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

SPECIFIC AUTHORITY: 215.405, 560.105(3), 560.305 FS.

LAW IMPLEMENTED: 215.405, 560.205, 560.305, 560.306, 560.102, 560.106 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: Greg Oaks, Bureau Chief, Office of Financial Regulation, The Fletcher Building, 200 East Gaines Street, Tallahassee, Florida 32399, (850)410-9805

THE FULL TEXT OF THE PROPOSED RULE IS:

69V-560.102 Application Forms, Procedures and Requirements.

(1) through (4) No change.

(5) The responsible person who will be in charge of the applicant's business activities in this state, and each existing or proposed director, chief executive officer, chief financial officer, chief operations officer, chief legal officer, chief compliance officer, partner, member, joint venturer, and all controlling shareholders, unless exempt under Section 560.205(1) or 560.306(1), F.S., shall file a completed Florida Fingerprint Card (FL922720Z), effective 7/15/07, which is hereby incorporated by reference, accompanied by a nonrefundable $42.25 ~~$47~~ processing fee. If the Federal Bureau of Investigation cannot process the fingerprint card because of illegible fingerprints, a second card must be submitted. Any applicant claiming the statutory exemption from the fingerprint requirement shall submit evidence to support its claim to the exemption.

(6) through (10) No change.

Specific Authority 215.405, 560.105 ~~560.105(3)~~, 560.118(2), 560.205(1), (2), 560.209(2)(a), 560.403(1) FS. Law Implemented 215.405, 560.102, 560.118, 560.129, 560.204, 560.205, 560.209, 560.303(1), 560.305, 560.306, 560.307, 560.403 FS. History–New 9-24-97, Amended 11-4-01, 12-11-03, Formerly 3C-560.102, Amended 7-15-07, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Greg Oaks, Bureau Chief, Office of Financial Regulation, The Fletcher Building, 200 East Gaines Street, Tallahassee, Florida 32399, (850)410-9805

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Financial Services Commission

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 31, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 19, 2007

Section III
Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF COMMUNITY AFFAIRS

Division of Housing and Community Development

RULE NO.:	RULE TITLE:
9B-3.053	Alternative Plans Review and Inspection Forms Adopted

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 31, No. 45, November 10, 2005 issue of the Florida Administrative Weekly has been withdrawn.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to http://www.dep.state.fl.us/ under the link or button titled "Official Notices."

DEPARTMENT OF ELDER AFFAIRS

Division of Statewide Community Based Services

RULE NOS.:	RULE TITLES:
58N-1.003	Service Descriptions
58N-1.005	Service Provider Qualifications
58N-1.007	Program Standards and Operating Procedures

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 33, No. 34, August 24, 2007 issue of the Florida Administrative Weekly has been withdrawn.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.:	RULE TITLE:
59A-9.034	Reports

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 6, February 8, 2008 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to http://www.dep.state.fl.us/ under the link or button titled "Official Notices."

DEPARTMENT OF ENVIRONMENTAL PROTECTION

RULE NO.: RULE TITLE:
62-620.620 Guidelines for Establishing Specific Permit Conditions

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. 33, No. 51, December 21, 2007 issue of the Florida Administrative Weekly.

62-620.620 Guidelines for Establishing Specific Permit Conditions.

(1) through (2) No change.

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

(g)1. Monitoring Frequency. "Routine" toxicity tests are whole effluent toxicity tests conducted at regularly scheduled intervals once every three months unless otherwise specified in the facility's permit or by operation of paragraph 62-620.620(3)(l), F.A.C.

2.a. No change.

b. Test species, procedures, and quality assurance criteria shall be in accordance with *Short-term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms*, 3rd ed., October 2002, EPA-821-R-02-014, incorporated herein by reference; or *Short-term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms*, 4th ed., October 2002, EPA-821-R-02-013, incorporated herein by reference.

c. The permittee shall conduct 7-day chronic toxicity tests for survival and growth with the mysid shrimp, *Americamysis (Mysidopsis) bahia*, EPA Method #1007.0 and the inland silverside, *Menidia beryllina*, EPA Method #1006.0, concurrently, if the effluent salinity is 1.0 part per thousand or greater measured as conductivity and the discharge is to predominantly marine waters, as defined in Rule 62-302.200, F.A.C. EPA Methods #1007.0 and #1006.0 are located in *Short-term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms*, 3rd ed., October 2002, EPA-821-R-02-014, incorporated by reference in sub-subparagraph 62-620.620(3)(g)2.b., F.A.C.

d. The permittee shall conduct 7-day chronic toxicity tests for survival and reproduction with the daphnid, *Ceriodaphnia dubia*, EPA Method #1002.0, and for survival and growth with the fathead minnow, *Pimephales promelas*, EPA Method #1000.0, concurrently, if the effluent salinity is less than 1.0 part per thousand measured as conductivity or when the discharge is to predominantly fresh waters, as defined in Rule 62-302.200, F.A.C. EPA Methods #1002.0 and #1000.0 are located in *Short-term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms*, 4th ed., October 2002, EPA-821-R-02-013, incorporated by reference in sub-subparagraph 62-620.620(3)(g)2.b., F.A.C.

e. through f. No change.

g. For freshwater species, the control water and dilution water used shall be moderately hard water as described in EPA-821-R-02-013, Section 7. For saltwater species, the control/dilution water ~~and dilution water used~~ shall be artificial seawater adjusted ~~diluted~~ to the test salinity as described in EPA-821-R-02-014, Section 7.2 or hypersaline brine adjusted to the test salinity as described in EPA-821-R-02-014, Section 7.3.5. For whole effluent toxicity tests using saltwater species and a dilution series starting with the 100% effluent, only artificial sea salts shall be used to adjust the salinity of the effluent and control/dilution water. The test salinity shall be determined as follows:

(I) For the *A. bahia* bioassays, the effluent shall be adjusted to a salinity of 20 parts per thousand ~~for the 100% effluent test using artificial sea salts as described in EPA-821-R-02-014, Section 7.2~~. The salinity of the control/dilution water (0% effluent) shall be 20 parts per thousand. When the salinity of the effluent is greater than 20 parts per thousand, no salinity adjustment shall be made to the effluent and the test shall be run at the effluent salinity. For facilities granted a chronic toxicity mixing zone, if the effluent salinity at the edge of the mixing zone as described in sub-subparagraph 62-620.620(3)(g)2.f, F.A.C., is greater than 20 parts per thousand, the salinity of the effluent and the control/dilution water (0% effluent) may be adjusted to match the minimum salinity of the effluent at the edge of the mixing zone, but shall not exceed the salinity range of the method.

(II) For the *M. beryllina* bioassays, when the salinity of the effluent is between 1 and 5 parts per thousand, the effluent shall be adjusted to a salinity of 5 parts per thousand ~~using artificial sea salts as described in EPA-821-R-02-014, Section 7.2~~. When the salinity of the effluent is greater than 5 parts per thousand, no salinity adjustment shall be made to the effluent and the test shall be run at the effluent salinity. The salinity of the control/dilution water (0% effluent) shall be 5 parts per thousand. For facilities granted a chronic toxicity mixing zone, if the effluent salinity at the edge of the mixing zone as described in sub-subparagraph 62-620.620(3)(g)2.f, F.A.C., is greater than 5 parts per thousand, the salinity of the effluent and control/dilution water (0% effluent) may be adjusted to match the minimum salinity of the effluent at the edge of the mixing zone, but shall not exceed the salinity range of the method.

h. No change.

i. If a chronic definitive test is invalid as established in EPA methods EPA-821-R-02-013 and EPA-821-R-01-014, a retest must be started within 21 ~~14~~ days after the last day of the invalid chronic definitive test.

1. No change.

2.a. No change.

b. Test species, procedures, and quality assurance criteria shall be in accordance with *Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms*, 5th ed., October 2002, EPA-821-R-02-012, incorporated herein by reference.

c. through e. No change.

f. For freshwater species, the control water and dilution water used shall be moderately hard water as described in EPA-821-R-02-012, Table 7. For saltwater species, the control/dilution water ~~and dilution water used~~ shall be artificial seawater adjusted ~~diluted~~ to the test salinity as described in EPA-821-R-02-012, Section 7.2.4 or hypersaline brine adjusted to the test salinity as described in EPA-821-R-02-012, Section 7.3.7. For whole effluent toxicity tests using saltwater species and a dilution series starting with the 100% effluent, only artificial sea salts shall be used to adjust the salinity of the effluent and control/dilution water. The test salinity shall be determined as follows:

(I) When the salinity of the effluent is between 1 and 7 parts per thousand, the following salinity adjustment shall be used. For the *A. bahia* bioassays, the effluent shall be adjusted to a salinity of 7 parts per thousand ~~for the 100% effluent test using artificial sea salts~~. The control/dilution water shall be adjusted to 7 parts per thousand. No salinity adjustment shall be made for the *M. beryllina* bioassay test. The salinity of the control/dilution water (0% effluent) shall be adjusted to match the salinity of the effluent.

(II) No change.

g. through h. No change.

(i)1. through 3. No change.

4. through a. No change.

b. The plan shall be reviewed and approved by the Department before initiation. The Department shall approve the plan provided the study design is of sufficient scope and sensitivity to potentially identify and correct the toxicity.

c. No change.

d. During the period of time that the approved plan is ongoing, the permittee shall conduct routine whole effluent toxicity testing at the frequency of once every three months, but shall not be required to perform additional follow-up tests. If a routine test is invalid as established in EPA Methods, EPA-821-R-02-012, EPA-821-R-02-013, or EPA-821-R-02-014, a retest must be started within 21 days for a chronic test or 14 days for an acute test after the last day ~~end~~ of the invalid test.

e. No change.

5. No change.

(j) Acute and Chronic Whole Effluent Toxicity Tests Reporting Requirements.

1.~~a.~~ The permittee shall mail a bioassay laboratory report for each routine test to the Department at the address specified in the permit within 30 days after the last day of the routine test. For additional follow-up tests, the bioassay laboratory report shall be mailed to the Department at the address specified in the permit within 30 days after the last day of the second valid follow-up test.

2.~~b.~~ The laboratory reports shall be prepared according to Section 10, Report Preparation and Test Review, of the method required by sub-subparagraph 62-620.620(3)(g)2.b., F.A.C., for chronic whole effluent toxicity tests or Section 12, Report Preparation and Test Review, of the method required by sub-subparagraph 62-620.620(3)(h)2.b., F.A.C., for acute whole effluent toxicity tests.

3.~~c.~~ All invalid test results shall be submitted with the repeat test results to the Department at the address specified in the permit.

(k)1. through 3. No change.

4. Site-specific considerations including the history of toxic impact or compliance problems at the wastewater facility which cause or contribute to adverse water quality impacts; ~~or~~

5. The existing and historical land-use, as well as existing and historical analytical data, when considering discharges that are primarily composed of storm water run-off; or ~~.~~

6. Results from implementation of the plan required in subparagraph 62-620.620(3)(i)4., F.A.C.

(l) Notwithstanding paragraph 62-620.620(3)(k), upon completion of four consecutive, valid routine tests that demonstrate compliance with the whole effluent toxicity limits in the facility's wastewater permit, a permittee may submit a written request to the Department for a reduction in routine monitoring frequency from once every three months, as required under subparagraph 62-620.620(3)(g)1., to once every six months. The request shall include a summary of the data and the complete bioassay reports for all tests being considered. The Department shall act on the request within 45 days. Reductions in monitoring shall only become effective upon the Department's written confirmation that the facility has completed four consecutive valid passing routine whole effluent toxicity tests. A single failed test shall not result in a return to quarterly monitoring unless the Department determines that more frequent monitoring is required to address a specific toxicity issue.

(3) through (5) renumbered (4) through (6) No change.

DEPARTMENT OF HEALTH

Board of Massage

RULE NOS.:	RULE TITLES:
64B7-25.001	Examination Requirements
64B7-25.004	Endorsements

NOTICE OF CORRECTION

Notice is hereby given that the following corrections have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., Notice of Change published in Vol. 33, No. 50, of the December 14, 2007, issue of the Florida Administrative Weekly.

The correction will revise the purpose and effect statement to read as:

PURPOSE AND EFFECT: The Board proposes the rule amendment to add language to include the form titles and numbers for licensure examination requirements and licensure endorsements and to correct the website for the forms to read as: http://www.doh.state.fl.us/mqa/massage/ma_lic_req.html

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Pamela King, Executive Director, Board of Massage Therapy/MQA, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256

DEPARTMENT OF HEALTH

Board of Massage

RULE NO.:	RULE TITLE:
64B7-26.002	Licensure of Massage Establishments

NOTICE OF CORRECTION

Notice is hereby given that the following corrections have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., Notice of Change published in Vol. 33, No. 50, of the December 14, 2007, issue of the Florida Administrative Weekly.

The correction will revise the purpose and effect statement to read as:

PURPOSE AND EFFECT: The Board proposes the rule amendment to delete unnecessary language and to add language to update the title and revision date of form BMT3 incorporated by reference.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Pamela King, Executive Director, Board of Massage Therapy/MQA, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256

DEPARTMENT OF HEALTH

Division of Children's Medical Services

RULE NOS.:	RULE TITLES:
64C-7.001	Definitions
64C-7.002	Collection Procedures for Newborn Screening
64C-7.0026	Administration of Newborn Hearing Screening

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. 34, No. 1, January 4, 2008 issue of the Florida Administrative Weekly.

The following changes have been made following recommendations from the Joint Administrative Procedures Committee:

64C-7.001 Definitions.

(1) "Advisory councils" means the Genetics and Newborn ~~Infant~~ Screening Advisory Council established by Section 383.14, F.S. ~~and the State Coordinating Council for Early Childhood Services established by Section 411.222, F.S.~~

(10) "Hearing risk factors" means selected risk factors having the potential to result in late onset hearing loss which are: family history, low birth weight (less than 1500 grams), PPHN (persistent pulmonary hypertension of a newborn), ECMO (extra corporeal membrane oxygenation), and hyperbilirubinemia or exchange transfusion.

64C-7.002 Collection Procedures for Newborn ~~Metabolic~~ Screening.

(2) The infant's blood shall be collected on a specimen slip, DOH Form DH 677, (Revised 11/07) ~~(Jan 93)~~, which is titled "Infant Screening Metabolic Disorders" and incorporated by reference. The form may be obtained through the State Public Health Laboratory located at 1217 North Pearl Street, Jacksonville, FL 32202. Forms may also be ordered through the ~~any~~ DOH website at http://www.doh.state.fl.us/PDF_Files/OrderForm_for_DH677.pdf ~~County Health Department. The slip with blood and completed data must be inserted into the protective envelope and mailed to an approved laboratory within 24 hours after collection.~~

64C-7.0026 Administration of Newborn Hearing Screening.

(1) The hospital must record the latest hearing screening results on DOH Form DH 677, (Revised 11/07), which is titled "Infant Screening Metabolic Disorders" and incorporated by reference.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Agency for Persons with Disabilities

RULE NOS.:	RULE TITLES:
65G-7.001	Definitions
65G-7.002	Determination of Need for Assistance with Medication Administration; Informed Consent
65G-7.003	Medication Administration Training Course
65G-7.004	Validation Requirements
65G-7.005	Medication Administration Procedures

65G-7.006	Medication Errors
65G-7.007	Storage Requirements
65G-7.008	Documentation and Record Keeping
65G-7.009	Off-site Medication Administration

NOTICE OF CHANGE

Notice is hereby given in accordance with Section 120.54(3)(d)1., F.S., that the Notice of Change published in the February 1, 2008 edition of the Florida Administrative Weekly inadvertently omitted several changes made to the proposed rules in response to comments by the Joint Administrative Procedures Committee and suggestions offered during public hearing on November 19, 2007. This Notice of Change contains all changes made to the version of the proposed rules published in Vol. 33, No. 40, October 5, 2007 issue of the Florida Administrative Weekly.

MEDICATION ADMINISTRATION

65G-7.001 Definitions.

The terms and phrases used in this chapter shall have the meanings defined below:

(1) through (2) No change.

(3) "Advanced Registered Nurse Practitioner (ARNP)" means a registered nurse certified by the Florida Board of Nursing as an ARNP and who holds a valid and active license in full force and effect pursuant to Section 464.012, F.S., or the applicable licensing laws of the state in which the service is furnished.

(4) through (12) renumbered (3) through (11) No change.

(12)~~(13)~~ "Medication Administration Record" or "MAR" means the chart ~~daily record~~ maintained for each client which records ~~that documents~~ medication information ~~as~~ required by this rule chapter. Other information or documents pertinent to medication administration may be attached to the MAR. A copy of the Agency's form "Medication Administration Record," APD Form 65G7-00 (00/00/00), incorporated herein by reference, may be obtained by writing or calling the Agency for Persons with Disabilties, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850)488-4257.

(14) through (22) renumbered (13) through (21) No change.

(22)~~(23)~~ "Prescription" means any order for drugs, medical supplies, equipment, appliances, devices, or treatments written or transmitted by any means of communication by a licensed practitioner legally authorized to issue such an order ~~by the laws of the state to prescribe such drugs~~, ~~supplies, equipment, appliances, devices, or treatments,~~ or any order issued by the lawfully designated agent of such practitioner, ~~and~~ intended to be filled, compounded, dispensed or furnished by a person authorized by the laws of the state to do so.

(23)~~(24)~~ No change.

~~(25) "Provider" means a person or entity that has a provider agreement in effect with the Agency to deliver approved medical or allied services, goods, care, to Agency developmental disability clients.~~

(24)~~(26)~~ No change.

~~(27) "Registered Nurse (RN)" means a graduate of an approved formal program of study in professional nursing who holds a valid and active license in full force and effect pursuant to provisions of Chapter 464, F.S., or the applicable laws of the state in which the service is furnished.~~

(28) through (33) renumbered (25) through (30) No change.

Specific Authority 393.501 FS. Law implemented 393.506 FS. History–New_____.

65G-7.002 Determining Need for Assistance; Informed Consent Requirement.

(1) An Agency client's need for assistance with medication administration or ability to self-administer medication without supervision must be documented by the client's physician, physician assistant, or Advanced Registered Nurse Practitioner ("ARNP"), licensed under Chapters 464, 458, or 459, F.S., to practice in the State of Florida, ~~ARNP~~ on an "Authorization for Medication Administration," APD Form 65G7-01, (00/00/00), incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850)488-4247.

(2) No change.

(3) The medication assistance provider must maintain a current Authorization form ~~in the client's MAR~~, reviewed by the client' physician, physician assistant, or ARNP at least annually and upon any ~~significant~~ change to the client's medical condition or self-sufficiency which would affect the client's ability to self-administer medication or tolerate particular medication routes.

(4) No change.

(5) In addition to an executed Authorization for Medication Administration and before providing a client with medication assistance, a ~~the medication assistance~~ provider must also obtain from the client or the client's authorized representative an "Informed Consent for Medication Administration" APD Form 65G7-02 (00/00/00), ~~before providing a client with medication administration assistance~~ incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850)488-4257. The Informed Consent form must ~~will~~ contain a description of the medication routes and procedures that the medication assistance provider is authorized to supervise or administer.

(6) The medication assistance provider may not also act as the client's health care surrogate or proxy, or sign the Medication Administration Informed Consent form referenced above. ~~Direct service~~ Pproviders or other facility staff may witness the execution of the form.

(7) No change.

(8) The requirements of this rule chapter do not apply to the following:

(a) through (b) No change;

(c) ~~Unlicensed direct service~~ Pproviders employed by or under contract with State Medicaid intermediate care facilities for the developmentally disabled, regulated through Chapter 400, Part VIII, F.S., providers employed by or under contract with licensed home health agencies regulated under Chapter 400, Part III, hospices regulated under Chapter 400, Part IV, ~~assisted living facilities, hospices,~~ or health care service pools regulated through Chapter 400, Part IX, F.S., or provider employed by or under contract with assisted living facilities regulated through Chapter 429, Part I, F.S.; and

(d) Clients authorized to self-administer medication without assistance or supervision, as documented by an executed Authorization, APD Form 65G7-01 (00/00/00), incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850)488-4257.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History–New_____.

65G-7.003 Medication Administration Training Course.

(1) Medication administration training courses not offered through the Agency must be approved by the Agency in order to provide qualification for validation. To obtain Agency approval, a course provider must submit an application on a "Medication Administration Provider/Course Approval Form," APD Form 65G7-03 (00/00/00), incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850)488-4257. Course providers offering medication administration training at the time this rule is adopted shall have 180 days from the effective date of the rule to request and receive Agency approval for their course, during which time they may continue to offer the training.

(2) The application must include the following information: the total number of training course hours; a course syllabus; a detailed outline of the contents of the course; ~~minimum instructor qualifications;~~ and the names, qualifications, and license numbers of all proposed instructors known at the time of the application.

(3) No change.

(4) Only licensed registered nurses or Advanced Registered Nurse Practitioners ~~ARNPs~~ may conduct training courses for medication administration assistance certification.

(5) Medication administration training courses must provide training curriculum and step-by-step procedures covering, at a minimum, the following subjects:

(a) No change;

(b) Comprehensive understanding of and compliance with medication instructions on a prescription label, a health care practitioner's order, and proper completion of a MAR form;

(c) through (i) No change.

(j) Validation requirements ~~procedures for medication administration assistance~~.

(6) through (8) No change.

(9) Any ~~material~~ change to an approved course curriculum or protocol requires new agency approval for that course.

(10) No change.

(11) The Agency may deny or withdraw course approval for any of the following acts or omissions:

(a) through (g) No change;

(h) Administration of the course training by ~~unqualified~~ instructors not licensed as registered nurses or Advanced Registered Nurse Practitioners;

(i) No change.

(12) through (13) No change.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History–New_____.

65G-7.004 Validation Requirements.

(1) An unlicensed ~~direct service~~ provider applying for validation as a medication assistance provider must be assessed and validated at least annually, through demonstration, as competent to administer medication or to supervise the self-administration of medication. Successful completion of an Agency-approved medication administration course is a prerequisite to an assessment of competency validation.

(2) No change.

(3) The applicant for validation must complete an on-site assessment with 100% proficiency ~~competency~~ documented on a "Validation Certificate," APD Form 65G7-004 (00/00/00) incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850)488-4257. The form must contain the following information:

(a) through (f) No change.

(4) Successful assessment and validation requires that the applicant demonstrate in an actual on-site client setting his or her capability to correctly administer medication and supervise the self-administration of medications in a safe and sanitary manner as required by this rule chapter, including a demonstration of the following proficiencies:

(a) The ability to comprehend and follow medication instructions on a prescription label, physician's order, and properly complete a MAR form;

(c) through (j) renumbered to correct scrivener's error as (b) through (i).

(5) No change.

(6) A medication assistance provider must be re-validated annually within the ~~at least~~ 60 days preceding ~~before~~ the expiration of his or her current validation. An unlicensed direct service provider may not under any circumstances administer or supervise the self-administration of medication before receiving validation or following expiration of an annual validation.

(7) through (8) No change.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History–New_____.

65G-7.005 Medication Administration Procedures.

(1) No change.

(2) A validated medication assistance provider must comply with the following requirements:

(a) through (d) No change;

(e) Limit administration, or assistance with ~~in~~ self-administration, to medications prescribed in writing by the client's health care practitioner and properly labeled and dispensed in accordance with Chapters 465 and 499, F.S.;

(f) through (k) No change.

(3) A medication assistance provider may not assist with the administration of any OTC medication or medication samples without a written order by the client's primary care physician or Advanced Registered Nurse Practitioner ~~ARNP~~.

(4) No change.

(5) The medication assistance provider is responsible for ensuring that the prescription for a ~~that~~ medication is promptly refilled so that a client does not miss a prescribed dosage of medication. If the medication assistance provider is not responsible for routine refills of a medication, he or she shall notify the provider responsible for refilling the client's prescriptions that the client is in need of medication, and document this notification.

(6) The medication assistance provider may not assist with PRN medications, including OTC medications, unless a health care practitioner has provided written directions for the medication. The provider must attach to the client's MAR a copy of the prescription or order legibly displaying the following information:

(a) No change;

(b) The prescription number, if applicable;

(c) through (d) No change;

(7) No change.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History–New_____.

65G-7.006 Medication Errors.

(1) No change.

(2) Immediately following a medication error, the medication assistance provider or facility administrator must take the following steps:

(a) through (b) No change.

(c) Notify the client's prescribing health care practitioner of the error ~~any omitted doses of medication~~, request that the practitioner prepare and fax a medication directive addressing the error ~~medication omission~~ to the client's home, facility, or pharmacy and document the client's health care practitioner's response; and

(d) Fully document all observations and contacts made regarding a medication error in a "Medication Error Report," APD Form 65G7-05 (00/00/00), incorporated herein by reference, and place a copy of the Report in the client's file. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850)488-4257. An electronic copy of the form is available at http://apd.myflorida.com/medication/forms.

(3) through (6) No change.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History–New_____.

65G-7.007 Storage Requirements.

(1) Medication assistance providers must observe the following medication storage requirements:

(a) No change.

(b) Destroy any prescription medication that has expired or is no longer prescribed and document the medication disposal on a "Medication Destruction Record," APD 65G7-06 (00/00/00), incorporated herein by reference ~~and~~. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850)488-4257. S~~s~~ign the Record before a third-party witness;

(c) through (d) No change.

(2) through (5) No change.

(6) Medications requiring refrigeration must be stored in a refrigerator. The medications shall be stored in their original containers either within a locked storage container clearly labeled as containing medications or in a refrigerator located in a locked, secured medication storage room.

(7) No change.

(8) Controlled medication storage requires the following additional safeguards:

(a) No change.

(b) For facilities operating in shifts, a medication assistance provider must perform controlled medication counts for each incoming and outgoing personnel shift, as follows:

1. through 2. No change;

3. The providers must record the medication count on a "Controlled Medication Form," APD Form 65G7-~~0~~07 (00/00/00), incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950. The form must be signed and dated by the providers verifying the count; and

4. No change.

(e) through (f) No change.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History–New_____.

65G-7.008 Documentation and Record Keeping.

(1) An up-to-date MAR shall be maintained for each client requiring assistance with medication administration, except when the client is off-site. The medication assistance provider must document the administration of medication or supervision of self-administered medication immediately on the MAR, using either APD Form 65G7-00 (00/00/00), incorporated by reference at 65G-7.001(12), or on an alternative MAR form that includes~~. Each MAR page must include~~ the following information:

(a) through (n) No change.

(2) Each client~~'s central~~ record must contain the following medication documentation readily available to the medication assistance provider and for Agency review upon request:

(a) through (e) No change.

(3) No change.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History–New_____.

65G-7.009 Off-site Medication Administration.

(1) If a client will be away from a licensed residential facility or supported living home and requires during that time administration of medication by persons other than the medication assistance provider, the medication assistance provider must comply with the following requirements to assure that the client has appropriate medications during his or her absence:

(a) through (b) No change;

(c) Record both medication counts in a "Off-site Medication Form," APD Form 65G7-08 (00/00/00), incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850)488-4257.

(2) through (3) No change.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History–New_____.

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NO.:	RULE TITLE:
69O-204.101	Disclosures to Viator of Disbursement

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. 33, No. 48, November 30, 2007 issue of the Florida Administrative Weekly.

The changed rule will read as follows:

69O-204.101 Disclosures to Viator of Disbursement.

(1) Prior to or concurrently with a viator's execution of a viatical settlement contract, the viatical settlement provider shall provide to the viator, in duplicate, a disclosure statement in legible written form disclosing:

(a) The name of each viatical settlement broker who receives or is to receive compensation and the amount of each broker's compensation. For the purpose of this rule, compensation includes anything of value paid or given by or at the direction of a viatical settlement provider or person acquiring an interest in the life insurance policy to the viatical settlement broker in connection with the viatical settlement contract; and

(b) A complete reconciliation of the gross offer or bid by the viatical settlement provider to the net amount of proceeds or value to be received by the viator. For the purpose of this rule, gross offer or bid shall mean the total amount or value offered by the viatical settlement provider for the purchase of an interest in one or more life insurance policies, inclusive of commissions, compensation, or other proceeds or value being deducted from the gross offer or bid related to the transaction.

(2) The disclosure statement shall be signed and dated by the viator prior to or concurrently with the viator's execution of a viatical settlement contract with the duplicate copy of the disclosure statement to be retained by the viator.

(3) If a viatical settlement contract has been entered into and the contract is subsequently amended or if there is any change in the viatical settlement provider's gross offer or bid amount, or change in the net amount of proceeds or value to be received by the viator, or change in the information provided in the disclosure statement to the viator, the viatical settlement provider shall provide, in duplicate, an amended disclosure statement to the viator, containing the information in subsections (1)(a) and (b). The amended disclosure statement shall be signed and dated by the viator with the duplicate copy of the amended disclosure statement to be retained by the viator. The viatical settlement provider shall obtain the signed and dated amended disclosure statement.

(4) Prior to a viatical settlement provider's execution of a viatical settlement contract, the viatical settlement provider must have obtained the signed and dated disclosure statement and any amended disclosure statement required by this rule. In

transactions where no broker is used the viatical settlement provider must have obtained the signed and dated disclosure statement from the viator.

(5) The documentation required in this rule shall be maintained by the viatical settlement provider pursuant to the provisions set forth in subsection 626.9922(2), Florida Statutes, and shall be available to the office at any time for copying and inspection upon reasonable notice to the viatical settlement provider.

Specific Authority 624.308(1), 626.9925 FS. Law Implemented 626.9923, 626.9924, 626.9925 FS. History–New _____.

Section IV
Emergency Rules

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to http://www.dep.state.fl.us/ under the link or button titled "Official Notices."

DEPARTMENT OF THE LOTTERY

RULE NO.:	RULE TITLE:
53ER08-7	Instant Game Number 737, CASH BLOWOUT

SUMMARY: This emergency rule describes Instant Game Number 737, "CASH BLOWOUT," 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:

53ER08-7 Instant Game Number 737, CASH BLOWOUT.

(1) Name of Game. Instant Game Number 737, "CASH BLOWOUT."

(2) Price. CASH BLOWOUT lottery tickets sell for $10.00 per ticket.

(3) CASH BLOWOUT lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on the ticket. To be a valid winning CASH BLOWOUT lottery ticket, the ticket must meet the applicable requirements of Rule 53ER07-68, F.A.C.

(4) The play symbols and play symbol captions are as follows:

(5) The prize symbols and prize symbol captions are as follows:

(6) The legends are as follows:

GAME1	GAME11	
GAME2	GAME12	
GAME3	GAME13	
GAME4	GAME14	
GAME5	GAME15	
GAME6	GAME16	
GAME7	GAME17	
GAME8	GAME18	
GAME9	GAME19	
GAME10	GAME20	PRIZE

(7) Determination of Prizewinners.

(a) There are twenty games on a ticket. Each game is played separately. A ticket having three identical play symbols and corresponding play symbol captions in the same game shall entitle the claimant to the prize shown for that game. A ticket having a "CASH 2OTIMES" symbol in any game shall entitle the claimant to twenty times the prize shown for that game.

(b) The prize amounts are: $5.00, $10.00, $15.00, $20.00, $25.00, $40.00, $50.00, $60.00, $100, $200, $500, $1,000 and $20,000.

(8) The estimated odds of winning, value, and number of prizes in Instant Game Number 737 are as follows:

GAME PLAY	WIN	ODDS OF 1 IN	NUMBER OF WINNERS IN 26 POOLS OF 120,000 TICKETS PER POOL
$10	$10	7.50	416,000
$5 + $10	$15	15.00	208,000
$15	$15	30.00	104,000
$10 x 2	$20	30.00	104,000
$20	$20	30.00	104,000
$10 x 4	$40	120.00	26,000
$20 x 2	$40	120.00	26,000
$40	$40	120.00	26,000
$10 x 6	$60	300.00	10,400
$20 x 3	$60	400.00	7,800
$60	$60	400.00	7,800