducting the Hearing:~~

~~(a) No change.~~

~~(b) The inmate shall be present for the hearing, unless:~~

~~1. through 2. No change.~~

~~3. If applicable, the reasons the inmate did not appear at the hearing shall be included in the ICT recommendation entered documented on the electronic Form DC6-101, rReferral for mMaximum mManagement in OBIS.~~

~~(c) through (d) No change.~~

~~(e) The Institutional Classification Team chairperson shall have authority to postpone the hearing to gather further information or order an investigation regarding any pertinent issues. If the hearing is postponed, that action and the reasons for it shall be included in the ICT recommendation entered on the electronic referral for maximum management in OBIS.~~

~~(f) The Institutional Classification Team shall recommend approval approve or disapproval of disapprove the recommendation for placement in maximum management and changes to the initial conditions of placement as listed in paragraph (4)(a), if appropriate. The initial conditions of placement are intended to be short-term and should be relaxed as soon as the inmate's adjustment to maximum management and the inmate's level of threat to the security of the institution indicate that it is safe and appropriate to do so. These conditions can only be relaxed to the level permitted for Close Management I inmates. The recommendations and the basis for the recommendations shall be documented on the electronic referral for maximum management in OBIS.~~

~~(g) The inmate shall be informed verbally and in writing of the ICT decision.~~

~~(g)(h) If the Institutional Classification Team's recommendations shall be forwarded to the Warden for review disapproves placement, the inmate shall immediately be reclassified to his original status and removed from the maximum management cell. The Warden's recommendation for approval or disapproval of maximum management placement and any changes to the initial conditions and the basis for the recommendations shall be documented on the electronic referral for maximum management in OBIS.~~

~~(h) The Warden's recommendations shall be forwarded to the Regional Director for review. The Regional Director's recommendation for approval or disapproval of maximum management placement and any changes to the initial~~

~~conditions and the basis for recommendations shall be documented on the electronic referral for maximum management in OBIS.~~

~~(i) The Regional Director's recommendations shall be forwarded to the Maximum Management Review Team for review and final approval or disapproval of the maximum management placement and any changes to the initial conditions. The Maximum Management Review Team's decisions shall be documented on the electronic referral for maximum management in OBIS. If the Institutional Classification Team approves placement, the decision will be forwarded to the warden who will review the recommendation.~~

~~(j) If the Maximum Management Review Team's decision is to disapprove the maximum management placement, the inmate shall immediately be reclassified to his original status and removed from the maximum management cell.~~

~~(k) The Classification Supervisor at the maximum management facility shall ensure that Form DC6-229A, Daily Record of Segregation, is documented with any status or condition changes approved by the Maximum Management Review Team. The Classification Supervisor shall also ensure that the inmate is informed verbally and in writing of the Maximum Management Review Team's decision. Form DC6-229A is incorporated by reference in Rule 33-601.800, F.A.C.~~

~~(l) The ICT at the maximum management facility is responsible for ensuring that staff adheres to any time frames approved in reference to inmate conditions.~~

~~(m) An inmate shall not be released from maximum management status or be subjected to changes in initial conditions until the actions are approved by the Maximum Management Review Team except as allowed in paragraph (4)(b) above.~~

~~(8) Final Review of Placement.~~

~~(a) The warden shall approve or disapprove the ICT recommendation based on the criteria in paragraph (3)(a). If the ICT recommendation is incomplete or additional data is needed, the warden shall return the recommendation to the ICT for additional information.~~

~~(b) If the warden disapproves placement, the inmate shall immediately be reclassified to his original status.~~

~~(6)(9) Review of Maximum Management Status and Conditions.~~

~~(a) The Institutional Classification Team shall review the inmate's maximum management status, the conditions set forth in paragraphs (4)(a) and (b) above, and previously modified conditions, weekly for the first sixty days two months from the date of placement, and at least monthly thereafter.~~

~~1. Weekly reviews by the ICT during the first sixty days of maximum management status and monthly thereafter shall be documented on Form DC6-229A, Daily Record of Segregation~~

~~A recommendation for release from maximum management shall be set forth in memorandum and forwarded to the State Classification Office for review.~~

~~2. If the ICT recommends the inmate's release from maximum management or a change in the inmate's conditions during the first sixty days, the ICT shall also document their recommendation on the electronic classification contact log in OBIS. An inmate shall not be released from maximum management status until authorized by a member of the State Classification Office.~~

~~3. All reviews conducted at least monthly by the ICT after the first sixty days of maximum management status shall be documented on the electronic classification contact log in OBIS. This documentation shall include any recommendations for changes in the inmate's conditions.~~

~~(b) All ICT reviews documented on the electronic classification contact log in OBIS shall be reviewed by the Warden. The Warden shall document the reason for approval, disapproval or modification of the ICT recommendations on the classification contact log in OBIS.~~

~~(c) The Warden's recommendations for approval, disapproval or modification of the inmate's status or conditions shall be reviewed by the Regional Director. The Regional Director shall document approval, disapproval or modification of the Warden's recommendation on the classification contact log in OBIS.~~

~~(d) If the Regional Director approves the inmate for continuation of maximum management status, no further review of the placement or change of conditions is required. An inmate shall not be subjected to changes in conditions until those actions are approved by the Regional Director, except as allowed in paragraph (4)(b) above.~~

~~(e) If the Regional Director recommends release from maximum management status, the recommendation must be forwarded for review and final decision to the Deputy Assistant Secretary of Operations. The Deputy Assistant Secretary of Operations shall document approval, disapproval, or modification of the Regional Director's recommendations on the classification contact log in OBIS.~~

~~(f) The Classification Supervisor at the maximum management facility shall ensure that Form DC6-229A, Daily Record of Segregation, is documented with any status or condition changes approved by the Regional Director or Deputy Assistant Secretary of Operations.~~

~~(g) The ICT at the maximum management facility shall ensure that staff adhere to any time frames approved in reference to inmate conditions.~~

~~(h) An inmate shall not be released from maximum management status until that action is approved by the Deputy Assistant Secretary of Operations.~~

(7) On-Site Review of Maximum Management.

~~(a)(b) If an inmate remains in maximum management status for 90 days or more, the Regional Director or designee a member of the State Classification Office shall conduct an on-site review of the inmate's maximum management status and conditions in conjunction with the monthly review of the Warden's recommendations. This on-site review shall take place after every 90 days period of continued maximum management status from the date of placement. The Regional Director's designee shall be a Regional Assistant Warden, Regional Classification Administrator, or State Classification Officer.~~

~~(b)4- The Institutional Classification Team shall participate in the review of the inmate's adjustment with the Regional Director or his designee State Classification Office member.~~

~~2- The State Classification Office member is authorized to reclassify an inmate from maximum management status at any point during the reviews.~~

~~3- The Institutional Classification team shall be authorized to appeal the decision to reclassify the inmate to the State Classification Office chairperson.~~

~~4- The inmate shall not be released from maximum management status until the State Classification Office chairperson rules upon the appeal. The ruling of the State Classification Office chairperson is final.~~

~~(c) The Regional Director's recommendations following this on-site review will be documented on the classification contact log in OBIS.~~

~~(8)(10) No change.~~

~~(9)(11) Other Conditions Of Confinement.~~

~~(a) Inmates in maximum management shall not be allowed to check out books from the library.~~

~~(b) through (d) renumbered (a) through (c) No change.~~

~~(d)(e) Inmates who are housed in maximum management will have mental health and medical care services to the same extent as all close management inmates. Monitoring of inmates will be as described in Rule 33-601.800, F.A.C.~~

Specific Authority 944.09 FS. Law Implemented 944.09 FS. History--New 12-7-00, Amended 11-23-03, 4-1-04,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
George Sapp

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: James V. Crosby, Jr.

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 4, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 18, 2005

DEPARTMENT OF CORRECTIONS

RULE TITLE: Use of Committed Name
 RULE NO.: 33-603.101

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to clarify that an inmate may use his or her true or legal name on mail or documents, so long as the committed name and DC number appear first.

SUMMARY: The proposed rule provides that an inmate may use his or her true or legal name on mail or documents, so long as the committed name and DC number appear first.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 20.315, 944.09 FS.

LAW IMPLEMENTED: 944.09 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

33-603.101 Use of Committed Name.

(1)(a) No change.

(b) The department shall register any known aliases on the inmate's record and shall also designate on the record which name is the inmate's true or legal name if this information is available. If an inmate's true name is not the committed name, the inmate shall be permitted to use the true name on documents and mail so long as the committed name and DC number appear first, followed by the true name.

(c) through (4) No change.

Specific Authority 20.315, 944.09 FS. Law Implemented 944.09 FS. History--New 9-30-93, Formerly 33-6.012, Amended 4-29-02, 5-20-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: George Sapp

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: James V. Crosby, Jr.

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 2, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 18, 2005

AGENCY FOR HEALTH CARE ADMINISTRATION

Certificate of Need

RULE TITLE: Certificate of Need Application
 RULE NO.: 59C-1.010

Review Procedures
 PURPOSE AND EFFECT: The agency is proposing to amend the rule currently used to describe the time frames and the certificate of need (CON) application process. The amended rule removes requirements for CON filing with Local Health Councils and clarifies what is required for applicant to certify that they will license and operate a health care facility or hospice. A preliminary draft of the rule amendments is included in this Notice.

SUMMARY: The proposed rule eliminates local health council reporting requirements and specifies the requirements of applicants prior to notifying the Agency of its intentions.

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: 408.034(6), 408.15(8) FS.

LAW IMPLEMENTED: 408.040 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: 2:00 p.m. (EST), May 10, 2005

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Rommel Bain, Certificate of Need, 2727 Mahan Drive, Building 1, MS 28, Tallahassee, Florida 32308

THE FULL TEXT OF THE PROPOSED RULE IS:

59C-1.010 Certificate of Need Application Review Procedures.

(1) No change.

(2) General Provisions.

(a) Applications subject to comparative or expedited review shall be submitted to the agency ~~and the Local Health Council~~ on AHCA Form CON-1, as referenced in paragraph 59C-1.008(1)(f), F.A.C.

(b) Applications for projects involving an existing health care facility shall be filed by the current license holder as listed on the current agency license in effect at the time of the applicant omission deadline specified in subparagraph (3)(a)3. or (4)(d)3. of this rule, or the application shall be withdrawn from consideration. Applications submitted by corporations required to have filed incorporation papers or foreign

corporation papers in order to do business in Florida must be able to do business in Florida prior to notifying the Agency of its intentions in a comparative review cycle or by the time it files an expedited application, if the project is subject to expedited review.

(c) No change.

(3) No change.

(a) No change.

1. through 2. No change.

3. If an applicant does not provide the specific additional information required by statute and rule in writing to the agency within 21 calendar days of the receipt of the agency's request, the application shall be deemed withdrawn from consideration. The applicant's response must be received by the agency no later than 5:00 p.m. local time on or before the omissions due date promulgated under paragraph 59C-1.008(1)(g), F.A.C. ~~The Local Health Council must receive a copy of the additional information bearing a postmark or shipping date that is no later than the omissions due date.~~

(b) The agency shall deem the application complete or withdrawn within 7 calendar days of the receipt of the requested information. Subsequent to an application being deemed complete or withdrawn by the agency, no further application information or amendment will be accepted by the agency.

(c) through (d) No change.

(4) No change.

(a) through (d) No change.

1. through 2. No change.

3. If an applicant does not provide the specific additional information required by statute and rule in writing to the agency within 21 calendar days of the receipt of the agency's request, the application shall be deemed withdrawn from consideration. ~~The Local Health Council must receive a copy of the additional information bearing a postmark or shipping date that is no later than the omissions due date.~~

(e) through (g) No change.

(5) through (7) No change.

Specific Authority 408.034(5), 408.15(8) FS. Law Implemented 408.033(1), 408.036(2), 408.039(3)(4) FS. History—New 1-1-77, Amended 11-1-77, 9-1-78, 6-5-79, 4-25-80, 2-1-81, 3-31-82, 12-23-82, Formerly 10-5-10, Amended 11-24-86, 11-17-87, 3-23-88, 8-28-88, 1-31-91, 7-1-92, 7-14-92, Formerly 10-5.010, Amended 10-8-97, 12-12-00, 4-2-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Rommel Bain, Health Services and Facilities Consultant

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Karen Rivera, Consultant Supervisor

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 6, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 8, 2004

AGENCY FOR HEALTH CARE ADMINISTRATION

Certificate of Need

RULE TITLE: Health Care Facilities Fee Assessments and Fee Collection Procedures

RULE NO.: 59C-1.022

PURPOSE AND EFFECT: The agency is proposing to amend the rule that outlines the health care facilities fee assessment and collection procedures. The rule incorporates statutory changes to add health care clinics to the list of facilities, updates statutory citations and dishonored check charges. A preliminary draft of the rule amendments is included in this Notice.

SUMMARY: The proposed rule is amended to incorporate statutory changes to the list of health care facilities subject to fee assessment. The rule amends the service charge assessed for dishonored checks.

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: 408.033(2), 408.034(6), 408.15(8) FS.

LAW IMPLEMENTED: 408.033(2), 215.34(2) 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: 2:00 p.m. (EST), May 11, 2005

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A, Tallahassee, Florida
THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Rommel Bain, Certificate of Need, 2727 Mahan Drive, Building 1, MS 28, Tallahassee, Florida 32308

THE FULL TEXT OF THE PROPOSED RULE IS:

59C-1.022 Health Care Facilities Fee Assessments and Fee Collection Procedures.

(1) Health Care Facilities Subject to Assessment. In accordance with subsection 408.033(2)(3), Florida Statutes, the following health care facilities and health care service providers, licensed or certified by the Agency for Health Care Administration, shall be assessed an annual fee to be collected by the agency within the time frames specified in subsection (4):

(a) Abortion clinics licensed under Chapter 390, F.S.

(b) ~~Adult congregate~~ Assisted living facilities licensed under Part III H, Chapter 400, F.S.

(c) through (d) No change.

(e) Clinical laboratories licensed under Part I, Chapter 483, F.S., except community nonprofit blood banks and clinical laboratories operated by practitioners for exclusive use regulated under Section 483.035, Florida Statutes.

(f) Health maintenance organizations and prepaid health clinics licensed certified under ~~Part III IV~~, Chapter 641, F.S.

(g) Home health agencies licensed under Part ~~IV III~~, Chapter 400, F.S.

(h) Hospices licensed under Part ~~VI I~~, Chapter 400, F.S.

(i) No change.

(j) Intermediate care facilities for developmentally disabled persons ~~the mentally retarded~~ licensed under Part XI, Chapter ~~400 393~~, F.S.

(k) Nursing homes licensed under Part ~~II I~~, Chapter 400, F.S.

(l) No change.

(m) Health Care Clinics licensed under Part XIII, Chapter 400, F.S.

(2) Health Care Facilities Exempted from Fee Assessments. Facilities operated by the ~~Agency for Health Care Administration~~ Department of Children and Families, the Department of Health or the Department of Corrections, and any hospital which meets the definition of a rural hospital pursuant to subsection 395.402(2)602, F.S., are exempted from the health care facility assessment.

(3) No change.

(a) Hospitals, nursing homes, and ~~adult congregate~~ assisted living facilities shall be assessed a fee according to the following per bed charges:

1. through 2. No change.

3. ~~Adult congregate~~ Assisted living facilities shall be assessed \$1 per bed not to exceed \$150 per facility based on a bed inventory established by the agency as of July 1 of each year.

(b) Other health care facilities subject to a health care facility assessment, as specified in paragraph (1)(a), (c), (d), (e), (f), (g), (h), (j), ~~and (l)~~ and (m), shall be assessed an annual fee of \$150.

(4) Billing and Collection Process. The agency shall bill each regulated facility not later than August 10 of each year. The agency shall collect annually, by September 1 of each year, an assessment from all facilities listed in paragraph (1)(a) through ~~(m)(4)~~ in accordance with the fee schedule specified in paragraphs (3)(a) and (3)(b).

(5) through (6) No change.

(7) Penalties. In accordance with paragraph 408.033(2)(3)(e), the agency shall impose a fine of \$100 per day, not to exceed the total annual assessment amount of \$150 and \$500, after the assessment becomes delinquent as specified in subsection (5). Refusal by a health care facility to pay the annual assessment or fine shall result in forfeiture procedures.

Refusal of payment is defined as non-payment by the provider of the assessment or fine within 60 days of receipt of the delinquency notice.

(8) Dishonored Checks. The agency shall assess a service charge ~~of \$10~~ for each returned check of five percent of the face value of the check or \$15, whichever is greater.

Specific Authority 408.15(8), 408.033(2)(3)(e), 408.034(6)(5) FS. Law Implemented 408.033(2)(3), 215.34(2) FS. History—New 12-7-88, Amended 11-29-89, 12-5-90, 8-19-91, Formerly 10-5.022, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Rommel Bain, Health Services and Facilities Consultant

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Karen Rivera, Consultant Supervisor

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 25, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 5, 2004

**AGENCY FOR HEALTH CARE ADMINISTRATION
Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals**

RULE TITLES:	RULE NOS.:
Inpatient Data Reporting and Audit Procedures	59E-7.012
Inpatient Data Format – Data Elements, Codes and Standards	59E-7.014
Public Records	59E-7.015
General Provisions	59E-7.016

PURPOSE AND EFFECT: The rule amendments add inpatient data elements, modify inpatient data elements and codes, and modify inpatient data formats. The new reporting requirements will provide more comprehensive data about inpatient medical conditions for the purpose of medical research, public policy, and public information.

SUMMARY: The Agency is proposing amendments to Rules 59E-7.012, 59E-7.014, 59E-7.015 and 59E-7.016, F.A.C., that modify inpatient data reporting requirements and require the reporting of patient level data by long-term psychiatric hospitals. The rule amendments require reporting by Internet transmission effective with the submission of first quarter 2006 data. The rule amendments modify public record formats consistent with the requirements of the federal Health Insurance Portability and Accountability Act.

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, 408.15(11) FS.

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

TIME AND DATE: 10:00 a.m., May 9, 2005

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Lisa Rawlins, Bureau Chief, State Center for Health Statistics, Agency for Health Care Administration, Building 3, 2727 Mahan Drive, Tallahassee, Florida 32308

THE FULL TEXT OF THE PROPOSED RULES IS:

59E-7.012 Inpatient Data Reporting and Audit Procedures.

(1) Hospitals licensed under Chapter 395, F.S. except state-operated hospitals and specialty rehabilitation hospitals as defined in subparagraph 59A-3.252(1)(c)2., F.A.C. 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 subsection 59E-7.012(5), F.A.C., below, shall submit hospital inpatient discharge data to the Agency according to the provisions in a format consistent with requirements of Rules 59E-7.011 through 59E-7.016, F.A.C., to the Agency following the provisions of this Rule. The amendments appearing herein are effective with the report period starting January 1, 2006 except the provisions in paragraph 59B-7.014(2)(p), F.A.C. are effective with the report period starting January 1, 2007.

(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 Rule 59A-3.201, F.A.C. Additionally, long-term psychiatric hospitals 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.

(2)(3) Each hospital shall submit a separate report for each location per paragraph 59A-3.066(2)(i) Rule 59A-3.203, F.A.C.

(3) All acute, intensive care, and psychiatric live discharges and deaths including newborn live discharges and deaths shall be reported. Submit one record per inpatient discharge, to include all newborn admissions, transfers and deaths.

(4) through (5) No change.

(6) Extensions to the initial submission due date will be granted by the Administrator, Office of Hospital Data Collection Section of the Agency staff, for a maximum of 30 days from the initial submission due date in response to a

written request signed by the hospital's ~~data contact~~ chief executive officer or chief financial officer. The request must be received prior to the initial submission due date and the delay must be due to unforeseen and unforeseeable factors beyond the control of the reporting hospital. These factors must be specified in the written request for the extension along with documentation of efforts undertaken to meet the filing requirements. Extensions shall not be granted verbally.

(7) No change.

(8) Beginning with the inpatient data report for the 1st Quarter of the year ~~2006 2000~~ (January 1, ~~2006 2000~~ through March 31, ~~2006 2000~~), reporting facilities shall submit inpatient discharge data by Internet according to reports in one of the specifications in (a) through (c) below unless reporting by CD-ROM is approved by the Agency in a case of extraordinary or hardship circumstances. ~~following formats except that on or after January 1, 2002, data tapes must not be used:~~

~~(a) Tapes, CD-ROM or Diskettes shall be sent to the agency's mailing address: Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, Florida 32308. Attention: State Center for Health Statistics. Refer to the Data Elements and Formatting Requirements, Rule 59E-7.014, F.A.C. Electronic media specifications are:~~

~~1. 9 Track Tape:~~

~~IBM label or nonlabel tapes~~

~~Density 1600 or 6250 BPI~~

~~Collating sequence: EBCDIC or ASCII~~

~~d. Record Format: Header Record—480 characters, Inpatient Discharge Record—480 characters, Trailer Record—480 characters.~~

~~2. Diskette and CD-ROM:~~

~~Format—MS-DOS text file (ASCII)~~

~~Type—3.5" (1.44mb) diskette or CD-ROM~~

~~e. A header record must accompany each data set and must be placed as the first record on the first diskette of the data set. Each record must be terminated with a carriage return (hex '0D') and line feed mark (hex '0A').~~

~~d. Record length: Header Record—480 characters, Inpatient Discharge Record—480 characters, Trailer Record—480 characters. Carriage return and line feeds are not included in the stated record length.~~

~~e. Only one file per diskette set or CD-ROM is allowable. Data requiring more than one diskette shall be externally labeled 1 or n, 2 or n, etc.~~

~~f. Data reported quarterly shall follow the format: ddddqyy.txt where dddd=data type; q=reporting quarter (1-4); yy=year. EXAMPLE: PD10394.TXT.~~

~~g. Data requiring more than one diskette must have the same internal file name.~~

~~h. Compressed, backup, or PKZIP files are not acceptable.~~

3. Tapes or diskettes shall be submitted with the following information on an externally affixed label, or for CD-ROM, use a standard CD-ROM external label with the following information:

“HOSPITAL INPATIENT DISCHARGE DATA”

Hospital Name: (As on file at AHCA)

e. Hospital Number: (In the AHCA format)

d. Reporting Period for Discharges

e. Number excluding the Header and Trailer records

Tape Density: 1600 or 6250 BPI

File Format: (TAPES) EBCDIC or (DISKETTES) ASCII

h. Filename: Data reported on diskettes or CD-ROM shall be reported in the following format: ddddqyy.txt where dddd=data type; q=quarter (1-4); yy=year FILENAME EXAMPLE: PD10394.TXT

i. IBM Labeled tapes require the label identifier (name)

(a)(b) Internet Transmission: The Internet address for the receipt of inpatient data is www.ahca.myflorida.com. reports is: Internet transmission specifications are:

1. The file shall contain a complete set of inpatient discharge data for the reporting quarter.

(b)2. Data Reports submitted to the Internet address shall be electronically transmitted with the inpatient data in XML a text (ASCII) file using the Inpatient Data XML Schema available at www.ahca.myflorida.com. The Inpatient Data XML Schema is incorporated by reference. Each record of the text file must be terminated with a carriage return (hex ‘0D’) and line feed mark (hex ‘0A’).

(c)3. The data in the XML text file shall contain the same data elements, elements and codes, the same record layout and meet the same data standards required for tapes or diskettes mailed to the agency as described in Rules 59E-7.014 and 59E-7.016, F.A.C.

(e) All acute, intensive care, and short term psychiatric live discharges and deaths including newborn live discharges and deaths shall be reported.

(d) Submit one record per inpatient discharge, to include all newborn admissions, transfers, and deaths.

(9) through (10) No change.

(11) Changes or corrections to hospital data will be accepted from hospitals to improve their data quality for a period of eighteen (18) months following the initial submission of data. The Administrator, Office of Data Collection, may grant approval for resubmitting previously certified data in response to a written request signed by the hospital’s chief executive officer or chief financial officer. The reason for the changes or corrections must be specified in the written request.

(12) No change.

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.08(1), 408.08(2), 408.15(11) FS. History—New 12-15-96, Amended 1-4-00, 7-11-02, _____.

59E-7.014 Inpatient Data Format – Data Elements, Codes and Standards Elements and Formatting Requirements.

(1) Codes for Data Elements. A detailed explanation of each data element is provided in this rule, which provides specific guidance as to the formatting of each data element submitted in each record.

(1)(a) HEADER RECORD. The first record in the data file shall be a header record containing the information described below. This record must precede any/all documentation submitted for inpatient discharge data records. If the header record is not included in the data file the tape/diskette will not run.

(a)1- Transaction Code. Enter Q for a calendar quarter report or S for a report period other than a calendar quarter where the special report is requested or authorized by the Agency to receive data corrections. A required field. A required single character alpha identifier used by the hospital to establish the classification of data being submitted. The identifier must be “H”. File is rejected if missing or wrong.

(b)2- Report Reporting Year. Enter the year of the data in the format YYYY where YYYY represents the year in four (4) digits. A required field. A required four digit field to be used for Submission Type (see 5. below) is I or R. File is rejected if missing or wrong.

(c)3- Report Reporting Quarter. Enter the quarter of the data, 1,2,3 or 4, where 1 corresponds to the first quarter of the calendar year, 2 corresponds to the second quarter of the calendar year, 3 corresponds to the third quarter of the calendar year, and 4 corresponds to the fourth quarter of the calendar year. A required field. A required single digit field to be used if Submission Type (see 5. below) is I or R. File is rejected if missing or wrong.

(d)4- Data Type. Enter PD10 for Inpatient Data. A required field. A required four character alphanumeric code (PD10) which identifies the type of data which follows the header record. Failure to submit, or submitting with zeros present, will result in a report which fails to run or has data assigned to the wrong category of data submission.

(e)5- Submission Type. Enter I or R where I indicates an initial submission or resubmission of previously rejected data, R indicates a replacement submission of previously processed and accepted inpatient data where resubmission has been requested or authorized by the Agency. A required field. A required single character alpha field which designates the type of inpatient discharge data included on the tape/diskette. Authorized codes for inpatient discharge data are:

I (Initial). This code is used for the first submission of an inpatient data set for the specified time period. This code should also be used when replacing previously rejected files. All data set Action Codes in subparagraph 59E-7.014(1)(b)2., F.A.C., must be set to “A”.

R (Re-submission). This code is used to replace all accepted or partially accepted records for the specified time period. All data type Action Codes must be 'A'. All existing data for the time period will be deleted and replaced with the new data set.

M (Maintenance). All submissions which are not "I" or "R" will be considered to be maintenance type of actions. Data set Action Codes can be 'A' or 'D' or 'U'.

(f)6- Processing Date. Enter the date that the data file was created in the format YYYY-MM-DD where MM represents numbered months of the year from 01 to 12, DD represents numbered days of the month from 01 to 31, and YYYY represents the year in four (4) digits. A required field. An eight digit numeric field which specifies the date when the data on the tape was processed by the hospital. Must be in the MMDDCCYY format (e.g., 05101994). File is rejected if missing or wrong.

(g)7- AHCA Hospital Number. Enter the identification number of the hospital as assigned by AHCA for reporting purposes. A valid identification number must contain at least eight (8) digits and no more than twelve (12) digits. A required field. Valid for up to ten alphanumeric characters. Report the AHCA approved hospital identification number assigned for AHCA reporting purposes. Right justify, zero fill unused spaces. A required field; file is rejected if missing or wrong.

8. Florida License Number. A required field. Up to a ten character alphanumeric field for insertion of the hospital license number provided by the AHCA Division of Health Quality Assurance. Left justify, leave unused field spaces blank. File is rejected if the license number is outdated, missing or wrong.

9. Provider Medicaid Number. Up to a ten character alphanumeric hospital number assigned by the AHCA Medicaid Office. Left justify, leave unused field spaces blank. File is rejected if improperly formatted, missing or wrong.

10. Provider Medicare Number (MPN). Up to a ten character alphanumeric hospital number assigned by the HCFA Medicare office. Left justify, leave unused field spaces blank. File is rejected if improperly formatted, missing or wrong.

(h)11- Provider Organization Name. Enter Up to a forty character alphanumeric field containing the name of the hospital that performed the inpatient service(s) represented by the inpatient data, and which is responsible for reporting the data. All questions regarding data accuracy and integrity will be referred to this entity. Up to a forty-character field. Left justify, leave unused field spaces blank. A required field.

(i)12- Provider Contact Person Name. Enter Up to a twenty-five character alpha field for the name of the designated hospital contact person for the hospital preparing and/or submitting inpatient discharge data. Submit name in the Last, First format. Up to a twenty-five-character field. Left justify, leave unused field spaces blank. A required field.

(j)13- Provider Contact Phone Number. The area code, business telephone number, and if applicable, extension for the contact person. Enter the contact person's telephone number in the format (AAA)XXXXXXXXXXXX where AAA is the area code, XXXXXXXX represents the seven (7) digit phone number and EEEE represents the extension. Zero fill if no extension. A ten digit numeric field for entry of the business phone of the hospital contact representative (See 12. above). Include area code (3), phone number (7); e.g., 9041324675. Do not use hyphens. Right justify; fill all spaces. A required field.

14. Provider Contact Phone Extension. An optional field up to four numeric digits for including a contact's extension number if applicable. Right justify; fill unused spaces with zeros.

(k) Contact Person E-Mail Address. Enter the e-mail address of the contact person.

(l) Contact Person Street or P. O. Box Address. Enter the street or post office box address of the contact person's mailing address. Up to a forty-character field. A required field.

(m) Mailing Address City. Enter the city of the contact person's address. Up to a twenty-five character field. A required field.

(n) Mailing Address State. Enter the state of the contact person's address using the U.S. Postal Service state abbreviation in the format XX. Use the abbreviation FL for Florida. A required field.

(o) Mailing Address Zip Code. Enter the zip code of the contact person's address in the format XXXXX-XXXX.

15. Submitter Organization Name. Up to a forty character alphanumeric field for entry of the name of the organization which prepares the hospital's discharge data submittal. Includes outside abstracting service or corporate office data preparers. Can be the hospital. Left justify, leave unused field spaces blank. A required field.

16. Submitter Contact Person. Up to a twenty five character alphanumeric field for the designated submitting organization's contact person responsible for submitting inpatient discharge data. Submit name in the Last, First format. Left justify, leave unused field spaces blank. A required field.

17. Submitter Contact Phone. A ten digit numeric field for entry of the business phone of the hospital contact representative. Include area code (3), phone number (7); e.g., 9041235764. Do not use hyphens. Right justify; fill all spaces. A required field.

18. Submitter Contact Phone Extension. An optional field up to four numeric digits for including a contact's extension number if applicable. Right justify; fill unused spaces with zeros.

19. Filler Space. A two hundred sixty three character space filled alphanumeric field.

Only one (1) Header Record per hospital submission is required/acceptable.

(2)(b) INDIVIDUAL DATA RECORDS INPATIENT DATA ELEMENTS FORMAT AND EDIT CRITERIA. All data elements and data element codes listed below shall be reported consistent with the records of the reporting entity. Data elements and codes are listed with a description of the data to be reported and data standards. This section contains the format for individual inpatient discharge data records required for each hospital discharge. All fields described are required and must be submitted unless otherwise designated as optional/discretionary fields.

1. Data Type. Four character alphanumeric field specifying the type of data submitted. Must match Field Element 4. in the Header Record. Use PD10. A required field; must be submitted for the hospital data tape/diskette to run.

2. Action Code. A single character alpha field designating the type of processing action to occur. A required field. Use one of the codes:

- A—Add a new record.
- D—Delete an existing record.
- U—Update an existing record.

3. Reporting Quarter Code. A single digit numeric field which identifies the calendar quarter in which the discharges occurred using the following codes:

- 1 Represents January 1st through March 31st discharges.
- 2 Represents April 1st through June 30th discharges.
- 3 Represents July 1st through September 30th discharges.
- 4 Represents October 1st through December 31st discharges.

For submission types “P” and “R”, the quarter must match Field Number 3 in the Header Record. A required field.

4. Reporting Year Code. A two digit numeric field which identifies the year in which the discharges occurred as noted in subparagraph 59E-7.014(1)(a)2., F.A.C., above. For submission types “P” and “R”, the year must match the Header Record Field Element 2. A required field.

(a)5. AHCA Hospital Number. Enter the identification number of the hospital as assigned by AHCA for reporting purposes. A valid identification number must contain at least eight (8) digits and no more than twelve (12) digits. A required field. Valid for up to ten alphanumeric characters. Report the AHCA approved hospital identification number assigned for AHCA reporting purposes. Right justified; zero fill unused spaces. A required field; must be submitted for the hospital submission to run.

(b)6. Record Identification Number. An alpha-numeric code containing standard letters or numbers assigned by the facility as a unique identifier for each record submitted in the reporting period to facilitate storage and retrieval of individual case records. Up to seventeen (17) characters. Duplicate record identification numbers are not permitted. A required field. A seventeen character alphanumeric code assigned by the hospital at the time of reporting as a unique identifier for each record submitted for each reporting period, to facilitate storage

and retrieval of individual case records. Hospital must use standard letters and numbers; no __, #, @, \$, *, ^, etc., are authorized. Left justified; space fill unused spaces. The hospital must maintain a key list to locate actual records upon request by AHCA.

(c)7. Patient Inpatient Social Security Number. Enter the social security number (SSN) of the patient receiving treatment. The SSN is a nine (9) digit number issued by the Social Security Administration. Reporting 000000000 is acceptable for newborns and infants up to two (2) years of age at admission who do not have a SSN. Reporting 777777777 is acceptable for those patients where efforts to obtain the SSN have been unsuccessful and the patient is two (2) years of age or older and not known to be from a country other than the United States (U.S.). Reporting 555555555 is acceptable for non-U.S. citizens who have not been issued SSNs. 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 two (2) years of age or 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. A required entry. (See also provisions in subparagraph 59E-7.014(3)(b)7., F.A.C.)

(d)8. Patient Race or Ethnicity Inpatient. Self-designated by the patient or patient’s parent or guardian except code 8 indicating no response may be reported where efforts to obtain the information from the patient or from the patient’s parent or guardian have been unsuccessful. A required entry. Must be a A one (1) digit code as follows:

- A one digit code as follows:
- 1. 1 – American Indian or Alaska Native 1—American Indian/Eskimo/Aleut
- 2. 2 – Asian or Pacific Islander
- 3. 3 – Black or African American
- 4. 4 – White
- 5. 5 – White Hispanic —White
- 6. 6 – Black Hispanic —Black
- 7. 7 – Other – Use (Use if the patient’s self-designated race or ethnicity patient is not described by the above categories.)
- 8. 8 – No Response – Use (Use if the patient refuses or fails to disclose.)

(e)9. Patient Inpatient Birth Date. The date of birth of the patient. A ten (10)-character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 01 to 12, DD represents numbered days of the month from 01 to 31, and YYYY represents the year in four (4) digits. Age greater than one hundred twenty (120) years is not permitted unless verified by the reporting entity. A birth date

after the discharge date is not permitted. A required entry. ~~An eight digit field in MMDDCCYY format. (e.g., May 10, 1932 = 05101932)~~

~~(f)10. Patient Gender Inpatient Sex. The gender of the patient at admission. A required entry. Must be a one digit code as follows: A one digit code as follows:~~

~~1. 1 – Male~~

~~2. 2 – Female~~

~~3. 3 – Unknown – Use where efforts to obtain the information have been unsuccessful or where the patient’s gender cannot be determined due to a medical condition. (Use if unknown due to medical condition.)~~

~~(g)11. Patient Inpatient Zip Code. The five (5) digit United States Postal Service ZIP Code of the patient’s permanent residence. Use 00009 for foreign residences. Use 00007 for homeless patients. Use 00000 where efforts to obtain the information have been unsuccessful. A required entry. A five digit U.S. Postal Service approved zip code of the inpatient’s permanent address — (See also Element 11., subsection 59E-7.014(3)(b), F.A.C.~~

~~(h)12. Type of Admission. The scheduling priority of the admission. A required entry. Must be a A one digit code as follows:~~

~~1. 1 – Emergency – The patient requires immediate medical intervention as a result of severe, life-threatening or potentially disabling conditions.~~

~~2. 2 – Urgent – The patient requires attention for the care and treatment of a physical or mental disorder.~~

~~3. 3 – Elective – The patient’s condition permits adequate time to schedule the availability of a suitable accommodation.~~

~~4. 4 – Newborn – Use of this code requires the use of special Source of Admission codes. (See also paragraph 59E-7.014(2)(i) and subsections (10)-(13) F.A.C.)~~

~~5. 5 – Trauma Center Other – Trauma activation at a State of Florida designated trauma center.~~

~~(i)13. Source of Admission. Must be a A two (2) digit code as follows, where codes 10 through 13 are to be used for newborn admissions, codes 1 through 8 are to be used for any admission that is not a newborn, code 9 is used where the source of admission is not known, and code 14 is used where the Source of Admission is other than code 1 through code 13. A required field. as follows:~~

~~Codes for inpatient admissions:~~

~~1. 01 – Physician referral – The patient was admitted to this facility upon the recommendation of the patient’s personal physician.~~

~~2. 02 – Clinic referral – The patient was admitted to this facility upon recommendation of this facility’s clinic physician.~~

~~3. 03 – HMO referral – The patient was admitted to this facility upon the recommendation of a health maintenance organization physician.~~

~~4. 04 – Transfer from a hospital – The patient was admitted to this facility as a transfer from an acute care facility where the patient was an inpatient.~~

~~5. 05 – Transfer from a skilled nursing facility – The patient was admitted to this facility from a skilled nursing facility where the patient was at a skilled level of care.~~

~~6. 06 – Transfer from another health care facility – The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or a skilled nursing facility.~~

~~7. 07 – Emergency Room – The patient was admitted to this facility through the emergency room upon recommendation of an emergency room physician or other physician.~~

~~8. 08 – Court/Law Enforcement – The patient was admitted upon the direction of a court of law, or upon the request of a law enforcement agency representative.~~

~~9. 09 – Information Not Available – The means by which the patient was admitted to this hospital is not known Other.~~

~~Codes required for newborn admissions (Type of Admission=4):~~

~~10. 10 – Normal delivery – A baby delivered without complications.~~

~~11. 11 – Premature delivery – A baby delivered with time or weight factors qualifying it for premature status.~~

~~12. 12 – Sick Baby – A baby delivered with medical complications, other than those relating to premature status.~~

~~13. 13 – Extramural – A newborn born in a non-sterile environment.~~

~~14. 14 – Other – The source of admission is not described by 1. through 13., above.~~

~~(j)14. Admission Date. The date the patient was admitted to the reporting facility. A ten (10)-character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 01 to 12, DD represents numbered days of the month from 01 to 31, and YYYY represents the year in four (4) digits. Admission date must equal or precede the discharge date. A required entry. A six digit field in MMDDYY format.~~

~~(k)15. Discharge Date. The date the patient was discharged from the reporting facility. A ten (10)-character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 01 to 12, DD represents numbered days of the month from 01 to 31, and YYYY represents the year in four (4) digits. Discharge date must equal or follow the admission date, and discharge date must occur within the reporting period as shown on the header record. A required entry. A six digit field in MMDDYY format.~~

~~(l)16. Patient Inpatient Discharge Status. Patient disposition at discharge. A required entry. Must be a A two (2) digit code as follows:~~

~~1. 01 – Discharged to home or self-care (with or without planned outpatient medical care) Home~~

- 2. 02 – Discharged to a short-term general hospital
- 3. 03 – Discharged to a skilled nursing facility
- 4. 04 – Discharged to an intermediate care facility
- 5. 05 – Discharged to another type of institution (cancer or children’s hospital or distinct part unit)
- 6. 06 – Discharged to home under care of home health care organization
- 7. 07 – Left this hospital against medical advice (AMA) or discontinued care (AMA)
- 8. 08 – Discharged home under care of home IV provider on IV medications
- 9. 20 – Expired
- 10. 50 – Discharged to hospice – home (Required for discharges occurring on or after January 1, 2003.)
- 11. 51 – Discharged to hospice – medical facility (Required for discharges occurring on or after January 1, 2003.)
- 12. 62 – Discharged to an inpatient rehabilitation facility including rehabilitation distinct part units of a hospital.
- 13. 63 – Discharged to a Medicare certified long term care hospital.
- 14. 65 – Discharged to a psychiatric hospital including psychiatric distinct part units of a hospital.

(m)47. Principal Payer Code. Describes the expected primary source of reimbursement for services rendered based on the patient’s status at discharge or the time of reporting. Report charity as defined in subsection 59E-7.011(2), F.A.C. A required entry. Must be a A one (1) character alpha field using upper case as follows:

- 1. A – Medicare
- 2. B – Medicare HMO or Medicare PPO
- 3. C – Medicaid
- 4. D – Medicaid HMO
- 5. E – Commercial Insurance
- 6. F – Commercial HMO
- 7. G – Commercial PPO
- 8. H – Workers’ Compensation
- 9. I – CHAMPUS
- 10. J – VA
- 11. K – Other State/Local Government
- 12. L – Self Pay/Under-insured – No (no third party coverage or less than 30% estimated insurance coverage. coverage)
- 13. M – Other
- 14. N – Charity
- 15. O – KidCare – Includes (Report Healthy Kids, MediKids and Children’s Medical Services. Required for discharges occurring on or after January 1, 2003.)

(n)48. Principal Diagnosis Code. The code representing the diagnosis established, after study, to be chiefly responsible for occasioning the admission. Principal Diagnosis code must

contain a valid ICD-9-CM or ICD-10-CM code for the reporting period. Inconsistency between the principal diagnosis code and patient sex must be verified by the reporting entity. Inconsistency between the principal diagnosis code and patient age must be verified by the reporting entity. A diagnosis code cannot be used more than once as a principal or other diagnosis for each hospitalization reported. The code must be entered with a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. A required entry. The ICD-9-CM code for the principal diagnosis. Up to a five character alphanumeric field. Principal diagnosis is the condition established, after study, to be chiefly responsible for occasioning the inpatient hospitalization. Use acceptable V-codes as appropriate. Left justified, no decimal.

(o)19. through 27. Other Diagnosis Code (1), Other Diagnosis Code (2), Other Diagnosis Code (3), Other Diagnosis Code (4), Other Diagnosis Code (5), Other Diagnosis Code (6), Other Diagnosis Code (7), Other Diagnosis Code (8), Other Diagnosis Code (9), Other Diagnosis Code (10), Other Diagnosis Code (11), Diagnosis Code (12), Other Diagnosis Code (13), Other Diagnosis Code (14), Other Diagnosis Code (15), Other Diagnosis Code (16), Other Diagnosis Code (17), Other Diagnosis Code (18), Other Diagnosis Code (19), Other Diagnosis Code (20), Other Diagnosis Code (21), Diagnosis Code (22), Other Diagnosis Code (23), Other Diagnosis Code (24), Other Diagnosis Code (25), Other Diagnosis Code (26), Other Diagnosis Code (27), Other Diagnosis Code (28), Other Diagnosis Code (29), and Other Diagnosis Code (30). Codes: A code representing a condition that is related to the services provided during the hospitalization excluding external cause of injury codes. Report external cause of injury codes as described in (ww) below. No more than thirty (30) other diagnosis codes may be reported. Less than thirty (30) entries or no entry is permitted consistent with the records of the reporting entity. Must contain a valid ICD-9-CM code or valid ICD-10-CM code for the reporting period. Inconsistency between the other diagnosis code and patient sex must be verified by the reporting entity. Inconsistency between the other diagnosis code and patient age must be verified by the reporting entity. An other diagnosis code cannot be used more than once as a principal or other diagnosis for each hospitalization reported. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. Optional fields determined by the presence of additional diagnoses in hospital inpatient records. ICD 9-CM codes describing other factors contributing to the inpatient’s stay in the hospital. A three to five character alphanumeric field; left justified or space filled, no decimal. Cannot duplicate the Principal Diagnosis code. More than one of the same code will not be accepted. Enter E codes and V codes in these spaces. E codes permit classification of environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects. Where E code is

applicable, it is intended that it shall be used in addition to a code from one of the main Chapters of ICD-9-CM, indicating the nature of the condition. Make certain that blank spaces are not interspersed between consecutive fields with codes.

(p) Present at Admission Indicator (1), Present at Admission Indicator (2), Present at Admission Indicator (3), Present at Admission Indicator (4), Present at Admission Indicator (5), Present at Admission Indicator (6), Present at Admission Indicator (7), Present at Admission Indicator (8), Present at Admission Indicator (9), Present at Admission Indicator (10), Present at Admission Indicator (11), Present at Admission Indicator (12), Present at Admission Indicator (13), Present at Admission Indicator (14), Present at Admission Indicator (15), Present at Admission Indicator (16), Present at Admission Indicator (17), Present at Admission Indicator (18), Present at Admission Indicator (19), Present at Admission Indicator (20), Present at Admission Indicator (21), Present at Admission Indicator (22), Present at Admission Indicator (23), Present at Admission Indicator (24), Present at Admission Indicator (25), Present at Admission Indicator (26), Present at Admission Indicator (27), Present at Admission Indicator (28), Present at Admission Indicator (29), and Present at Admission Indicator (30). A code differentiating whether the condition represented by the corresponding other diagnosis code (o) (1) through (30) was present at admission or whether the condition developed after admission as determined by the physician, medical record, or nature of the condition. A required entry if the corresponding other diagnosis code is reported. Must be a one digit code as follows:

1. 1 – Yes – The condition was present at admission including chronic conditions diagnosed during the hospitalization, an outcome of delivery, or a reason for admission.

2. 2 – No – The condition was not present at admission such as an acute condition that develops after admission or an exacerbation of a chronic condition that develops after admission.

3. 3 – Uncertain – The status of the condition cannot be determined from the medical record, nature of the condition, or after requesting a determination from the patient's physician.

(q)28. Principal Procedure Code. The code representing the procedure most related to the principal diagnosis. No entry is permitted consistent with the records of the reporting entity. Must contain a valid ICD-9-CM or ICD-10-CM procedure code for the reporting period. If a principal procedure date is reported, a valid principal procedure code must be reported. Inconsistency between the principal procedure code and patient sex must be verified by the reporting entity. Inconsistency between the principal procedure code and patient age must be verified by the reporting entity. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. An optional field dependent upon

the presence of procedures during the episode of care. Must be a valid ICD-9-CM which describes the procedure most related to the principal diagnosis. A three or four character alphanumeric field; left-justified or space filled, no decimal. Field must be coded if a date is present in element 29.

(r)29. Principal Procedure Date. The date when the principal procedure was performed. If a principal procedure is reported, a principal procedure date must be reported. No entry is permitted if no principal procedure is reported. A ten (10)-character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 01 to 12, DD represents numbered days of the month from 01 to 31, and YYYY represents the year in four (4) digits. The principal procedure date must be less than four (4) days prior to the admission date and not later than the discharge date. A required six digit field in MMDDYY format if a principal procedure code is present in element 28.

(s)30. through 38. Other Procedure Code (1), Other Procedure Code (2), Other Procedure Code (3), Other Procedure Code (4), Other Procedure Code (5), Other Procedure Code (6), Other Procedure Code (7), Other Procedure Code (8), Other Procedure Code (9), Other Procedure Code (10), Other Procedure Code (11), Other Procedure Code (12), Other Procedure Code (13), Other Procedure Code (14), Other Procedure Code (15), Other Procedure Code (16), Other Procedure Code (17), Other Procedure Code (18), Other Procedure Code (19), Other Procedure Code (20), Other Procedure Code (21), Other Procedure Code (22), Other Procedure Code (23), Other Procedure Code (24), Other Procedure Code (25), Other Procedure Code (26), Other Procedure Code (27), Other Procedure Code (28), Other Procedure Code (29) and Other Procedure Code (30) Codes. A code representing a procedure provided during the hospitalization. If no principal procedure is reported, an other procedure code must not be reported. No more than thirty (30) other procedure codes may be reported. Less than thirty (30) or no entry is permitted consistent with the records of the reporting entity. Must be a valid ICD-9-CM or ICD-10-CM procedure code for the reporting period. Inconsistency between the procedure code and patient sex must be verified by the reporting entity. Inconsistency between the procedure code and patient age must be verified by the reporting entity. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. Entry is optional dependent upon the presence of multiple operative procedures. ICD-9-CM codes describing other procedures which may have been performed on the inpatient. A Principal Procedure must be recorded, or Other Procedures will not be accepted. A three to four character alphanumeric field; left-justified, no decimal. Make certain that blank spaces are not interspersed between consecutive fields with codes.

(t) Other Procedure Code Date (1), Other Procedure Code Date (2), Other Procedure Code Date (3), Other Procedure Code Date (4), Other Procedure Code Date (5), Other Procedure Code Date (6), Other Procedure Code Date (7), Other Procedure Code Date (8), and Other Procedure Code Date (9), Other Procedure Code Date (10), Other Procedure Code Date (11), Other Procedure Code Date (12), Other Procedure Code Date (13), Other Procedure Code Date (14), Other Procedure Code Date (15), Other Procedure Code Date (16), Other Procedure Code Date (17), Other Procedure Code Date (18), Other Procedure Code Date (19), Other Procedures Code (20), Other Procedure Code (21), Other Procedure Code (22), Other Procedure Code (23), Other Procedure Code (24), Other Procedure Code (25), Other Procedure Code Date (26), Other Procedure Code Date (27), Other Procedure Code Date (28), Other Procedure Code Date (29), and Other Procedure Code Date (30). The date when the procedure was performed. A required entry if a corresponding procedure code (s) (1) through (30) is reported. No entry is permitted if no procedure is reported consistent with the records of the reporting entity. A ten (10)-character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 01 to 12, DD represents numbered days of the month from 01 to 31, and YYYY represents the year in four (4) digits. The procedure date must be less than four (4) days prior to the admission date and not later than the discharge date.

(u)39- Attending Physician Identification # Number. The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who had primary responsibility for the patient's medical care and treatment or who certified as to the medical necessity of the services rendered. For military physicians not licensed in Florida, use US. A required entry. An eleven-character alphanumeric field. A required physician identification number, using the State of Florida AHCA issued license number; e.g., FLME1298465. The prefix abbreviation "FL" must be included for it to be a valid identifier. The attending physician is normally that physician having primary responsibility for the inpatient's admission, care and treatment plan, or who certifies to medical necessity.

40- Blank Field. A six-character alpha-numeric field to be left blank.

(v)41- Operating or Performing Physician Identification # Number. The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who had primary responsibility for the principal procedure performed. The operating or performing physician may be the attending physician. For military physicians not licensed in Florida, use US. No entry is permitted if no principal procedure is reported consistent with the records of the reporting entity. An eleven-character alphanumeric field. An optional field depending on the presence of a principal procedure, using the physician

identification code issued by the State of Florida; the AHCA issued license number; e.g., FLME1368143. The abbreviation prefix "FL" must be included for a valid identifier. The physician ID is required anytime that an operative procedure is performed on the inpatient. The operating physician is normally the surgeon scheduling surgery and/or the principal surgeon responsible. Can also be the attending physician.

42- Blank Field. A six-character alphanumeric field to be left blank.

(w) Other Operating or Performing Physician Identification Number – The Florida license number of a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who assisted the operating or performing physician or performed a secondary procedure. The other operating or performing physician must not be reported as the operating or performing physician. The other operating or performing physician may be the attending physician. For military physicians not licensed in Florida, use US. No entry is permitted consistent with the records of the reporting entity.

(x) Room and Board Charges. Routine service charges incurred for accommodations. Report charges for revenue codes 11X through 16X as used in the UB-92 or UB-04. Charges to be reported in dollars numerically, without dollar signs or commas, excluding cents. Report zero (0) if there are no Room and Board Charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(y) Nursery Charges. Accommodation charges for nursing care to newborn and premature infants in nursery. Report charges for revenue code 17X as used in the UB-92 or UB-04 excluding Level III charges. Charges to be reported in dollars numerically, without dollar signs or commas, excluding cents. Report zero (0) if there are no Nursery Charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(z) Level III Nursery Charges. Accommodation charges for nursing care to newborn and premature infants for Level III nursery charges. Report charges for revenue code 173 (Level III) as used in the UB-92 or UB-04. Charges to be reported in dollars numerically, without dollar signs or commas, excluding cents. Report zero (0) if there are no Level III Nursery Charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(aa) Intensive Care Charges. Routine service charges for medical or surgical care provided to patients who require a more intensive level of care than is rendered in the general medical or surgical unit. Exclude neonatal intensive care charges reported as a Level III Nursery Charge. Report charges for revenue code 20X as used in the UB-92 or UB-04. Reported in dollars numerically, without dollar signs or commas, excluding cents. Report zero (0) if there are no

intensive cares charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(bb) Coronary Care Charges. Routine service charges for medical care provided to patients with coronary illness who require a more intensive level of care than is rendered in the general medical unit. Report charges for revenue code 21X as used in the UB-92 or UB-04. Reported in dollars numerically, without dollar signs or commas, excluding cents. Report zero (0) if there are no Coronary care charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(cc) Pharmacy Charges. Charges for medication. Report charges for revenue codes 25X and 63X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no pharmacy charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(dd) Medical and Surgical Supply Charges. Charges for supply items required for patient care. Report charges for revenue codes 27X and 62X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no medical and surgical supply charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(ee) Laboratory Charges. Charges for the performance of diagnostic and routine clinical laboratory tests and for diagnostic and routine tests in tissues and culture. Report charges for revenue codes 30X and 31X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no laboratory charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(ff) Radiology or Other Imaging Charges. Charges for the performance of diagnostic and therapeutic radiology services including computed tomography, mammography, magnetic resonance imaging, nuclear medicine, and chemotherapy administration of radioactive substances. Report charges for revenue codes 32X through 35X, 40X and 61X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no radiology or other imaging charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(gg) Cardiology Charges. Facility charges for cardiac procedures rendered such as, but not limited to, heart catheterization or coronary angiography. Reported in dollars numerically without dollar signs or commas, excluding cents. Report charges for revenue code 48X as used in the UB-92 or UB-04. Report zero (0) if there are no cardiology charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(hh) Respiratory Services or Pulmonary Function Charges. Charges for administration of oxygen, other inhalation services, and tests that evaluate the patient's respiratory capacities. Report charges for revenue codes 41X and 46X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no respiratory service or pulmonary function charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(ii) Operating Room Charges. Charges for the use of the operating room. Report charges for revenue code 36X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no operating room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(jj) Anesthesia Charges. Charges for anesthesia services by the facility. Report charges for revenue code 37X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no anesthesia charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(kk) Recovery Room Charges. Charges for the use of the recovery room. Report charges for revenue code 71X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no recovery room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(ll) Labor Room Charges. Charges for labor and delivery room services. Report charges for revenue code 72X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no labor room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(mm) Emergency Room Charges. Charges for medical examinations and emergency treatment. Report charges for revenue code 45X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no emergency room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(nn) Trauma Response Charges. Charges for a trauma team activation. Report charges for revenue code 68X used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no trauma response charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(oo) Treatment or Observation Room Charges. Charges for use of a treatment room or for the room charge associated with observation services. Report charges for revenue code 76X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no treatment or observation room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(pp) Behavioral Health Charges. Charges for behavioral health treatment and services. Report charges for revenue codes 90X through 91X and 100X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(qq) Oncology. Charges for treatment of tumors and related diseases. Excludes therapeutic radiology services reported in radiology and other imaging services (ff). Report charges for revenue code 28X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no oncology charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(rr) Physical and Occupational Therapy Charges. Report charges for physical, occupational or speech therapy in revenue codes 42X through 44X as used in the UB-92 or UB-04. Reported in dollars numerically without dollar signs or commas, excluding cents. Report zero (0) if there are no charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

~~43- through 65- Charges grouped by revenue code as used in the UB 92. A required field up to eight digits, right justified. If inpatient accounts contain billing charges in matching revenue code fields, data for each specific revenue code must be submitted. Zero fill only if no charges exist in the respective revenue code field. All decimals rounded to the nearest dollar. Negative amounts are not accepted. Codes utilized will be aggregated under the categories listed in the UB 92 manual (e.g., Revenue code 112 is reported in the (11X) group; code 303 is reported in the (30X) group; and so forth).~~

(ss)66- Other "Other" Revenue Charges. Other facility charges not included in (x) to (rr) above. Include charges that A required field up to eight digits containing an aggregate dollar amount charged to the inpatient account are not reflected in any of the preceding specific revenue accounts in the UB-92 or UB-04. (Field Elements 43- 65-). Total is rounded to the nearest dollar. Right justify; no negative amounts. DO NOT include charges from revenue codes 96X, 97X, 98X, or 99X in the UB-92 or UB-04 for because these charges are professional fees and personal convenience items not carried in all hospital billing information. Zero fill if "Other" charges do not exist. Reported in dollars numerically without dollar signs or

commas, excluding cents. Report zero (0) if there are no other charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(tt)67- Total Gross Charges. The total of undiscounted charges for services rendered by the hospital. Include charges for services rendered by the hospital excluding professional fees. The sum of all charges reported above (x) through (ss) must equal total charges, plus or minus ten (10) dollars. Reported in dollars numerically without dollar signs or commas, excluding cents. Zero (0) or negative amounts are not permitted unless verified separately by the reporting entity. A required entry. A required field up to ten digits, right justified. Displays the total inpatient charges (dollars) before any discounts, rounded to the nearest dollar. No negative numbers. Must equal the sum of all of the Charges By Revenue Code reported; Fields 43 through 66.

(uu)68- Infant Linkage Identifier. The social security number of the patient's birth mother where the patient is less than two (2) years of age. A nine (9) digit field to facilitate retrieval of individual case records, to be used to link infant and mother records, and for medical research. Reporting 77777777 for the mother's SSN is acceptable for those patients where efforts to obtain the mother's SSN have been unsuccessful and the mother is not known to be from a country other than the United States. Reporting 55555555 is acceptable if the infant's mother is not a U.S. Citizen and has not been issued a SSN. Infants in the custody of the State of Florida or adoptions, use 33333333 if the birth mother's SSN is not available. A required field for patients whose age is less than two (2) years of age at admission. If the patient is two (2) years of age or older, the field is zero filled. A required entry. A required field for patients less than two (2) years of age. A nine digit numeric field. Use the birth mother's (preferred) or father's (acceptable) SSN. CAUTION: If the patient is two (2) years 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.)

(vv) Admitting Diagnosis. The diagnosis provided by the admitting physician at the time of admission, which describes the patient's condition upon admission or purpose of admission. Must contain a valid ICD-9-CM code or valid ICD-10-CM code for the reporting period. Inconsistency between the admitting diagnosis code and patient sex must be verified by the reporting entity. Inconsistency between the admitting diagnosis code and patient age must be verified by the reporting entity. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. A required entry.

(ww) External Cause of Injury Code (1), External Cause of Injury Code (2), and External Cause of Injury Code (3). A code representing circumstances or conditions as the cause of the injury, poisoning, or other adverse effects recorded as a diagnosis. No more than three (3) external cause of injury codes may be reported. Less than three (3) or no entry is permitted consistent with the records of the reporting entity. Entry must be a valid ICD-9-CM or ICD-10-CM cause of injury code for the reporting period. An external cause of injury code cannot be used more than once for each hospitalization reported. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code.

(xx) Emergency Department Hour of Arrival. The hour on a 24-hour clock during which the patient's registration in the emergency department occurred. A required entry. Use 99 where the patient was not admitted through the emergency department or where efforts to obtain the information have been unsuccessful. Must be two (2) digits as follows:

1. 00 – 12:00 midnight to 12:59
2. 01 – 01:00 to 01:59
3. 02 – 02:00 to 02:59
4. 03 – 03:00 to 03:59
5. 04 – 04:00 to 04:59
6. 05 – 05:00 to 05:59
7. 06 – 06:00 to 06:59
8. 07 – 07:00 to 07:59
9. 08 – 08:00 to 08:59
10. 09 – 09:00 to 09:59
11. 10 – 10:00 to 10:59
12. 11 – 11:00 to 11:59
13. 12 – 12:00 noon to 12:59
14. 13 – 01:00 to 01:59
15. 14 – 02:00 to 02:59
16. 15 – 03:00 to 03:59
17. 16 – 04:00 to 04:59
18. 17 – 05:00 to 05:59
19. 18 – 06:00 to 06:59
20. 19 – 07:00 to 07:59
21. 20 – 08:00 to 08:59
22. 21 – 09:00 to 09:59
23. 22 – 10:00 to 10:59
24. 23 – 11:00 to 11:59
25. 99 – Unknown.

69. Filler. A sixty-two character space filled alpha field.

(3)(e) TRAILER RECORD. The last record in the data file shall be a trailer record and must accompany each data set. Report only the total number of patient data records contained in the file, excluding header and trailer records. The number entered must equal the number of records processed. This record must follow any/all documentation submitted for

hospital inpatient discharge data records as described in paragraph 59E-7.014(1)(b), F.A.C. Elements 2. through 5. must match their counterpart elements in the Header Record, paragraph 59E-7.014(1)(a), F.A.C., else the file will reject. Failure to include will cause the data file to fail and be rejected.

1. Transaction Code. A required single character alpha identifier used by the hospital to establish the end of the file, and to set up a program check for accuracy of file input. The authorized identifier for the filed is "T". File is rejected if missing or wrong.

2. AHCA Hospital Number. Up to ten character alphanumeric field which specifies the hospital number now in effect and/or as assigned by the AHCA. Must be either the 100xxx or 11xxxx format or as specified by AHCA. A required field. File is rejected if missing, wrong, or does not match Header Record.

3. Florida License Number. Up to a ten character alphanumeric field for insertion of the hospital license number provided by the AHCA Division of Health Quality Assurance. Left justify, leave unused field spaces blank. Must match counterpart field in Header file. A required field. File is rejected if the license number is invalid, outdated, missing or wrong.

4. Provider Medicaid Number. Up to a ten character alphanumeric hospital number assigned by the AHCA Medicaid office. A required field. File is rejected if improperly formatted, missing or wrong.

5. Provider Medicare Number (MPN). Up to a ten character alphanumeric hospital number assigned by the HCFA Medicare office. A required field. Must match counterpart field in Header file. Left justify, leave unused field spaces blank. File is rejected if improperly formatted, missing or wrong.

6. Provider Street Address. Up to a forty character alphanumeric field containing the address of the Provider Hospital. Left justify, leave unused field spaces blank. A required field.

7. Provider City Address. Up to twenty five character alphanumeric field for the city in which the hospital is located. A required field.

8. Provider State. A two character alpha field designating the state in which the hospital is located using the approved U.S. Postal Service state abbreviation; use the abbreviation "FL". A required field.

9. Provider Zip Code. A five digit numeric field for recording the hospital zip code. A required field.

10. Submitter Street Address. Up to a forty character alphanumeric field containing the address of the data submitter. A required field.

11. Submitted City Address. Up to twenty five character alphanumeric field for the city in which the data submitter is located. A required field.

12. ~~Submitter State.~~ A two character alpha field designating the state in which the data submitter is located using the approved U.S. Postal Service state abbreviation; use the abbreviation, for example, "FL". A required field.

13. ~~Submitter Zip Code.~~ A five digit numerical field for recording the submitting organization's zip code. A required field.

14. ~~Number of Records.~~ A required nine digit numerical field recording the total number of records included in the file, excluding Header and Trailer records.

15. ~~Filler Space.~~ A two hundred eighty six character space filled alpha field.

(2) ~~Layout for Reporting.~~ The required inpatient discharge record data reporting layout is presented in 3 sections.

(a) ~~HEADER RECORD.~~ A required record inserted at the beginning of the tape/diskette. Must be present for the tape to run. Contains 480 characters with the following layout of fields:

NUMBER-DATA-ELEMENT	TYPE	JUST	SIZE	FIELD POSITIONS
1. TRANSACTION CODE (H)	A	L	1	1
2. REPORTING YEAR	N	R	4	2-5
3. REPORTING QUARTER	N	R	1	6
4. DATA TYPE (PD10)	A/N	L	4	7-10
5. SUBMISSION TYPE	A	L	1	11
6. PROCESSING DATE	N	R	8	12-19
7. AHCA HOSPITAL NUMBER	A/N	R	10	20-29
8. FLORIDA LICENSE NUMBER	A/N	L	10	30-39
9. PROVIDER MEDICAID NUMBER	A/N	L	10	40-49
10. PROVIDER MEDICARE NUMBER	A/N	L	10	50-59
11. PROVIDER ORGANIZATION	A/N	L	40	60-99
12. PROVIDER CONTACT NAME	A	L	25	100-124
13. CONTACT PERSON TELEPHONE #	N	R	10	125-134
14. CONTACT TELEPHONE EXTENSION	N	R	4	135-138
15. SUBMITTER ORGANIZATION NAME	A/N	L	40	139-178
16. SUBMITTER CONTACT NAME	A/N	L	25	179-203
17. SUBMITTER CONTACT TELEPHONE #	N	R	10	204-213
18. CONTACT TELEPHONE EXTENSION	N	R	4	214-217
19. FILLER SPACE	A/N	L	263	218-480

(b) ~~HOSPITAL INPATIENT DISCHARGE DATA RECORDS.~~ Contains the required record layout of Inpatient Discharge Data elements which make up each inpatient discharge record, having an individual record length of 480 characters.

NUMBER-DATA-ELEMENT	TYPE	JUST	SIZE	FIELD POSITIONS
1. DATA TYPE (PD10)	A/N	L	4	1-4
2. ACTION CODE	A	L	1	5
3. REPORTING QUARTER	N	R	1	6
4. REPORTING YEAR	N	R	2	7-8
5. AHCA HOSPITAL NUMBER	A/N	R	10	9-18
6. RECORD ID NUMBER	A/N	L	17	19-35
7. INPATIENT SOCIAL SECURITY NUMBER	N	R	9	36-44
8. INPATIENT RACE	N	R	1	45
9. INPATIENT BIRTHDATE	N	R	8	46-53
10. INPATIENT SEX	N	R	1	54
11. INPATIENT ZIP CODE	N	R	5	55-59
12. TYPE OF ADMISSION	N	R	1	60
13. SOURCE OF ADMISSION	N	R	2	61-62
14. ADMISSION DATE	N	R	6	63-68
15. DISCHARGE DATE	N	R	6	69-74
16. INPATIENT DISCHARGE STATUS	N	R	2	75-76
17. PRINCIPAL PAYER CODE	A	L	1	77
18. PRINCIPAL DIAGNOSIS CODE	A/N	L	5	78-82
19. OTHER DIAGNOSIS CODE	A/N	L	5	83-87
20. OTHER DIAGNOSIS CODE	A/N	L	5	88-92
21. OTHER DIAGNOSIS CODE	A/N	L	5	93-97
22. OTHER DIAGNOSIS CODE	A/N	L	5	98-102
23. OTHER DIAGNOSIS CODE	A/N	L	5	103-107
24. OTHER DIAGNOSIS CODE	A/N	L	5	108-112
25. OTHER DIAGNOSIS CODE	A/N	L	5	113-117
26. OTHER DIAGNOSIS CODE	A/N	L	5	118-122
27. OTHER DIAGNOSIS CODE	A/N	L	5	123-127
28. PRINCIPAL PROCEDURE CODE	A/N	L	4	128-131
29. PRINCIPAL PROCEDURE DATE	N	R	6	132-137
30. OTHER PROCEDURE	A/N	L	4	138-141
31. OTHER PROCEDURE	A/N	L	4	142-145

32. OTHER PROCEDURE	A/N	L	4	146-149
33. OTHER PROCEDURE	A/N	L	4	150-153
34. OTHER PROCEDURE	A/N	L	4	154-157
35. OTHER PROCEDURE	A/N	L	4	158-161
36. OTHER PROCEDURE	A/N	L	4	162-165
37. OTHER PROCEDURE	A/N	L	4	166-169
38. OTHER PROCEDURE	A/N	L	4	170-173
39. ATTENDING PHYS ID #	A/N	L	11	174-184
40. BLANK FIELD	A/N	L	6	185-190
41. OPERATING PHYS ID #	A/N	L	11	191-201
42. BLANK FIELD	A/N	L	6	202-207
43. ROOM & BOARD CHARGE CODE (11X to 16X)	N	R	8	208-215
44. NURSERY CHARGE CODE (17X)	N	R	8	216-223
45. ICU CHARGE CODE (20X)	N	R	8	224-231
46. CCU CHARGE CODE (21X)	N	R	8	232-239
47. PHARMACY CHARGE CODE (25X)	N	R	8	240-247
48. MED/SURG SUPPLIES CODE (27X)	N	R	8	248-255
49. ONCOLOGY CHARGE CODE (28X)	N	R	8	256-263
50. LABORATORY CHARGE CODE (30X)	N	R	8	264-271
51. PATHOLOGY CHARGE CODE (31X)	N	R	8	272-279
52. DIAGNOSTIC RAD. CHARGE CODE (32X)	N	R	8	280-287
53. THERAPEUTIC RAD. CHARGE CODE (33X)	N	R	8	288-295
54. NUC. MED. CHARGE CODE (34X)	N	R	8	296-303
55. CT SCAN CHARGE CODE (35X)	N	R	8	304-311
56. O.R. SVCS. CHARGE CODE (36X)	N	R	8	312-319
57. ANESTHESIA CHARGE CODE (37X)	N	R	8	320-327
58. RESP. THERAPY CHARGE CODE (41X)	N	R	8	328-335
59. PHYS. THERAPY CHARGE CODE (42X)	N	R	8	336-343
60. OCCUP. THERAPY CHARGE CODE (43X)	N	R	8	344-351
61. E.R. SVC. CHARGE CODE (45X)	N	R	8	352-359
62. CARDIOLOGY CHARGE				

CODE (48X)	N	R	8	360-367
63. MRI CHARGE CODE (61X)	N	R	8	368-375
64. RECOVERY ROOM CHARGE CODE CHARGES (71X)	N	R	8	376-383
65. LABOR ROOM CHARGE CODE CHARGES (72X)	N	R	3	84-391
66. "OTHER" REVENUE CODE CHARGES	N	R	8	392-399
67. TOTAL GROSS CHARGES	N	R	10	400-409
68. INFANT LINKAGE IDENTIFIER	N	R	9	410-418
69. FILLER	A		62	419-480

(e) TRAILER RECORD. Is a required record inserted at the end of the tape/diskette. If field numbers 2 through 5 do not match their counterpart fields in the HEADER RECORD, the file will reject. Contains 480 characters with the following layout of fields:

NUMBER	DATA ELEMENT	TYPE	JUST	SIZE	FIELD POSITIONS
1.	TRANSACTION CODE (T)	A	L	1	1
2.	AHCA HOSPITAL NUMBER	A/N	R	10	2-11
3.	FLORIDA LICENSE NUMBER	A/N	L	10	12-21
4.	PROVIDER MEDICAID NUMBER	A/N	L	10	22-31
5.	PROVIDER MEDICARE NUMBER	A/N	L	10	32-41
6.	PROVIDER STREET ADDRESS	A/N	L	40	42-81
7.	PROVIDER CITY ADDRESS	A/N	L	25	82-106
8.	PROVIDER STATE	A	L	2	107-108
9.	PROVIDER ZIP CODE	N	R	5	109-113
10.	SUBMITTER STREET ADDRESS	A/N	L	40	114-153
11.	SUBMITTER CITY ADDRESS	A/N	R	25	154-178
12.	SUBMITTER STATE	A	L	2	179-180
13.	SUBMITTER ZIP CODE	N	R	5	181-185
14.	NUMBER OF RECORDS	N	R	9	186-194
15.	FILLER SPACE	N	R	286	195-480

"Type" means (A)lpha or (N)umeric or (A/N) alphanumeric field. "Justification" is either (R)ight or (L)eft.

(3) Reporting Parameters. Hospitals submitting inpatient discharge data pursuant to Rule 59E-7.014, F.A.C., shall report data according to the following parameters:

(a) HEADER RECORD. Consists of a single record at the beginning of each data submission to validate identification of the hospital and submitter responsible for the inpatient discharge records in subsection 59E-7.014(2), F.A.C. This is a

required record with all fields filled to enable the tape/diskette to process. Submit one Header Record per tape/diskette data submission.

1. Record identification is a required five character alpha field which must carry the startup designation "H". If missing or wrong, processing will terminate at this point.

2. Reporting Year is a four digit numeric field in the CCYY format which specifies the year in which the discharges being submitted occurred. This is a mandatory field for submission types "I" (Initial submission) and "R" (Resubmission)(see 5. below).

3. Reporting Quarter is a single digit numeric field which indicates the reporting quarter in which the discharges occurred within 2. above. This is a mandatory field for submission types "I" and "R" (see 5. below).

4. Data Type is a required four character alphanumeric field which identifies the type of data which follows the Header Record. See also subparagraph 59E 7.014(1)(a)4., F.A.C., Header Record for the authorized code.

5. Submission Type is a required single character alpha field which identifies the type of data being submitted: I—Initial submission. This code is used for the first submission of a data set for the specified time period; should also be used when replacing previously rejected files. R—Resubmission. Replaces all accepted or partially accepted records for the specified time period. All Data Set Action Code entries (For "I" or "R") must be "A" in accordance with definitions specified in Rule Section II, subsection 59E 7.014(2), F.A.C. All existing data for the time period will be deleted and replaced with the new data set. M—Maintenance. All submissions in this category are those which do not meet "I" or "R" requirements. All Data Set Action Code entries for "M" will include "A" or "D", or "U" as specified in Rule II, subsection 59E 7.014(2), F.A.C.

6. Process Date is an eight digit required numeric field in which the date that the data file was processed or created by the Provider/Submitter is inserted. Must be in the MMDDCCYY format.

7. AHCA Hospital Number is a required field up to ten alphanumeric characters which designate the hospital identifier. AHCA currently uses and assigns a standard six digit or eight digit number. Multi premises hospital systems are required to submit hospital inpatient data separately using a unique AHCA Hospital number to distinguish each individual premises. For hospitals now reporting, this entails no change to the current hospital identifier except for added zeros at the beginning of the field.

8. Florida License Number is an alphanumeric field of up to ten characters which indicates the license number granted to the hospital by the AHCA Division of Health Quality Assurance to legally operate a hospital in the State of Florida.

9. Provider Medicaid Number is an alphanumeric entry of up to ten characters which designates the identification number or account number of the hospital for Medicaid reimbursement.

10. Provider Medicare Number is an alphanumeric entry of up to ten characters which designates the identification number or account number of the hospital granted by HCFA for Medicare reimbursement. The MPN.

11. Provider Organization Name is the name of the hospital submitting the inpatient discharge data. Enter up to forty alphanumeric characters.

12. Provider Contact Person is the person who actually prepares the inpatient discharge data and/or is the individual most knowledgeable about the data and its preparation, to whom all queries concerning hospital data are to be directed. Use up to twenty-five alphanumeric characters.

13. Provider Contact Phone is the telephone number at which the contact person in field 12 above can normally be contacted by the AHCA staff. Use a ten digit number which includes the area code. Do Not include hyphens, parenthesis, braces, or any other alpha character.

14. Provider Phone Extension is an optional field up to four numeric digits in which the contact person's telephone extension is entered, if one exists. Zero fill if no extension is provided.

15. Submitter Organization Name consists of the name of the hospital, corporate headquarters, or other data preparation service which is actually submitting the data to AHCA. Must be provided even if it is the hospital. Use up to forty alphanumeric characters.

16. Submitter Contact Person is the individual designated by the submitting organization or agency to be the point of contact person for the hospital's data being submitted.

17. Submitter Contact Phone is the telephone at which the contact person in field 16 above can normally be contacted by AHCA staff. Use a ten digit number which includes the area code. Do Not include hyphens, parenthesis, braces, or any other alpha character.

18. Submitter Phone Extension is an optional field up to four numeric digits in which the contact person's telephone extension is entered, if one exists. Zero fill if no extension is provided.

19. Filler is provided by making allowance for two hundred sixty three spaces.

(b) INPATIENT DATA ELEMENTS FORMAT AND EDIT CRITERIA. This section specifies the format requirements for inpatient discharge data requirements which are required to be submitted to the AHCA in accordance with the provisions of this rule. Unless otherwise specified in the instructions as being optional or discretionary fields, each field is a required input. An omission can cause fatal rejection or be an error flagged for correction/validation.

1. Data Type is a required four character alphanumeric designator for the type of data being submitted; i.e., Hospital Inpatient Discharge Data. The approved code to be used is PD10. Must match the data submitted in subparagraph 59E-7.014(1)(a)4., F.A.C., Header Record.

2. Action Code is a single character alpha designator for the specific processing action required by the record being submitted. Authorized codes which must be used are: A—Add a new record; D—Delete an existing record; U—Update (correct) an existing record. Failure to provide will result in an error flagged record.

3. Reporting Quarter is a single digit numeric field designating the calendar quarter in which the discharge occurred for each record. Designation is made as follows: 1—January 1 through March 31; 2—April 1 through June 30; 3—July 1 through September 30; 4—October 1 through December 31. The quarter code must match the code in the Header Record in this rule.

4. Reporting Year Code is a required two digit numeric identifier submitted by hospitals to identify the time of the year in which the discharges occurred.

5. The AHCA Hospital Number is a ten alphanumeric character field in which is placed the current six digit or eight digit hospital number on file with AHCA or as furnished by the AHCA. A required field within each inpatient record. Will lead to a fatal error (i.e., data will cease processing) if not provided.

6. The Hospital Record Identifier must be provided—the field cannot be all spaces. Must be a unique identifier for each inpatient, no more than seventeen alphanumeric characters (Standard characters: Letters and/or Numbers). Failure to provide an identifier or duplication of an identifier will result in a fatal error and REJECTION of the entire file without further processing.

7. The Social Security Number (SSN) is a nine (9) digit required field for all patients having social security numbers. SSNs should be submitted for all inpatients two (2) years of age or older. Patients not having SSNs should be in one of the following groups: newborns and infants less than 2 years of age, very old inpatients never issued a SSN, foreign visitors (including aliens), and migrant workers (i.e., non-citizens). An entry of 000000000 is acceptable for patients less than two (2) years of age who do not have an SSN. For patients not from the U.S., use 555555555, if a SSN is not assigned. For those patients where efforts to obtain the SSN have been unsuccessful or where one is unavailable, and the patient is two (2) years or older and a resident of the U.S., use 777777777. DO NOT share SSNs in this field; one SSN— one inpatient.

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), 8—No Response (Use if patient refuses to

disclose). For use by AHCA as demographic and epidemiological information, and health planning. Not an optional field.

9. Inpatient Date of Birth is required; must be eight digits in the MMDDCCYY format. Month must be entered as 01 through 12 (as appropriate for the month in which born); Day must be entered as 01 through 31; Year must be in four digits (e.g., 1932).

10. Inpatient Sex is a required field. Entry must be a single digit; 1—Male, 2—Female, or 3—unknown.

11. A valid Zip Code is required; must be five digits. Use 00009 for patients of foreign origin. Use 00007 for homeless patients. Use 00000 for unknown zip codes. Spaces are not acceptable.

12. Type of Admission entry is a required single digit numeric field. Must be 1-5 (See subparagraph 59E-7.014(1)(b)12., F.A.C.), Type of Admission 4, Newborn reporting, includes all infants born in the hospital. If an infant is born in a hospital, the hospital in which the birth occurred will report the event as a Type of Admission 4, regardless of the outcome of the birth; i.e., normal birth with infant discharged home, premature birth transferred within hours, stillborn, infant death following delivery, delivery with problems requiring transfer, etc.

13. A Source of Admission entry is required; a two digit field. Must be 01-14 (See subparagraph 59E-7.014(1)(b)13., F.A.C.); Additional codes have been included to provide the hospital with more specificity selections for infant admissions. If the Type of Admission is 4 (Newborn) (12. above), the Source of Admission “Codes Required For Newborn 10-14 MUST be used.

14. An Admission Date is required; a six digit field using the MMDDYY format. Month must be entered as 01 through 12; Day must be entered as 01 through 31; Year must be in two digits (e.g., 94). Admission date must be equal to or precede the Discharge Data (Field 15).

15. A Discharge Date is required; a six digit field using the MMDDYY format. Month must be entered as 01 through 12 (as appropriate for the discharge month); Day must be entered as 01 through 31; Year must be in two digits (e.g., 92). The Discharge Date must equal or follow the Admission Date (Field 14). Discharge Date must occur within a specified reporting quarter as shown on the external label or the tape/diskette: e.g., 01/01-03/31, 04/01-06/30, 07/01-09/30, 10/01-12/31.

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

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

18. A Principal Diagnosis Code is required for every inpatient, and must be a valid ICD-9-CM code as defined by the Health Care Finance Administration (HCFA) Medicare Code Editor. Diagnosis codes vary from three character codes to three characters plus one or two decimal digits, but are submitted WITHOUT the decimal. Applicable V-Codes are acceptable. The principal diagnosis cannot be an E-Code or a manifestation code. The Principal Diagnosis code cannot be repeated in any of the Other Diagnosis codes. The Principal Diagnosis cannot conflict with an inpatient's age/sex as defined by the HCFA code editor. The accepted definition of Principal Diagnosis is "Principal diagnosis is the condition established, after study, to be chiefly responsible for occasioning the admission of the inpatient to the hospital." A space filled field IS NOT acceptable.

19. through 27. Other Diagnosis fields are optional fields of valid three to five digit ICD-9-CM codes in a five digit field which describe additional health factors affecting the inpatient's treatment and length of stay in the hospital. Space fill if no other diagnosis is present in the inpatient's medical record. If not space filled, codes used must be valid ICD-9-CM codes as defined by the HCFA Code Editor. Codes cannot duplicate the Principal Diagnosis code or any Other Diagnosis Codes. Other Diagnosis codes cannot conflict with inpatient age/sex as defined by the HCFA code editor. E-codes are included in Other Diagnosis fields as valid codes. Applicable V-Codes are acceptable. Blank spaces between two consecutive Other Diagnosis fields will cause an error flag.

28. Principal Procedure Code is an optional field; use four alphanumeric characters. Space fill if not used. If a procedure has been performed, then Principal Procedure Code is a mandatory entry. Must be a valid ICD-9-CM code as defined by the HCFA Code Editor. If used, both a Principal Procedure Date (field 30) and Operating Physician Identification (field #42) must be supplied. A Principal Procedure code cannot conflict with an inpatient's sex or age as defined by the HCFA Code Editor.

29. A Principal Procedure Date is required if the Principal Procedure field 28 contains an entry; must be a six digit numeric field using the MMDDYY format. Month must be entered as 01 through 12; Day must be entered as 01 through 31 (as appropriate for the month of occurrence); Year must be in two digits (e.g., 94). The Principal Procedure date may occur no sooner than three days prior to the admission date and not later than the discharge date. If not required, zero fill.

30. through 38. Other Procedure Codes are optional, four digit alphanumeric fields. Space fill if not used. Must be preceded by a Principal Procedure. If an Other Procedure has been performed on the inpatient, a valid ICD-9-CM procedure code as defined by the HCFA Code Editor must be entered. Codes cannot conflict with the inpatient's sex or age as defined by the HCFA Code Editor. Space filled fields between two successive coded procedure fields will create an error.

39. The Attending Physician ID is a mandatory entry showing the identification number of the physician having primary responsibility for the inpatient's care program and treatment, or the physician who certified medical necessity for the inpatient's admission to the hospital. Use up to eleven alphanumeric characters. Insert the State of Florida physician license number as issued and recorded by the AHCA Division of Medical Quality Assurance, preceded by the suffix "FL". No other entries will be accepted, and the file will be error flagged.

40. Blank Field is a blank fill entry.

41. The Operating Physician ID is a required entry only if the Principal Procedure code field 28 is filled. Fill with the identification number of the physician having primary responsibility for the inpatient's surgery and/or who scheduled the surgery. May also be the attending physician (Field 40). An eleven character alphanumeric field using the State of Florida physician license number as issued and recorded by the AHCA Division of Medical Quality Assurance, preceded by the suffix FL. No other entries will be accepted.

42. Blank Field is a blank fill entry.

43. through 65. Charges by Revenue Code are required fields if charges are debited to the inpatient account for services rendered in these fields, as reported in the UB 92. Charges are rounded to the nearest dollar. All charges are to be reported under the major code of a group, (e.g., 115 in the 11X to 16X group, 282 in the 28X group, 427 in the 42X group, etc.). An eight digit field; right justified.

66. "Other" Charges by Revenue Code is required for all charges to the inpatient account which do not fall in one of the individual groups (Fields 44-65). A sum of all "other" charges by revenue account fields. An eight digit field; right justified. DO NOT include charges for revenue codes 96X, 97X, 98X, or 99X. Negative charges are not accepted. This field will be edited to ensure that all charges by revenue code are not being placed into it.

67. Total Gross Charges is a required field; a ten digit field rounded to the nearest dollar. Zero filled or space filled total gross charges are not accepted unless the Type of Admission is 4, (Field 12) and Discharge Status is 02, 05, or 20 (Field 18). MUST equal the sum of all of the charges by revenue code in fields 43 through 66. The AHCA will make an allowance for rounding only.

68. Infant 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 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 in the Infant Linkage Identifier field for unknown mother's and father's SSN. If the patient is two (2) years of age or older, the field is zero filled.

69. The Filler Space field is a required field which is completed by inserting the correct number of spaces noted in paragraph 59E 7.014(2)(b).

1. Transaction Code is a on(e) TRAILER RECORD. This record must be included at the end of the inpatient discharge records file for the data processing to complete the run. Failure to provide it will cause the hospital's file to cease processing and to be rejected. Is entered into the file only once. Elements 2 through 5 must match the data in their counterpart fields in the HEADER RECORD, else the file will discontinue processing at the field with the difference, and will reject. All fields are required. e character alpha field which requires the entry of the letter "T". This establishes the end of the inpatient discharge data file and diverts the program into a close-out validation run.

2. AHCA Hospital Number is up to a ten digit field in which the standard six digit or eight digit number currently being used or those issued to hospitals coming on line by the AHCA is used.

3. Florida License Number is an alphanumeric field up to ten characters which indicate the license number granted to the hospital by the AHCA Division of Health Quality Assurance to legally operate a hospital in the State of Florida.

4. Provider Medicaid Number is up to a ten character alphanumeric entry which designates the identification number or account number of the hospital for Medicaid reimbursement.

5. Provider Medicare Provider Number is up to a ten character alphanumeric entry which designates the identification number or account number of the hospital for Medicare reimbursement.

6. Provider Street Address consists of the hospital address as carried in official document(s). Do Not use P. O. Box numbers for AHCA files since mail sent registered to the hospital through the U.S. Postal Service cannot be delivered to a P. O. Box location. Use up to forty alphanumeric characters.

7. Provider City Address is the city in which the hospital is located. Use up to twenty five alphanumeric characters.

8. Provider State is the State of Florida using the approved U.S. Postal Service two character abbreviation.

9. Provider Zip Code includes only the five digit numeric data as issued by the U.S. Postal Service. Do not submit zip code extensions.

10. Submitter Street Address is the address where the data is prepared and shipped from. DO NOT USE P. O. Boxes. Enter up to forty alphanumeric characters. A required entry even if the provider and submitter are the same.

11. Submitter City Address is the city in which the organization submitting the data is located. Use up to twenty five alphanumeric characters. A required entry even if the provider and submitter are the same.

12. Submitter State is a two character alpha field using the U.S. Postal Service authorized two letter abbreviation of the state where the submitter is located. A required entry even if the provider and submitter are the same.

13. Submitter Zip Code includes only the five digit numeric data as issued by the U.S. Postal Service. Do not send zip code extensions. A required entry even if the provider and submitter are the same.

14. Number of Records is the actual count of records (minus the Header Record and the Trailer Record) included on the tape/diskette submission. A matching count with the number of records physically processed is important if the hospital data is to complete processing. If the number in this field does not match the number of records counted by the AHCA program, the hospital file will be rejected. Use up to nine numeric digits.

15. Filler consists of all spaces as designated in Section III of the AHCA Data Set and Format.

(4) The effective date of all data reporting changes in Rule 59E 7.014, F.A.C., as amended, shall be for discharges occurring on or after January 1, 2002 unless a later date is indicated in Rule 59E 7.014, F.A.C.

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History—New 12-15-96, Amended 7-11-01, _____.

59E-7.015 Public Records.

(1) No change.

(2) Patient-specific records collected by the Agency pursuant to Rules 59E-7.011-7.016, F.A.C., are exempt from disclosure pursuant to Section 408.061(8), F.S., and shall not be released unless modified to protect patient confidentiality as described in paragraph (2)(a) below and released in the manner described in paragraphs (2)(c) and (2)(d).

(a) The patient-specific record shall be modified to protect patient confidentiality as follows:

1. Patient's Record ID Number as Assigned by the Facility. Will be deleted or a Substitute Sequential Number used.

2. Patient Social Security Number. Substitution with a Record Linkage Number. Deleted. Indicators of readmission at any Florida reporting hospital within 30 days of discharge will be substituted when available. Readmission data will not be released for any quarter until each subsequent quarter is 100 percent certified.

3. Patient Birth Date. Substitute Age in Years and an indicator of Age < 29 Days.

4. Patient ZIP Code. If less than 500 population for the ZIP Code per the most recent U.S. Census, a masked code representing a combination set of ZIP Codes will be substituted; if out of state, the state ID, territory designation, or country ID will be substituted.

4.5. Admission Date. Deleted.

5.6. Discharge Date. Length of Stay (LOS) is substituted.

~~6.7.~~ Principal Procedure Date. Days from Admission to Principal Procedure will be substituted.

~~7.~~ Other Procedure Date. Days from Admission to Other Procedure will be substituted.

8. Infant ~~First Year~~ Linkage ID. Deleted.

(b) A record linkage number shall be assigned which does not identify an individual patient and cannot reasonably be used to identify an individual patient through use of data available through the Agency for Health Care Administration, but which can be used for ~~non~~-confidential data output for bona fide research purposes.

(c) No change.

(d) The modified data described in paragraph (2)(a) shall be released in accordance with the Limited Data Set requirements of the federal Health Insurance Portability and Accountability Act public information and shall be made available to the public on or after quarterly data has been certified as accurate by the 95% of reporting hospitals as required by paragraph 408.061(1)(a), Florida Statutes. Local Health Council (LHC) and Community Health Purchasing Alliance (CHPA) data will be released when 100% of the hospitals within that LHC or CHPA have certified data.

(3) Aggregate reports derived from patient-specific hospital records collected pursuant to Rules 59E-7.011-7.016, F.A.C., are public records and shall be released as described in this Rule, provided that the aggregate reports do not include the patient's record ID number as assigned by the facility, patient social security number, record linkage number, patient birth date, admission date, discharge date, principal procedure date, other procedure date, patient ZIP Code, or infant newborn linkage identifier; and provided the aggregate reports contain the combination of five or more records for any data disclosed.

(4) No change.

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 119.07(1)(a),(2)(a), 408.061(8) FS. History--New 12-15-96, Amended _____.

59E-7.016 General Provisions.

(1) through (2) No change.

~~(3) Hospital data processing/MIS personnel must assure that the tape or disk data conforms to specifications in format from subsections 59E-7.014(1), (2) and (3), F.A.C., without any breaks or blocking or other failure in the data processing cycle.~~

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History--New 12-15-96, Amended 7-11-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Lisa Rawlins, Bureau Chief, State Center for Health Statistics
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Alan Levine, Secretary, Agency for Health Care Administration

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 5, 2005

DATES NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 22, 2004 and February 4, 2005

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

RULE TITLES: RULE NOS.:

Department Personnel Disciplinary Policies and Procedures/Distribution	61-2.0010
Sick Leave Pool	61-2.0011
Sexual Harassment Policy	61-2.014
Affirmative Action Policy	61-2.026

PURPOSE AND EFFECT: Repeals above rules, per Section 110.1055, F.S.

SUMMARY: This is a housekeeping rule deleting rules addressing the distribution of Disciplinary Policies and Procedures manual, administration of the Sick Leave Pool program, incorporation and distribution of the Sexual Harassment Policy and Procedure information, and incorporation of the Affirmative Action Policy. The substance of the repealed rules is now contained within the Uniform Personnel Rules, and the above rules were repealed by operation of Section 110.1055, F.S., on January 1, 2002.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No statement of estimated regulatory costs was prepared.

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

SPECIFIC AUTHORITY: 110.201(2), 110.227 FS.

LAW IMPLEMENTED: 110.1055 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW. (IF NOT REQUESTED, A HEARING WILL NOT BE HELD):

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Gail Scott Hill, Assistant General Counsel, Northwood Centre, 1940 North Monroe Street, Tallahassee, FL 32399-2202

THE FULL TEXT OF THE PROPOSED RULES IS:

61-2.0010 Department of Personnel Disciplinary Policies and Procedures/Distribution.

Specific Authority 20.05(1)(b),(5), 110.201(2) FS. Law Implemented 110.201(2), 110.227 FS. History--New 5-29-96, Repealed _____.

61-2.0011 Sick Leave Pool.

Specific Authority 110.121 FS. Law Implemented 760.10, 110.121 FS. History--New 11-17-96, Repealed _____.

61-2.014 Sexual Harassment Policy.

Specific Authority 20.05, 110.105, 110.201 FS. Law Implemented 760.10, 110.105, 110.227, 110.233 FS. History—New 7-2-84, Formerly 7-2.003, 7-2.0003, Amended 11-17-96, Repealed.

61-2.026 Affirmative Action Policy.

Specific Authority 110.112(2) FS. Law Implemented 110.112(2) FS. History—New 8-26-80, Formerly 7-5.01, 7-5.001, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE: Gail Scott Hill, Assistant General Counsel, Office of the General Counsel, Florida Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32399

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Diane Carr, Secretary, Florida Department of Business and Professional Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 31, 2005

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

RULE TITLE: Biennial Licensing

RULE NO.: 61-6.001

PURPOSE AND EFFECT: Update the rule language to omit practice acts no longer regulated by the Department, add renewal dates for continuing education providers, and extend the renewal date for real estate appraisers.

SUMMARY: Deletes rule renewal dates for professions no longer regulated and updates renewal dates for regulated professions.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: None.

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

SPECIFIC AUTHORITY: 455.203(5) FS.

LAW IMPLEMENTED: 455.203(1) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Gail Scott-Hill, Assistant General Counsel, Office of the General Counsel, Florida Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32399

THE FULL TEXT OF THE PROPOSED RULE IS:

61-6.001 Biennial Licensing.

(1) Pursuant to Section 455.203(1), Florida Statutes 2004 (1979), the Department hereby implements a plan for staggered biennial renewal of licenses issued by the Central Intake Unit,

~~The Division of Service Operations and Licensure, Bureau of Licensure of the Division of Technology, Licensure, and Testing of the Department~~ on behalf of the boards within the Department and the Department.

(2) The staggered biennial renewal issuance plan does not apply to the renewal of licenses which have a statutory period of one year or less and which do not mature into permanent licenses which would be subject to regular annual renewal.

(3) Biennial period shall mean a period of time consisting of two 12 month years. The first biennial period for the purposes of each board shall commence and continue on the dates specified in the department plan as set forth for each respective profession.

(4) The schedule for biennial license renewal for each respective profession shall be as follows:

	EVEN YEARS	ODD YEARS
Accountancy Firms		December 31
Accountants <u>Group 3</u>	December 31	
(CE Codes in 30 series)		
Accountants <u>Group 2</u>		December 31
(CE codes in 20 series)		
Acupuncturists	February 28	
Athlete Agents	May 31	
Architects/Architect		
Businesses		February 28
Asbestos Consultants/		
Contractors	November 30	
<u>Asbestos Business</u>		<u>November 30</u>
Auctioneers, Businesses		
& Apprentices		November 30
Barber Shops	November 30	
Barbers	July 31	
<u>Barbers CE Provider</u>	<u>May 31</u>	
Building Code		
Administrators &		
Inspectors		November 30
<u>Building Code CE</u>		
<u>Provider</u>		<u>May 31</u>
<u>Community Association</u>		
<u>Managers</u>	<u>September 30</u>	
<u>Community Association</u>		
<u>Managers CE Provider</u>		<u>May 31</u>
<u>Community Association</u>		
<u>Managers Pre-Licensure</u>		
<u>CE Provider</u>	<u>May 31</u>	
Centralized Embalming		
Facilities	November 30	
Certified Master Social		January 31
Workers		
Chiropractors and	February 28	

Assistants			Landscape	
Clinical Social Workers		January 31	Architects/Landscape	
Construction Industry			Architecture Businesses	November 30
Licensing Board			<u>Landscape Architecture</u>	
(Certified)	August 31		<u>CE Provider</u>	<u>May 31</u>
Construction Industry			Architecture Business	
Licensing Board			<u>Marriage & Family</u>	<u>January 31</u>
(Registered)		August 31	<u>Therapists</u>	
<u>Construction Industry</u>			<u>Massage Therapists/Massage</u>	<u>January 31</u>
<u>Licensing Board CE</u>			<u>Establishments</u>	
<u>Provider</u>		<u>May 31</u>	<u>Mental Health Counselors</u>	<u>January 31</u>
<u>Construction Industry</u>			<u>Midwives</u>	<u>December 31</u>
<u>Licensing Board Specialty</u>			<u>Naturopaths</u>	<u>May 1</u>
<u>Structure</u>	<u>August 31</u>		<u>Nuclear Pharmacists</u>	<u>February 28</u>
Cosmetologists & Specialties			<u>Nurses</u>	<u>April 30</u>
Group I		October 31	<u>Group I:</u>	
Group II	October 31		<u>Registered and</u>	
Cosmetology Salons	November 30		<u>Advanced Registered</u>	
<u>Cosmetology CE</u>			<u>Nurse Practitioners</u>	
<u>Provider</u>		<u>May 31</u>	<u>Group II:</u>	<u>July 31</u>
<u>Registered Cinerators</u>	November 30		<u>Registered and</u>	
<u>Crematories</u>			<u>Advanced Registered</u>	
Dental Hygienists	February 28		<u>Nurse Practitioners</u>	
Dental Laboratories	February 28		<u>Group III:</u>	<u>April 30</u>
(These licenses renew annually.)			<u>Registered and</u>	
Dentists	February 28		<u>Advanced Registered</u>	
Dietitians/Nutritionists		February 28	<u>Nurse Practitioners</u>	
Direct Disposers & Establishments		August 31	<u>Licensed Practical</u>	<u>July 31</u>
Dispensing Opticians	July 31		<u>Nurses</u>	
Electrical Contractors	August 31		<u>Nursing Home</u>	<u>July 31</u>
<u>Electrical Contractors</u>			<u>Administrators</u>	
<u>CE Provider</u>		<u>May 31</u>	<u>Occupational Therapists</u>	<u>January 31</u>
<u>Electrologists</u>		<u>October 31</u>	<u>& Assistants</u>	
<u>Electrologist Facilities</u>	April 30		<u>Optometrists/Optomety</u>	<u>February 28</u>
Employee Leasing Companies	April 31		<u>Branch Offices</u>	
Funeral Home Establishments	November 30		<u>Osteopathic Physicians</u>	<u>January 31</u>
Funeral Directors & Embalmers		August 31	<u>Osteopathic Physician</u>	<u>July 31</u>
Geologists/Geology Businesses	July 31		<u>Assistants</u>	
Hearing Aid Specialists		February 28	<u>Pharmacies</u>	<u>February 28</u>
Interior Designers/Interior Design Businesses		February 28	<u>Pharmacist Consultants</u>	<u>December 31</u>
			<u>Pharmacists</u>	<u>July 31</u>
			<u>Physical Therapists</u>	
			<u>& Assistants</u>	
			<u>Physicians & Physician</u>	<u>January 31</u>
			<u>Assistants</u>	
			<u>Pilots</u>	<u>January 31</u>
			<u>Podiatrists</u>	<u>February 28</u>
			<u>Professional</u>	
			<u>Engineers/Engineer</u>	<u>February 28</u>
			<u>Business</u>	

Psychologists	February 28	
Real Estate Appraisers	November 30	
Real Estate Appraiser Instructors		September 30
Real Estate – Group I	September 30	
Real Estate – Group II		March 31
Real Estate – Group III		September 30
Real Estate – Group IV	March 31	
Real Estate Schools		September 30
Refrigeration Facilities	November 30	
Removal Services	November 30	
Respiratory Care Practitioners		January 31
Respiratory Therapists		January 31
School Psychologists		January 31
Speech Language Pathologists/Audiologists & Assistants		December 31
Surveyors & Mappers		February 28
Surveying & Mapping Businesses		February 28
Surveying and Mapping CE Provider		May 31
Talent Agencies	May 31	
Veterinarians	May 31	
Water/Waste Water Treatment Operators		February 28

EXTENSION OF BIENNIAL LICENSURE PERIODS –
 When a current biennial licensure period for a profession is extended for a period longer than two years to conform to the above schedule of biennial periods, the biennial licensure fee for the profession shall be increased pro-rata to cover the additional extended period. The increased licensure fee shall be based on the biennial licensure fee established by the board. The amended licensure period and the pro-rated renewal fee shall be implemented for the purpose of restructuring the Department’s renewal schedule.

(5) The biennial license renewal fees shall be established by rule by each board, or by the Department, whichever is appropriate.

(6) The renewal date for real estate appraisers will be extended from November 30, 2004 to April 15, 2005. Thereafter, renewals shall be due on November 30 of each even-numbered year.

Specific Authority 455.203(5) FS. Law Implemented 455.203(1) FS. History—New 9-17-78, Amended 9-21-78, 8-20-80, 2-3-81, 4-8-81, 12-7-81, 6-14-82, 11-23-83, 12-2-83, 1-26-84, 7-9-84, Formerly 21-6.08, Amended 4-27-86, 4-21-87, 2-16-88, 11-28-90, 7-18-91, Formerly 21-6.008, Amended 4-3-95,

NAME OF PERSON ORIGINATING PROPOSED RULE: Gail Scott-Hill, Assistant General Counsel, Office of the General Counsel, Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32399

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 31, 2005

DATES NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 3, 2004 and February 4, 2005

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection’s home page at <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

DEPARTMENT OF HEALTH
Board of Medicine

RULE TITLE: Examinations
 RULE NO.: 64B8-5.001

PURPOSE AND EFFECT: The proposed rule amendments are intended to clarify examination requirements and delete the 7 year requirement based upon written comments submitted by the staff of the Joint Administrative Procedures Committee.

SUMMARY: The proposed rule amendments delete the 7-year time frame for completion of the USMLE.

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 regulatory cost alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 456.017(1), 458.309, 458.311(1)(h), 458.313(4) FS.

LAW IMPLEMENTED: 456.017(1),(2), 458.311, 458.313 FS.
 IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

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

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-5.001 Examinations.

(1) No change.

(2) Any applicant who attempts to qualify for licensure by successfully completing the USMLE first used in 1994 shall meet the following requirements:

(a) ~~A candidate may take any step or steps at any sitting and may take Step 3 only after completion of Steps 1 and 2. However, all steps must be successfully completed within a seven-year period. Applicants may exceed the seven-year requirement under the following conditions:~~

1. ~~The applicant has successfully passed all three steps of the USMLE in no more than two attempts on each step; or~~

2. ~~The applicant was enrolled in an M.D./Ph.D. program at the time the USMLE was taken.~~

(b) An applicant must achieve a weighted score of no less than 75 on each step in order to be eligible for licensure in Florida.

(3) ~~For purposes of determining the time period of seven years within which all steps of the examination must be passed the last day of the month during which the applicant sat for the examination shall be the date from which (and to which) the time calculations shall be made.~~

(3)(4) Any applicant for licensure who began taking an examination for licensure prior to 1994 may utilize any of the examinations set forth in subsection (3) above or a combination thereof as follows up to the year 2000:

(a) through (c) No change.

(d) ~~The limitation of seven years begins with passage of the first applicable Step, Part or Component and ends seven years from that date, the limitation of five attempts is applicable to each Step, Part or Component up to the year 2000; thereafter five (5) attempts on each Step. Pursuant to subsection 458.311(2), F.S., an applicant who fails to meet the five attempt requirement may petition the Board to retake the examination. Prior to retaking the examination the applicant must complete remedial education consisting of one (1) complete year of ACGME approved post-graduate training.~~

(4)(5) No change.

Specific Authority 456.017(1), 458.309, 458.311(1)(h), 458.313(4) FS. Law Implemented 456.017(1),(2), 458.311, 458.313 FS. History—New 12-5-79, Amended 11-10-82, 11-28-84, 3-13-85, 8-11-85, 12-4-85, Formerly 21M-21.01, Amended 2-16-86, 12-16-86, 5-10-89, Formerly 21M-21.001, Amended 5-9-94, Formerly 61F6-21.001, Amended 10-18-94, 1-2-95, Formerly 59R-5.001, Amended 8-18-98, 2-3-00, 8-20-02,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Credentials Committee, Board of Medicine

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 1, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 18, 2005

DEPARTMENT OF HEALTH

Division of Disease Control

RULE CHAPTER TITLE: Eligibility Requirements For HIV/AIDS Patient Care Programs

RULE CHAPTER NO.: 64D-4

RULE TITLES: Purpose 64D-4.001

Definitions 64D-4.002

Eligibility and Documentation Requirements 64D-4.003

Determined Eligible or Ineligible 64D-4.004

Re-Determination and Continued Eligibility 64D-4.005

Rights and Responsibilities 64D-4.006

PURPOSE AND EFFECT: The purpose and effect of this new rule is to standardize the eligibility requirements and procedures for the HIV/AIDS Patient Care Programs to better serve low-income persons living with HIV disease. The HIV/AIDS Patient Care Programs include the Ryan White Title II Consortia Program, the AIDS Insurance Continuation Program (AICP), the AIDS Drug Assistance Program (ADAP), the State Housing Opportunities for Persons with AIDS (HOPWA) Program and the HIV/AIDS patient care programs as administered by the Department of Health, Bureau of HIV/AIDS.

The program qualifications for the AIDS Insurance Continuation Program (AICP), AIDS Drug Assistance Program (ADAP) and the State Housing Opportunities for Persons with AIDS (HOPWA) Program remain unchanged.

SUMMARY: This new rule provides eligibility requirements and procedures for low-income persons to receive services from the HIV/AIDS Patient Care Programs.

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: 381.0011(13) FS.

LAW IMPLEMENTED: 381.001(1), 381.003(1)(c), 381.0011(5) FS.

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

TIME AND DATE: 1:00 p.m. – 4:00 p.m., Tuesday, May 24, 2005

PLACE: John F. Germany Public Library (Auditorium), 900 North Ashley Street, Tampa, Florida 33602

Any person requiring a special accommodation at the hearings because of a disability or physical impairment should contact the Bureau of HIV/AIDS, HIV/AIDS Patient Care Section, Program Administrator, at least five calendar days prior to the

hearing. If you are hearing or speech impaired, please contact the Bureau of HIV/AIDS using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD). THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Pamela McWilliams, Bureau of HIV/AIDS, 4052 Bald Cypress Way, Bin #A09, Tallahassee, Florida 32399-1715, (850)245-4335 (The proposed rule text is on-line at: www.Myflorida.com)

THE FULL TEXT OF THE PROPOSED RULES IS:

64D-4.001 Purpose.

(1) The Department of Health, Bureau of HIV/AIDS, HIV/AIDS Patient Care Programs are intended to provide primary health care and support services to low-income persons living with HIV disease, based on availability, accessibility and funding of the program.

(2) It is the Department of Health's responsibility to establish eligibility requirements to ensure services are provided to the individuals intended.

Specific Authority 381.0011(13) FS. Law Implemented 381.001(1), 381.003(1)(c), 381.0011(5) FS. History--New _____.

64D-4.002 Definitions.

For the purpose of this rule chapter, the words and phrases listed below are defined in the following manner:

(1) "Allowable services" mean the HIV/AIDS patient care services listed in the current federal Glossary of Services as referenced by the Health Resources and Services Administration; the eligible activities as governed by 24 CFR Part 574.300 (b)(1) and (6) by the U. S. Department of Federal Housing and Urban Development (HUD), and the HIV/AIDS patient care services administered by the Department of Health, Bureau of HIV/AIDS, all of which are incorporated by reference and available upon request. Allowable Services are based on availability, accessibility and funding of the service.

(2) "Application" means the Bureau's Application for Eligibility Determination to Receive Allowable Services and the Brochure which are incorporated by reference. Effective Date: _____.

(3) "Applicant" means an individual who has submitted or is in process of preparing and submitting the Application.

(4) "Bureau" means the Department of Health, Bureau of HIV/AIDS.

(5) "Cash Assets" mean items of value such as second cars and homes, boats, real estate and financial investments. Not included as cash assets are items such as the applicant's primary residence, personal transportation, individual retirement accounts and deferred compensation, which are not accessed.

(6) "Client" means an applicant who has been determined eligible.

(7) "Department" means the Florida Department of Health.

(8) "Economic Needs" mean essential items such as food, housing, clothing, transportation, personal needs and other like needs.

(9) "Eligible" means approved by the Department to receive allowable services.

(10) "Eligibility Staff" means personnel authorized by the Department to determine eligibility.

(11) "Federal Poverty Level" (FPL) means the poverty income levels published and updated annually by the Federal Office of Management and Budget (OMB), which is incorporated by reference.

(12) "Household Income" means income received by the applicant, the applicant's spouse (if married) and other adults who contribute to the economic needs of the applicant. For purposes of household income, other adults include adult siblings, parents, significant others, partners or other relatives, if they contribute to the economic needs of the applicant as defined in subsection 64D-4.002(8), F.A.C., of this rule.

(13) "HIV/AIDS Patient Care Programs" means the:

(a) Ryan White Title II Consortia Program;

(b) Ryan White Title II AIDS Drug Assistance Program;

(c) Ryan White Title II AIDS Insurance Continuation Program;

(d) State Housing Opportunities for Persons with AIDS Program; and

(e) HIV/AIDS Patient Care Programs provided by the Patient Care Networks and County Health Departments as administered by the Department of Health, Bureau of HIV/AIDS.

(14) "Low Income" means a gross income less than or equal to 300% of the FPL as published and updated annually by the Federal Office of Management and Budget (OMB) and cash assets not to exceed \$12,000. The FPL is incorporated by reference.

(15) "Program Qualifications" are program specific requirements to qualify for enrollment in the following specialty programs, after eligibility has been approved:

(a) Ryan White Title II AIDS Drug Assistance Program;

(b) Ryan White Title II AIDS Insurance Continuation Program; and

(c) State Housing Opportunities for Persons with AIDS.

(16) "Verification" means to confirm the accuracy of information through sources other than a self-declaratory statement of the individual originally supplying the information.

Specific Authority 381.0011(13) FS. Law Implemented 381.001(1), 381.003(1)(c), 381.0011(5) FS. History--New _____.

64D-4.003 Eligibility and Documentation Requirements.

The applicant eligibility and documentation requirements to receive allowable services from the HIV/AIDS Patient Care Programs include the following:

(1) Must have documentation of a medical diagnosis of HIV disease with a laboratory test documenting confirmed HIV infection from one of the following:

(a) A confirmed positive HIV antibody test result (e.g. Elisa (EIA) & Western Blot) by blood or Orasure;

(b) A positive HIV direct viral test such as PCR or P24 antigen;

(c) A positive viral culture result; or

(d) A detectable HIV-viral load & viral resistance test.

(2) Must be currently living in the state of Florida with the intent to remain in the state for employment, school, migrant work, family or other like situations.

(3) Cannot be receiving services or be eligible to participate in local, state or federal programs where the same type service is provided or available. This requirement does not preclude an individual from receiving allowable services not provided or available by other local, state or federal programs, or pending a determination of eligibility from other local, state or federal programs.

(4) Must have low-income and cash assets not to exceed \$12,000.

(5) Must be willing to cooperate with Eligibility Staff during the eligibility process and sign and comply with the Rights and Responsibilities established in the Application.

(6) Must submit a completed Application in accordance with the application instructions.

(7) Must include all requested information and documentation with the Application or provided to Eligibility Staff during the eligibility process. Failure to provide the requested information may delay or prevent a determination of eligibility.

Specific Authority 381.0011(13) FS. Law Implemented 381.001(1), 381.003(1)(c), 381.0011(5) FS. History–New _____.

64D-4.004 Determined Eligible or Ineligible.

(1) Eligibility Staff are required to complete verification and make a determination of eligibility of an applicant's status within 30 days from the receipt of the Application and requested information. The time-limit can be extended for unusual circumstances with supervisory approval.

(2) If determined eligible, the applicant is provided a written confirmation of the eligibility determination and referrals are made to the appropriate programs for allowable services.

(3) If determined ineligible, the applicant is provided a written explanation as to why he/she is ineligible and is provided information on the right to appeal the decision.

(4) An exception to the eligibility requirements must be approved by the Department or designated staff. The request for an exception must be initiated by the Eligibility Staff on the Request for Exception form, which is incorporated by reference and approved by the supervisor. The following criteria applies for all exception requests:

(a) The reason for the request for exception must include one of the following:

1. To prevent the loss of health insurance benefits, or

2. To prevent hospitalization, or

3. To ensure continued access to medications and treatment.

(b) The request for an exception can be granted only for:

1. An Emergency Situation; and

2. A Short-Term Circumstance (less than 180 days).

Specific Authority 381.0011(13) FS. Law Implemented 381.001(1), 381.003(1)(c), 381.0011(5) FS. History–New _____.

64D-4.005 Re-Determination and Continued Eligibility.

(1) Eligibility of an existing client is re-determined every six months or at shorter intervals if the client's income and other eligibility factors change before the 6-month period. The written confirmation requirements established in Rules 64D-4.003 and 64D-4.004, F.A.C., of this rule will apply.

(2) The client must report any change in his/her situation, which will impact his/her eligibility status to the Eligibility Staff no later than 10 days after it is known.

(3) A client can be determined ineligible to receive services for the following reasons:

(a) A client is no longer living in the state of Florida with the intent to remain in the state.

(b) A client is eligible to receive services or participating in local, state or federal programs where the same type service is provided or available.

(c) A client is no longer considered low-income.

(d) A client has not complied with the Rights and Responsibilities in the Application.

(4) The request for exception requirements established in subsection 64D-4.004(4), F.A.C., of this rule will apply during the Re-Determination of a client's eligibility.

Specific Authority 381.0011(13) FS. Law Implemented 381.001(1), 381.003(1)(c), 381.0011(5) FS. History–New _____.

64D-4.006 Rights and Responsibilities.

(1) The applicant or client must comply with the rights and responsibilities established in the Application throughout the eligibility process and during participation in the HIV/AIDS Patient Care Programs.

(2) Failure to comply with the Rights and Requirements established in the Application at any time during the initial eligibility and re-determination process or while receiving services from the HIV/AIDS Patient Care Programs can result in time-limited suspension or final termination from the HIV/AIDS Programs indefinitely.

Specific Authority 381.0011(13) FS. Law Implemented 381.001(1), 381.003(1)(c), 381.0011(5) FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Pamela McWilliams, Patient Care Program, Bureau of HIV/AIDS, Department of Health

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Tom Liberti, Chief, Bureau of HIV/AIDS, Department of Health
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 29, 2005
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 18, 2004

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Economic Self Sufficiency Program

RULE TITLE: Overpayment and Benefit Recovery

RULE NO.: 65A-1.900

PURPOSE AND EFFECT: The proposed amendment provides criteria for when the department will consider a compromise of a food stamp program claim or any portion of a food stamp claim.

SUMMARY: This rule amendment provides that the department reserves the right to approve or not approve a compromise of a food stamp program claim or any portion of a food stamp claim. It also provides that a compromise will be considered only to resolve (1) pending litigation; (2) bankruptcy proceedings.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: An estimate of the regulatory cost was not prepared for this rule.

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: 414.41, 414.45 FS.

LAW IMPLEMENTED: 24.115(4), 414.31, 414.41 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: 10:30 a.m., May 11, 2005

PLACE: Building 3, Room 439, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John Bowman, Program Administrator, 1317 Winewood Boulevard, Building 3, Room 417, Tallahassee, FL 32399-0700, (850)921-5549

THE FULL TEXT OF THE PROPOSED RULE IS:

65A-1.900 Overpayment and Benefit Recovery.

The purpose of this section is to define the administrative policies applicable to the establishment and recovery of overpayment in the public assistance programs.

(1) through (5) No change.

(6) Compromising Food Stamp Claims. Effective August 1, 2001, a food stamp claim or any portion of a food stamp claim may be compromised if the department can determine that a household's economic circumstances dictate that the claim will not be paid in three years. The department reserves the right to approve or not approve the compromise. Default of a compromise or repayment agreement by the client occurs when one scheduled payment is missed. Compromise will be considered only to resolve:

(a) Pending litigation;

(b) Bankruptcy proceedings.

(7) No change.

(8) Notification of Overpayment. The persons responsible for repayment of overpayment must be notified in writing that overpayment exists and that they are required, by law, to repay the entire amount pursuant to Section 414.41, F.S., or that they may seek compromise of a food stamp overpayment pursuant to 7 CFR 273.18(e)(3),(7) (incorporated by reference).

(9) through (11) No change.

(12) The following notices, hereby incorporated by reference in Rule 65A-1.400, F.A.C., are used by the department in the process of establishing and recovering overpayment:

CF-ES Form 3057, ~~Aug-2001~~, Information Concerning Administrative Disqualification Hearings; CF-ES Form 3400, ~~Aug-83~~, Request for Additional Information; CF-ES Form 3410, ~~Aug-2001~~, Waiver of Administrative Disqualification Hearing; CF-ES Form 3410A, ~~Aug-2001~~, Waiver of Administrative Disqualification Hearing; and, CF-ES Form 3414, ~~Aug-99~~, Disqualification Consent Agreement. Each of these forms listed as incorporated by reference may be obtained without cost from any Benefit Recovery office or by written request to the Economic Self-Sufficiency Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.

Specific Authority 414.41, 414.45 FS. Law Implemented 24.115(4), 414.31, 414.41 FS. History--New 7-21-92, Amended 1-5-93, 9-5-93, Formerly 10C-1.900, Amended 7-9-98, 4-22-00, 2-26-02, 3-18-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: John Bowman, Program Administrator, Technologies and Systems Development Bureau, Special Programs Unit

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Kim Shaver, Director, Economic Self-Sufficiency

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 29, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 11, 2005

DEPARTMENT OF FINANCIAL SERVICES

OIR Insurance Regulation

RULE TITLE: Reports of Information by Health Insurers Required

RULE NO.: 690-137.004

PURPOSE, EFFECT AND SUMMARY: The purpose of the rule is to update forms required to be filed by Health Carriers annually concerning annual premiums and enrollment based on recent legislation changes to Section 627.9175, F.S.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: None.

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

SPECIFIC AUTHORITY: 624.308(1), 627.9175 FS.

LAW IMPLEMENTED: 624.307(1), 627.9175 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: 9:30 a.m., May 13, 2005

PLACE: Room 116, Larson Building, 200 East Gaines Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Office at least 5 calendar days before the program by contacting the person listed below.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Frank Dino, Life and Health Product Review, Office of Insurance Regulation, e-mail: frank.dino@fldfs.com

THE FULL TEXT OF THE PROPOSED RULE IS:

690-137.004 Reports of Information by Health Insurers Required.

(1) Any insurer authorized to write a policy or certificate of health insurance in the state shall, on or before April 1 for the preceding year ending December 31, report the information required by Form OIR-B2-1094, "Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents", providing information on health benefit plans written in this state. Section 627.9175, Florida Statutes, or required by rule, by annually completing and submitting to the Office of Insurance Regulation the forms below in accordance with the instructions provided therein:

(a) OIR B2 331 "Consumer Guide Information Form."

(b) OIR B2 333 "Health Insurance Cost Containment Information Form."

(2) The following forms are hereby adopted and incorporated by reference: Reports for the preceding calendar year are due on or before the following dates:

(a) OIR-B2-1094, Rev. 8/03, "Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents". OIR B2 331 - March 15.

(b) Copies of forms are available and may be printed from the Office's website: http://www.fldfs.com/. OIR B2 333 - March 30.

(c) All filings shall be submitted electronically through https://iportal.fldfs.com.

(3) Forms OIR B2 331 and OIR B2 333 are hereby incorporated by reference and shall take effect on March 21, 1985. These forms are available from the Office of Insurance Regulation, Bureau of Rates, Larson Building, Tallahassee, Florida 32399-0300.

Specific Authority 624.308(1), 627.9175(1),(3),(4)(b) FS. Law Implemented 624.307(1), 627.9175(1),(3),(4)(a) FS. History-New 3-21-85, Amended 2-9-86, Formerly 4-59.081, Amended 2-25-87, 2-22-89, Formerly 4-59.0081, Formerly 4-137.004, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Frank Dino, Actuary, Life and Health Product Review, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rich Robleto, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 22, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 4, 2005

DEPARTMENT OF FINANCIAL SERVICES

OIR Insurance Regulation

RULE TITLES: Employee Health Care Access Act

RULE NOS.: 690-149.038

Statement Reporting Requirement 690-149.044 Forms

PURPOSE, EFFECT AND SUMMARY: The rules are being updated to comply with Section 627.9175, F.S., regarding small group carrier reports and to clarify the annual actuarial certification.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: None.

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

SPECIFIC AUTHORITY: 624.308(1), 626.9641, 627.6699(5)(i)4.,(16), 627.9175 FS.

LAW IMPLEMENTED: 624.424(6), 626.9541, 627.401, 627.410, 627.411, 627.6699, 627.9175 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: 9:30 a.m., May 13, 2005

PLACE: Room 116, Larson Building, 200 East Gaines Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Office at least 5 calendar days before the program by contacting the person listed below.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Frank Dino, Life and Health Product Review, Office of Insurance Regulation, e-mail: frank.dino@fldfs.com

THE FULL TEXT OF THE PROPOSED RULES IS:

690-149.038 Employee Health Care Access Act ~~Annual and Quarterly~~ Statement Reporting Requirement.

~~(1)(a) Pursuant to Section 627.6699, F.S., each carrier that provides health benefit plans in this state shall file, pursuant to paragraph 690-149.044(2)(b), F.A.C., on or before March 1 for the preceding year ending December 31, Form OIR-B2-1094, Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents, adopted in Rule 690-149.044, F.A.C., providing information on health benefit plans written in this state.~~

~~(b) Pursuant to Section 627.6699, F.S., each carrier that provides health benefit plans in this state shall file. The company shall file an actuarial certification, pursuant to paragraph 690-149.044(2)(b), F.A.C., on or before March 15 of each year that the carrier is in compliance with the provisions of Section 627.6699(6), F.S., as required by Section 627.6699(8)(b), F.S., for the prior calendar year and that the current rating methods of the carrier are actuarially sound. The actuary shall provide a detailed explanation if this certification cannot be made.~~

(2) through (3) No change.

Specific Authority ~~627.6699(5)(i)3-a., 4.a., (16), 627.9175~~ FS. Law Implemented ~~624.424(6), 627.6699(5)(i)3-a., 4.a., 627.6699(6)(b)5, 627.6699(8)(b), 627.9175~~ FS. History–New ~~3-1-93, Amended 11-7-93, 8-4-02, 6-19-03, Formerly 4-149.038, Amended 5-18-04.~~

690-149.044 Forms.

(1) The following forms are hereby adopted and incorporated by reference:

~~(a) OIR-B2-1094, rev. 11/01, Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents.~~

~~(a)(b) OIR-B2-1117, Rrev. 1/05 5/02, Florida Employee Health Care Access Act Enrollment Report.~~

(c) through (e) renumbered (b) through (d) No change.

(2) No change.

Specific Authority 624.308(1), 626.9641, 627.6699(16) FS. Law Implemented 626.9541, 627.401, 627.410, 627.411, 627.6699 FS. History–New 8-4-02, Formerly 4-149.044, Amended 5-18-04, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Frank Dino, Actuary, Life and Health Product Review, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rich Robleto, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 22, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 4, 2005

DEPARTMENT OF FINANCIAL SERVICES

OIR Insurance Regulation

RULE TITLE: RULE NO.:

Guaranteed Availability of Individual Health Coverage to Eligible Individuals 690-154.112

PURPOSE, EFFECT AND SUMMARY: To change the reporting date in the rule from March to April.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: None.

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

SPECIFIC AUTHORITY: 624.308, 624.424(1)(c), 627.6487(4)(b) FS.

LAW IMPLEMENTED: 624.307(1), 627.6487 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: 9:30 a.m., May 13, 2005

PLACE: Room 116, Larson Building, 200 East Gaines Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Office at least 5 calendar days before the program by contacting the person listed below.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Frank Dino, Life and Health Product Review, Office of Insurance Regulation, e-mail: frank.dino@fldfs.com

THE FULL TEXT OF THE PROPOSED RULE IS:

690-154.112 Guaranteed Availability of Individual Health Coverage to Eligible Individuals.

(1) through (2) No change.

(3) To enable the Office to monitor this coverage, the issuer shall file, no later than ~~April~~ ~~March~~ 1 of each year, Form OIR-B2-1386, (Rev. ~~8/03~~ ~~05/03~~), Individual Health Coverage Policy Forms Issued/Renewed in Florida, which is hereby adopted and incorporated by reference. All filings shall be submitted electronically to https://iportal.fldfs.com. Copies of the form may be obtained from the Bureau of Life and Health Forms and Rates, Office of Insurance Regulation, Tallahassee, FL 32399-0328, or may be printed from the Office's website: <http://www.fldfs.com/companies/pdf/OIR-B2-1386.PDF>.

(4) through (8) No change.

Specific Authority 624.308, 624.424(1)(c), 627.6487(4)(b) FS. Law Implemented 624.307(1), 627.6487 FS. History--New 9-19-00, Amended 9-30-01, 2-13-03, 9-22-03, Formerly 4-154.112, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Frank Dino, Actuary, Life and Health Product Review, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rich Robleto, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 22, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 4, 2005

DEPARTMENT OF FINANCIAL SERVICES

OIR Insurance Regulation

RULE TITLE: Escrow Agreements and Amendments RULE NO.: 690-193.023

PURPOSE, EFFECT AND SUMMARY: This rule is being amended to delete the Office as a "party in interest" and a required signatory to escrow agreements. There is no statutory authority to support the rule, as it currently exists.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: None.

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

SPECIFIC AUTHORITY: 651.015(3) FS.

LAW IMPLEMENTED: 651.022, 651.023, 651.033 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: 9:30 a.m., May 11, 2005

PLACE: Room 142, Larson Building, 200 East Gaines Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Office at least 5 calendar days before the program by contacting the person listed below.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Gary Mills, Specialty Product Administration, Office of Insurance Regulation, e-mail: gary.mills@fldfs.com

THE FULL TEXT OF THE PROPOSED RULE IS:

690-193.023 Escrow Agreements and Amendments.

(1) No change.

(2) Each escrow agreement or amendment must be signed

by:

(a) through (b) No change.

~~(c) The Office, as a party in interest.~~

(3) No change.

Specific Authority 651.015(3) FS. Law Implemented 651.022, 651.023, 651.033 FS. History--New 7-16-92, Formerly 4-193.023, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Gary Mills, Specialty Product Administration, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Richard Robleto, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 22, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 4, 2005

Section III
Notices of Changes, Corrections and
Withdrawals

DEPARTMENT OF TRANSPORTATION

RULE CHAPTER NO.: 14-43 RULE CHAPTER TITLE: Regulation of Encroachments Over State Rights of Way

RULE NO.: 14-43.001 RULE TITLE: Regulation of Overhanging Encroachments

NOTICE OF CHANGE

SUMMARY OF CHANGE: The notice of rulemaking was published in Florida Administrative Weekly, Vol. 30, No. 50, December 10, 2004. Requests for a public hearing were received and a notice of hearing was published in Florida Administrative Weekly, Vol. 30, No. 52, scheduling the public hearing for January 13, 2005. In addition, the Joint Administrative Procedures Committee provided comments

regarding the proposed rule amendment and the application form. In addition to the requests for hearing and the comments from the Joint Administrative Procedures Committee, the Department received many written and e-mail comments from concerned citizens.

On February 28, 2005, the rulemaking process was suspended or tolled under the provisions of Section 120.54(3)(e)6., Florida Statutes, pending resolution of comments received by the Joint Administrative Procedures Committee.

Based upon a review of comments received at the hearing, from the Joint Administrative Procedures Committee, and from other concerned citizens, the proposed rule amendment is being revised. Several sections are returned to the current Florida Administrative Code language, removing amended language proposed by the Department. Numbering and other technical corrections also are revised as suggested in Joint Administrative Procedures Committee review.

1. Application to Place Banners on Non Limited Access Right of Way, Form 575-070-18. The form is revised as follows:

a. The reference in the rule is revised to correctly reflect the title of the form as requested in the Joint Administrative Procedures Committee review.

b. In the Applicant Information, "Name of local government making application:" is changed to "Name of Applicant/Organization:" This section also is revised to remove references to "Name of Signing Official," "Office of Signing Official," etc. One of the biggest concerns of participants in the hearing was a requirement for a local government entity to be the applicant.

c. In the "Agreement" printed on Page 2 of 2, the language relating to the participation of the Applicant in the defense has been deleted as requested in the Joint Administrative Procedures Committee review comments.

2. Rule Changes. Changes include removing requirements for the applicant to be a local governmental entity, correction of numbering, returning some of the current Florida Administrative Code language rather than proposed deletions and additions shown in the rule amendment as proposed, revising the statutory citation within the definition of "Sign" in (1)(g), and updating the revision date for the application form. The definition of "Banners" is returned to the current Florida Administrative Code text. A new Section (5) is added and existing Sections (5) through (7) are renumbered as (6) through (8) respectively.

After making the changes resulting from a review of hearing comments and the comments provided by the Joint Administrative Procedures Committee, the rule will read as follows with delete/add coding tied to changes from the current Florida Administrative Code text.

14-43.001 Regulation of Overhanging Encroachments.

(1) Definitions.

(a) "Applicant" means any person or entity, including a local governmental entity, seeking permission for an overhanging encroachment.

(b)(a) "Banner" means a length or sheet of cloth, fabric, plastic, or other flexible material bearing a message which may be either of the following:

1. "Pole Banner" means a banner which is located adjacent to the travel lanes of the roadway and is attached to a single an existing permanent support.

2. "Street Banner" means a banner which extends over the travel lanes of the roadway and is attached to two one or more existing permanent supports.

(c)(b) "Canopy" means a permanent or semi-permanent, on-premise roof-like encroachment or projection partially extending over the right of way.

(d)(e) "Department" means the State of Florida Department of Transportation.

~~(d) "Governmental Entity" has the same meaning as provided in Section 11.45(1)(e), Florida Statutes.~~

(e) "Local Governmental Entity" has the same meaning as provided in Section 11.45(1)(d), Florida Statutes.

(f) "Overhanging Encroachment" for purposes of this rule includes means a sign, canopy, or banner, as these terms are herein defined, which is are placed along and over any state roads which are within municipalities, or which are of curb and gutter construction outside municipalities.

(g) "Sign" has the same meaning as provided in Section 479.01(17)(44), Florida Statutes.

(2) Overhanging encroachments are prohibited on limited access facilities, including the Interstate System, and are ~~Overhanging encroachments shall be authorized, pursuant to Section 337.407(1), Florida Statutes,~~ subject to the following conditions:

(a) No new supports may be located within state right of way.

(b) Any overhanging encroachment must be allowed by the affected local governmental entity.

(c) Any overhanging encroachment which interferes with Department construction must be adjusted or removed at the owner's expense.

(d) Overhanging encroachments may not obstruct the view of any traffic signal, traffic device, or official sign, nor in any way interfere with motorists' ability to safely operate their vehicles.

(e) Overhanging encroachments must comply with the setback or clearance requirements set forth in (3) and (4) below. The Department will notify the owner that if the overhanging encroachment must be adjusted within 36 hours of notification to meet setback or clearance requirements, and, upon failure of the owner to make such adjustment, it shall be

removed by the Department. If the overhanging encroachment presents a safety hazard, the Department shall remove it and notify the owner of the removal.

(f) No overhanging encroachment may be erected or maintained which would interfere with the Department's maintenance, operation, or other use of a transportation facility.

(g) When an overhanging encroachment must be removed by the Department, the owner may reclaim it within 30 calendar days from the date of removal, upon payment of any costs incurred by the Department in removing the encroachment.

(3) Signs and Canopies. Signs and canopies are prohibited along and over limited access facilities, including the Interstate System roadways. Signs and canopies which meet the criteria of Section 479.16(1), Florida Statutes, may only be placed along and over any other roads within corporate limits of a municipality, or outside municipalities where curb and gutter construction exists in compliance with the following conditions:

(a) Where curb and gutter construction exists, the entire structure, including attachments and supports, must clear the sidewalk vertically by at least nine feet, the outside edge of the structure must be at least two feet behind a vertical line extending upward from the face of the curb, and the entire structure must comply with the Department's clear zone requirements set forth in Table 2.11.9 Clear Zone Widths and Table 2.11.10 Clear Zone Widths for Curved Alignments on Highways With Flush Shoulders (January 2000, Revised 1/01), incorporated herein by reference. Copies of these tables are available from the Department's Maintenance Office, 605 Suwannee Street, MS 52, Tallahassee, Florida 32399-0450.

(b) Within municipalities where there is no curb and gutter construction, the entire structure, including attachments and supports, may not extend more than six feet over the right of way; may not extend closer than 12 feet from the edge of the driving lane; must have a vertical clearance of at least 10 feet; and the entire structure must comply with the Department's clear zone requirements as set forth in Table 2.11.9 Clear Zone Widths and Table 2.11.10 Clear Zone Widths for Curved Alignments on Highways With Flush Shoulders, referenced in (a) above.

(c) The design of said canopies or signs, as to bracing and attachments to buildings, shall be approved for safety features by the appropriate official of the local governmental entity agency affected.

(d) No canopy or sign shall be erected away from the site of the business which it promotes.

(e) Lighting of signs and canopies shall conform to the requirements of Section 479.11(5), Florida Statutes.

(4) Banners. Banners may be placed along and over any non limited access state roads which are within municipalities, or which are of curb and gutter construction outside municipalities subject to the following conditions:

(a) Written authorization for the placement of banners from the local governmental entity within whose jurisdictional boundaries the banners are to be placed must be provided.

(b) Banners will be allowed for a period not to exceed 30 consecutive calendar days. Banners will not be allowed to be displayed within 180 days of the last day of its most recent display period.

(c) Street bBanners are allowed for routinely recurring events, e.g., events occurring monthly or quarterly, unless otherwise provided in this rule, provided the banner is displayed for no more than three consecutive days per month, for 12 months.

(d) Pole banners must be placed a minimum of 1,000 feet apart on the same side of the travel lane ~~on all limited access facilities, and~~ on non limited access facilities outside the corporate limits of a municipality.

1. The lowest point of the banner must be at least 14 1/2 feet above the pavement elevation;

2. ~~A~~ The pole banner must be attached to a light standard or other such device which is permanently located in the right of way. Banners may not be attached to any utility pole.

(e) Placement of banners on frangible light standards or other frangible devices will require a load rating analysis, signed and sealed by a registered professional engineer, certifying that the specific light standards or devices used to support the banners will handle the additional load placed on the structures by the banner and attachments, and will not exceed the wind loading design requirements of the structure. Copies of load rating analyses previously submitted are acceptable for subsequent applications when all specifications are the same.

(f) Banners may not be placed within 500 feet of a limited access interchange.

(g) Street banners may only be placed on the right of way of non limited access roadways and must vertically clear the pavement by at least 18 feet. Street banners must be a minimum of 1,000 feet apart.

(5) Any object or device other than a banner, whether characterized as an ornament, decoration, display, or by other descriptive term, which is to be attached to a single existing permanent support must meet the requirements of this rule for pole banners.

~~(6)~~(5) Applications for an overhanging encroachment must be made in writing to the appropriate District Maintenance Office.

(a) Applications for overhanging signs and canopies shall include:

1. The name and address of the applicant.
2. A drawing sketch of the sign or canopy, drawn to scale, including any which includes the message, letterings, logos, or emblems.
3. A sketch of the specific location of the sign or canopy, including height, location of supports, proximity to utility poles, and the identification of the state highway where the sign or canopy will be located.
4. Sketches or specific descriptions of the method to be used to affix the sign or canopy to the support structure(s).
5. Proof of compliance with any applicable local governmental regulations.

(b) Applications for banners shall be made no later than 30 days and no earlier than 365 days prior to the requested installation date. The application shall be on Application to Place for Banners on Non Limited Access Right of Way, DOT Form 575-070-18 850-040-75, Rev. 03/05 07/04, incorporated herein by reference. Copies of DOT Form 575-070-18 850-040-75 are available from the State Maintenance Engineer or any District Maintenance Engineer. The application shall include:

1. The name, address, and telephone number of the applicant. Additionally, if the applicant is a business or governmental entity, the name of the contact person must be supplied.
2. A sketch or drawing of the banner(s), drawn to scale, including any message, logo, or emblem which includes the entire message that will appear on the banner(s).
3. A sketch of the specific location of the banner(s), including height, location of supports, proximity to utility poles, and the identification of the state highway where the banner(s) will be located.
4. Sketches, photographs, or specific descriptions of the method to be used to affix the banner(s) to the support structure(s).
5. ~~The beginning and ending dates of the event being promoted.~~
- 5.6. The beginning and ending dates of the display period requested.
- 6.7. Proof of compliance with the requirements of subsection (4)(c) and any local governmental regulations.
- 7.8. Written authorization from the local governmental entity granting permission to the applicant for the installation of the banners. No banner shall be allowed when the local governmental entity has an ordinance prohibiting its installation.

8.9. When the roadway requested for banner installation is under the ownership of an Expressway Authority, written authorization from the affected Expressway Authority granting permission to the applicant for the installation of the banners must be provided.

9.10. A load rating analysis by a registered professional engineer. See (4)(e)(4), above.

(c) Banners will not be allowed where a Department construction project is planned or ongoing during the requested display period.

(d) The aApplicant shall agree as follows:

1. To the extent provided by law, the aApplicant shall indemnify, defend, and hold harmless the Department and all of its officers, agents, and employees from any claim, loss, damage, cost, charge, or expense arising out of any act, error, omission, or negligent act by an the aApplicant, its agents, or employees arising from activities associated herewith.

2. When the Department receives a notice of claim for damages that may have been caused by the aApplicant in the performance of activities hereunder, the Department will immediately forward the claim to the aApplicant. The aApplicant and the Department will evaluate the claim and report their findings to each other within 14 working days and will jointly discuss options in defending the claim. After reviewing the claim, the Department will determine whether to require the participation of the aApplicant in the defense of the claim or to require that the aApplicants defend the Department in such claim as described in this section. The Department's failure to promptly notify the aApplicant of a claim shall not act as a waiver of any right herein to require the participation in or defense of the claim by the aApplicant. The aApplicant shall bear all expenses of the Department in defense of the claim.

(e) If the application is denied, the Department shall provide a Notice of Administrative Hearing Rights to the aApplicant.

(7)(6) Failure to comply with the provisions of this rule shall result in the issuance of a Notice of Intent to Deny the Application or a Notice of Noncompliance, which shall include a Notice of Administrative Hearing Rights.

(8)(7) Provision of any notice, denial, revocation, or Notice of Administrative Hearing Rights by the Department under this rule shall not constitute or create entitlement to an administrative hearing where such right does not otherwise exist.

Specific Authority 334.044(2), 337.407 FS. Law Implemented 337.406, 337.407, 479.01, 479.16, 768.28 FS. History—Amended 3-21-64, 5-9-70, 7-9-75, Formerly 14-43.01, Amended 8-3-99, 8-2-01, _____.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection’s home page at <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

STATE BOARD OF ADMINISTRATION

RULE NOS.:	RULE TITLES:
19-8.010	Reimbursement Contract
19-8.013	Revenue Bonds Issued Pursuant to Section 215.555(6), Florida Statutes
19-8.029	Insurer Reporting Requirements
19-8.030	Insurer Responsibilities

NOTICE OF CHANGE

NOTICE IS HEREBY GIVEN by the State Board of Administration of Florida, in accordance with subparagraph 120.54(3)(d)1., F.S., that the changes to the Reimbursement Contract, incorporated into Rule 19-8.010, F.A.C., which changes are listed below and changes to proposed Rules 19-8.013, 19-8.029 and 19-8.030, F.A.C., which changes are listed below, have been made since the publication of the above-listed rules in the Florida Administrative Weekly (FAW) on February 11, 2005, in Vol. 31, No. 6. The changes noticed are numbered 1. through 16., below.

19-8.010 Reimbursement Contract.

The rule has not changed; however the following changes have been made to the Reimbursement Contract incorporated into this rule:

1. The Reimbursement Contract, which is given the form identification of FHCF-2005K, has changed in Article V, paragraph (28). In that paragraph, the word “total” had been added before the word “Retention” in the second sentence. “Total” has now been changed to “full” to parallel the usage in the first sentence in Article X, (3)(c)1. of the Reimbursement Contract. Therefore, the references to the retention in both Article V and Article X will now be to the “full retention” rather than to the “total retention” in Article V and the “full retention” in Article X.

2. The words “on or” in the first sentence of Article X(1)(a) have been stricken as follows:

“If the Company writes Covered Policies ~~on or~~ before June 1 of the Contract Year....”

3. The words “on or” have been added just before “after June 1” to the first sentence of Article X(1)(b) as follows:

“If the Company first begins writing Covered Policies on or after June 1....”

4. The words “on or” have been added just before “June 1” in the first sentence of Article X(2)(b) as follows:

“A new Participant that first begins writing Covered Policies on or after June 1 but prior to December 1....”

5. The word “May” at the beginning of the sentence in Article X(4)(d)4., has been replaced with the word “Shall” and the word “seeking” in that sentence has been replaced by the words “to seek”.

19-8.013 Revenue Bonds Issued Pursuant to Section 215.555(6), Florida Statutes.

6. The underlined language in paragraph (2)(b) of Rule 19-8.013, F.A.C., has been added since the publication of Rule 19-8.013, F.A.C., in the FAW on February 11, 2005. For purposes of clarity, given the differences in administration between authorized insurers and surplus lines insurers, brokers, and insureds, the Florida Surplus Lines Service Office suggested that surplus lines be addressed separate and apart from authorized insurers in this rule. Thus, the reference to surplus lines was removed from (2)(a) and a new definition, “Assessable Insured” was added as paragraph (2)(b) causing the current (2)(b) to be renumbered (2)(c). Paragraph (2)(a) and (b) now read as follows:

(2) Definitions. The terms defined below will be capitalized in this rule.

(a) Assessable Insurer means Authorized Insurers writing property and casualty business in this state and ~~includes~~ any entity created pursuant to Section 627.351, Florida Statutes. Surplus lines insurers are not Assessable Insurers. Reinsurers are not Assessable Insurers.

(b) Assessable Insured means each insured procuring property and casualty coverage from surplus lines insurers regulated under part VIII of Chapter 626, F.S.

7. The words “as appropriate” have been removed from the first sentence in subparagraph 19-8.013(4)(e)1., F.A.C.

8. In subparagraph 19-8.013(4)(e)2., F.A.C., a period has been added after the word “Lines” and the remainder of the sentence has been stricken. The word “needed” has been added just before the word “percentage.” This sentence now reads as follows:

2. Based on the amount of the shortfall determined in accordance with subparagraph 1., above, the Board will determine the needed percentage of direct premium written for Assessable Lines (~~see subsection (5), below~~) if ~~any which may be necessary to service the outstanding revenue bonds~~. The Emergency Assessment ~~assessment~~ percentage will be determined as follows: ...

9. The language in subparagraph 19-8.013(4)(e)3., F.A.C., has been replaced with the following sentence: “The emergency assessment is subject to annual adjustments by the Board to reflect changes in premiums subject to assessments in order to meet debt obligations.”

10. In paragraph 19-8.013(5)(b), the words “on or” have been added before the date, June 1, 2007, to reflect that medical malpractice premiums can be assessed for covered events occurring on June 1, 2007 or after June 1, 2007.

11. The underlined language in paragraph (5)(c) of Rule 19-8.013, F.A.C., has been added since the publication of Rule 19-8.013, F.A.C., in the FAW on February 11, 2005, to further carryout the separation of surplus lines from authorized insurers begun in paragraph (2) of the Rule, as explained immediately above. In this paragraph (5)(c), surplus lines brokers and insureds are instructed when and to whom to remit the emergency assessment.

Paragraph (5)(c) now reads as follows:

(c) Pursuant to the Order issued by the Office of Insurance Regulation levying the emergency assessment, each Assessable Insured shall remit and each surplus lines agent shall collect an amount equal to the required percentage of its direct premium from all Assessable Lines. Surplus lines agents shall collect the emergency assessment at the same time as the surplus lines agent collects the surplus lines tax required by Section 626.932, Florida Statutes and remit to the Florida Surplus Lines Service Office at the same time as the agent remits the surplus lines tax to that Office. The emergency assessment on each insured procuring coverage and filing under Section 626.938, Florida Statutes, shall be an amount equal to the required percentage of its direct premium from all Assessable Lines and shall be remitted by the insured to the Florida Surplus Lines Service Office at the time the insured pays the surplus lines tax to that Office. The Florida Surplus Lines Service Office shall remit the emergency funds received as directed by the Office of Insurance Regulation. Pursuant to Section 215.555(6), Florida Statutes, the annual Emergency Assessments shall continue until the revenue bonds issued with respect to which the assessment was imposed have been retired, unless adequate provision has been made for the full payment of such bonds pursuant to the documents authorizing the issuance of such revenue bonds.

~~(d) Pursuant to Section 215.555(6)(a)3., Florida Statutes, an Assessable Insurer shall not in any calendar year be subject to assessments in excess of 4 percent for any one Contract Year and no more than 6 percent in the aggregate, under Section 215.555(6), Florida Statutes, and this rule.~~

19-8.029 Insurer Reporting Requirements.

12. Paragraph 19-8.029(5)(a), F.A.C.: A sentence has been added directing the reader’s attention to paragraph (6) which provides information on how to obtain a copy of the form.

13. Paragraph 19-8.029(5)(c), F.A.C.: A sentence has been added directing the reader’s attention to paragraph (6) which provides information on how to obtain a copy of the form.

14. Paragraph 19-8.029(5)(c), F.A.C.: The word “as applicable” have been stricken from the fifth sentence and the words “unless the Company has no losses” have been added after the word “available” in that same sentence.

19-8.030 Insurer Responsibilities.

15. Paragraph 19-8.030(7)(a), F.A.C.: This rule provision incorporates by reference Form FHCF-AP1, Advance Preparation Instructions. The form revision date has been added to the rule and the following sentence has been added to the end of the paragraph: Copies of this form may be obtained from the FHCF website, www.sbafla.com/fhcf or by contacting the State Board of Administration. The mailing address is P. O. Box 13300, Tallahassee, FL 32317-3300. The street address is 1801 Hermitage Blvd., Tallahassee, Florida 32308.

16. Subparagraph 19-8.030(9)(c)1., F.A.C.: The last sentence in this paragraph has been deleted.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE:
59G-4.060 Dental Services
NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 31, No. 10, March 11, 2005, issue of the Florida Administrative Weekly. In response to written comments received prior to the public hearing, the rule text and update January 2005 to the Florida Medicaid Dental Services Coverage and Limitations Handbook, which is being incorporated by reference in Rule 59G-4.060, F.A.C., has been revised as follows:

The following text was added to the proposed rule:

(3) The following form that is included in the Florida Medicaid Dental Services Coverage and Limitations Handbook is incorporated by reference: Medicaid Orthodontic Initial Assessment Form (IAF), January 2005, two pages, located in Appendix A. The form is available by photocopying it from the handbook.

In update January 2005 to the Florida Medicaid Dental Services Handbook, January 2004, Page 2-18, Reimbursement Restrictions, the first bullet was revised to read, “A recipient fails to show for three (3) scheduled visits;”

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NOS.: RULE TITLES:
59G-12.001 Purpose
59G-12.002 Definitions
59G-12.003 Eligibility/Enrollment
59G-12.004 Program Administration
59G-12.005 Program Forms

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule as noticed in Vol. 29, No. 41, October 10, 2003, Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF HEALTH

Board of Dentistry

RULE NO.: 64B5-7.0035
 RULE TITLE: Temporary Certificate Requirements for Dentists Practicing in State and Government Facilities

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 30, No. 17, April 23, 2004 Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF HEALTH

Board of Dentistry

RULE NO.: 64B5-12.013
 RULE TITLE: Continuing Education Requirements

SECOND NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 41, October 8, 2004, issue of the Florida Administrative Weekly. The changes are being made in response to comments at a public meeting held on March 11, 2005.

The changes are as follows:

1. Subsection (3)(h) is added to read as follows: Up to four (4) hours of credit per renewal cycle may be earned by attending a meeting of the Board of Dentistry wherein disciplinary cases are considered. At least seven (7) days advance notice of the intent to attend the disciplinary case session must be given to the Board, and the licensee must check in with staff prior to the beginning of the disciplinary proceedings. After the conclusion of the meeting, Board staff will issue a certificate of attendance to the licensee. Credit hours shall be awarded on an hour for hour basis up to a maximum of four (4) hours. Credit hours may not be earned when the licensee attends a disciplinary case session as a party to a disciplinary action.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sue Foster, Executive Director, Board of Dentistry/MQA, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: 64B8-8.015
 RULE TITLE: Mediation
NOTICE OF CHANGE

Notice is hereby given that the following change has been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 31, No. 3, of the January 21, 2005, issue of the Florida Administrative Weekly. The change is in response to written comments submitted by the staff of the Joint Administrative Procedures Committee. The Board reviewed the comments at its meeting held on April 2, 2005, in Tampa, Florida, and voted to make a change to the rule.

The change is as follows:

The proposed subsection (3) of the rule shall be deleted.

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

DEPARTMENT OF HEALTH

Division of Environmental Health

RULE NOS.: 64E-2.001, 64E-2.024
 RULE TITLES: Definitions
 Process for the Approval of Trauma Centers

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to proposed Chapter 64E-2, F.A.C., in accordance with subparagraph 120.54(3)(d)1., F.S., published in the Florida Administrative Weekly, Vol. 31, No. 3, on January 21, 2005. The changes reflect comments received from the Joint Administrative Procedures Committee.

The changes are as follows:

64E-2.001 – Section 395.4001, F.S. was referenced.

64E-2.001(17) – This section, definition of a Provisional State-Approved Pediatric Trauma Referral Center was deleted.

64E-2.022(4) – The following language was added: The trauma center will be assigned by the department according to Section 395.402(4), F.S.; the following language was deleted: The single trauma center not designated by the table above shall be assigned at the discretion of the department.

64E-2.024(1)(c)1. – The notarization requirement for the signature of the chief executive officer on the DH Form 2032-B, December 2004 is being removed.

64E-2.024(1)(c)2. – The notarization requirement for the signature of the chief executive officer on the DH Form 2043-B, December 2004 is being removed.

64E-2.024(1)(c)3. – The notarization requirement for the signature of the chief executive officer on the DH Form 1721-B, December 2004 is being removed.

64E-2.024(3) – The word “shall” is being added and the word “may” is being deleted.

P.O. DO29262

DEPARTMENT OF FINANCIAL SERVICES

OIR Insurance Regulation

RULE NOS.:	RULE TITLES:
69O-170.005	Use of Filed Rates
69O-170.007	Annual Rate Filings
69O-170.013	Filing Procedures for Property and Casualty Insurance Rates, Rules, Underwriting Guidelines, and Forms
69O-170.0135	Actuarial Memorandum
69O-170.014	Homeowners Insurance Ratemaking and Rate Filing Procedures
69O-170.0141	Dwelling Insurance Ratemaking and Rate Filing Procedures
69O-170.0142	Ratemaking and Rate Filing Procedures for Commercial Residential Insurance and All Other Lines
69O-170.0155	Forms

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rules and notice of change, in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 46, November 12, 2004, and Vol. 31, No. 2, January 14, 2005, of the Florida Administrative Weekly. These changes are being made to address concerns expressed by the Joint Administrative Procedures Committee and public comments.

Subsection 69O-170.005(5), F.A.C., is changed to by deleting: and may subject the insurer to appropriate administrative sanctions

Subparagraph 69O-170.007(4)(c)1., F.A.C., is changed to read:

1. Be prepared by a person meeting the requirements of Section 627.0645(5), F.S., herein referred to as a qualified ratemaker.

Subparagraph 69O-170.007(4)(c)5., F.A.C., is changed by deleting:

and may subject the insurer to appropriate administrative sanctions

Newly renumbered subparagraph 69O-170.013(3)(a)4., F.A.C., is changed to read:

4. For filings with a rate effect, an actuarial opinion and supporting memorandum prepared pursuant to Rule 69O-170.0135, F.A.C.,

Newly renumbered subsection 69O-170.013(5), F.A.C., is deleted.

Newly renumbered paragraph 69O-170.013(8)(c) is added:

(c) A rate filing shall contain information and documentation sufficient for an actuary practicing in the same field to evaluate the work.

Newly renumbered paragraph 69O-170.013(8)(c) is renumbered to (d) and changed by adding “and documentation” after “information”; and by deleting: and may subject the insurer to appropriate administrative sanctions

Paragraph 69O-170.0135(2)(c), F.A.C., is amended to read:

(c) If an insurer, in addition to the completion of the required rate indications component of the I-File System, chooses to develop the proposed rates by using data or a method that is different from that which underlies the rate indications component of the I-File System, the memorandum shall contain detailed documentation and development of the method, assumptions and proposed rates, detailed documentation that the method is consistent with generally accepted and reasonable actuarial techniques, and that the resulting rates are not excessive, inadequate or unfairly discriminatory. The insurer may also provide any explanation for the Office to consider in the review of the filing pursuant to ss. 627.062 or 627.0651, F.S., as to why it believes that the methodology or technique used in the filing is more appropriate for the filing than the methodology or technique used in the I-File System indications. The use of different data or method does not create a presumption of the appropriateness or inappropriateness of either method.

Subparagraph 69O-170.014(4)(b)2., F.A.C., is amended to read:

2. This subsection shall not apply if:

~~a. a rate change is filed in response to law changes which relate to specific types of policies; or~~

~~b. A rate change is filed in response to specific factual developments or circumstances that are reasonably expected to affect only certain types of policies for which the changes are filed.~~

Subparagraph 69O-170.014(6)(b)2., F.A.C., is amended to read:

2. This subsection shall not apply if:

~~a. a rate change is filed in response to law changes which relate to specific types of policies; or~~

~~b. A rate change is filed in response to specific factual developments or circumstances that are reasonably expected to affect only certain types of policies for which the changes are filed.~~

Subparagraph 69O-170.0142(6)(b)2., F.A.C., is amended to read:

2. This subsection shall not apply if a rate change is filed in response to law changes which relate to specific types of policies ~~or if a rate change is filed in response to specific factual developments or circumstances that are reasonably expected to affect only certain types of policies for which the changes are filed.~~

Paragraph 69O-170.0142(7)(d), F.A.C., is amended to read:

(d) The data shall identify whether the loss data includes LAE (Loss Adjustment Expense) and/or IBNR (Incurred But Not Reported).

Paragraph 69O-170.0155(1)(i), F.A.C., is changed by revising the title of the form to read:

Personal Lines Standardized Rate Indications Workbook

The remainder of the rule reads as previously published.

DEPARTMENT OF FINANCIAL SERVICES

OIR Insurance Regulation

RULE NO.:
69O-175.003

RULE TITLE:
Motor Vehicle Insurance
Ratemaking and Rate Filing
Procedures

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule and notice of change, in accordance with subparagraph 120.54(3)(d)1., F.S., published in Volume 30, No. 46, November 12, 2004, and Vol. 31, No. 2, January 14, 2005, of the Florida Administrative Weekly. These changes are being made to address concerns expressed by the Joint Administrative Procedures Committee.

Paragraph 69O-175.003(3)(a), F.A.C., is changed to read:

(a) Each rate filing which proposes changes to base rates shall contain separate rate level indications and support for such indications on a statewide basis for each type of motor vehicle coverage which the insurer writes in Florida. This provision shall apply to all rate filings regardless of whether a filing requests rate changes for one, more than one, or all coverages written. This subsection shall not apply if a rate change is filed in response to law changes which relate to specific types of coverage ~~or if a rate change is filed in response to specific factual developments or circumstances that are reasonably expected to affect only certain types of coverage for which the changes are filed.~~

The remainder of the rule reads as previously published.

**Section IV
Emergency Rules**

DEPARTMENT OF STATE

Division of Elections

RULE TITLE:

RULE NO.:

Voting Systems Equipment

Regulations Exception

1SER05-1

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY AND WELFARE: In 2002, the Florida Legislature enacted a number of recommendations made by the Secretary of State’s Select Task Force on Voting Accessibility. The law requires that the state’s accessibility requirements meet or exceed the minimum federal requirements for voting systems and polling place accessibility. One of the major provisions of the law included the codification of standards for accessible voting systems to accommodate persons with disabilities. The law also required that the accessibility standards be maintained so that the state always remained eligible to receive any federal funds available to assist states in providing or improving accessibility of voting systems and polling places for disabled persons. The effective date of the legislation is one year from the date of appropriation of funds to cover the cost of accessible voting systems. The Legislature did not appropriate the funds for this purpose until July 2004. Hence the law goes into effect on July 1, 2005.

Although the new law that takes effect July 1, 2005, does not decertify previously certified voting systems that do not meet accessibility standards for disabled persons, the law requires any new voting systems or modifications to previously certified voting systems to meet new accessibility standards in order to be certified for use in any election held in Florida after July 1, 2005. Specifically under subsection (1) of Section 101.56062, Florida Statutes, any new application for certification of a voting system or a modification to a previously certified voting system must have the capability to include an accessible voter interface device allowing the system to meet fourteen specified minimum voting accessibility standards for the disabled. One of the fourteen enumerated standards is a requirement that the system would allow a disabled voter to access the ballot by both audio and visual means, either separately or at the same time. However, for purposes of actual installation of such devices, the accessibility requirements are slightly different. Under subsection (2) of Section 101.56062, Florida Statutes, at least one such device must be installed in each precinct but such installed device does not yet have to meet the specific voting accessibility functionality of providing simultaneous and

separate audio and visual access for disabled persons. Although the law mandates that the accessible voter interface device in a voting system meet the simultaneous audio and visual access functionality for purposes of certification, the law does not mandate that the installed accessible voter interface devices actually meet that particular functionality. The Legislature also did not provide any timeframe for when such particular functionality would actually have to be included as part of any such installed device in the voting system.

By mid-year 2004, two years after the enactment of the law and a year before the effective date of the law, the Department found that the majority of the 67 counties would be unable to bring their voting systems into complete compliance with all fourteen of the voter accessibility standards that would eventually become law. At that time, of the three voting system vendors in Florida (Diebold, Sequoia Pacific and ES&S), only Diebold had certified voting systems with the capability to install accessible voter interface devices that met all of the accessibility standards including the simultaneous audio and visual access functionality.

In an attempt to spur the other voting system vendors to develop accessible voter interface devices that would bring all county voting systems into *complete* compliance with the all of the minimum voter accessibility standards set forth in Section 101.56062(1), Florida Statutes, the Department revised and adopted Rule 1S-5.001, Florida Administrative Code (F.A.C.), relating to voting system equipment regulations. Rule 1S-5.001, F.A.C., incorporates by reference DS-DE 101, which details the comprehensive voting systems standards required for certification including voter accessibility standards (hereinafter the "Rule"). Building upon the fourteen minimum accessibility standards in law, the Department required that any new voting system or upgrade to a currently certified voting system include a voter accessibility interface device that would meet all of the voter accessibility standards set forth in subsection (1) of Section 101.56062, Florida Statutes, including the simultaneous audio and visual ballot access functionality. The Rule became effective January 12, 2005, almost 6 months in advance of the July 1, 2005, deadline.

To date, Diebold remains the only voting system vendor that has developed and received certification of accessible voter interface devices that meet *all* the accessibility standards including the simultaneous audio and visual access functionality. Although since 2004, Sequoia Pacific and ES&S have developed accessibility voter interface devices that can meet most of the statutory accessibility standards, their devices still do not meet the simultaneous audio and visual ballot access functionality standard as required under the Rule and statute.

Consequently, the following counties can or will be able to meet compliance with the voting accessibility standards in subsection (1) of Section 101.56062, Florida Statutes, by July 1, 2005. Five counties have voting systems that are already in

complete compliance with all fourteen of the accessibility standards. An additional twenty-five counties that have Diebold Optical Scan voting systems can also bring their voting systems into *complete* compliance with all the accessibility standards by July 1, 2005, if and when they purchase *previously* certified accessible voter interface devices from their vendor.

Sixteen counties have voting systems that are already in compliance with all but one of the accessibility standards. The voting systems in those sixteen counties do not have devices that meet the simultaneous audio and visual access functionality. Thirteen more counties can similarly bring their voting systems into compliance by July 1, 2005, with all of the accessibility standards except for the simultaneous audio and visual access functionality if these counties were to purchase *previously* certified accessible voter interface devices from ES&S.

The eight remaining counties (Baker, Clay, Escambia, Holmes, Orange, Santa Rosa, St. Johns and Washington) use Optech Mark Sense voting systems and currently have no viable option using their current vendor to bring their voting systems into compliance with *any* of the accessibility standards. Vendors Sequoia Pacific and ES&S could provide these eight counties with Sequoia Edge Touch Screen or the ES&S I Votronic Touch Screen, respectively, with accessible voter interface devices that meet all the accessibility standards except the simultaneous audio and visual access functionality. However, these existing devices are not yet certified. Since these devices were not submitted for certification prior to January 12, 2005, the effective date of Rule 1S-5.001, Florida Administrative Code, the devices can not now be submitted for certification. Although they already meet most of the accessibility standards that will eventually be required by law, these devices do not meet the simultaneous audio and visual access functionality required by Rule. Neither Sequoia Pacific nor ES&S anticipate complete development of an accessible voter interface device that can meet that particular functionality until at least late Fall 2005.

Without certification of these vendors' voter accessibility interface devices, the eight counties using Optech Mark Sense voting systems have no viable or feasible means, short of purchasing entirely new voting systems, for bringing their voting systems into compliance with *any* of the voter accessibility standards required for any voting system used in any local, state, or federal election held after July 1, 2005. Consequently, voters with disabilities in those counties will lack the necessary voting equipment to cast a private and independent vote as is required by federal and state law.

The adoption of this emergency rule is necessary: 1) To create a 90-day window of opportunity for voting system vendors to obtain certification of existing accessible voter interface devices that would meet all but one of the minimum statutory accessibility standards in subsection (1) of Section 101.56062,

Florida Statutes, without having to meet the particular accessibility standard for simultaneous audio and visual access functionality required currently by Rule 1S-5.001, F.A.C., and required by law for all new certifications after July 1, 2005, 2) To ensure that all voting systems used in any statewide election held after July 1, 2005, are uniformly certified and compliant with the minimum state and federal standards for accessibility for the disabled, 3) To ensure and maintain uniformity in voter accessibility in all 67 counties of Florida, and 4) To provide disabled Floridians the ability to cast a private and independent vote as is required by federal and state laws. The Department of State finds that the adoption of this emergency rule is necessary to prevent an immediate danger to the public health, safety, and welfare.

REASONS FOR CONCLUDING THAT THE PROCEDURE IS FAIR UNDER THE CIRCUMSTANCES: The Division of Elections is aware of the rulemaking procedures prescribed by Section 120.54, Florida Statutes. That process requires advance notice to the general public of intended rules and the opportunity to submit comments on the intended rule, prior to the agency's adoption of the rule. The time period for general rulemaking takes at least 60 days and would likely prevent the timely adoption of this rule before the July 1, 2005, deadline as well as the proposed special statewide election in September 2005. Nonetheless, the Department of State has reached out to and obtained support for this emergency rule from advocacy groups for the disabled including representatives from the Florida Council of the Blind, the Developmentally Disabled Council and the National Federation of the Blind. The Division of Elections also consulted with County Supervisors of Elections, vendors of certified voting systems in Florida, and all other interested parties to assess the current status of compliance and to vet any viable alternatives or options for bringing voting systems into compliance with Section 101.56062, Florida Statutes and Rule 1S-5.001, Florida Administrative Code. Adoption of the emergency rule became the consensus.

SUMMARY OF THE RULE: The emergency rule creates a window of opportunity for a period of 90 days in which vendors can submit for certification accessible voter interface devices that will allow existing voting systems in the remaining eight counties to be brought into compliance with most of the accessibility standards set forth in subsection (1) of Section 101.56062, Florida Statutes, by July 1, 2005, except for the simultaneous audio and visual ballot access functionality.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Maria I. Matthews, Assistant General Counsel, Division of Elections, Department of State, R. A. Gray Building, 500 S. Bronough Street, Tallahassee, Florida 32399, (850)245-6536

THE FULL TEXT OF THE EMERGENCY RULE IS:

1SER05-1 Voting Systems Equipment Regulations Exception.

Any application submitted to the Florida Department of State for certification of a new electronic or electromechanical voting system or any modification to a currently certified voting system is not required to include a system configuration that supports installation of an electronic voter interface device that meets the simultaneous audio and visual functionality as specified in form DS-DE #101, incorporated by reference in Rule 1S-5.001, Florida Administrative Code, and subsection (1)(d) of Section 101.56062, Florida Statutes. Such voting system or any modification to an existing voting system must otherwise meet all other requirements of Rule 1S-5.001, Florida Administrative Code and Sections 101.5601-101.5614, Florida Statutes, prior to certification.
THIS RULE WILL TAKE EFFECT APRIL 2, 2005.

Specific Authority 101.56062 FS. Law implemented 101.56062 FS. History—New 4-2-05.

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

EFFECTIVE DATE: April 2, 2005

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF THE LOTTERY

RULE TITLE: Instant Game Number 588, RULE NO.:

BULLFROG BUCKS 53ER05-40

SUMMARY OF THE RULE: This emergency rule describes Instant Game Number 588, "BULLFROG BUCKS," for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

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

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER05-40 Instant Game Number 588, BULLFROG BUCKS.

(1) Name of Game. Instant Game Number 588, "BULLFROG BUCKS."

(2) Price. BULLFROG BUCKS lottery tickets sell for \$1.00 per ticket.

(3) BULLFROG BUCKS lottery tickets shall have a series of numbers in Machine Readable Code (or bar code) on the back of the ticket, along with a Void If Removed Number under the latex area on the ticket. To be a valid winning BULLFROG BUCKS lottery ticket, the ticket must meet the requirements of subsection 53ER05-27(11), F.A.C. In the event a dispute arises as to the validity of any BULLFROG BUCKS lottery ticket, or as to the prize amount, the Void If Removed Number under the latex shall prevail over the bar code.

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

TICKET	\$1.00	\$2.00	\$4.00	\$5.00	\$10.00
TICKET	ONE	TWO	FOUR	FIVE	TEN
\$15.00	\$25.00	\$50.00	\$100	\$500	\$1,000
FIFTEEN	THY FIV	FIFTY	ONE HUN	FIVE HUN	ONE THO

(5) Determination of Prizewinners.

A ticket having three like amounts in the play area shall entitle the claimant to prize of that amount. The prize amounts are: \$1.00, \$2.00, \$4.00, \$5.00, \$10.00, \$15.00, \$25.00, \$50.00, \$100, \$500 and \$1,000. A ticket having three "TICKET" symbols in the play area shall entitle the claimant to a \$1.00 ticket, except as follows. A person who submits by mail a BULLFROG BUCKS lottery ticket that entitles the claimant to a prize of a \$1.00 ticket and whose mailing address is outside the state of Florida will receive a check for \$1.00 in lieu of an actual ticket.

(6) The estimated odds of winning, value, and number of prizes in Instant Game Number 588 are as follows:

GAME PLAY:	WIN:	ODDS OF	NUMBER OF
TICKET	\$1 TICKET	1 IN:	WINNERS IN
			56 POOLS OF
			180,000 TICKETS
			PER POOL:
\$1	\$1	15.00	672,000
\$2	\$2	25.00	403,200
\$4	\$4	150.00	67,200
\$5	\$5	42.86	235,200
\$10	\$10	150.00	67,200
\$15	\$15	300.00	33,600
\$25	\$25	300.00	33,600
\$50	\$50	2,000.00	5,040
\$100	\$100	22,500.00	448
\$500	\$500	315,000.00	32
\$1,000	\$1,000	840,000.00	12

(7) The estimated overall odds of winning some prize in Instant Game Number 588 are 1 in 3.99. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(8) For reorders of Instant Game Number 588, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(9) By purchasing a BULLFROG BUCKS lottery ticket the player agrees to comply with and abide by all rules and regulations of the Florida Lottery.

(10) Payment of prizes for BULLFROG BUCKS lottery tickets shall be made in accordance with rules of the Florida Lottery governing procedures for awarding prizes.

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

Specific Authority 24.105(9)(a),(b),(c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a),(b),(c), 24.115(1) FS. History--New 4-1-05.

THIS EMERGENCY RULE TAKES EFFECT IMMEDIATELY UPON BEING FILED WITH THE DEPARTMENT OF STATE.

EFFECTIVE DATE: April 1, 2005

DEPARTMENT OF THE LOTTERY

RULE TITLE: RULE NO.:

Instant Game Number 587, 53ER05-41
GLITTERING GOLD

SUMMARY OF THE RULE: This emergency rule describes Instant Game Number 587, "GLITTERING GOLD," for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

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

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER05-41 Instant Game Number 587, GLITTERING GOLD.

(1) Name of Game. Instant Game Number 587, "GLITTERING GOLD".

(2) Price. GLITTERING GOLD lottery tickets sell for \$2.00 per ticket.

(3) GLITTERING GOLD lottery tickets shall have a series of numbers in Machine Readable Code (or bar code) on the back of the ticket, along with a Void If Removed Number under the latex area on the ticket. To be a valid winning

GLITTERING GOLD lottery ticket, the ticket must meet the requirements of subsection 53ER05-27(11), F.A.C. In the event a dispute arises as to the validity of any GLITTERING GOLD lottery ticket, or as to the prize amount, the Void If Removed Number under the latex shall prevail over the bar code.

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

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX
7 SEVEN	8 EIGHT	9 NINE	10 TEN	11 ELEVN	12 TWELV
13 THRTN	14 FORTN	15 FIFTN	16 SIXTN	17 SVNTN	18 EGHTN
19 NINTN	20 TWENTY				



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

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX
7 SEVEN	8 EIGHT	9 NINE	10 TEN	11 ELEVN	12 TWELV
13 THRTN	14 FORTN	15 FIFTN	16 SIXTN	17 SVNTN	18 EGHTN
19 NINTN	20 TWENTY				

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

TICKET	\$1.00	\$2.00	\$5.00	\$10.00	\$25.00
TICKET	ONE	TWO	FIVE	TEN	THY FIVE
\$50.00	\$100	\$1,000	\$2,000	\$15,000	
FIFTY	ONE HUN	ONE THO	TWO THO	FTN THO	

(7) The legends are as follows:

YOUR NUMBERS WINNING NUMBERS

(8) Determination of Prizewinners.

(a) A ticket having a number in the "YOUR NUMBERS" play area that matches any of the numbers in the "WINNING NUMBERS" play area shall entitle the claimant to the corresponding prize shown for that number. A ticket may have up to five sets of matching numbers. The prizes are: TICKET, \$1.00, \$2.00, \$5.00, \$10.00, \$25.00, \$50.00, \$100, \$1,000, \$2,000 and \$15,000. A claimant who is entitled to a prize of a "TICKET" shall be entitled to a prize of a \$2.00 ticket, or

combination of instant tickets with a total value of \$2.00, except as follows. A person who submits by mail a GLITTERING GOLD lottery ticket which entitles the claimant to a prize of a \$2.00 ticket and whose mailing address is outside the state of Florida will receive a check for \$2.00 in lieu of an actual ticket.



(b) A ticket having a "WIN" symbol in the "YOUR NUMBERS" play area shall be entitled to a prize of \$50.00.

(9) The estimated odds of winning, value, and number of prizes in Instant Game Number 587 are as follows:

GAME PLAY:	WIN:	ODDS OF	NUMBER OF
TICKET	\$2 TICKET	1 IN:	WINNERS IN
			42 POOLS OF
			180,000 TICKETS
			PER POOL:
\$2	\$2	37.50	201,600
\$2 x 2	\$4	25.00	302,400
\$1 + (\$2 x 2)	\$5	37.50	201,600
\$5	\$5	37.50	201,600
\$1 + (\$2 x 2) + \$5	\$10	75.00	100,800
(\$1 x 8) + \$2	\$10	75.00	100,800
\$10	\$10	150.00	50,400
\$5 x 5	\$25	150.00	50,400
(\$5 x 2) + (\$10 x 4)	\$50	1,200.00	6,300
\$10 x 5	\$50	1,200.00	6,300
\$50 (MONEYBAG)	\$50	600.00	12,600
\$10 x 10	\$100	18,000.00	420
(\$25 x 2) + \$50 (MONEYBAG)	\$100	6,000.00	1,260
\$100	\$100	18,000.00	420
(\$25 x 6) + \$50 (MONEYBAG)	\$200	58,153.85	130
\$100 x 10	\$1,000	756,000.00	10
\$1,000	\$1,000	756,000.00	10
(\$1,000 x 5) + (\$2,000 x 5)	\$15,000	3,780,000.00	2
\$15,000	\$15,000	3,780,000.00	2

(10) The estimated overall odds of winning some prize in Instant Game Number 587 are 1 in 3.79. Prizes, including the top prizes, are subject to availability at the time of ticket purchase. Prizes may be unavailable due to prior sale or other causes occurring in the normal course of business including, but not limited to, ticket damage, defect, theft, or loss.

(11) For reorders of Instant Game Number 587, the estimated odds of winning, value, and number of prizes shall be proportionate to the number of tickets reordered.

(12) By purchasing a GLITTERING GOLD lottery ticket the player agrees to comply with and abide by all rules and regulations of the Florida Lottery.

(13) Payment of prizes for GLITTERING GOLD lottery tickets shall be made in accordance with rules of the Florida Lottery governing procedures for awarding prizes.

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

Specific Authority 24.105(9)(a),(b),(c), 24.109(1), 24.115(1) FS. Law Implemented 24.105(9)(a),(b),(c), 24.115(1) FS. History—New 4-1-05.

THIS EMERGENCY RULE TAKES EFFECT IMMEDIATELY UPON BEING FILED WITH THE DEPARTMENT OF STATE.

EFFECTIVE DATE: April 1, 2005

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection’s home page at <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

DEPARTMENT OF FINANCIAL SERVICES

Division of Insurance Agents and Agency Services

RULE TITLE: RULE NO.:

Guidelines for the Extension of Emergency Adjuster Licenses Issued as a Result of Hurricane and Tropical Storm Damage 69BER05-07

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE:

The Department of Financial Services hereby states that the following circumstances constitute an immediate danger to the public health, safety, or welfare: The 2004 hurricane season has been particularly destructive for Florida. Substantial damage in southwest and central Florida was caused by Hurricane Charley, which hit the Punta Gorda and Port Charlotte area on August 13, 2004 as a category 4 hurricane with sustained winds up to 145 miles per hour. Hurricane Charley crossed northeast through the center of the state exiting near Daytona Beach. In a 10-mile wide path extending from the southwest coast there was widespread major damage to homes, loss of personal belongings and corresponding temporary loss of employment.

Additional damage was caused by Hurricane Frances, which hit the east coast of Florida on September 4, 2004, as a category 2 hurricane, and slowly crossed the peninsula. Hurricane Frances, though less intense than Charley, caused damage over a much wider area of the state.

On September 16, 2004, category 4 Hurricane Ivan caused massive damage in the Florida Panhandle. Hurricane Ivan impacted the Gulf Coast as a category 4 hurricane with sustained winds up to 130 miles per hour. The eye made landfall just west of the western Florida line, bringing hurricane force winds to much of the Florida Panhandle. The hurricane also produced tornados that destroyed and damaged structures in the Florida Panhandle. There was extensive damage in the Pensacola area, which was hit by the strong northeast quadrant of the storm as it made landfall.

This emergency rule is also necessitated by the damage resulting in Florida from Hurricane Jeanne, which made landfall near Stuart, Florida the night of September 25, 2004, as a category 3 hurricane with sustained winds up to 120 miles per hour. On September 26, the storm made a path northwest

across the state. The Governor of Florida has declared a state of emergency (Executive Order #04-217). The President of the United States has declared 19 Florida counties a federal disaster area.

The Governor of Florida declared states of emergency as a result of each of the hurricanes.

Insured losses have been estimated at \$6.8 billion for Charley and at \$3 to \$10 billion for Frances. Preliminary damage estimates for Hurricane Ivan are \$2 to \$10 billion. Initial damage estimates for Hurricane Jeanne are \$ 4 billion in insured losses. This emergency rule supplements subparagraph 69B-220.001(4)(b)2., F.A.C., by setting forth a streamlined procedure for extending emergency adjuster licenses for emergency adjusters that are adjusting claims resulting from Hurricanes Charley, Frances, Jeanne, Ivan and Tropical Storm Bonnie.

As of this date, a significant number of structures damaged or destroyed by the Hurricanes are still being adjusted. Additionally, a significant number of claims with insureds have yet to be settled. A number of insurers have employed or contracted with a large number of emergency adjusters to resolve the widespread claims resulting from Hurricanes Charley, Frances, Jeanne, Ivan and Tropical Storm Bonnie. Since August, the Department has processed over 17,000 emergency adjuster applications. The continued availability of the services of emergency adjusters is necessary to complete needed claims adjustments in a timely manner. Failure to resolve claims for widespread damage and destruction caused by the hurricanes and tropical storms during 2004 and the resultant inability of residents to complete repairs or obtain funds necessary to pay for alternative housing presents a continuing threat to the public health, welfare and safety.

Emergency adjuster licenses are initially valid for only 180 days. The Department began issuing licenses on or about August 18, 2004 and unless the duration of the licenses is extended as authorized by subparagraph 69B-220.001(4)(b)2., F.A.C., licenses will be expiring at a time when continued availability of emergency adjusters is necessary to complete the adjustment of claims for damages caused by hurricanes and tropical storms during 2004. The Department has determined that, with regard to claims settlement and facilitation, an emergency exists at the present time and that the conditions described in subparagraph 69B-220.001(4)(a)2., F.A.C., continue to exist.

Extending the duration of emergency adjuster licenses issued in 2004 for a limited time will allow ready access to qualified emergency adjusters. The Department finds that ready access to qualified emergency adjusters will facilitate timely claims settlement practices. The filing of this rule reflects the continued need for this stabilization effect as claims processing in the affected area slowly return to normal.

REASONS FOR CONCLUDING THAT THE PROCEDURE USED IS FAIR UNDER THE CIRCUMSTANCES: The Department of Financial Services believes that adopting an emergency rule is the fairest method to establish procedures and provide guidance to the insurance community because the nature of the destruction caused by the Hurricanes require an immediate and massive response from insurers and other licensed insurance representatives. A Department bulletin addressed to all insurers and other licensed insurance representatives would reach them but would not be legally binding. Department responses to individual requests for information would not make the information generally available. The Department has received various input from affected persons regarding this mechanism.

SUMMARY OF THE RULE: This emergency rule establishes guidelines for the extension of licenses for emergency adjusters that are adjusting claims filed as a result of Hurricanes Charley, Frances, Ivan and Jeanne and Tropical Storm Bonnie for Florida authorized insurers.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Audrey Huggins, Bureau Chief, Licensing, Division of Agent and Agency Services, Department of Financial Services, 200 East Gaines Street, Tallahassee, FL 32399-0320, (850)413-5802

THE FULL TEXT OF THE EMERGENCY RULE IS:

69BER05-07 Guidelines for the Extension of Emergency Adjuster Licenses Issued as a Result of Hurricane and Tropical Storm Damage.

(1) General provisions.

(a) This emergency rule sets forth specific limits on extension of emergency adjuster licenses.

(b) The provisions of this emergency rule are intended to provide guidance as to procedure for the extension of licenses issued as a result of Hurricanes Charley, Frances, Jeanne, Ivan and Tropical Storm Bonnie.

(c) This rule applies only to emergency adjuster licenses expiring during the months of April and May 2005.

(d) This rule applies only to losses occurring as a result of Hurricanes Charley, Frances, Jeanne, Ivan and Tropical Storm Bonnie.

(e) This rule applies for 90 days from the date filed with the Secretary of State, Bureau of Administrative Code.

(f) The provisions of this rule are licensing requirements binding upon emergency adjusters, in addition to those requirements established in Rule Chapter 69B-220, Florida Administrative Code.

(2) Definitions.

(a) "Emergency Adjuster" is defined for purposes of this rule as defined in Section 626.859, Florida Statutes.

(b) "Emergency Adjusting" is the activity described in Section 626.859, Florida Statutes.

(3) Licensing Extensions. Any extensions granted pursuant to this rule shall apply only to emergency adjusters adjusting claims resulting from Hurricane Charley, Frances, Jeanne, Ivan or Tropical Storm Bonnie for Florida authorized insurers. Extensions or licenses described in this rule will be granted automatically pursuant to the following guidelines.

(a) The emergency adjuster licensee must have a valid and unexpired license.

(b) The expiration date for all Emergency Adjuster licenses used to adjust claims described in this rule and expiring during the months of April and May 2005 is extended until May 31, 2005.

(c) The licensee will not be required to submit an application for extension of the license.

(d) There shall be no fee to extend the emergency adjuster license.

Specific Authority 624.308 FS. Law Implemented 624.307, 626.611, 626.621, 626.859 FS. History—New 4-4-05.

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

EFFECTIVE DATE: April 4, 2005

Section V Petitions and Dispositions Regarding Rule Variance or Waiver

DEPARTMENT OF EDUCATION

The Commission for Independent Education hereby gives notice of the issuance of an Order regarding the Petition for Variance for Noel Academic Health Career, #2662. The Notice of Petition for Variance was published in Vol. 30, No. 48, of the October 24, 2004, Florida Administrative Weekly. The Commission considered the instant Petition at a duly-noticed public meeting held on March 10, 2005.

The Commission's Order, filed on March 10, 2005, denies the Petition, finding that Petitioner has not established that the purpose of the underlying statute, Section 120.542(2), F.S., would be met by granting a variance or waiver from subsection 6E-2.004(6), F.A.C. The Commission further finds that Petitioner has failed to establish that applying the requirements of the aforementioned Rule to his circumstances would violate principles of fairness or impose substantial hardship.

A copy of the Commission's Order may be obtained by contacting: Samuel L. Ferguson, Executive Director, Samuel L. Ferguson, Executive Director, Commission for Independent Education, 2650 Apalachee Parkway, Suite A, Tallahassee, Florida 32301

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Notice is hereby given that the Department of Highway Safety and Motor Vehicles has received petitions for variance of Rule 15A-10.0141, Florida Administrative Code, submitted by the following programs: DUI Counterattack Hillsborough, filed on March 16, 2005; and Northeast Florida Safety Council, filed on March 15, 2005.

In the petitions, the petitioners seek to waive the statutory maximum for contributions to their retirement plans. Copies of the petition(s) may be obtained by contacting: Patricia Armstrong, Bureau of Driver Education and DUI Programs, Department of Highway Safety and Motor Vehicles.

Any interested person or other agency may submit written comments on the petition(s) for variance within 14 days after this notice to: Patricia Armstrong, Bureau of Driver Education and DUI Programs, 2900 Apalachee Parkway, Room B214, MS #88, Tallahassee, Florida 32399-0571.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

PUBLIC SERVICE COMMISSION

NOTICE IS HEREBY GIVEN by the Florida Public Service Commission that Beach House Condominium Owner's Association, Inc.'s, petition for waiver of paragraph 25-6.049(5)(a), Florida Administrative Code, filed on January 3, 2005, in Docket No. 050010-EU was approved by the Commission at its March 1, 2005, Agenda Conference. Order No. PSC-05-0258-PAA-EU, issued March 8, 2005, memorialized the decision. The rule provides that individual electric metering by the utility company shall be required for each separate occupancy unit of new condominiums for which construction commenced after January 1, 1981. The petition was approved on the basis that the purpose of the underlying statute would be achieved by other means and application of the rule would create substantial hardship. Notice of the petition was published in the FAW on January 28, 2005.

A copy of the Order can be obtained from: Division of the Commission Clerk and Administrative Services, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, (850)413-6770, Commission's Homepage: <http://www.floridapsc.com>.

WATER MANAGEMENT DISTRICTS

NOTICE IS HEREBY GIVEN that on March 29, 2005, South Florida Water Management District (District) received a petition for waiver from Larry Jines, Application No. 05-0211-1, for utilization of Works or Lands of the District known as the L-48 Canal, Glades County for an existing seawall, flagpole, light post, pump and plantings, and a proposed dock with roof cover within the north right of way of L-48 at the rear of 10 Linda Road approximately 1/2 mile west of C-38, Section 30, Township 38 South, Range 35 East. The petition seeks relief from subsections 40E-6.011(4) & (6), Fla. Admin. Code, which governs the placement of permanent and/or semi-permanent above ground structures within 40 feet of top of canal bank within Works or Lands of the District.

A copy of the petition may be obtained from: Kathie Ruff, (561)682-6320, e-mail: kruff@sfwmd.gov.

The District will accept comments concerning the petition for 14 days from the date of publication of this notice. To be considered, comments must be received by the end of business on the 14th day at the South Florida Water Management District, 3301 Gun Club Road, MSC 1410, West Palm Beach, FL 33406, Attn: Kathie Ruff, Office of Counsel.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF HEALTH

The Board of Hearing Aid Specialists hereby gives notice of the issuance of an Order regarding the Petition for Waiver or Variance for Nicholas Malatesta. The Petitioner was seeking a waiver or variance from subsection 64B6-8.003(7), F.A.C. The Notice of Petition for Waiver or Variance was published in Vol. 31, No. 4, of the January 28, 2005, Florida Administrative Weekly.

On February 25, 2005, Petitioner Nicholas Malatesta submitted a document that stated he had passed the State Licensing Examination and requested that his petition be withdrawn. Therefore, the petition became moot. The Board filed an Order of Acceptance of Withdrawal of Petition for Waiver or Variance on March 29, 2005.

A copy of the Board's Order may be obtained by contacting: Sue Foster, Executive Director, Board of Hearing Aid Specialists, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3755.

Notice is hereby given that on March 30, 2005, the Department of Health received a Petition for a Variance from subparagraph 64E-13.004(6)(a)1., F.A.C., from Innovation School of Excellence, Inc. This rule requires schools to have toilet facilities for preschool grades through grade three to be provided with toilet and handwashing facilities located within or adjoining classrooms. The Innovation School of Excellence is a private school located in Tallahassee, Florida.

Comments on this petition should be filed with Sam Power Agency Clerk, Department of Health, Office of General Counsel, 4052 Bald Cypress Way, Bin #A02, Tallahassee, Florida 32399-1703, within 14 days of this notice.

A copy of the Petition may be obtained from: Lucy Schneider, Office of General Counsel, 4052 Bald Cypress Way, Bin #A02, Tallahassee, Florida 32399-1703, (850)245-4024.

Section VI

Notices of Meetings, Workshops and Public Hearings

The following state governmental agencies, boards and commissions announce a public meeting to which all persons are invited:

State Board of Administration

Division of Bond Finance

Financial Services Commission:

Office of Insurance Regulation

Office of Financial Regulation

Financial Management Information Board

Department of Veterans' Affairs

Department of Highway Safety and Motor Vehicles

Department of Law Enforcement

Department of Revenue

Administration Commission

Florida Land and Water Adjudicatory Commission

Board of Trustees of the Internal Improvement Trust Fund

Department of Environmental Protection

DATE AND TIME: May 3, 2005, 9:00 a.m.

PLACE: Cabinet Meeting Room, Lower Level, The Capitol, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular scheduled meeting of the Governor and Cabinet to act on all executive branch matters provided by law and to act on any agendas submitted for their consideration. The Governor and Cabinet will proceed through each agenda, item by item.

The State Board of Administration will take action on matters duly presented on its agenda, which may include such matters as Executive Director's reports; approval of fiscal sufficiency of state bond issues; approval of sale of local bonds at an interest rate in excess of statutory interest rate limitation; report on investment performance; designation of banks as

depositories for state funds; adoption of rules and regulations; investment of state funds pursuant to Chapter 215, F.S.; and consideration of other matters within its authority pursuant to Chapters 215 and 344, F.S., and Section 16 of Article IX of the Florida Constitution of 1885, as continued by subsection 9(c) of Article XII of the Florida Constitution of 1968.

The Division of Bond Finance of the State Board of Administration will take action on matters duly presented on its agenda, which will deal with the issuance of State bonds, arbitrage compliance and related matters.

The Financial Services Commission will take action on matters duly presented on its agenda which may include, but not be limited to; matters relating to rulemaking for all activities of the Office of Insurance Regulation concerning insurers and other risk bearing entities, including licensing, rates, policy forms, market conduct, claims, adjusters, issuance of certificates of authority, solvency, viatical settlements, premium financing, and administrative supervision, as provided under the Insurance Code or Chapter 636, F.S., and matters related to rulemaking for all activities of the Office of Financial Regulation relating to the regulation of banks, credit unions, other financial institutions, finance companies, and the securities industry.

The Department of Veterans' Affairs will take action on matters duly presented on its agenda which may include the administration of the Department as well as actions taken to further the Department's mission of providing assistance to veterans and their dependents, pursuant to Section 292.05, F.S.

The Department of Highway Safety and Motor Vehicles will take action on matters duly presented on its agenda, which may include such matters as approval of agency policies, taking agency action with regard to administrative procedure matters, and considering other matters within its authority pursuant to Florida Statutes.

The Department of Law Enforcement will take action on matters duly presented on its agenda which may include but not be limited to such matters as transfer of agency funds or positions, formulation of Departmental Rules, administrative procedure matters, submittal of reports as required, enter into contracts as authorized and to consider other matters within its authority pursuant to Chapters 20, 23, 120 and 943, F.S.

The Department of Revenue will act on matters duly presented on its agenda which may include approval of rules, legislative concept proposals, contracts over \$100,000, Departmental budgets, taking final action on formal and informal hearings under Chapter 120, F.S., and consideration of other matters within its authority.

The Administration Commission will take action on matters duly presented on its agenda which may include such matters as to create or transfer agency funds or positions, approve Career Service rules, administrative procedure matters, environmental matters arising under Chapter 380, F.S., comprehensive planning issues pursuant to Section 163.3184,

F.S., determine sheriffs' budget matters, and consider other matters within its authority pursuant to various statutes including Chapters 110, 215 and 216, F.S.

The Florida Land and Water Adjudicatory Commission will take action on matters duly presented on its agenda including appeals of local government development orders in areas of critical state concern or of developments of regional impact under Section 380.07, F.S.; and review of water management matters under Chapter 373, F.S. The Commission will also review Department of Environmental Protection's rules and orders which, prior to July 1, 1993, the Governor and Cabinet, sitting as the head of the Department of Natural Resources, had authority to issue or promulgate.

The Board of Trustees of the Internal Improvement Trust Fund will take action on matters duly presented on its agenda which may include such matters as aquacultural issues as presented by the Division of Aquaculture in the Department of Agriculture and Consumer Services mineral leases or sales, state or sovereign land leases, sales, exchanges, dedications, and easements, conservation and preservation lands and other land purchases; land planning matters and other matters within its authority. Additionally, the Board will take action on matters pertaining to the Office of Greenways and Trails for lands acquired through the Greenways and Trails land acquisition program and lands managed by the Office of Greenways and Trails. The Department of Environmental Protection, as staff to the Board of Trustees of the Internal Improvement Trust Fund in addition to the above, will also present for consideration on its agenda those matters required by law to be reviewed by the Governor and Cabinet and those pertaining to the siting of power plants, electric and natural gas transmission lines and hazardous waste facilities; coastal zone management consistency and standards adopted by the Environmental Regulation Commission.

A copy of any of the above agendas submitted to the Governor and Cabinet for this meeting may be obtained by viewing the website of the Governor and Cabinet at <http://www.myflorida.com/myflorida/cabinet/index.html> or by contacting each individual agency.

Accommodations can be made for persons with disabilities provided several days' notification is received. Please notify the Governor's Cabinet Office, (850)488-5152.

CABINET AIDES BRIEFING: On the Wednesday of the week prior to the above meeting, there will be a meeting of the aides to the Governor and Cabinet Members at 9:00 a.m., Cabinet Meeting Room, Lower Level, The Capitol, Tallahassee, Florida. The purpose of this briefing is to review and gather information regarding each agenda to be considered by the Governor and Cabinet.

DEPARTMENT OF STATE

The **Department of State, Division of Historical Resources**, Office of Historical and Cultural Programming, Friends of Historic Properties and Museums, Inc. announces a public meeting to which all persons are invited:

DATE AND TIME: Friday, April 22, 2005, 8:00 a.m. – conclusion

PLACE: Museum of Florida History, R. A. Gray Building, 500 South Bronough Street, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Board and general business meetings of Friends of Historic Properties and Museums, Inc.

A copy of the agenda may be obtained by contacting: Wes Singletary, 500 South Bronough Street, R. A. Gray Building, Tallahassee, Florida 32399-0250, (850)245-6445, e-mail: wcsingletary@dos.state.fl.us.

Should any person wish to appeal any decision made with respect to any matter considered at the above-referenced meeting, he/she may need to ensure verbatim recording of the proceeding in order to provide a record for judicial review.

The **Department of State, Division of Historical Resources** gives public notice of an Historic Marker conference call to which all interested persons are invited to participate.

DATE AND TIME: Wednesday, April 27, 2005, 9:30 p.m. (EDT)

PLACE: Room 409, R. A. Gray Building, 500 S. Bronough St., Tallahassee, FL 32399-0250

GENERAL SUBJECT MATTER TO BE CONSIDERED: To Review Historical Marker applications.

A copy of the agenda may be obtained by writing: Florida State Historical Marker Program, Bureau of Historic Preservation, Division of Historical Resources, 500 S. Bronough St., Tallahassee, FL 32399-0250.

Should any person wish to appeal any decision made with respect to the above referenced meeting, she or he may need to ensure verbatim recording of the proceedings in order to provide a record for judicial review.

Pursuant to Section 286.26, Florida Statutes, people with disabilities wishing to attend this meeting should contact the agency at least 48 hours prior to the meeting in order to request any special assistance.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

The Florida **Department of Agriculture and Consumer Services** announces a regular business meeting of the Florida Coordinating Council on Mosquito Control to which all persons are invited.

DATE AND TIME: July 12, 2005, 10:00 a.m. – 4:00 p.m.

PLACE: DACS Doyle Conner Bldg., Division of Plant Industry's Conference Room, 1911 S. W. 34th Street, Gainesville, Florida 32614, (352)372-3505

Questions and Comments may be directed to: Tom Loyless, Chairman, (850)922-7011, e-mail: loylest@doacs.state.fl.us or Jeff Blair, (850)644-6320, e-mail: jblair@mailier.fsu.edu.

The Florida **State Fair Authority** announces a meeting of the Agricultural Committee.

DATE AND TIME: Tuesday, May 24, 2005, 9:00 a.m.

PLACE: Bob Thomas Equestrian Center – Pavilion, Florida State Fairgrounds, 4800 U.S. Highway 301, North, Tampa, FL 33610

GENERAL SUBJECT MATTER TO BE CONSIDERED: Old and New Business of the Agricultural Committee.

If special accommodations, due to disability, need to be arranged for attendance to this meeting, please contact: Ms. Frances Ayala, Florida State Fairgrounds, P. O. Box 11766, Tampa, FL 33680, (813)627-4221.

The Florida **State Fair Authority** announces a meeting of the Finance Committee.

DATE AND TIME: Tuesday, May 24, 2005, 10:00 a.m.

PLACE: Bob Thomas Equestrian Center – Pavilion, Florida State Fairgrounds, 4800 U.S. Highway 301, North, Tampa, FL 33610

GENERAL SUBJECT MATTER TO BE CONSIDERED: Old and New Business of the Finance Committee.

If special accommodations, due to disability, need to be arranged for attendance to this meeting, please contact: Ms. Frances Ayala, Florida State Fairgrounds, P. O. Box 11766, Tampa, FL 33680, (813)627-4221.

The Florida **State Fair Authority** announces a meeting of the Long Range Planning Committee.

DATE AND TIME: Tuesday, May 24, 2005, 11:00 a.m.

PLACE: Bob Thomas Equestrian Center – Pavilion, Florida State Fairgrounds, 4800 U.S. Highway 301, North, Tampa, FL 33610

GENERAL SUBJECT MATTER TO BE CONSIDERED: Old and New Business of the Long Range Planning Committee.

If special accommodations, due to disability, need to be arranged for attendance to this meeting, please contact: Ms. Frances Ayala, Florida State Fairgrounds, P. O. Box 11766, Tampa, FL 33680, (813)627-4221.

The Florida **State Fair Authority** announces a meeting of the Marketing Committee.

DATE AND TIME: Tuesday, May 24, 2005, 11:00 a.m.

PLACE: Bob Thomas Equestrian Center – Pavilion, Florida State Fairgrounds, 4800 U.S. Highway 301, North, Tampa, FL 33610

GENERAL SUBJECT MATTER TO BE CONSIDERED: Old and New Business of the Marketing Committee.

If special accommodations, due to disability, need to be arranged for attendance to this meeting, please contact: Ms. Frances Ayala, Florida State Fairgrounds, P. O. Box 11766, Tampa, FL 33680, (813)627-4221.

The Florida **State Fair Authority** announces a meeting of the Board.

DATE AND TIME: Tuesday, May 24, 2005, 1:00 p.m.

PLACE: Bob Thomas Equestrian Center – Pavilion, Florida State Fairgrounds, 4800 U.S. Highway 301, North, Tampa, FL 33610

GENERAL SUBJECT MATTER TO BE CONSIDERED: Committee Reports; Old and New Business.

A copy of the agenda may be obtained by contacting: Ms. Frances Ayala, Florida State Fairgrounds, P. O. Box 11766, Tampa, FL 33680.

If special accommodations, due to a disability, need to be arranged for attendance to this meeting, please contact Ms. Frances Ayala at the address above or at (813)627-4221.

DEPARTMENT OF EDUCATION

NOTICE OF CORRECTION – The **Department of Education, State Board of Education** announces a rule development workshop for Rule 6A-5.066, F.A.C., Approval of Preservice Teacher Preparation Programs. The rule development workshop was advertised in the Florida Administrative Weekly, Vol. 31, No. 12, dated March 25, 2005. The workshop has been rescheduled as follows:

DATE AND TIME: April 20, 2005, 3:00 p.m. – 4:00 p.m.

PLACE: 325 West Gaines Street, Tallahassee, Florida 32399-0400

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Pam Stewart, Deputy Chancellor for Educator Quality, Florida Department of Education, 325 West Gaines Street, Room 501, Tallahassee, Florida 32399-0400

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

The Florida **Department of Education** announces the following public meeting of the DOE/General Managers of the Florida Public Broadcasting Network to which all persons are invited:

DATE AND TIME: Tuesday, May 17, 2005, 8:30 a.m.

PLACE: WEDU-TV, Tampa, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business related to the administrative services provided by the Department of Education to the Public Broadcasting stations in Florida.

FOR ADDITIONAL INFORMATION, CONTACT: Ashley Roseborough, (850)245-0516, e-mail: Ashley.Roseborough@fldoe.org.

The **Florida Atlantic Research and Development Authority** will hold its regularly scheduled meeting.

DATE AND TIME: April 20, 2005, 8:00 a.m.

PLACE: President's Conference Room, FAU Admin Building, 777 Glades Road, Boca Raton, FL

For agenda, information or questions, contact: Scott Ellington, Executive Director, (561)416-6092, e-mail: Scott@research-park.org.

The **Florida Institute of Phosphate Research** announces a meeting of the Board of Directors to which all persons are invited.

DATE AND TIME: Friday, April 22, 2005, 9:30 a.m.

PLACE: FIPR, Education Building, 1855 West Main Street, Bartow, FL.

GENERAL SUBJECT MATTER TO BE CONSIDERED: To consider funding of research proposals and other business pertaining to the operation of the Institute.

A copy of the minutes of the January 21, 2005 Board Meeting may be obtained by writing: Dr. Paul R. Clifford, Executive Director, Florida Institute of Phosphate Research, 1855 West Main Street, Bartow, FL 33803.

The public is invited to a meeting of the Florida **Board of Governors**.

DATE AND TIME: April 29, 2005, 8:30 a.m. – 9:30 a.m.

PLACE: By Telephone Conference Call, 1605 Turlington Building, 325 W. Gaines Street, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Discussion of matters of interest to the Board of Governors being discussed by the 2005 Florida Legislature; and other matters pertaining to the Florida Board of Governors.

A copy of the agenda may be obtained from the Commissioner of Education's website: <http://www.fldoe.org>.

Persons with disabilities who require assistance to participate in the meeting are requested to notify the Office of Access and Equity, (850)245-9531 (Voice), at least 7 days in advance, so that their needs can be accommodated.

The **Florida Education Foundation** announces a Quarterly Meeting of the Board of Directors and Committees to which all interested persons are invited to participate.

DATE AND TIME: May 23, 2005, 10:30 a.m. – 2:30 p.m. or upon adjournment

PLACE: 1617 S. E. 17th Street, Fort Lauderdale, FL 33316

GENERAL SUBJECT MATTER TO BE CONSIDERED: This is a quarterly meeting of the board. Consideration of foundation business including but not limited to: Committee reports; pending accounts payable, possible committee proposals for funding and matters pertaining to general administration of the foundation; executive director's report and approval of minutes from March 1, 2005, board meeting.

This meeting is open to the public. Persons with disabilities who require assistance to participate in the meeting are requested to notify the Office of Access and Equity, (850)245-9531 (Voice), at least 2 days in advance, so that their needs can be accommodated.

The Direct Support Organization of the Florida **Division of Blind Services** announces the following meeting:

DATE AND TIME: April 20, 2005, 9:00 a.m. – 12:00 Noon

PLACE: Bureau of Braille and Talking Book Library, 420 Platt Street, Daytona Beach, Florida 32114, 1(800)226-6075

GENERAL SUBJECT MATTER TO BE CONSIDERED: Meeting of the Board of Directors to discuss organizational strategies.

A copy of the agenda may be obtained by contacting: Gil Robinson, 4700 Millenia Blvd., Suite 175, Orlando, Florida 32839, (407)210-6607.

In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this meeting should contact the individual listed above no later than three working days prior to the meeting.

If a person decides to appeal any decision made by the Board of Directors with respect to any matter considered at such meeting, the person will need a record of the proceedings.

DEPARTMENT OF COMMUNITY AFFAIRS

The **Florida Building Commission** hereby gives notice that there will be an additional hearing on Chapter 9B-72, F.A.C.

DATE AND TIME: May 10, 2005, 10:00 a.m.

PLACE: Rosen Centre Hotel, 9840 International Drive, Orlando, Florida 32819

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose of the additional hearing is to take public comment, including a report from the Product Approval Work Group, on Chapter 9B-72, F.A.C. The Notice of Proposed Rulemaking appeared in the June 25, 2004, edition of the Florida Administrative Weekly.

Any person requiring special accommodation at the hearing because of a disability or physical impairment should contact: Ila Jones, Community Program Administrator, Department of Community Affairs, 2555 Shumard Oak Boulevard, Sadowski Building, Tallahassee, Florida 32399-2100, (850)487-1824, 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, 1(800)955-8770 (Voice) or 1(800)955-9771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE AND ADDITIONAL HEARING IS: Ila Jones, Community Program Administrator, Department of Community Affairs, 2555 Shumard Oak Boulevard, Sadowski Building, Tallahassee, Florida 32399-2100, (850)487-1824.

DEPARTMENT OF TRANSPORTATION

The **Florida Transportation Commission** announces a public meeting to which all persons are invited:

DATE AND TIME: May 25, 2005, 8:30 a.m. – 12:00 Noon

PLACE: Sawgrass Marriott Resort, 1000 PGA Tour Boulevard, Ponte Vedra Beach, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Meeting of the Florida Transportation Commission.

Information may be obtained by contacting: Florida Transportation Commission, Room 176, M.S. 9, 605 Suwannee Street, Tallahassee, Florida 32399-0450, (850)414-4105.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in these meetings are asked to advise the Commission at least 48 hours before the meetings by contacting: Cathy Goodman, (850)414-4105.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

STATE BOARD OF ADMINISTRATION

NOTICE IS HEREBY GIVEN by the **State Board of Administration** of a public meeting of the Advisory Council to the Florida Hurricane Catastrophe Fund to which all persons are invited.

DATE AND TIME: May 12, 2005, 1:00 p.m. – 4:00 p.m. (EDT)

PLACE: Room 116, Hermitage Conference Room, 1801 Hermitage Blvd., Tallahassee, FL 32308

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss the May bonding estimates and to seek Council approval for the Florida Hurricane Catastrophe Fund to file Rule 19-8.028, F.A.C. (Premium Formula) for adoption. In addition, other general business of the Council will be addressed.

Anyone wishing a copy of the agenda should contact: Donna Sirmons, Florida Hurricane Catastrophe Fund, P. O. Drawer 13300, Tallahassee, FL 32317-3300, (850)413-1349.

In compliance with the Americans with Disabilities Act, any person needing special accommodation to participate in the meeting is requested to contact Donna Sirmons at the address or phone number given above as soon as possible prior to the meeting so that appropriate arrangements can be made.

The Florida **Public Service Commission** announces its regularly scheduled conference to which all interested persons are invited.

DATE AND TIME: May 3, 2005, 9:30 a.m.

PLACE: The Betty Easley Conference Center, 4075 Esplanade Way, Commission Hearing Room 148, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To consider those matters ready for decision.

LEGAL AUTHORITY AND JURISDICTION: Chapters 120, 350, 364, 366 and 367, F.S.

Persons who may be affected by Commission action on certain items on this agenda for which a hearing has not been held will be allowed to address the Commission concerning those items when taken up for discussion at this conference.

A copy of the agenda may be obtained by any person who requests a copy, and pays the reasonable cost of the copy (\$1.00 per copy, Statement of Agency Organization and Operations), by contacting: Director, Division of the Commission Clerk and Administrative Services, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, (850)413-6770. The agenda and recommendations are also accessible on the PSC Homepage: <http://www.floridapsc.com>, at no charge.

If a person decides to appeal any decisions made by the Commission with respect to any matter considered at this conference, he will need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which appeal is based.

Any person requiring some accommodation at this conference because of a physical impairment should call the Division of the Commission Clerk and Administrative Services, (850)413-6770, at least 48 hours prior to the conference. Any person who is hearing or speech impaired should contact the Commission by using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

The Florida **Public Service Commission** announces its Internal Affairs Meeting for May 3, 2005, to which all interested persons are invited.

DATE AND TIME: May 3, 2005, Immediately following the Commission Conference which commences at 9:30 a.m. in Commission Hearing Room 148

PLACE: The Betty Easley Conference Center, 4075 Esplanade Way, Conference Room 140, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss and make decisions on matters which affect the operation of the Commission.

A copy of the agenda of the Internal Affairs Meeting may be obtained by contacting: Division of the Commission Clerk and Administrative Services, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850.

Any person requiring some accommodation at this meeting because of a physical impairment should call the Division of the Commission Clerk and Administrative Services, (850)413-6770, at least 48 hours prior to the meeting. Any person who is hearing or speech impaired should contact the Commission by using the Florida Relay Service, which can be reached at 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

****THIS MEETING IS SUBJECT TO CANCELLATION WITHOUT NOTIFICATION.****

The Florida **Public Service Commission** announces a hearing to be held in the following docket, to which all interested persons are invited.

Docket No. 040156-TP – Petition for arbitration of amendment to interconnection agreements with certain competitive local exchange carriers and commercial mobile radio service providers in Florida by Verizon Florida Inc.

DATES AND TIME: May 4, 5, and 6, 2005, 9:30 a.m.

PLACE: Commission Hearing Room 148, The Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To permit parties to present testimony and exhibits relative to the petition for arbitration of amendment to interconnection agreements with certain competitive local exchange carriers and commercial mobile radio service providers in Florida by Verizon Florida Inc., and for such other purposes as the Commission may deem appropriate. All witnesses shall be subject to cross-examination at the conclusion of their testimony on the issues identified by the parties at the prehearing conference held on April 18, 2005. The proceedings will be governed by the provisions of Chapter 120, F.S., and Chapter 25-28, F.A.C. Any person requiring some accommodation at this hearing because of a physical impairment should call the Division of the Commission Clerk and Administrative Services at (850)413-6770 at least 48 hours prior to the hearing. Any person who is hearing or speech

impaired should contact the Commission by using the Florida Relay Service, which can be reached at 1(800)955-8771 (TDD) or 1(800)955-8770 (VOICE).

REGIONAL PLANNING COUNCILS

The **North Central Florida Regional Planning Council** announces the following meetings to which all persons are invited.

MEETING: Finance Committee

DATE AND TIME: April 28, 2005, 5:00 p.m.

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct the regular business of the Finance Committee.

MEETING: Executive Committee

DATE AND TIME: April 28, 2005, 5:45 p.m.

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct the regular business of the Executive Committee.

MEETING: Clearinghouse Committee

DATE AND TIME: April 28, 2005, 6:00 p.m.

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct the regular business of the Clearinghouse Committee.

MEETING: Program Committee

DATE AND TIME: April 28, 2005, 6:30 p.m.

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct the regular business of the Program Committee.

MEETING: North Central Florida Regional Planning Council

DATE AND TIME: April 28, 2005, 7:30 p.m.

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct the regular business of the North Central Florida Regional Planning Council.

PLACE: Quality Inn and Conference Center, I-75 and U.S. 90, Lake City, Florida

Any person deciding to appeal decisions of the Council or its committees with respect to any matter considered at the meetings, may need to make a verbatim record of the proceedings.

A copy of any of these agendas may be obtained by contacting: NCFRPC, 2009 N. W. 67 Place, Suite A, Gainesville, Florida 32653, e-mail: ncfrpc@ncfrpc.org.

Persons with disabilities who need assistance may contact us at (352)955-2200, at least two business days in advance to make appropriate arrangements.

The District XI, **Local Emergency Planning Committee** announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, April 27, 2005, 10:00 a.m.

PLACE: Miami-Dade County Emergency Operation Center, 9300 N. W. 41 Street, Miami, Florida 33178

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss the LEPC's ongoing regional hazardous materials training and planning activities for FY 2004/05.

A copy of the agenda may be obtained by writing: South Florida Regional Planning Council, 3440 Hollywood Blvd., Suite 140, Hollywood, FL 33021, (954)985-4416, Suncom 473-4416, toll-free statewide 1(800)985-4416.

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

DATE AND TIME: Monday, May 2, 2005, 10:30 a.m.

PLACE: South Florida Regional Planning Council, 3440 Hollywood Boulevard, Suite 140, Hollywood, FL 33021

GENERAL SUBJECT MATTER TO BE CONSIDERED: Any Development Order received prior to the meeting; Any proposed Local Government Comprehensive Plan received prior to the meeting; Any adopted Local Government Comprehensive Plan received prior to the meeting; Proposed Local Government Comprehensive Plan Amendments for Hollywood, Pompano Beach, Coconut Creek, Oakland Park, North Lauderdale, Parkland, Fort Lauderdale, Broward County, Miramar, Broward County (DRI only) and Dania Beach; Any proposed Local Government Comprehensive Plan Amendment received prior to the meeting; Adopted Local Government Comprehensive Plan Amendment for Monroe County; Any adopted Local Government Comprehensive Plan Amendment received prior to the meeting; Meeting on monthly Council business; Executive Committee meeting at 10:00 a.m. at the above location.

A copy of the agenda may be obtained by writing: South Florida Regional Planning Council, 3440 Hollywood Boulevard, Suite #140, Hollywood, Florida 33021.

Anyone deciding to appeal any decision made by the board with respect to any matter considered at this meeting, will need to ensure that a verbatim record of the proceedings is made, including the testimony and evidence upon which the appeal is to be based.

Council related committees may meet periodically before (9:00 a.m.) and following the regularly scheduled Council meetings. Any party desirous of ascertaining schedules of the sub-committees should call the Council Offices, (954)985-4416 (Broward).

If you are hearing or speech impaired, please contact the South Florida Regional Planning Council, (954)967-4152, Ext. 40 (TDD) if you require additional information regarding the above meeting. If you require special accommodations because of a disability or physical impairment, please contact the Council, (954)985-4416, at least five calendar days prior to the meeting.

METROPOLITAN PLANNING ORGANIZATION

The Florida **Metropolitan Planning Organization** Advisory Council (MPOAC) announces a Joint Meeting of the Governing Board and the Staff Directors' Advisory Committee to which all persons are invited:

DATE AND TIME: April 28, 2005, 2:00 p.m. – 5:00 p.m.

PLACE: DoubleTree Hotel, 101 S. Adams Street, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Activities related to transportation planning within and adjacent to metropolitan areas in Florida carried out by local, state, and federal agencies.

A copy of the agenda may be obtained by contacting: Heidi Langston, MPOAC, 605 Suwannee Street, MS 28B, Tallahassee, FL 32399-0450, 1(866)374-3368, Ext. 4037, e-mail: heidi.langston@dot.state.fl.us.

WATER MANAGEMENT DISTRICTS

The **Northwest Florida Water Management District** announces public meetings to which all persons are invited:

DATE AND TIME: April 28, 2005, 11:30 a.m., EDT

GENERAL SUBJECT MATTER TO BE CONSIDERED: District Lands Committee – to discuss District Land issues

DATE AND TIME: April 28, 2005, 1:00 p.m., EDT

GENERAL SUBJECT MATTER TO BE CONSIDERED: Governing Board Meeting – to consider District business

DATE AND TIME: April 28, 2005, 1:15 p.m., EDT

GENERAL SUBJECT MATTER TO BE CONSIDERED: Public Hearing on Consideration of Regulatory Matters

DATE AND TIME: April 28, 2005, 1:30 p.m.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Public Hearing on the 2005 District Water Management Plan Update.

PLACE: District headquarters, 10 miles west of Tallahassee on U.S. Highway 90.

A copy of the agendas may be obtained by contacting Carolyn Wise, NWFWM, 81 Water Management Drive, Havana, Florida 32333, (850)539-5999 (also available through the Internet at www.state.fl.us/nwfwmd).

If any person decides to appeal any decision with respect to any matter considered at the above-cited meetings, such person may need to ensure that a verbatim record of the proceedings is made to include the testimony and evidence upon which the appeal is to be based.

Persons with disabilities or handicaps who need assistance or reasonable accommodation in order to participate in these meetings should contact Larry Wright at the District at least 72 hours in advance of these meetings to make appropriate arrangements.

The **Southwest Florida Water Management District** (SFWMD) announces the following public meetings to which all interested persons are invited:

GOVERNING BOARD COMMITTEE MEETINGS, BOARD MEETING AND PUBLIC HEARING (Note: This is a change of location from what was originally published in the year-long calendar.)

DATE AND TIME: Tuesday, April 26, 2005, 9:00 a.m.

PLACE: Hillsborough County Center, 601 East Kennedy Boulevard, 18th Floor, Tampa, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: Conduct of Committee meetings, Board meeting and public hearing.

CEREMONY TO HONOR FORMER GOVERNING BOARD MEMBERS

DATE AND TIME: Tuesday, April 26, 2005, 6:00 p.m.

PLACE: Tampa Marriott Waterside Hotel, 700 South Florida Avenue, Tampa, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: Honor former Governing Board members. No District business will be discussed and no District funds will be expended.

EIGHTH BIENNIAL CONFERENCE ON STORMWATER RESEARCH & WATERSHED MANAGEMENT

DATES AND TIME: Wednesday, April 27, 2005; Thursday, April 28, 2005, 8:30 a.m. – 5:00 p.m.

PLACE: Tampa Marriott Westshore Hotel, 1001 North Westshore Boulevard, Tampa, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: A forum from which stormwater treatment and watershed management ideas and issues can be discussed and debated and where research results can receive initial peer review.

STARKEY WILDERNESS PRESERVE WORKSHOP

DATE AND TIME: Thursday, April 28, 2005, 6:00 p.m.

PLACE: Starkey Environmental Education Center, 10500 Wilderness Road, New Port Richey, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: Public workshop to review the draft plan for the use and management of the Starkey Wilderness Preserve.

These are public meetings and agendas are available by contacting: Southwest Florida Water Management District, 2379 Broad Street, Brooksville, FL.

The District does not discriminate based on disability. Anyone requiring reasonable accommodation under the ADA should contact 1(800)423-1476 (Florida only), Extension 4609, TDD only 1(800)231-6103 (Florida only), Fax (352)754-6874.

MEETING POSTPONED – The **South Florida Water Management District** announces a public meeting to which all interested parties are invited:

DATE AND TIME: April 21, 2005, 10:00 a.m. – 1:00 p.m.

PLACE: SFWMD, Lower West Coast Regional Service Center, 2301 McGregor Blvd., Ft. Myers, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Water Resources Advisory Commission (WRAC) Lower West Coast Water Management Plan.

A copy of the agenda may be obtained at the (1) District Website (<http://www.sfwmd.gov/agenda.html>) or (2) by writing to the South Florida Water Management District, Mail Stop 1130, P. O. Box 24680, West Palm Beach, Florida 33416-4680.

Persons with disabilities who need assistance may contact the District Clerk, (561)682-2087, at least two business days in advance of the meeting to make appropriate arrangements.

Those who desire more information, please contact Linda Hoppes, District Headquarters, 3301 Gun Club Road, West Palm Beach, Florida 33406, (561)682-2213.

The **South Florida Water Management District** announces a public meeting to which all interested parties are invited:

DATE AND TIME: Thursday, May 5, 2005, 9:00 a.m.

PLACE: SFWMD Headquarters, B1 Auditorium, 3301 Gun Club Road, West Palm Beach, FL 33406

GENERAL SUBJECT MATTER TO BE CONSIDERED: Water Resources Advisory Commission (WRAC) Regular Monthly Meeting.

A copy of the agenda may be obtained at the (1) District Website (<http://www.sfwmd.gov/agenda.html>) or (2) by writing to the South Florida Water Management District, Mail Stop 1130, P. O. Box 24680, West Palm Beach, Florida 33416-4680.

Persons with disabilities who need assistance may contact the District Clerk, at (561)682-2087, at least two business days in advance of the meeting to make appropriate arrangements.

Those who desire more information, please contact Rick Smith, District Headquarters, 3301 Gun Club Road, West Palm Beach, Florida 33406, (561)682-6517.

The **South Florida Water Management District** announces a public meeting to which all interested parties are invited:

DATE AND TIME: Tuesday, May 17, 2005, 10:00 a.m.

PLACE: The South Florida Water Management Headquarters, B-1 Building, Auditorium, 3301 Gun Club Road, West Palm Beach, Florida 33406

GENERAL SUBJECT MATTER TO BE CONSIDERED: Quarterly meeting of the Everglades Technical Oversight Committee (TOC).

A copy of the agenda may be obtained by writing: South Florida Water Management District, Mail Stop 2130, P. O. Box 24680, West Palm Beach, FL 33416-4680, District Website: <http://www.sfwmd.gov/org/ema/toc/draftagenda.html>.

Appeals from any South Florida Water Management District Board decision require a record of the proceedings. Although Governing Board meetings and hearings are normally recorded, affected persons are advised that it may be necessary for them to ensure that a verbatim record of the proceeding is made, including the testimony and evidence upon which the appeal is to be based.

Persons with disabilities who need assistance may contact the District Clerk, at (561)686-8800, at least two business days in advance of the meeting to make appropriate arrangements.

Those who want more information, please contact Dr. Garth Redfield, in the Environmental Resource Assessment Department, District Headquarters, 3301 Gun Club Road, Mail Stop Code 4610, West Palm Beach, FL 33406, (561)682-6611.

The South Florida Water Management District announces a public meeting to which all interested parties are invited:

DATE AND TIME: May 20, 2005, 9:00 a.m.

PLACE: The South Florida Water Management District, Richard Rogers Conference Room in Building B-1, 3301 Gun Club Road, West Palm Beach, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Meeting of the Lake Belt Mitigation Committee, created pursuant to Section 373.41492, Florida Statutes, to discuss Lake Belt Committee matters. Meet Me# (850)921-6513, Suncom 921-6513.

A copy of the agenda may be obtained by writing: South Florida Water Management District, Mail Stop 2130, P. O. Box 24680, West Palm Beach, FL 33416-4680, District Website: <http://www.sfwmd.gov/org/ema/toc/draftagenda.html>.

Appeals from any South Florida Water Management District Board decision require a record of the proceedings. Although meetings and hearings are normally recorded, affected persons are advised that it may be necessary for them to ensure that a verbatim record of the proceeding is made, including the testimony and evidence upon which the appeal is to be based.

Persons with disabilities who need assistance may contact the District Clerk, at (561)686-8800, at least two business days in advance of the meeting to make appropriate arrangements.

Those who want more information, please contact Beth McArdle in the Land Resources Department, District Headquarters, 3301 Gun Club Road, Mail Stop Code 7310, West Palm Beach, FL 33406, (561)682-6172.

COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

The Florida **Commission for the Transportation Disadvantaged** announces a Statewide Meeting to which all persons are invited.

DATE AND TIME: Thursday, April 21, 2005, 9:00 a.m. – completion

PLACE: Doubletree Guest Suites Ft. Lauderdale – Galleria, 2670 East Sunrise Boulevard, Ft. Lauderdale, FL 33304 (954)565-3800

GENERAL SUBJECT MATTER TO BE CONSIDERED: To gain input on the CUTR Medicaid Allocations and to give updates on the Medicaid Program and other TD program items. In accordance with the Americans with Disabilities Act, persons in need of special accommodation to participate in the meeting or an agenda should contact Niki Branch at the following address and telephone number: Commission for the Transportation Disadvantaged, 605 Suwannee Street, MS-49, Tallahassee, FL 32399-0450, (850)410-5700 or 1(800)983-2435. The meeting is subject to change upon chairperson’s request.

The Florida **Commission for the Transportation Disadvantaged** announces a Statewide Meeting to which all persons are invited.

DATE AND TIME: Tuesday, April 26, 2005, 9:00 a.m. – completion

PLACE: Marion County Senior Services, 1101 S. W. 20th Court, Ocala, Florida, (352)620-3501

GENERAL SUBJECT MATTER TO BE CONSIDERED: To gain input on the CUTR Medicaid Allocations and to give updates on the Medicaid Program and other TD program items. In accordance with the Americans with Disabilities Act, persons in need of special accommodation to participate in the meeting or an agenda should contact Niki Branch at the following address and telephone number: Commission for the Transportation Disadvantaged, 605 Suwannee Street, MS-49, Tallahassee, FL 32399-0450, (850)410-5700 or 1(800)983-2435. The meeting is subject to change upon chairperson’s request.

The Florida **Commission for the Transportation Disadvantaged** announces a Statewide Meeting to which all persons are invited.

DATE AND TIME: Thursday, April 28, 2005, 9:00 a.m. – completion

PLACE: JTrans, 3988 Old Cottondale Road, Marianna, Florida, (850)482-7433

GENERAL SUBJECT MATTER TO BE CONSIDERED: To gain input on the CUTR Medicaid Allocations and to give updates on the Medicaid Program and other TD program items. In accordance with the Americans with Disabilities Act,

persons in need of special accommodation to participate in the meeting or an agenda should contact Niki Branch at the following address and telephone number: Commission for the Transportation Disadvantaged, 605 Suwannee Street, MS-49, Tallahassee, FL 32399-0450, (850)410-5700 or 1(800)983-2435. The meeting is subject to change upon chairperson's request.

COMMISSION ON VETERANS' AFFAIRS

The Florida **Commission on Veterans' Affairs** announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday April 26, 2005, 2:00 p.m.

PLACE: Knott Building, W. St. Augustine St., Room 116, Tallahassee, FL 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: General meeting and planning session.

Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact: Nancy Schiellerd, Florida Department of Veterans' Affairs, 4040 Esplanade Way, Suite 180, Tallahassee, Florida 32399-7016.

Please telephone (850)487-1533, at least 48 hours prior to the meeting.

DEPARTMENT OF ELDER AFFAIRS

The Florida **Department of Elder Affairs**, Advisory Council announces a meeting to which all persons are invited to join.

Interested individuals may join by notifying: Darrick McGhee, Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, FL 32399, (850)414-2085.

DATE AND TIME: Tuesday, April 26, 2005, 10:00 a.m. – 2:00 p.m.

PLACE: Quality Inn & Suites – The Gallery Room, Tallahassee, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: A meeting of the Department of Elder Affairs Advisory Council to discuss the department and initiatives the council wants to undertake.

To obtain a copy of the agenda, please contact: Darrick McGhee, 4040 Esplanade Way, Tallahassee, Florida 32399-7000, (850)414-2085, Suncom (850)994-2085, e-mail: McGheeD@elderaffairs.org.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this meeting is asked to advise the department at least 48 hours before the meeting by contacting: Darrick McGhee, (850)414-2085. If you are hearing or speech impaired, please contact the department by calling (850)414-2001.

The **Department of Elder Affairs** will hold a conference call with the signers of the Triad Resolution and other interested parties.

DATE AND TIME: Wednesday, May 4, 2005, 11:00 a.m.

PLACE: Call in number (850)410-0960, Suncom 210-0960

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss matters related to the Statewide Triad.

For a copy of the agenda contact: Ann Getman (850)414-2072, Suncom 997-2072.

The Florida **Department of Health** in collaboration with the Florida **Department of Elder Affairs** announces a public hearing to which all persons are invited.

DATE AND TIME: May 31, 2005, 1:00 p.m. – 5:00 p.m.

PLACE: Department of Elder Affairs, Room 225F, 4040 Esplanade Way, Tallahassee, FL 32399-7000

GENERAL SUBJECT MATTER TO BE CONSIDERED: A Special Needs Shelter Interagency Stakeholders' meeting hosted by the Office of Long-Term Care Policy to develop and negotiate any necessary interagency agreement or policy related to improving the statewide response to special needs sheltering.

To obtain a copy of the agenda, or to submit information please contact: Karen Eaton, 4052 Bald Cypress Way, Bin #C27, Tallahassee, Florida 32399-7000, (850)245-4740, e-mail: Karen_Eaton@doh.state.fl.us. All materials, information, or comments must be submitted electronically.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring a special accommodation at this hearing because of a disability, hearing or physical impairment should contact Karen Eaton at least five (5) calendar days prior to the meeting using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

AGENCY FOR HEALTH CARE ADMINISTRATION

The **Agency for Health Care Administration** announces a teleconference meeting of the Comprehensive Health Information System Advisory Council Health Care Facility Website Technical Workgroup, to which all interested parties are invited.

DATE AND TIME: Friday, April 22, 2005, 10:00 a.m.

PLACE: Anyone interested in participating may telephone (850)414-1711 or Suncom 994-1711

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a meeting of the Health Care Facility Website Technical Workgroup to discuss reporting health care data on the AHCA web site.

Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact Adrienne Henderson, (850)922-0594, at least five calendar days prior to the meeting.

A copy of the agenda may be obtained by writing: Adrienne Henderson, Agency for Health Care Administration, 2727 Mahan Drive, Bldg. 3, Mail Stop #16, Tallahassee, FL 32308-5403. The agenda will also be posted at <http://www.fdhc.state.fl.us/SCHS/chiswgmeetings.shtml>, seven (7) days prior to the meeting.

DEPARTMENT OF MANAGEMENT SERVICES

The Governor's Americans with Disabilities Act Working Group, which is administered by the **Department of Management Services**, announces a meeting of its Board to which all interested persons are invited.

BOARD MEETING

DATES AND TIMES: May 18, 2005, 1:00 p.m. – 5:00 p.m.; May 19, 2005, 9:00 a.m. – 3:30 p.m.; May 20, 2005, 9:00 a.m. – 12:00 Noon

PUBLIC HEARING

DATE AND TIME: May 19, 2005, 4:00 p.m. – 6:00 p.m.

PLACE: PGA National Resort & Spa, 400 Avenue of Champions, Palm Beach Gardens, FL 33418-3698

GENERAL SUBJECT MATTER TO BE CONSIDERED: To facilitate the mission of the Governor's Americans with Disabilities Act Working Group.

A copy of the Board meeting agenda may be obtained by writing or calling: Americans with Disabilities Act Working Group, Building 4030, Esplanade Way, Ste. 315A, Tallahassee, Florida 32399-0950, Voice/TTY (850)922-4103.

Should you require accommodations or materials in alternative formats, please contact Stacia Woolverton by May 4, 2005, (850)487-3423, toll free 1(877)232-4968.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

The **Department of Business and Professional Regulation**, Hospitality Education program, announces the following teleconference:

Meeting: The Division of Hotels and Restaurants Advisory Council Teleconference.

DATE AND TIME: April 22, 2005, 10:00 a.m. Telephone Number to call to participate: (850)410-8045 or Suncom 210-8045.

PLACE: Florida Department of Business and Professional Regulation, Division of Hotels and Restaurants Hospitality Education Program, One Champions Way, Florida State University, Tallahassee, Florida 32306

GENERAL SUBJECT MATTER TO BE CONSIDERED: To approve grant applications for the 2005-2006 School-to-Career Transition Program. Only that portion of the meeting wherein cases are presented for consideration by the committee will be open to the public.

Any person deciding to appeal a decision made with respect to any matter considered at this meeting will need to ensure that a verbatim record of the proceeding is made. Such record must include testimony and evidence upon which the appeal is to be based.

Any person requiring special accommodations at this meeting because of disability or physical impairment should contact Angel Gonzalez at the Department of Business and Professional Regulation, Hospitality Education Program at (850)644-8248, at least five (5) working days prior to the meeting.

The Probable Cause Panel, **Construction Industry Licensing Board** announces a meeting.

DATE AND TIMES: April 26, 2005, 9:00 a.m. and 10:00 a.m. or soon thereafter

PLACE: Dept. of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32309, (850)488-0062

GENERAL SUBJECT MATTER TO BE CONSIDERED: To review complaints in which a determination of the existence of probable cause has already been made.

A copy of the public portion of the agenda may be obtained by writing: Patrick Creehan, Chief Construction Attorney, Department of Business and Professional Regulation, Office of the General Counsel, 1940 N. Monroe Street, Suite 60, Tallahassee, Florida 32399-2202, (850)488-0062.

NOTE: In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this proceeding should contact the Construction Prosecution Section no later than seven (7) days prior to the proceeding or meeting at which such special accommodation is required. The Construction Prosecution Section may be contacted at the address and phone number listed above.

The Florida **Board of Pilot Commissioners** announces a telephone conference call to which all persons are invited to participate.

DATE AND TIME: April 25, 2005, 9:00 a.m.

PLACE: Department of Business and Professional Regulation, 1940 N. Monroe Street, Tallahassee, FL, Telephone Number To Call (850)414-1711, Suncom 994-1711

GENERAL SUBJECT MATTER TO BE CONSIDERED: Deputy Pilot Advancement.

Any person deciding to appeal a decision made with respect to any matter considered at this meeting will need to ensure that a verbatim record of the proceeding is made. Such record must include testimony and evidence upon which the appeal is to be based.

Any person requiring special accommodations at this meeting because of a disability or physical impairment should contact Department of Business and Professional Regulation, Board of

Pilot Commissioners, (850)922-6096, at least forty-eight (48) hours prior to the meeting. If you are hearing or speech impaired, please contact the board office using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

The Florida **Board of Veterinary Medicine** announces the following meeting to be held by telephone conference call, to which all persons are invited to attend.

DATE AND TIME: May 20, 2005, 9:00 a.m.

PLACE: Access Phone #: (850)922-2903, Suncom 292-2903, toll free 1(800)416-4254

GENERAL SUBJECT MATTER TO BE CONSIDERED: Probable Cause Panel meeting portions which, are closed to the public. Agenda available on request.

To obtain a copy of the agenda, further information, or submit written or other physical evidence, contact in writing: Board of Veterinary Medicine, 1940 N. Monroe St., Tallahassee, Florida 32399.

If a person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need a record of the proceedings, and for such purpose he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact the Board office, (850)922-7154, at least five calendar days prior to the meeting. If you are hearing or speech impaired, please contact the Board office using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

The **Board of Accountancy**, Committee on Continuing Professional Education announces the following public meeting to which all persons are invited:

DATE AND TIME: Tuesday, May 17, 2005, 9:00 a.m.

PLACE: Via Conference Call

GENERAL SUBJECT MATTER TO BE CONSIDERED: To review reporting forms and requests for course approval.

If you wish to participate in this meeting or receive a copy of the agenda, please contact: Karan Lee, Board of Accountancy, 240 N. W. 76th Drive, Suite A, Gainesville, Florida 32607, (850)487-1395.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

The Florida **Center for Solid and Hazardous Waste Management**, Advisory Board announces a meeting to which all interested persons are invited to participate.

DATE AND TIME: May 13, 2005, 9:00 a.m. – 12:00 Noon

PLACE: Hyatt Regency Orlando International Airport, 9300 Airport Boulevard, Orlando, FL, (407)825-1234

More information can be obtained by visiting www.floridacenter.org or calling (352)392-6264.

DEPARTMENT OF HEALTH

The **Board of Chiropractic Medicine** will hold a duly noticed telephone conference call, to which all persons are invited to attend.

DATE AND TIME: Tuesday, April 19, 2005, 12:30 p.m.

PLACE: Department of Health, 4042 Bald Cypress Way, Bin #C07, Tallahassee, Meet Me Number (850)410-0968

GENERAL SUBJECT MATTER TO BE CONSIDERED: General board business.

Any person requiring special accommodations at this meeting because of a disability or physical impairment should contact the Board, (850)245-4355, at least 48 hours prior to the meeting. If you are a hearing or speech impaired, please contact the Board office using the Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

A copy of the agenda item may be obtained by writing: Joe Baker, Jr., Executive Director, Board of Chiropractic Medicine, 4052 Bald Cypress Way, Bin #C07, Tallahassee, FL 32399-3257, www.doh.state.fl.us/mqa/chiro/chiro_home.html.

The **Department of Health, Board of Dentistry**, will hold a general business meeting to which all persons are invited:

DATES AND TIMES: Anesthesia Committee Workshop, May 5, 2005 beginning at 4:00 p.m., General Business Meeting, May 6, 2005 beginning at 8:00 a.m.

PLACE: Doubletree Hotel, 101 South Adams Street, Tallahassee, FL 32301, (850)224-5000

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct general board business.

If a person decides to appeal any decision made by the Board with respect to any matter considered at this meeting, he may need to ensure that a verbatim record of the proceedings is made, which records include the testimony and evidence upon which the appeal is to be based.

Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact Sarah Walls, (850)245-4474, at least five calendar days prior to the meeting. Persons who are hearing or speech impaired, can

contact Ms. Walls using the Florida Dual Party Relay System which can be reached at 1(800)955-8770 (Voice) and 1(800)955-8771(TDD).

The Florida **Board of Medicine** announces a telephone conference call to be held via meet me number.

DATE AND TIME: Wednesday, May 4, 2005, 12:00 Noon

PLACE: Contact Florida Board of Medicine, (850)245-4131, for the meet me number

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct general business of the Board.

Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact the Florida Board of Medicine, (850)245-4131 at least five (5) calendar days prior to the meeting. If you are hearing or speech impaired, please call the Florida Board of Medicine using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

A copy of the agenda may be obtained by writing: Larry McPherson, Board Director, Medical Quality Assurance, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253.

Please note that if a person decides to appeal any decision made by the Board with respect to any matter considered at the above cited meeting or hearing, he will need a record of the proceedings, and for such purpose, may need to insure that a verbatim record of the proceeding is made, which record includes the testimony and evidence upon which the appeal is to be based. A verbatim tape record of the proceeding may be obtained from a court reporter, if present, or an audio record from the Board Director.

The **Department of Health, Board of Physical Therapy Practice** hereby gives notice that a public workshop regarding rule development on Rules 64B17-3.001, 64B17-3.002, 64B17-4.003, 64B17-7.001 and 64B17-9.001, F.A.C., will be held at the time, date and place listed below.

DATE AND TIME: May 5, 2005, 6:30 p.m. or shortly thereafter

PLACE: Wyndham Ft. Lauderdale Airport Hotel, 1870 Griffin Road, Ft. Lauderdale, FL 33004, (954)920-3300

GENERAL SUBJECT MATTER TO BE CONSIDERED: The workshop is being held to determine whether amendments may be necessary.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Kaye Howerton, Executive Director, Board of Physical Therapy Practice, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255.

Any person requiring a special accommodation at this hearing because of a disability or physical impairment should contact the Board's Executive Director at least five calendar days prior

to the hearing. If you are hearing or speech impaired, please contact the Board office using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

The **Department of Health** announces a meeting of the Research Review and Advisory Committee of the Bureau of Onsite Sewage Programs to which all persons are invited.

DATE AND TIME: April 26, 2005, 9:30 a.m.

PLACE: FOWA Training Center, 2301 Highway 557, Polk City, FL 33868

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss current, proposed and potential future onsite sewage research projects.

A copy of the agenda and the call-in phone numbers may be obtained by contacting: Susan Polangin, Department of Health, Bureau of Onsite Sewage Programs, 4052 Bald Cypress Way, Bin #A08, Tallahassee, FL 32399-1713, (850)245-4070, e-mail: Susan_Polangin@doh.state.fl.us.

Any person requiring a special accommodation at this meeting because of disability or physical impairment should contact Susan Polangin at the address above at least one week prior to the meeting.

The Florida Alliance for Diabetes Prevention and Care, DATA WORKGROUP: **Department of Health**, Diabetes Prevention and Control Program will hold a workgroup meeting via conference call:

DATE AND TIME: Thursday, April 21, 2005, 12:00 Noon – 1:00 p.m.

PLACE: Toll Free # – provided by moderator

If you would like to join the conference call, have questions, or require additional information, please contact: M. R. Street, (850)245-4330.

All requests for special accommodations must be received by Tuesday, April 19, 2005, 5:00 p.m. Eastern Time

The Florida Alliance for Diabetes Prevention and Care, EDUCATION WORKGROUP: **Department of Health**, Diabetes Prevention and Control Program will hold a workgroup meeting via conference call:

DATE AND TIME: Friday, April 22, 2005, 12:00 Noon – 1:00 p.m.

PLACE: Toll Free # – provided by moderator

If you would like to join the conference call, have questions, or require additional information, please contact: M. R. Street, (850)245-4330.

All requests for special accommodations must be received by Tuesday, April 20, 2005, 5:00 p.m. Eastern Time

The Florida Alliance for Diabetes Prevention and Care, COMMUNITY PARTNERSHIPS WORKGROUP: **Department of Health**, Diabetes Prevention and Control Program will hold a workgroup meeting via conference call:

DATE AND TIME: Thursday, April 28, 2005, 12:00 Noon – 1:00 p.m.

PLACE: Toll Free # – provided by moderator

If you would like to join the conference call, have questions, or require additional information, please contact: M. R. Street, (850)245-4330.

All requests for special accommodations must be received by Tuesday, April 26, 2005, 5:00 p.m. Eastern Time

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

The Florida **Department of Children and Family Services** announces a meeting to which all persons are invited.

DATE AND TIME: April 25, 2005, 9:30 a.m. – 5:30 p.m.

PLACE: Crowne Plaza Orlando Airport, 5555 Hazeltine National Drive, Orlando, Florida 32812

GENERAL SUBJECT MATTER TO BE CONSIDERED: This meeting will be for the purpose of interviewing candidates for the position of Assistant Secretary for Substance Abuse and Mental Health.

In accordance with the Americans with Disabilities Act, persons needing an accommodation to participate in this conference call should contact Florida Department of Children and Family Services three days prior to the call (850)487-1111.

FLORIDA HOUSING FINANCE CORPORATION

The **Florida Housing Finance Corporation** announces the following Review Committee meetings to which all persons are invited to attend:

DATES AND TIME: Tuesday, May 3, 2005; Thursday, May 5, 2005, 2:00 p.m., Eastern Time

PLACE: Rick Seltzer Conference Room, Suite 6000, Florida Housing Finance Corporation, 227 North Bronough Street, Tallahassee, Florida 32301-1329

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss the evaluations of responses submitted for Florida Housing Finance Corporation's Request for Proposals #2005-01 for Cash Flow Verification Agent Services.

Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact Robin Grantham, at Florida Housing Finance Corporation, (850)488-4197, at least five (5) calendar days prior to the meeting. If you are hearing impaired, please contact Florida Housing Finance Corporation using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

If any person decides to appeal any decision made by Florida Housing Finance Corporation with respect to any matter considered at this meeting, he or she will need a record of the proceedings, and for such purpose, may need to ensure that a verbatim record of the proceedings be made, which record shall include the testimony and evidence upon which the appeal is to be based.

FISH AND WILDLIFE CONSERVATION COMMISSION

The **Fish and Wildlife Conservation Commission** announces a two-day public meeting of a live collection marine life fishery working group, to which all interested persons are invited:

DATES AND TIME: May 12-13, 2005, 8:30 a.m. – 5:00 p.m. each day

PLACE: Holiday Inn and Marina, 13201 Overseas Highway, Marathon, Florida 33050

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Fish and Wildlife Conservation Commission is holding this meeting to bring together a workgroup of commercial marine life interests to gather information on various species concerns in the marine life fishery.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least five calendar days before the workshop/meeting by contacting: ADA Coordinator, (850)488-6411. If you are hearing or speech impaired, please contact the agency by calling (850)488-9542.

For further information, contact: Jessica McCawley, Division of Marine Fisheries, 2590 Executive Center Circle, East, Suite 201, Tallahassee, Florida 32301, (850)487-0554.

DEPARTMENT OF FINANCIAL SERVICES

The **Financial Services Commission** announces a public hearing to which all persons are invited:

DATE AND TIME: May 3, 2005, at 9:00 a.m., during a regular meeting of the Financial Services Commission.

PLACE: Cabinet Meeting Room, Lower Level, The Capitol, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Adoption of Rule Chapter 690-162, Part III, Florida Administrative Code, published on March 11, 2005, in Vol. 31, No. 10, of the Florida Administrative Weekly. No notice of change was published.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the contact person at least 5 calendar days before the program by contacting Kerry Krantz at E-mail: kerry.krantz@fldfs.com.

The **Financial Services Commission** announces a public hearing to which all persons are invited:

DATE AND TIME: May 3, 2005, 9:00 a.m., during a regular meeting of the Financial Services Commission.

PLACE: Cabinet Meeting Room, Lower Level, The Capitol, Tallahassee, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Adoption of Rule 69O-164.020, Florida Administrative Code, published on March 11, 2005, in Vol. 31, No. 10, of the Florida Administrative Weekly. No notice of change was published.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the contact person at least 5 calendar days before the program by contacting Kerry Krantz at E-mail kerry.krantz@fldfs.com.

VISIT FLORIDA

The **VISIT FLORIDA** Board of Directors announces a public meeting of the Nature-Based Tourism Committee of the New Product Development Council.

DATE AND TIME: Thursday, May 12, 2005, 10:00 a.m. until adjournment

PLACE: Canoe Outpost – Peace River, 2816 N.W. County Road 661, Arcadia, FL 34266, (863)494-1215

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss on-going committee projects.

For further information contact Sara Rogers at VISIT FLORIDA, P. O. Box 1100, Tallahassee, Florida 32302-1100, or at (850)488-5607, ext. 363.

Any person requiring special accommodations at this meeting because of a disability should contact VISIT FLORIDA at least five business days prior to the meeting. Persons who are hearing or speech impaired can contact VISIT FLORIDA by using the Florida Relay Service at 1(800)955-8770 (Voice) or 1(800)955-8771 (TDD)

FLORIDA LOCAL GOVERNMENT INVESTMENT TRUST

The Board of Trustees for the **Florida Local Government Investment Trust** announces a public meeting to which all persons are invited.

DATE AND TIME: April 22, 2005, 10:30 a.m.

PLACE: Nabors, Giblin & Nickerson, P.A., 2502 Rockypoint Drive, Suite 2502, Tampa, FL 33607

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Administrative Operations.

A copy of the agenda may be obtained by contacting the Trust's Administrator, FACC Service Corporation, at (850)921-0808.

FLORIDA AEROSPACE FINANCE CORPORATION

The **Florida Aerospace Finance Corporation** (FAFC) announces a Board of Director's Nominating Committee meeting and teleconference to which the public is invited.

DATE AND TIME: April 26, 2005, 10:00 a.m. – 11:00 a.m.

PLACE: Office of Florida Aerospace Finance Corporation. To attend via telephone the number to call is: 1(866)249-5325, participant code 393255.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Nominating Committee of the FAFC Board will meet to propose a slate of Board Officers for the Corporation's next fiscal year.

For more information, contact Ms. Judy Blanchard at (321)690-3397.

To obtain a copy of the agenda write: The Florida Aerospace Finance Corporation, 403 Brevard Avenue, Suite 1, Cocoa, Florida 32922.

Any person requiring special accommodations at this meeting because of disability or physical impairment should contact the Florida Aerospace Finance Corporation.

Please note that if a person decides to appeal any decision made by the Board with respect to any matter considered at the above cited meeting, they will need a record of the proceedings, and for such purpose, they may need to ensure that a verbatim record of the proceeding, which record includes the testimony and evidence upon which the appeal is to be based.

ORANGE COUNTY RESEARCH AND DEVELOPMENT AUTHORITY

The **Orange County Research and Development Authority** announces a public meeting to which all persons are invited:

DATE AND TIME: May 12, 2005, 8:00 a.m.

PLACE: Central Florida Research Park, 12424 Research Parkway, Suite 100, Orlando, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Business Meeting.

PRIDE ENTERPRISES

PRIDE Enterprises announces a BOD Finance Committee Meeting to which all interested persons are invited.

DATE AND TIME: Thursday, April 28, 2005, 12:00 Noon – 4:00 p.m.

PLACE: Tampa Airport Marriott, Tampa, FL; www.peol.com

ADVOCACY CENTER

The **Advocacy Center, Inc.**, Florida’s Protection and Advocacy Programs will be holding their Quarterly Board of Directors meeting:

DATES AND TIME: April 22-23, 2005, 10:30 a.m.

PLACE: Hyatt Regency – Orlando Int’l Airport, 9300 Airport Blvd., 9th Floor Tullamarine/Tegel Room, Orlando, FL 32827

GENERAL SUBJECT MATTER TO BE CONSIDERED: Quarterly business meeting of the Board of Directors.

For additional information, please contact Sonia Rodriguez, (813)233-2920, Ext. 216.

FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION

The **Florida Automobile Joint Underwriting Association** announces the following meetings to which all persons are invited:

FAJUA Advisory Committee Meeting

DATE AND TIME: Wednesday, April 27, 2005, 1:30 p.m.

PLACE: Conrad Miami, Espirito Santo Plaza, 1395 Brickell Avenue, Miami, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: Discuss progress of goals agreed upon by the FAJUA Board of Governors and any other matters that may come before the committee.

FAJUA Investment Committee Meeting

DATE AND TIME: Wednesday, April 27, 2005, 3:30 p.m.

PLACE: Conrad Miami, Espirito Santo Plaza, 1395 Brickell Avenue, Miami, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To review and discuss matters relating to FAJUA Investment Guidelines; and any other matters that may come before the committee.

Annual Meeting of Members

DATE AND TIME: Thursday, April 28, 2005, 8:30 a.m.

PLACE: Conrad Miami, Espirito Santo Plaza, 1395 Brickell Avenue, Miami, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To approve Annual Meeting minutes of April 15, 2004; receive Association’s annual report; election of members; and consider any other matters that may come before the Members.

Board of Governors Meeting

DATE AND TIME: Thursday, April 28, 2005, commencing immediately after the adjournment of the Annual Meeting of Members, but not before 8:45 a.m.

PLACE: Conrad Miami, Espirito Santo Plaza, 1395 Brickell Avenue, Miami, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED: To receive reports of the general manager, committees, and counsel; to consider and take actions based on those reports; and consider any other matters that may come before the Board.

Additional information may be obtained from: Lisa Stoutamire, 1425 Piedmont Drive, East, #201A, Tallahassee, FL, (850)681-2003, stoutamire@fajua.org.

COMMISSION ON TOURISM

The Florida **Commission on Tourism** announces a public meeting of the Education Task Force of the New Product Development Council.

DATE AND TIME: Monday, April 25, 2005, 9:00 a.m. until adjournment

PLACE: VISIT FLORIDA Corporate Offices, 661 East Jefferson Street, Suite 300 Tallahassee, FL 32301, Phone: (850)488-5607

GENERAL SUBJECT MATTER TO BE CONSIDERED: Discuss ongoing business of the Task Force.

For further information contact Jill Rutli at VISIT FLORIDA, P. O. Box 1100, Tallahassee, Florida 32302-1100, or at (850)488-5607, ext. 347.

Any person requiring special accommodations at this meeting because of a disability should contact VISIT FLORIDA at least five business days prior to the meeting. Persons who are hearing or speech impaired can contact VISIT FLORIDA by using the Florida Relay Service at 1(800)955-8770 (Voice) or 1(800)955-8771 (TDD)

**Section VII
Notices of Petitions and Dispositions
Regarding Declaratory Statements**

DEPARTMENT OF COMMUNITY AFFAIRS

NOTICE IS HEREBY GIVEN that the Florida Building Commission received a request for Declaratory Statement on March 31, 2005, from W. W. Schaefer Engineering & Consulting, P.A. regarding whether impact testing of mullions is required for approval pursuant to Chapter 9B-72, F.A.C., and, if so, what standards and parameters should be utilized for such testing.

It has been assigned the number DCA05-DEC-068.

A copy of the request may be obtained by writing: Paula P. Ford, Commission Clerk, Department of Community Affairs, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

NOTICE IS HEREBY GIVEN that the Division of Florida Land Sales, Condominiums and Mobile Homes, Department of Business and Professional Regulation, State of Florida, received a Petition for Declaratory Statement, In Re: Petition for Declaratory Statement, Robert J. Dymowski, Petitioner, Southeaster, Inc.; Docket Number 2005013907.

Whether under Section 717.112(2)(c), Florida Statutes, the board may pass by four of its eight members a motion, which was not on the agenda of a properly noticed meeting, to call a special meeting immediately following the noticed meeting to discuss additional issues and whether the action on those additional issues at the special meeting were valid.

A copy of the Petition for Declaratory Statement, Docket Number 2005013907, may be obtained by writing: Agency Clerk, Department of Business and Professional Regulation, Division of Florida Land Sales, Condominiums, and Mobile Homes, 1940 North Monroe Street, Tallahassee, Florida 32399-2217.

Please refer all comments to: Janis Sue Richardson, Chief Assistant General Counsel, Department of Business and Professional Regulation, Division of Florida Land Sales, Condominiums and Mobile Homes, 1940 North Monroe Street, Tallahassee, Florida 32399-2217.

NOTICE IS HEREBY GIVEN that the Division of Florida Land Sales, Condominiums and Mobile Homes, Department of Business and Professional Regulation, State of Florida, has issued an Order Dismissing Petition for Declaratory Statement, In Re: Petition for Declaratory Statement, Vintage Bay Condominium Association, Inc., Petitioner, Docket Number 2005010441.

The Division dismissed the Petition for Declaratory Statement because it did not cite to a statute, rule or order that applied to its particular set of circumstances.

A copy of the Order Denying Petition for Declaratory Statement, Docket Number 2005010441 may be obtained by writing: Agency Clerk, Department of Business and Professional Regulation, Division of Florida Land Sales, Condominiums and Mobile Homes, 1940 North Monroe Street, Tallahassee, Florida 32399-2217.

NOTICE IS HEREBY GIVEN that the Division of Florida Land Sales, Condominiums and Mobile Homes, Department of Business and Professional Regulation, State of Florida, has issued an Order Dismissing Petition for Declaratory Statement, In Re: Petition for Declaratory Statement, Norman Anderson, Unit Owner, and Riverplace One Hundred, Inc., Intervenor, Docket Number 2005002315.

The Division declared that unit owners, who are not assigned the exclusive use of a parking space in a carport, must pay a special assessment to repair the carport, which was damaged by the hurricane, under Section 718.113(1), Florida Statutes, and that the replacement of the carport, which must meet current building code standards, does not constitute a material alteration or substantial addition to the common elements under Section 718.113(2), Florida Statutes.

A copy of the Order Denying Petition for Declaratory Statement, Docket Number 200502315 may be obtained by writing: Agency Clerk, Department of Business and Professional Regulation, Division of Florida Land Sales, Condominiums and Mobile Homes, 1940 North Monroe Street, Tallahassee, Florida 32399-2217.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

**Section VIII
Notices of Petitions and Dispositions
Regarding the Validity of Rules**

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

NONE

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

NONE

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

NONE

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

NONE

Section XI
Notices Regarding Bids, Proposals and
Purchasing

DEPARTMENT OF EDUCATION

NOTICE TO CONSTRUCTION MANAGERS

The Florida International University Board of Trustees, announces that construction management services will be required for the project listed below:

Project and Location: Continuing Services Contracts for all sites of Florida International University, Miami, Florida

Project Description: The construction Manager will be the single point of responsibility for performance of the project construction contracts, functioning as an independent contractor, publicly bidding trade contracts.

Continuing Services Contracts are specific projects for renovations, alterations, and additions that have a basic construction budget estimated to be \$1,000,000 or less. Accordingly, the selected firm(s) minimum bonding capacity should be \$1,000,000. This will be a multiple award contract for an initial period of one year with an Owner’s option to renew an additional year. Two contracts will be awarded. Campus Service Contracts provide that the consultant will be available on an as-needed basis for the Fiscal Year, July 1-June 30.

Selection of finalists for interviews will be made on the basis of construction manager qualifications, including experience and ability; past experience; bonding capacity; record-keeping/administrative ability, critical path scheduling expertise; cost estimating; cost control ability; quality control capability; qualification of the firm’s personnel, and staff and consultants. Finalists will be provided with a list of the final interview evaluation criteria, and a copy of the standard SUS construction management agreement for continuing services

projects. The final ranking shall be determined based on oral presentations and references. The Selection Committee may reject all proposals and stop the selection process at any time.

INSTRUCTIONS:

Firms desiring to provide construction management services for this project shall submit a letter of application and a completed “Construction Manager Qualifications Supplement,” (CMQS). Proposals must not exceed 80 pages, including the Construction Manager Qualifications Supplement and letter of application. Pages must be numbered consecutively. Submittals that do not comply with these requirements or do not include the requested data will not be considered. It is the intent of FIU to encourage participation by qualified Minority Business Enterprises, however State of Florida MBE certification is not a factor in the selection process. No submittal material will be returned. All applicants must be licensed to practice as general contractors in the State of Florida at the time of application. Corporations must be registered to operate in the State of Florida by the Department of State, Division of Corporations, at the time of application. As required by Section 287.133, Florida Statutes, a construction management firm may not submit a proposal for this project if it is on the convicted vendor list for a public entity crime committed within the past 36 months. The selected construction management firm must warrant that it will neither utilize the services of, nor contract with, any supplier, subcontractor, or consultant in excess of \$15,000.00 in connection with this project for a period of 36 months from the date of their being placed on the convicted vendor list.

Construction Manager Qualifications Supplement forms and the Project Fact Sheet may be obtained by contacting: Facilities Planning, Florida International University, Campus Support Complex, Room 236, University Park, Miami, Florida 33199, telephone (305)348-4070, or by FAXING a request to (305)348-4010 or login to <http://facilities.fiu.edu/fpc.htm> (Find project under the “Selection Process” link). Requests for meetings by individual firms will not be granted. Six (6) bound copies of the required proposal data shall be submitted to: Selection Committee, Florida International University, Facilities Planning, Campus Support Complex, Room 236, University Park, Miami, Florida 33199. Submittals must be received by 2:00 p.m. local time, on May 16, 2005. Late submittals shall be disqualified. Facsimile (FAX) submittals are not acceptable and will not be considered.

NOTICE TO CONSTRUCTION MANAGEMENT FIRMS

Duval County Public Schools

Request for Qualifications (RFQ)

The Office of Facilities Design and Construction announces that Construction Management services are required for the following project:

Project Number: C-91080
 Project Title: New North Shore K-8 No. 70
 Project Location: 5701 Silver Plaza,
 Jacksonville, Florida 32208

RFQ's ARE DUE ON OR BEFORE MAY 16, 2005

AND WILL BE ACCEPTED UNTIL 4:30 P.M.

The selected Construction Manager will provide preconstruction services including value engineering, constructability analysis, development of a cost model, and estimating and will develop a Guaranteed Maximum Price at the applicable Construction Document phase.

Scope of Work: Construction Management services for a new North Shore K-8 school for 1228 total student capacity. The estimated construction cost is \$24,967,500.00. The Total Project Budget is \$29,500,000.00, however, DCPS has received appropriations totaling only \$11,102,132.00 in 2004/2005. Additional appropriation in the amount of \$15,000,000.00 is expected in 2005/2006, and the remaining appropriation of \$3,397,868.00 is expected in 2006/2007.

Selection of finalists for interviews will be made on the basis of construction manager qualifications, including but not limited to experience and ability, financial capability, record keeping/administrative ability, critical path scheduling expertise, cost estimating, cost control ability, quality control ability, qualifications of firm's personnel, staff and consultants, and distance from the construction site.

To receive application information and instruction booklet or for additional information contact the Project Manager listed below or visit www.educationcentral.org/facilities.

Applications are to be sent to:

Facilities Design and Construction
 1701 Prudential Drive, 5th Floor
 Jacksonville, FL 32207-8182

PROJECT MANAGER: Tony Gimenez

PHONE NO.: (904)390-2279

MBE GOALS: Information on the selection process can be found at www.educationcentral.org/facilities under Selection Booklets, then Selection of Construction Manager.

DEPARTMENT OF TRANSPORTATION

INVITATION TO BID

General Licensed Contractors are invited to submit a sealed bid to be received and publicly opened and read aloud by the Florida Department of Transportation (hereinafter referred to as the Department) at the following date, location, and local

time May 18, 2005, at 2:00 p.m. (EDST) at the Florida Department of Transportation, District One Contracts Office, 801 North Broadway, MS 1-18, Bartow, Florida 33830.

FINANCIAL PROJECT NO.: 41619315201

CONTRACT NO.: E1E82

PROJECT NAME: Furnish all materials, equipment, labor, and supervision necessary for new Canopy Structure and new Roof at the Bartow Operations Center

PROJECT LOCATION: 2730 State Road 60, West, Bartow, Florida, Polk County

PROJECT DESCRIPTION: This project consists of New Canopy Structure and New Roof at the Bartow Operations Center

PRE-BID MEETING: Not Applicable

PROJECT MANAGER: The Department's Project Manager is Dennis Hall who may be reached at (863)519-2501.

PLANS AND SPECIFICATIONS: Plans and Specifications may be obtained for review (free of charge) from Evelyn Jan Thompson, Florida Department of Transportation, District One Contracts Office; 801 North Broadway, MS 1-18, Bartow, Florida, phone (863)519-2302 through Tuesday, May 17, 2005, at 2:00 p.m. Bid documents will be issued only to the prospective bidders who have completed, signed, and faxed a completed Fax Order Form to (863)534-7172, and met the Florida Department of Transportation qualification requirements for this project.

MINORITY BUSINESS ENTERPRISES (MBE) UTILIZATION: The Department encourages the recruitment and utilization of certified and non-certified minority business. Contractors, suppliers, and consultants should take all necessary and reasonable steps to ensure that minority businesses have an opportunity to compete for and perform contract work for the Department in a nondiscriminatory environment.

BID PROPOSAL: Bids must be submitted in full accordance with the requirements of the Drawings, Specifications, Bidding Conditions, and Contractual Conditions as specified in the Non-Technical Specifications.

INSURANCE: The awarded Bidder is responsible for maintaining the insurance coverage, specified in the Non-Technical Specifications, for the duration of this project.

PREQUALIFICATION: Each bidder shall submit a current Building or General Contractor license issued by the State of Florida and, if a Florida Corporation, a copy of the Corporate Charter as prequalification of their eligibility with the bid document to the: Department of Transportation, District One Contracts Office, 801 North Broadway Avenue, MS 1-18, Bartow, Florida 33830.

The bid may be rejected if a copy of the Contractor's License is not included either with the bid or provided to the Department prior to the Letting. After the bid opening, the lowest responsive bidder shall qualify in accordance with this contract document.

BID BOND: If the bid amount exceeds \$100,000, the bidder must provide with the bid, a Bid Guaranty of five percent of the actual total bid in the form of a certified check, cashiers check, treasurer's check, bank draft of any national or state bank, or a Surety Bid Bond made payable to the Department of Transportation. A Bid Guaranty in an amount less than five percent of the actual bid will invalidate the bid. Bid Bonds shall conform to the Departments Bid/Proposal Bond Form furnished with the proposal package.

PERFORMANCE BOND AND LABOR AND MATERIALS PAYMENT BOND: If the contract award amount exceeds \$100,000, both a Performance Bond and a Labor and Material Payment Bond of 100 percent each of the contract sum are required at the time of award.

BID POSTING/CONTRACT AWARD: The Bid Tabulation and Notice of Award Recommendation will be posted on Tuesday, June 14, 2005, at 10:00 a.m., at the Florida Department of Transportation, District One Lobby, 801 North Broadway, Bartow, Florida 33830. If no protest is filed, the Department will award the contract to the qualified, responsive low bidder. The Department reserves the right to reject any or all bids.

BID SOLICITATION/AWARD/NON-AWARD PROTEST RIGHTS: Any person adversely affected by this Bid Solicitation shall file a notice of protest within 72 hours of receipt of the bid documents in accordance with Section 120.57(3), Florida Statutes, and Rule Chapter 28-110, Florida Administrative Code. Any person adversely affected by the intended decision of the Department to award a contract or to reject all bids shall file a notice of protest within 72 hours after the posting of the Summary of Bids (bid tabulation). If notice of intended decision is given by certified mail, express or FAX delivery, the adversely affected person must file the notice of protest within 72 hours after receipt of the notice of intent.

A formal written protest must be filed within 10 days after filing the notice of protest. The formal written protest shall state with particularity the facts and law upon which the protest is based. All protests must be submitted in accordance with Section 120.569 and 120.57, Florida Statutes. The required notice of protest and formal protest must each be timely filed with the Clerk of Agency Proceedings, Florida Department of Transportation, 605 Suwannee Street, MS 58, Room 550, General Counsel's Office, Tallahassee, Florida 32399-0458. Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

DISCRIMINATION CLAUSE: Any entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity of the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a

contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity, pursuant to Section 287.134(3)(a), Florida Statutes.

PUBLIC ENTITY CRIME INFORMATION STATEMENT: A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for Category Two for a period of 36 months for the date of being placed on the convicted vendor list.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

WATER MANAGEMENT DISTRICTS

REQUEST FOR BIDS NO. 04/05-029LM INVASIVE EXOTIC PLANT ELIMINATION

The Suwannee River Water Management District is requesting bids for the elimination of EPPC Category I and II Invasive Exotic Plants in the Middle Suwannee Basin. Three tracts have been identified as having invasive plant populations large enough to warrant outside contractors: Allen Mill Pond, Falmouth Spring and Old Hwy 90 Tract.

Bid packages may be obtained by logging on to www.mysuwanneeriver.com or by contacting: Gwen Lord, Administrative Assistant, Suwannee River Water Management District, 9225 County Road 49, Live Oak, Florida 32060, telephone (386)362-1001. Prospective bidders interested in visiting the sites should contact Chris Benson, Forest Technician, (386)362-1001.

Bids are due at District headquarters by 4:00 p.m. on April 29, 2005. Bids received after this time, for any reason, will be rejected.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

STATE ENERGY PROGRAM (SEP)**NOTICE OF FUNDING AVAILABILITY**

The United States Department of Energy announced funding availability for Federal Fiscal year 2005 under the State Energy Program Special Projects on February 18, 2005 for eligible applicants. All proposals are required to be submitted by the State Energy Office. Approximately \$14,700,000 nationwide is available for award to eligible applicants to carry out eligible activities.

The proposals for Clean Cities Incremental Cost of Alternative Fuel Vehicles (Category 01A), Clean Cities School Buses (Category 01C), Industries of the Future: State Partnerships to Accelerate Industrial Energy Efficiency (Category 02), Rebuild America (Category 04), Federal Energy Management Program (Category 06) and Photovoltaic Building Integrated Micro-Inverters (Category 07) are due to the Florida Energy Office by the close of business April 11, 2005.

The proposals for Clean Cities AFV Refueling Infrastructure (Category 01B), Clean Cities Idle Reduction Technologies (Category 01E), Building Codes and Standards (Category 03), Building America (Category 05) and Biomass (Category 10) are due to the Florida Energy Office by the close of business April 13, 2005.

The proposals for Clean Cities Coalition Support (Category 01D), Clean Cities Incremental Cost of Heavy-Duty Hybrid Electric Vehicles (Category 01F), State Wind Energy Support – Coastal and Barrier Island Tall Towers (Category 08A), State Wind Energy Support – Wind and Water (Category 08B), Distributed Energy – Regional Combined Cooling Heating and Power Application Centers (Category 09) and Air Quality Integration (Category 11) are due to the Florida Energy Office by the close of business April 15, 2005.

Proposals may either be hand delivered or sent by U. S. Mail or other licensed carrier and must be received on or before the deadline to the Florida Energy Office, Florida Department of Environmental Protection, 3900 Commonwealth Boulevard, MS #19, Tallahassee, Florida 32399-3000.

For further information, prospective applicants should contact: Essie Turner, Administrative Assistant, (850)245-2940 or via e-mail: Essie.turner@dep.state.fl.us. Interested parties may also address inquiries to: Florida Energy Office, Florida Department of Environmental Protection, 3900 Commonwealth Boulevard, MS #19, Tallahassee, Florida 32399-3000.

DEPARTMENT OF HEALTH**PUBLIC ANNOUNCEMENT FOR CONSTRUCTION MANAGEMENT SERVICES**

PROJECT NUMBER: DOH 70413100

PROJECT NAME: Miami Dade County Health Department – Central Facility Renovations/Additions – Phased Construction

SAMAS NO. MDCHD-TF

PROJECT LOCATION: Miami, Florida

The State of Florida, Department of Health, Division of Administration, Bureau of General Services, Office of Design and Construction requests qualifications from construction management firms to provide construction management services for this project. The estimated construction budget for this project is \$20 million – Consisting of Multiple renovation and/or addition projects on Department of Health Site subject to funding availability. Presently available construction funding is \$2,500,000, which will fund the First Phase of work which is planned to be the renovation of a two story +/- 10,000 Square Foot segment of the overall project. The overall project may consist of multiple phases and is planned to consist of: complete renovation of existing building consisting of nine distinct segments, +/- 45,500 Square Feet, additions of a vertical core to serve an existing second floor and a two story addition including conferencing facilities, +/- 15,000 Square Feet, and the possible construction of a parking garage. The site includes the Miami State Branch Lab, and work on this facility may be included at the discretion of the Department. Site and ancillary work will be included as necessary. If the selected firm is assigned additional phases, the various Phases may be negotiated as separate GMP deliverables. The anticipated work period for all Phases of the project is five years, though time will be shortened or lengthened as is in the best interest of the Department. The first Phase will serve as the basis for contract. Contract negotiation, with the selected firm, for additional work Phase or Phases shall be at the sole discretion of the Department. First anticipated construction start date is October 2005. Applicant must be a licensed general contractor in the State of Florida at the time of application. Further, if a corporation, the applicant must be registered by the Department of State, Division of Corporations, to operate in the State of Florida at the time of application.

INSTRUCTIONS

Firms interested in being considered for this project must submit Four (4) copies of their application with a table of contents and tabbed sections in the following order:

1. Letter of interest detailing the firm's qualification to meet the above referenced selection criteria.
2. A current Experience Questionnaire and Contractor's Financial Statement, Form DBC5085, a copy of which may be obtained by calling (850)245-4066.
3. Résumés of proposed staff and staff organizations.
4. Any examples of project reporting manuals, schedules, past experience and examples of similar projects completed by the firm.
5. A description of the applicant's plan for Minority Business Enterprise and Women-Owned Business Enterprise.
6. References from prior clients received within the last five years.

Response Due Date: Friday, April 29, 2005, by 4:00 p.m. Local time

Applications are to be sent to: Thomas L. Matthias, Project Manager, Department of Health, 4052 Bald Cypress Way, Bin B06, Tallahassee, FL 32399-1734, Phone (850)245-4444, Ext. 3166.

SHORTLIST SELECTION PROCESS: From the proposals received, the Department shall shortlist a minimum of three (3) firms.

All proposal information submitted becomes the property of the Department of Health, will be placed on file, and not returned. Applications which do not comply with the instructions set forth above and/or do not include the qualification data required will be considered improper and disqualified. Selections will be made in accordance with Chapter 60-2, Florida Administrative Code and Section 287.055, Florida Statutes.

Phases to be implemented are dependent on the availability of funding and at sole discretion of the Department of Health.

FLORIDA ASSOCIATION OF COURT CLERKS

Sealed solicitation shall be received by the Florida Association of Court Clerks, Inc. until the dates and times shown below for the following project.

Solicitation may be sent to:

John Templeton
 3544 Maclay Blvd.
 Tallahassee, FL 32312
 Phone: (850)921-0808
 E-mail: templeton@flclerks.com

Responder must reference solicitation project title, opening date and time on outside of bid package to insure proper acceptance. Solicitations by facsimile are not acceptable. For information relating to the competitive solicitation, contact John Templeton.

Project Title: Classification and Compensation Study
 5:00 p.m., Friday, May 13, 2005

**Section XII
 Miscellaneous**

DEPARTMENT OF COMMUNITY AFFAIRS

**PUBLIC NOTICE
 ANNUAL ACTION PLAN
 FOR FEDERAL FISCAL YEAR 2005**

The Department of Community Affairs (Small Cities Community Development Block Grant Program), in conjunction with the Florida Housing Finance Corporation (HOME Program), the Department of Children and Families (Emergency Shelter Grant Program), and the Department of Health (Housing Opportunities for Persons with AIDS Program), is in the process of preparing the Annual Action Plan for Federal Fiscal Year 2005.

The State of Florida is required to submit this Annual Action Plan in order to receive federal funding from the U. S. Department of Housing and Urban Development (HUD). The plan covers the specific programs mentioned above. A draft of the Annual Action Plan will be made available to the public for comment on April 13, 2005. The plan will be posted to the Department's website at <http://www.floridacommunitydevelopment.org/Florida-Consolidated-Plan/index.htm>. This draft will be a part of the State Consolidated Plan. (Public Hearings on the Consolidated Plan were held in January in Tallahassee, Orlando and Miami.) Persons interested in obtaining a copy of the draft may wish to contact Rick Miller or Judy Peacock at the address listed below:

Florida Small Cities CDBG Program
 Department of Community Affairs
 2555 Shumard Oak Boulevard
 Tallahassee, Florida 32399-2100
 Telephone: (850)487-3644
 E-mail: rick.miller@dca.state.fl.us or
 judy.peacock@dca.state.fl.us

Written comments are encouraged, but must be received by the Department prior to May 13, 2005. The document will be finalized and submitted to HUD on May 13, 2005.

Any person wishing to attend the meeting mentioned above that requires a special accommodation because of a disability, physical impairment or English language deficiency should contact the Department of Community Affairs, (850)487-3644, at least five calendar days prior to the hearing. If you are hearing impaired, please contact the Department using the Florida Dual Party Relay System, 1(800)922-8771 (TDD).

NOTICE IS HEREBY GIVEN that the Division of Community Planning, Department of Community Affairs, received the following petitions for binding letters of Development of Regional Impact, Vested Rights and Modification Determinations, pursuant to subsection 380.06(4)(a), Florida Statutes.

FILE NO.: BLIM-605-006
 DATE RECEIVED: March 23, 2005
 DEVELOPMENT NAME: POINCIANA OFFICE & LIGHT INDUSTRIAL
 DEVELOPER/AGENT: Avatar Properties, Inc./ John F. Adams
 DEVELOPMENT TYPE: 28-24.023, 28-24.024, F.A.C.
 LOCAL GOVERNMENT: Osceola County

NOTICE IS HEREBY GIVEN that the Division of Community Planning, Department of Community Affairs, received the following petitions for binding letters of Development of Regional Impact, Vested Rights and Modification Determinations, pursuant to subsection 380.06(4)(a), Florida Statutes.

FILE NO.: BLID-105-005
 DATE RECEIVED: March 31, 2005
 DEVELOPMENT NAME: ALYS BEACH
 DEVELOPER/AGENT: EBSCO Industries, Inc./ Linda Loomis Shelley
 DEVELOPMENT TYPE: 28-24.031, 28-24.020, 28-24.026, F.A.C.
 LOCAL GOVERNMENT: Walton County

DEPARTMENT OF REVENUE

NOTICE OF ADOPTION OF COMMUNICATIONS SERVICES TAX ADDRESS/JURISDICTION DATABASE

Section 202.22(2), F.S., requires the Department of Revenue to create and maintain an electronic situsing database that assigns customer service addresses to local taxing jurisdictions for purposes of the communications services tax. The update to the database, as posted on April 2, 2005, becomes effective on July 1, 2005. The situsing database can be accessed at <http://geotax.state.fl.us>. The next update to the database will be effective January 1, 2006, and is required to be posted 90 days in advance of the effective date. Local governments are required to submit changes and additions for inclusion in the January 1, 2006, update no later than September 3, 2005. Additional information concerning procedures for requesting

changes and additions to the database is available from the Department of Revenue Communications Services Tax Local Government Unit by telephone, (850)921-9181, Suncom 291-9181, e-mail: cs-tax@dor.state.fl.us. Persons with hearing or speech impairments may call the TDD line, 1(800)367-8331 or (850)922-1115, Suncom 292-1115.

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Notice of Publication for a New Point Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, Vengeance Performance Products, LLC., (“Vengeance”), intends to allow the establishment of Dabadoo, Inc., as a dealership for the sale of Vengeance motorcycles, at 2608-C South Federal Highway, Fort Lauderdale (Broward County), Florida 33316, on or after April 17, 2005.

The name and address of the dealer operator(s) and principal investor(s) of Dabadoo, Inc., are dealer operator: Eric J. Barash, 1449 Southeast Fourteenth Street, Fort Lauderdale, Florida 33316; Elizabeth B. Hernandez, 1449 Southeast Fourteenth Street, Fort Lauderdale, Florida 33316; principal investor(s): Eric J. Barash, 1449 Southeast Fourteenth Street, Fort Lauderdale, Florida 33316; Robert F. Audet, 1449 Southeast Fourteenth Street, Fort Lauderdale, Florida 33316.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Mr. Ronald D. Reynolds, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Robert A. Kasprzak, Beatty & Associates, Attorney at Law, Centrelake Plaza, 3401 Centrelake Drive, Suite 360, Ontario, California 91761.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

Notice of Publication for a New Point

Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, United Motors of America, Inc., intends to allow the establishment of Gasoline Alley, Inc., as a dealership for the sale of UM motorcycles, at 10 S. Scenic Highway, Suite B, Frostproof, Florida 33843, on or after March 9, 2005.

The name and address of the dealer operator(s) and principal investor(s) of Gasoline Alley, Inc., are dealer operator: Bob O'Hara, 1202 South Pine Avenue, Frostproof, Florida 33843; principal investor(s): none.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Mr. Ronald D. Reynolds, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Juan Villegas, President, United Motors of America, Inc., 8801 Northwest 23 Street, Miami, Florida 33172.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

Notice of Publication for a New Point
Franchise Motor Vehicle Dealer in a County of More than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, Zongshen, Inc., intends to allow the establishment of Seminole Scooters, Inc., as a dealership for the sale of Zongshen motorcycles, at 6227 Park Boulevard, Pinellas, (Pinellas County), Florida 33781, on or after March 25, 2005.

The name and address of the dealer operator(s) and principal investor(s) Seminole Scooters, Inc., are dealer operator: Robert Hartman, 6227 Park Boulevard, Pinellas, Florida 33781; principal investor(s): Robert Hartman, 6227 Park Boulevard, Pinellas, Florida 33781.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Mr. Ronald D. Reynolds, Administrator, Dealer License Section, Department of Highway Safety and Motor Vehicles, Room A-312, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Cavan Chan, Authorized Representative, Zongshen, Inc., 10530 Northwest, 37 Terrace, Miami, Florida 33178.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

Notice of Publication for a New Point
Franchise Motor Vehicle Dealer in a County of More
than 300,000 Population

Pursuant to Section 320.642, Florida Statutes, Zongshen, Inc., intends to allow the establishment of The Platinum Company of Hollywood, Inc., as a dealership for the sale of Zongshen motorcycles, at 2423 South State Road 7, Hollywood (Broward County), Florida 33023, on or after January 25, 2005.

The name and address of the dealer operator(s) and principal investor(s) of The Platinum Company of Hollywood, Inc., are dealer operator: Keith A. Stewart, 2423 South State Road 7, Hollywood, Florida 33023; principal investor(s): Keith A. Stewart, 2423 South State Road 7, Hollywood, Florida 33023.

The notice indicates intent to establish the new point location in a county of more than 300,000 population, according to the latest population estimates of the University of Florida, Bureau of Economic and Business Research.

Certain dealerships of the same line-make may have standing, pursuant to Section 320.642, Florida Statutes, to file a petition or complaint protesting the application.

Written petitions or complaints must be received by the Department of Highway Safety and Motor Vehicles within 30 days of the date of publication of this notice and must be submitted to: Mr. Ronald D. Reynolds, Administrator, Dealer Facility/Project: Eastlake Rehab and Care Center, L.L.C. Applicant: Eastlake Rehab and Care Center, L.L.C.

License Section, Department of Highway Safety and Motor Vehicles, Room A-312, Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, Florida 32399-0635.

A copy of such petition or complaint must also be sent by US Mail to: Cavan Chan, Authorized Representative, Zongshen, Inc., 10530 Northwest, 37 Terrace, Miami, Florida 33178.

If no petitions or complaints are received within 30 days of the date of publication, a final order will be issued by the Department of Highway Safety and Motor Vehicles approving the establishment of the dealership, subject to the applicant's compliance with the provisions of Chapter 320, Florida Statutes.

**BOARD OF TRUSTEES OF THE INTERNAL
IMPROVEMENT TRUST FUND**

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

AGENCY FOR HEALTH CARE ADMINISTRATION

CERTIFICATE OF NEED
NOTICE OF WITHDRAWAL

The Agency For Health Care Administration hereby notices withdrawal of the NOTICE OF HOSPITAL FIXED NEED POOLS FOR ACUTE CARE HOSPITAL BEDS published in Vol. 31, No. 4, of the January 28, 2005, Florida Administrative Weekly.

Any person whose substantial interest is affected by this action has a right to request an administrative hearing pursuant to Section 120.57, Florida Statutes. Any request for hearing must state with specificity, which issues of material fact or law are in dispute.

All requests for hearings shall be made to the Agency For Health Care Administration and must be filed with the agency clerk at 2727 Mahan Drive, Building 3, Suite 3431, Tallahassee, Florida 32308. All such requests must be filed within 21 days of this publication or the right to a hearing is waived.

NOTICE OF LITIGATION

The Agency for Health Care Administration has received the following petitions for administrative hearings as of the close of business on April 1, 2005, concerning certificate of need decisions. No decision has been made as to the sufficiency of these petitions. A brief description of these projects is listed below. Resolution of these requests for hearings by way of a grant or denial of their certificate of need at issue will determine the substantial interest of persons. Those persons whose substantial interest may be determined by these proceedings including settlements, grants, and denials are advised to govern themselves accordingly and may wish to exercise rights including intervention. See Chapter 120, F. S., as well as Section 408.039, F.S. and Rule 59C-1.012, F.A.C. In deference to rights of substantially affected persons, AHCA will not settle or otherwise reach a final resolution of these matters for a period of 30 days from the date of the publication.

- | CON# | INITIAL DECISION, PROJECT, CTY, APPLICANT, PARTY REQUEST HEARING (PRH) |
|------|--|
| 8609 | Modification, construct a 70 bed acute care hospital, Collier County, Cleveland Clinic Florida Hospital Naples Non Profit Corporation, (PRH) Naples Community Hospital, Inc. |
| 9821 | Supports denial, establish an adult open heart surgery program, Pinellas County, Palms of Pasadena Hospital, L. P., (PRH) St. Anthony's Hospital, Inc. d/b/a St. Anthony's Hospital |
| 9822 | Denial, establish an adult open heart surgery program, Pineals County, Tarpon Springs Hospital Foundation, Inc. d/b/a Helen Ellis Memorial Hospital, (PRH) same as applicant |
| 9822 | Supports denial, establish an adult open heart surgery program, Pinellas County, Tarpon Springs Hospital Foundation, Inc. d/b/a Helen Ellis Memorial Hospital, (PRH) St. Anthony's Hospital, Inc. d/b/a St. Anthony's Hospital |
| 9823 | Denial, establish an adult open heart surgery program, Pineals County, Trustees of Mease Hospital, Inc. d/b/a Mease Hospital – Countryside, (PRH) same as applicant |

- | | |
|------|---|
| 9823 | Supports denial, establish an adult open heart surgery program, Pinellas County, Trustees of Mease Hospital, Inc. d/b/a Mease Hospital – Countryside, (PRH) St. Anthony's Hospital, Inc. d/b/a St. Anthony's Hospital |
| 9824 | Denial, establish an adult open heart surgery program, Pineals County, St. Anthony's Hospital, Inc. d/b/a St. Anthony's Hospital, (PRH) same as applicant |
| 9829 | Denial, establish an additional hospice program, Charlotte and Desoto counties, Hope of Southwest Florida, Inc., (PRH) same as applicant |
| 9830 | Denial, establish an additional hospice program, Collier County, Hope of Southwest Florida, Inc., (PRH) same as applicant |

CERTIFICATE OF NEED

DECISIONS ON EXPEDITED APPLICATIONS

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

County: Pasco	Service District: 5	
CON#: 9840	Decision Date: 4/5/2005	Decision: D
Project Description: Relocate the 120-bed skilled nursing facility to a site located within a geographic area that contains at least 65 percent of the facility's current resident and is within a 30-mile radius of the replaced facility.		
A request for administrative hearing, if any, must be made in writing and must be actually received by this department within 21 days of the first day of publication of this notice in the Florida Administrative Weekly pursuant to Chapter 120, Florida Statutes, and Chapter 59C-1, Florida Administrative Code.		

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF JUVENILE JUSTICE

The Florida Department of Juvenile Justice has posted a draft revision to an existing policy for review and comment on MyFlorida.com at: http://www.djj.state.fl.us/djj/djjservices/administration/policies_procedures/policyreview.shtml.

Work-Related Injuries/Workers' Compensation/Alternate Duty (department-wide policy type A) – establishes that it is the policy of the Department to institute safety measures to assist in preventing accidents. In the event, however, that any employee does sustain a work-related injury, it is the Department's policy to encourage medical treatment and process related forms, reports, etc. in the most expeditious and effective manner. This revised policy combines two separate policies Work-Related Injuries/Workers' Compensation and Alternate Duty into a single policy.

This policy is posted for a single 20 working day review and comment period, with the closure date for submission of comments on this policy of May 12, 2005. Responses to comments received will be posted during the review period to the extent possible, but no later than 10 working days after the end of the review period on the above Website.

DEPARTMENT OF HEALTH

On March 31, 2005, John O. Agwunobi, M.D., M.B.A., M.P.H., Secretary of the Department of Health, issued an Order of Emergency Suspension with regard to the license of Heatherly Sadlowski, R.N., license number RN 2984312. This Emergency Suspension Order was predicated upon the Secretary's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes. The Secretary determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Section XIII
Index to Rules Filed During Preceding Week

RULES FILED BETWEEN March 28, 2005
 and April 1, 2005

Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
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DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Standards

5F-2.001	3/29/05	4/18/05	31/4	
5F-2.017	3/29/05	4/18/05	31/4	

DEPARTMENT OF EDUCATION

State Board of Education

6A-1.0014	4/1/05	4/21/05	31/6	
6A-1.09441	4/1/05	4/21/05	31/6	

STATE BOARD OF ADMINISTRATION

Florida Prepaid Postsecondary Education Expense Board

19B-16.004	4/1/05	4/21/05	31/8	
19B-16.010	4/1/05	4/21/05	31/8	
19B-16.012	4/1/05	4/21/05	31/8	

DEPARTMENT OF CORRECTIONS

33-601.314	3/28/05	4/17/05	31/8	
33-601.720	3/28/05	4/17/05	31/8	
33-602.210	3/28/05	4/17/05	31/8	

FLORIDA LAND AND WATER ADJUDICATORY COMMISSION

Hawk's Haven Community Development District

42YY-1.001	4/1/05	4/21/05	31/4	
42YY-1.002	4/1/05	4/21/05	31/4	
42YY-1.003	4/1/05	4/21/05	31/4	

AGENCY FOR HEALTH CARE ADMINISTRATION

Certificate of Need

59C-1.038	4/1/05	4/21/05	31/6	
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Medicaid Program Office

59G-9.070	3/30/05	4/19/05	30/9	31/4
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Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
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DEPARTMENT OF MANAGEMENT SERVICES

Division of State Employees' Insurance

60P-10.004	3/29/05	4/18/05	31/3	
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DEPARTMENT OF ENVIRONMENTAL PROTECTION

62-204.800	3/28/05	4/1/05	31/8	
62-210.200	3/28/05	4/1/05	31/8	
62-621.300	3/31/05	4/20/05	31/7	
62-770.140	3/28/05	4/17/05	30/52	31/9
62-770.160	3/28/05	4/17/05	30/52	31/9
62-770.200	3/28/05	4/17/05	30/52	31/9
62-770.220	3/28/05	4/17/05	30/52	31/9
62-770.250	3/28/05	4/17/05	30/52	31/9
62-770.300	3/28/05	4/17/05	30/52	31/9
62-770.400	3/28/05	4/17/05	30/52	31/9
62-770.490	3/28/05	4/17/05	30/52	31/9
62-770.600	3/28/05	4/17/05	30/52	31/9
62-770.610	3/28/05	4/17/05	30/52	31/9
62-770.650	3/28/05	4/17/05	30/52	31/9
62-770.680	3/28/05	4/17/05	30/52	31/9
62-770.690	3/28/05	4/17/05	30/52	31/9
62-770.700	3/28/05	4/17/05	30/52	31/9
62-770.750	3/28/05	4/17/05	30/52	31/9
62-770.800	3/28/05	4/17/05	30/52	31/9
62-770.830	3/28/05	4/17/05	30/52	
62-770.890	3/28/05	4/17/05	30/52	31/9
62-770.900	3/28/05	4/17/05	30/52	31/9
62-777.100	3/28/05	4/17/05	30/52	31/9
62-777.150	3/28/05	4/17/05	30/52	31/9
62-777.170	3/28/05	4/17/05	30/52	31/9
62-780.100	3/28/05	4/17/05	30/52	31/9
62-780.110	3/28/05	4/17/05	30/52	31/9
62-780.150	3/28/05	4/17/05	30/52	31/9
62-780.200	3/28/05	4/17/05	30/52	31/9
62-780.220	3/28/05	4/17/05	30/52	31/9
62-780.300	3/28/05	4/17/05	30/52	31/9
62-780.400	3/28/05	4/17/05	30/52	31/9
62-780.450	3/28/05	4/17/05	30/52	31/9
62-780.500	3/28/05	4/17/05	30/52	31/9
62-780.550	3/28/05	4/17/05	30/52	31/9
62-780.600	3/28/05	4/17/05	30/52	31/9
62-780.610	3/28/05	4/17/05	30/52	31/9
62-780.650	3/28/05	4/17/05	30/52	31/9
62-780.680	3/28/05	4/17/05	30/52	31/9

Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.	Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
62-780.690	3/28/05	4/17/05	30/52	31/9	DEPARTMENT OF HEALTH				
62-780.700	3/28/05	4/17/05	30/52	31/9	Board of Chiropractic				
62-780.750	3/28/05	4/17/05	30/52	31/9	64B2-13.004	3/28/05	4/17/05	30/44	30/53
62-780.790	3/28/05	4/17/05	30/52	31/9	Board of Medicine				
62-780.900	3/28/05	4/17/05	30/52	31/9	64B8-9.009	3/30/05	4/19/05	31/7	
62-782.100	3/28/05	4/17/05	30/52	31/9	Board of Psychology				
62-782.150	3/28/05	4/17/05	30/52	31/9	64B19-11.007	3/28/05	4/17/05	31/7	
62-782.200	3/28/05	4/17/05	30/52	31/9	NAVIGATION DISTRICTS				
62-782.220	3/28/05	4/17/05	30/52	31/9	Florida Inland Navigation Districts				
62-782.300	3/28/05	4/17/05	30/52	31/9	66B-1.003	4/1/05	4/21/05	31/3	
62-782.400	3/28/05	4/17/05	30/52	31/9	66B-1.004	4/1/05	4/21/05	31/3	
62-782.450	3/28/05	4/17/05	30/52	31/9	66B-1.005	4/1/05	4/21/05	31/3	
62-782.500	3/28/05	4/17/05	30/52	31/9	66B-1.006	4/1/05	4/21/05	31/3	
62-782.600	3/28/05	4/17/05	30/52	31/9	66B-2.003	4/1/05	4/21/05	31/3	
62-782.610	3/28/05	4/17/05	30/52	31/9	66B-2.004	4/1/05	4/21/05	31/3	
62-782.650	3/28/05	4/17/05	30/52	31/9	66B-2.005	4/1/05	4/21/05	31/3	
62-782.680	3/28/05	4/17/05	30/52	31/9	66B-2.006	4/1/05	4/21/05	31/3	
62-782.690	3/28/05	4/17/05	30/52	31/9					
62-782.700	3/28/05	4/17/05	30/52	31/9					
62-782.750	3/28/05	4/17/05	30/52	31/9					
62-782.790	3/28/05	4/17/05	30/52	31/9					
62-782.800	3/28/05	4/17/05	30/52						
62-782.900	3/28/05	4/17/05	30/52	31/9					
62-785.100	3/28/05	4/17/05	30/52	31/9					
62-785.150	3/28/05	4/17/05	30/52	31/9					
62-785.200	3/28/05	4/17/05	30/52	31/9					
62-785.220	3/28/05	4/17/05	30/52	31/9					
62-785.300	3/28/05	4/17/05	30/52	31/9					
62-785.400	3/28/05	4/17/05	30/52	31/9					
62-785.450	3/28/05	4/17/05	30/52	31/9					
62-785.500	3/28/05	4/17/05	30/52	31/9					
62-785.600	3/28/05	4/17/05	30/52	31/9					
62-785.610	3/28/05	4/17/05	30/52	31/9					
62-785.650	3/28/05	4/17/05	30/52	31/9					
62-785.680	3/28/05	4/17/05	30/52	31/9					
62-785.690	3/28/05	4/17/05	30/52	31/9					
62-785.700	3/28/05	4/17/05	30/52	31/9					
62-785.750	3/28/05	4/17/05	30/52	31/9					
62-785.800	3/28/05	4/17/05	30/52						
62-785.900	3/28/05	4/17/05	30/52	31/9					