

Section I

Notices of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF CITRUS

RULE CHAPTER TITLE: Processing Applications for Citrus Fruit Dealers Licenses
RULE CHAPTER NO.: 20-108

RULE TITLE: General Provisions
RULE NO.: 20-108.001

PURPOSE AND EFFECT: Modifying provisions to include a deadline of July 1 for filing completed applications of dealers requiring a license by August 1 of each season to insure compliance with statute.

SUBJECT AREA TO BE ADDRESSED: Modifying provisions to include a deadline for filing completed applications for those dealers requiring a license by August 1 of each season.

SPECIFIC AUTHORITY: 601.10(1),(7), 601.56 FS.

LAW IMPLEMENTED: 601.03(8), 601.10(1),(5),(7), 601.55, 601.56, 601.57, 601.58, 601.60, 601.61 FS.

IF REQUESTED 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: Alice P. Wiggins, License & Regulation Specialist, Legal Department, Florida Department of Citrus, P. O. Box 148, Lakeland, Florida 33802-0148

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

DEPARTMENT OF CITRUS

RULE CHAPTER TITLE: Processing Applications for Citrus Fruit Dealers Licenses
RULE CHAPTER NO.: 20-108

RULE TITLE: General Provisions
RULE NO.: 20-108.001

The Department hereby announces that it intends to convene a negotiated rulemaking proceeding.

RULE SUBJECT AND SCOPE: Under Chapter 601.55, F.S., the legislature has mandated that no one shall act as a citrus fruit dealer without first having applied for and obtained a citrus fruit dealer license for the current season. Under Chapter 601.57(7), F.S., the Department has been authorized to establish by rule the procedure and guidelines for granting interim conditional staff approval for issuance of a conditional citrus fruit dealer's license. This negotiated rulemaking will concern the language of the rule that will specify the procedure

and guidelines for those citrus fruit dealers which require a license by August 1 of each season in order to maintain continual operation.

LIST OF INVITED COMMITTEE MEMBERS: The following representative groups are invited to participate in this negotiated rulemaking procedure:

Edd Dean, Florida Citrus Mutual, representing grower interests.

P. O. Box 89
Lakeland, FL 33802
(863)682-1111

Lisa Rath, Florida Citrus Processors Association, representing processor interests.

P. O. Box 780
Winter Haven, FL 33882
(863)293-4171

Richard Kinney, Florida Citrus Packers Association, representing shipper interests.

P. O. Box 1113
Lakeland, FL 33802
(863)682-0151

Shannon Shepp, representing the Department of Agriculture & Consumer Services, Division of Fruit & Vegetables.

P. O. Box 1072
Winter Haven, FL 33882
(863)291-5820

RULEMAKING TIME FRAMES: The committee shall report in writing the results of its deliberations and/or proposed rules to the agency at the earliest possible time, not to exceed 90 days from the date of the last negotiation meeting.

MEETING TIMES, DATES AND PLACES ARE TO BE ANNOUNCED.

PERSONS WHO WISH TO PARTICIPATE IN THE COMMITTEE: If you believe your interests in this proceeding are not adequately represented, you may apply to participate on this committee by doing the following:

1. Submit a written request to participate to: Mr. Ken Keck, General Counsel, Florida Department of Citrus, P. O. Box 148, Lakeland, Florida 33802.

2. Your request to participate must be submitted to the person and address listed above within 30 days of the date of this notice.

PUBLIC SERVICE COMMISSION

UNDOCKETED

Table with 2 columns: RULE TITLES and RULE NOS.
Uniform Systems of Accounts 25-4.017
Telephone Directory Advertising Revenues 25-4.0405
Annual Reports 25-4.135
Earnings Surveillance Report 25-4.1352
Annual Separations Cost Study 25-4.1357

PURPOSE AND EFFECT: To update the version of the Uniform System of Accounts that telecommunications companies are required to follow and to streamline or eliminate certain reporting requirements applicable to rate-of-return regulated local exchange telecommunications companies.

SUBJECT AREA TO BE ADDRESSED: Reporting requirements for rate-of-return regulated local exchange telecommunications companies.

SPECIFIC AUTHORITY: 350.127(2) FS.

LAW IMPLEMENTED: 350.115, 364.17, 364.037, 364.03(1), 350.117(1), 364.07(2) 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 workshop request must be submitted in writing: Office of the General Counsel, Christiana T. Moore, 2540 Shumard Oak Boulevard, Tallahassee, FL 32399-0850.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Edward Bass, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0862, (850)413-6455

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

25-4.017 Uniform System of Accounts.

(1) Each telecommunications company shall maintain its accounts and records in conformity with the Uniform System of Accounts for Telecommunications Companies (USOA) as prescribed by the Federal Communications Commission in Title 47, Code of Federal Regulations, Part 32 Class A, revised as of October 1, ~~2002~~ 1994, and as modified below. Inquiries relating to interpretation of the USOA shall be submitted in writing to the Commission's Division of Economic Regulation.

(2) through (4) No change.

Specific Authority 350.127(2) FS. Law Implemented 350.115, 364.17 FS. History—Revised 12-1-68, Amended 3-31-76, 8-21-79, 1-2-80, 12-13-82, 12-13-83, 9-30-85, Formerly 25-4.17, Amended 11-30-86, 4-25-88, 2-10-92, 8-11-92, 3-10-96, _____.

25-4.0405 Telephone Directory Advertising Revenues.

(1) The provisions of this rule, in conjunction with the provisions of Section 364.037, Florida Statutes (2002) (~~1995~~), shall govern the ratemaking treatment for telephone directory advertising revenues and expenses of rate-of-return regulated local exchange telecommunication companies.

(2) through (g) No change.

(3) The dollar amount of the 1982 Gross Profit Base for each local exchange telephone company is established pursuant to Section 364.037(3) as follows:

Local Exchange Company	1982 Gross Profit Base
ALLTEL Florida, Inc.	\$299,380
Floral Telephone Company, Inc.	\$1,780
Gulf Telephone Company	\$54,794
Indiantown Telephone System, Inc.	\$28,319
Northeast Florida Telephone Company, Inc.	\$20,676
Quincy Telephone Company	\$68,580
St. Joseph Telephone and Telegraph Company	\$148,538
Southern Bell Telephone & Telegraph Company Florida	\$102,215,043
Frontier Telephone Company	\$8,830
Vista United Telecommunications	\$161,840

(4) The Average 1982 Access Lines for each local exchange telephone company is as follows:

Local Exchange Company	1982 Average Access Lines
ALLTEL Florida, Inc.	36,435
Floral Telephone Company, Inc.	1,417
Gulf Telephone Company	5,934
Indiantown Telephone System, Inc.	1,501
Northeast Florida Telephone Company, Inc.	3,874
Quincy Telephone Company	7,089
St. Joseph Telephone and Telegraph Company	16,229
Southern Bell Telephone & Telegraph Company Florida	2,993,084
Frontier Telephone Company	2,279
Vista United Telecommunications	1,706

Specific Authority 350.127(2) FS. Law Implemented 364.037 FS. History—New 4-21-86, Formerly 25-4.405, Amended 4-25-88, 3-10-96, _____.

25-4.135 Annual Reports.

(+) Each rate-of-return regulated local exchange telephone company shall file annual reports with the Commission on Commission Form PSC/ECR 018-T (/) (~~3/96~~) which is incorporated by reference into this rule. Form PSC/ECR 018-T, entitled "Annual Report of Local Exchange Telephone Companies", may be obtained from the Commission's Division of Economic Regulation. These reports shall be verified by a responsible accounting officer of the company making the report and shall be due on or before April 30 for the preceding calendar year. A company may file a written request for an extension of time with the Division of Economic Regulation no later than April 30. One extension of 31 days will be granted upon request. A request for Commission

approval of a longer extension must be accompanied by a statement of good cause and shall specify the date by which the report will be filed.

~~(2) The company shall also file with the original and each copy of the annual report form, or separately within 30 days, a letter or report, signed by an independent certified public accountant, attesting to the conformity in all material respects of the following schedules and their applicable notes of Form PSC/ECR 18 with the Commission's applicable uniform system of accounts and published accounting releases:~~

- ~~(a) Schedule B-1 Balance Sheet,~~
- ~~(b) Schedule B-2 Statement of Cash Flows, and~~
- ~~(c) Schedule I-1 Income Statement.~~

~~(3)(a) Each company shall file with the Commission an audit report issued by an independent auditor commenting on the company's compliance with its Cost Allocation Manual (CAM) or written accounting procedures for nonregulated operations. Beginning January 1, 1996, the compliance audit shall be performed no less than once every three years. The audit report shall be filed with the annual report or within 30 days of filing the annual report.~~

~~(b) Each company shall file, along with the audit report, a list of all incidents of non-compliance with the CAM or written accounting procedures for nonregulated operations. This list shall include all errors and irregularities detected by the independent auditor during the audit, regardless of materiality.~~

~~(c) The expense of the audit shall be separately identified and shall not be chargeable to expense for ratemaking purposes. The Commission may, upon sufficient showing, modify or waive these requirements.~~

Specific Authority 350.127(2) FS. Law Implemented 364.17 FS. History—New 12-27-94, Amended 3-10-96,_____.

25-4.1352 Earnings Surveillance Report.

Specific Authority 350.127(2) FS. Law Implemented 364.03(1), 350.117(1) FS. History—New 11-18-82, Formerly 25-4.245, Amended 8-21-90, Formerly 25-4.0245, Amended 6-10-94, 3-10-96, Repealed_____.

25-4.1357 Annual Separations Cost Study.

Specific Authority 350.127(2) FS. Law Implemented 364.07(2) FS. History—New 10-31-93, Amended 3-10-96, Repealed_____.

WATER MANAGEMENT DISTRICTS

South Florida Water Management District

RULE TITLE: Forms and Instructions

RULE NO.: 40E-1.659

PURPOSE AND EFFECT: The purpose and effect of this proposed rule amendment is to update Form Number 0881 to reflect changes to the "Basis of Review for Environmental Resource Permit Applications Within the South Florida Water Management District – July 2002"

SUBJECT AREA TO BE ADDRESSED: The proposed rule amendment modifies form number 0881 referenced in Section 10.0 of the Basis of Review, and incorporated by reference in Rule 40E-1.659, F.A.C.

SPECIFIC AUTHORITY: 373.044, 373.113, 373.171, 373.413 FS.

LAW IMPLEMENTED: 373.413, 373.4135, 373.414, 373.4142, 373.416, 373.418, 373.426 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIMES, DATES AND PLACES SHOWN BELOW:

TIME AND DATE: 10:00 a.m., March 28, 2003

PLACE: South Florida Water Management District, Storch Conference Room, 3301 Gun Club Road, West Palm Beach, FL 33406

TIME AND DATE: 10:00 a.m., March 31, 2003

PLACE: Ft. Myers Service Center, 1st Floor Conference Room, 2301 McGregor Boulevard, Ft. Myers, FL 33901, (239)338-2929, 1(800)248-1201

TIME AND DATE: 10:00 a.m., April 1, 2003

PLACE: Miami Field Station, Conference Room, 9001 N. W. 58th Street, Miami, FL 33178, (305)513-3420

TIME AND DATE: 10:00 a.m., April 11, 2003

PLACE: Buenaventura Lakes Library, 405 Buena Ventura Boulevard, Kissimmee, FL 34743, (407)348-8767

Although Governing Board meetings, hearings and workshops 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 any appeal is to be based.

Persons with disabilities or handicaps who need assistance may contact Garrett Wallace, District Clerk, (561)682-6371, at least two business days in advance to make appropriate arrangements.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: For technical issues: Robert M. Brown, South Florida Water Management District, Post Office Box 24680, West Palm Beach, FL 33416-4680, 1(800)432-2045, Extension 6283 or (561)682-6283, internet: rmbrown@sfwmd.gov or Maria Clemente, P.E., South Florida Water Management District, Post Office Box 24680, West Palm Beach, FL 33416-4680, 1(800)-432-2045, Extension 2996 or (561)682-2996, internet: mclement@sfwmd.gov; For procedural issues: Jan Sluth, Paralegal, Office of Counsel, South Florida Water Management District, Post Office Box 24680, West Palm Beach, FL 33406-4680, 1(800)432-2045, Extension 6699 or (561)682-6699, internet: jsluth@sfwmd.gov.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

40E-1.659 Forms and Instructions.

Form No.	Date	Title
0050A	7-89	Application to the South Florida Water Management District for a Permit for Utilization of District Works and Modification of Existing Permit Works of the District No.
0108	3-91	Application for Release of Mineral, Canal, and Road Reservations Reserved Under Chapters 6456, 6957, 7305, 9131, 14717 and 20658, Laws of Florida
0113	8-95	Surface Water Management Permit No.
0115	8-95	Surface Water Management Permit Modification No.
0119	8-95	Wetland Resource Permit No.
0122	4-93	Application to the South Florida Water Management District for Authority to Utilize Works or Land of the District
0123	12-01	Well Construction Permit Application
0124	11-90	Well Completion Report
0145	8-95	Environmental Resource Permit No.
0157	8-95	Environmental Resource Permit Modification No.
0188	12-01	Pumpage Report
0195	6-91	Public Water Supply Well Information and Classification
0196	10-89	Water Well Inspection Scheduling Card
0299	1-90	Water Use Permit No.
0444	8-95	Application for a Standard General Permit for Incidental Site Activities
0445	12-01	Application for a Short-term Dewatering General Water Use Permit
0483	8-95	Request for Environmental Resource, Surface Water Management, Water Use, or Wetland Resource Permit Transfer
0645	12-01	Water Use Permit Application
0779	5-92	Guidance for Preparing an Application for a "Works of the District" Permit in the Everglades/Application for a Works of the District Permit
0830	4-94	Special Use Application and License
0881	03 8-95	Environmental Resource/Surface Water Management Permit Construction Completion/Construction Certification

0889	8-95	Certification of Waiver of Permit Application Processing Fee
0920	8-95	Request for Conversion of Environmental Resource/Surface Water Management Permit from Construction Phase to Operation Phase and Transfer of Permit to the Operating Entity
0938	8-95	Mitigation Construction Commencement Notice
0941	8-95	Environmental Resource Standards/Noticed General Permit No.
0942	8-95	Surface Water Management General Permit No.
0960	8-95	Environmental Resource/Surface Water Management Permit Construction Commencement Notice
0961	8-95	Environmental Resource/Surface Water Management Permit Annual Status Report for Surface Water Management System Construction
0970	8-95	Applicant Transmittal Form for Requested Additional Information
0971	8-95	Joint Application for Environmental Resource Permit/Authorization to Use State Owned Submerged Lands/Federal Dredge and Fill Permit
0972	8-95	Petition for a Formal Wetland and Surface Water Determination
0973	8-95	Above Ground Impoundment Inspection/Certification Report
0974	8-95	Notice of Intent to Construct a Minor Silvicultural System
0980	8-95	Notice of Intent to Use a Noticed General Environmental Resource Permit

(2) No change.

Specific Authority 120.53, 373.044, 373.113 FS. Law Implemented 120.53, 373.113 FS. History--New 9-3-81, Amended 12-1-82, 3-9-83, Formerly 16K-1.90, Amended 7-26-87, 11-21-89, 1-4-93, Formerly 40E-1.901, Amended 5-11-93, 4-20-94, 10-3-95, 8-14-02.

WATER MANAGEMENT DISTRICTS

South Florida Water Management District

RULE TITLE: Publications, Rules and Interagency Agreements Incorporated by Reference
 RULE NO.: 40E-4.091
 PURPOSE AND EFFECT: The purpose and effect of this proposed rule amendment is to change Section 7.4 of the document entitled "Basis of Review for Environmental Resource Permit Applications Within the South Florida Water Management District – July 2002" incorporated by reference in Rule 40E-4.091, F.A.C. Specifically alternative side slope

criteria for wet retention/detention areas on construction projects permitted prior to October 3, 1995 are added to the language relating to side slope requirements for wet retention/detention area dimensional criteria in 7.4.

SUBJECT AREA TO BE ADDRESSED: The proposed rule amendment addresses alternative side slope criteria for projects permitted and constructed prior to October 3, 1995 and modifies Form Number 0881 referenced in Section 10.0 of the Basis of Review, and incorporated by reference in Rule 40E-1.659, F.A.C.

SPECIFIC AUTHORITY: 373.044, 373.113, 373.171, 373.413 FS.

LAW IMPLEMENTED: 373.413, 373.4135, 373.414, 373.4142, 373.416, 373.418, 373.426 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIMES, DATES AND PLACES SHOWN BELOW:

TIME AND DATE: 10:00 a.m., March 28, 2003

PLACE: South Florida Water Management District, Storch Conference Room, 3301 Gun Club Road, West Palm Beach, FL 33406

TIME AND DATE: 10:00 a.m., March 31, 2003

PLACE: Ft. Myers Service Center, 1st Floor Conference Room, 2301 McGregor Boulevard, Ft. Myers, FL 33901, (239)338-2929, 1(800)248-1201

TIME AND DATE: 10:00 a.m., April 1, 2003

PLACE: Miami Field Station, Conference Room, 9001 N. W. 58th Street, Miami, FL 33178, (305)513-3420

TIME AND DATE: 10:00 a.m., April 11, 2003

PLACE: Buenaventura Lakes Library, 405 Buena Ventura Boulevard, Kissimmee, FL 34743, (407)348-8767

Although Governing Board meetings, hearings and workshops 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 any appeal is to be based.

Persons with disabilities or handicaps who need assistance may contact Garrett Wallace, District Clerk, (561)682-6371, at least two business days in advance to make appropriate arrangements.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: For technical issues: Robert M. Brown, South Florida Water Management District, Post Office Box 24680, West Palm Beach, FL 33416-4680, 1(800)432-2045, Extension 6283 or (561)682-6283, internet: rmbrown@sfwmd.gov or Maria Clemente, P.E., South Florida Water Management District, Post Office Box 24680, West Palm Beach, FL 33416-4680, 1(800)-432-2045, Extension 2996 or (561)682-2996, internet: mclement@sfwmd.gov; For procedural issues: Jan Sluth, Paralegal, Office of Counsel, South Florida Water

Management District, Post Office Box 24680, West Palm Beach, FL 33406-4680, 1(800)432-2045, Extension 6699 or (561)682-6699, internet: jsluth@sfwmd.gov.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

40E-4.091 Publications, Rules and Interagency Agreements Incorporated by Reference.

(1) The following publications, rules and interagency agreements are incorporated by reference into this chapter, Chapters 40E-40, 40E-41 and 40E-400, F.A.C.:

(a) “Basis of Review for Environmental Resource Permit Applications Within the South Florida Water Management District – _____ July 2002”

(b) through (j) No change.

(2) No change.

Specific Authority 373.044, 373.113, 373.171, 373.413, 373.414, 373.416 FS. Law Implemented 373.413, 373.4135, 373.4137, 373.414, 373.4142, 373.416, 373.418, 373.421, 373.426, 373.441 FS. History–New 9-3-81, Amended 1-31-82, 12-1-82, Formerly 16K-4.035(1), Amended 5-1-86, 7-1-86, 3-24-87, 4-14-87, 4-21-88, 11-21-89, 11-15-92, 1-23-94, 4-20-94, 10-3-95, 1-7-97, 12-3-98, 5-28-00, 8-16-00, 1-17-01, 7-19-01, 6-26-02, 6-26-02, _____.

(The following represents proposed changes to section 7.4 of the document entitled “Basis of Review for Environmental Resource Permit Applications Within the South Florida Water Management District – July 2002” incorporated by reference in Rule 40E-4.091, F.A.C.)

7.4 Wet Retention/Detention Area Dimensional Criteria (As Measured at or from the Control Elevation)

(a) through (e) No change.

(f) Alternative Side Slope Criteria for Wet Retention/Detention Areas on Construction Projects Permitted Prior to October 3, 1995 – The District will accept a construction completion certification form for wet retention/detention areas within surface water management systems constructed prior to October 3, 1995 containing side slopes steeper than 4:1 (horizontal:vertical) provided that:

1. Existing side slopes are no steeper than 2:1 (horizontal:vertical) from top of bank out to a minimum depth of two feet below the control elevation;

2. A licensed professional engineer certifies that the surface water management system is functioning as intended by the permit; and

3. The project has a demonstrated history of routine side slope maintenance and vegetative growth survival.

This criteria shall not apply to any portions of wet retention/detention areas permitted prior to October 3, 1995 but modified after October 3, 1995.

(g)(f) Bulkheads – Bulkheads shall be allowed for no more than 40 percent of the shoreline length, but compensating littoral zone must be provided based on appropriate maximum allowable side slope including local government requirements.

WATER MANAGEMENT DISTRICTS

South Florida Water Management District

RULE TITLE: Content of Permit Applications
 RULE NO.: 40E-4.101

PURPOSE AND EFFECT: The purpose and effect of this proposed rule amendment is to require a Notice of Environmental Resource Permit (“ERP”) be recorded for individual permits. The notice shall not operate as an encumbrance.

SUBJECT AREA TO BE ADDRESSED: The proposed rule amendment amends Rule 40E-4.101, F.A.C., to include a requirement that a Notice of ERP be recorded/filed in the county where the property is located for individual ERPs. The notice shall not operate as an encumbrance.

SPECIFIC AUTHORITY: 373.016, 373.044, 373.113, 373.171 FS.

LAW IMPLEMENTED: 373.016, 373.117, 373.413, 373.416, 373.426 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIMES, DATES AND PLACES SHOWN BELOW:

TIME AND DATE: 10:00 a.m., March 28, 2003

PLACE: South Florida Water Management District, Storch Conference Room, 3301 Gun Club Road, West Palm Beach, FL 33406

TIME AND DATE: 10:00 a.m., March 31, 2003

PLACE: Ft. Myers Service Center, 1st Floor Conference Room, 2301 McGregor Boulevard, Ft. Myers, FL 33901, (239)338-2929, 1(800)248-1201

TIME AND DATE: 10:00 a.m., April 1, 2003

PLACE: Miami Field Station, Conference Room, 9001 N. W. 58th Street, Miami, FL 33178, (305)513-3420

TIME AND DATE: 10:00 a.m., April 11, 2003

PLACE: Buenaventura Lakes Library, 405 Buena Ventura Boulevard, Kissimmee, FL 34743, (407)348-8767

Although Governing Board meetings, hearings and workshops 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 any appeal is to be based.

Persons with disabilities or handicaps who need assistance may contact Garrett Wallace, District Clerk, (561)682-6371, at least two business days in advance to make appropriate arrangements.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Jan Sluth, South Florida Water Management District, Post Office Box 24680, West Palm Beach, FL 33416-4680, 1(800)432-2045, Extension 6669 or (561)682-6669, internet: jsluth@sfwmd.gov

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

40E-4.101 Content of Permit Applications.

(1) No change.

(2) The application must be signed by the owner or the owner’s authorized agent and include documentation of ownership. Applications signed by agents must contain a letter of authorization which is signed by the owner. Those having the right to exercise the power of eminent domain or having a contract to purchase real property may apply for a permit, however, the permit shall prohibit commencement of work until the permittee provides proof of ownership to the District. A permit shall only be issued to the record title holder, holder of a recorded easement conveying the right to utilize the property for a purpose consistent with the authorization requested in the permit application, those having the right to exercise the power of eminent domain or having a contract to purchase real property. Applicants for an individual permit shall agree to the filing of a Notice of Environmental Resource Permit in the county where the property is located. This notice shall not be considered an encumbrance upon the property.

Specific Authority 373.016, 373.044, 373.113, 373.171 FS. Law Implemented 373.016, 373.117, 373.413, 373.416, 373.426 FS. History—New 9-3-81, Amended 1-31-82, 12-1-82, Formerly 16K-4.03(2), 16K-4.07(2), 16K-3.09(2), Amended 7-1-86, 11-21-89, 4-20-94, 10-3-95, 5-28-00, _____.

LAND AND WATER ADJUDICATORY COMMISSION

Fiddler’s Creek Community Development District

RULE CHAPTER TITLE: Fiddler’s Creek Community
 RULE CHAPTER NO.: 42X-1

Development District
 RULE NOS.: 42X-1

Creation and Establishment
 42X-1.001

Boundary
 42X-1.002

PURPOSE AND EFFECT: The purpose of this proposed rule amendment is to amend the name of the Fiddler’s Creek Community Development District (“District”) and to amend the District’s boundaries. The petition submitted by the District’s governing Board of Supervisors requests that the Florida Land and Water Adjudicatory Commission (“Commission”) amend Chapter 42X-1, Florida Administrative Code, to change the District’s name to “Fiddler’s Creek Community Development District 1” in order to distinguish the District’s name from any Fiddler’s Creek Community Development District 2 which may be established. Further, the petition requests that the Commission amend the District’s boundaries to add an expansion parcel of approximately 137.78 acres and to delete a contraction parcel of approximately 137.78 acres, resulting in no net change in the amount of acreage to be served by the District. After amendment as proposed, the District will consist of and continue to serve approximately 1,389.7739 acres located wholly within the boundaries of unincorporated Collier

County. There is no real property within the proposed amended District boundaries which is to be excluded from the jurisdiction of the District.

SUBJECT AREA TO BE ADDRESSED: Amendment of the name and boundaries of the Fiddler’s Creek Community Development District.

SPECIFIC AUTHORITY: 190.005, 190.046 FS.

LAW IMPLEMENTED: 190.004, 190.005, 190.046 FS.

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

TIME AND DATE: 9:00 a.m. – 10:30 a.m., Monday, April 7, 2003

PLACE: Room 1802M, The Capitol, Tallahassee, Florida

Any person requiring a special accommodation to participate in the workshop because of a disability should contact Barbara Leighty, (850)487-1884, at least two (2) 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: Ken van Assenderp, Young, van Assenderp, Varnadoe & Anderson, P.A., P. O. Box 1833, Tallahassee, Florida 32302-1833, (850)222-7206 or Barbara Leighty, Florida Land and Water Adjudicatory Commission, The Capitol, Room 1802, Tallahassee, Florida 32399-0001, (850)487-1884

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

LAND AND WATER ADJUDICATORY COMMISSION

Cocohatchee Community Development District

RULE CHAPTER TITLE: Cocohatchee Community Development District

RULE CHAPTER NO.: 42KK-1

RULE TITLES: Establishment Boundary Supervisors

RULE NOS.: 42KK-1.001 42KK-1.002 42KK-1.003

PURPOSE AND EFFECT: The purpose of this proposed rule is to establish the Cocohatchee Community Development District (“District”), to set forth the District’s boundaries and to designate the District’s initial governing Board of Supervisors. The petition submitted by Beach Road Development Company, L.L.C., requests that the Florida Land and Water Adjudicatory Commission (“Commission”) adopt and effect Chapter 42KK-1, Florida Administrative Code, to name and establish the District, set forth its boundaries and designate its initial Board of Supervisors. The petition proposes that the District serve approximately 1,298 acres located wholly within the boundaries of unincorporated Lee County. There is no real property within the District’s

proposed boundaries which is to be excluded from the jurisdiction of the District. Finally, the District has obtained the consent of the owners of 100% of the real property to be served by the District.

SUBJECT AREA TO BE ADDRESSED: Establishment of the Cocohatchee 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 HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW (IF NOT REQUESTED, A HEARING WILL NOT BE HELD):

TIME AND DATE: 10:30 a.m. – 12:00 Noon, Monday, April 7, 2003

PLACE: Room 1802M, The Capitol, Tallahassee, Florida

Any person requiring a special accommodation to participate in the workshop because of a disability should contact Barbara Leighty, (850)487-1884, at least two (2) 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: Ken van Assenderp, Young, van Assenderp, Varnadoe & Anderson, P.A., P. O. Box 1833, Tallahassee, Florida 32302-1833, (850)222-7206 or Barbara Leighty, Florida Land and Water Adjudicatory Commission, The Capitol, Room 1802, Tallahassee, Florida 32399-0001, (850)487-1884

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

AGENCY FOR HEALTH CARE ADMINISTRATION

Certificate of Need

RULE TITLE: Certificate of Need Application Procedures

RULE NO.: 59C-1.008

PURPOSE AND EFFECT: The agency proposes to amend paragraphs (1)(f) and (g) of Rule 59C-1.008, F.A.C., adding a new Schedule 12 required as part of the application for a certificate of need, and updating the batching cycle calendar used to establish deadlines for comparative reviews, as required by s. 408.039(1), F.S. New Schedule 12 provides information necessary to implement s. 408.831, F.S., which describes certain circumstances where the agency may deny a certificate of need to any applicant who has outstanding fines assessed by the agency or by the Centers for Medicare and Medicaid Services. The updated batching cycle calendar adds deadlines for calendar years 2004 and 2005, with no modification to the current calendar for 2003.

SUBJECT AREA TO BE ADDRESSED: Additional information required in a certificate of need application, and an updated batching cycle calendar for comparative reviews.

SPECIFIC AUTHORITY: 408.034(5), 408.15(8) FS.
 LAW IMPLEMENTED: 408.033, 408.037, 408.038, 408.039 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., April 1, 2003

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: John Davis, Certificate of Need, 2727 Mahan Drive, Building 1, Mail Stop 28, Tallahassee, Florida 32308

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59C-1.008 Certificate of Need Application Procedures.

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

(f) Certificate of Need Application Submission. An application for a certificate of need shall be submitted on AHCA Form CON-1, July 2000, which includes Schedules A or A-Trn, B or B-Trn, C, D, D-1, 1 or 1-Trn, 2, 3, 4, 5, 6, 6A, 7, 7A, 7B, 8, 8A, 9, 10, and 11-Trn, and 12, which are incorporated by reference herein. A copy of Form CON-1 and the Schedules may be obtained from:

Agency for Health Care Administration
 Certificate of Need
 2727 Mahan Drive, Building 1 Mail Stop 28 Building 3
 Tallahassee, FL 32308.

An electronic version of Form CON-1 and the Schedules is also available at www.fdhc.state.fl.us.

1. The application must be actually received by the agency by 5 p.m. local time on or before the application due date. The Local Health Council must receive a copy of the application bearing a postmark or shipping date that is no later than the application due date.

2. Applications for projects which exceed the proposed number of beds contained in the letter of intent shall not be deemed complete for review by the agency.

3. Applications may propose a lesser number of beds than that contained in the letter of intent.

(g) Applications Subject to Comparative Review-Batching Cycles. In order that applications pertaining to similar types of services or facilities affecting the same service district or subdistrict may be considered in relation to each other for purposes of comparative review, letters of intent and applications shall be received by the agency no later than dates prescribed in the following schedule:

<u>Hospitals and Other Projects</u>	
<u>2nd Batching Cycle—2001</u>	
Summary Need Projections Published in F.A.W.	7-27-01
Letter of Intent Deadline	8-13-01
Application Deadline	9-12-01
Completeness Review Deadline	9-19-01
Application Omissions Deadline	10-17-01
Agency Initial Decision Deadline	12-14-01
<u>Hospital Beds and Facilities</u>	
<u>1st Batching Cycle—2002</u>	
Summary Need Projections Published in F.A.W.	1-25-02
Letter of Intent Deadline	2-11-02
Application Deadline	3-13-02
Completeness Review Deadline	3-20-02
Application Omissions Deadline	4-17-02
Agency Initial Decision Deadline	6-14-02
<u>Hospital Beds and Facilities</u>	
<u>2nd Batching Cycle—2002</u>	
Summary Need Projections Published in F.A.W.	7-26-02
Letter of Intent Deadline	8-12-02
Application Deadline	9-11-02
Completeness Review Deadline	9-18-02
Application Omissions Deadline	10-16-02
Agency Initial Decision Deadline	12-13-02
<u>Hospital Beds and Facilities</u>	
<u>1st Batching Cycle – 2003</u>	
Summary Need Projections Published in F.A.W.	1-24-03
Letter of Intent Deadline	2-10-03
Application Deadline	3-12-03
Completeness Review Deadline	3-19-03
Application Omissions Deadline	4-16-03
Agency Initial Decision Deadline	6-13-03
<u>Hospital Beds and Facilities</u>	
<u>2nd Batching Cycle – 2003</u>	
Summary Need Projections Published in F.A.W.	7-25-03
Letter of Intent Deadline	8-11-03
Application Deadline	9-10-03
Completeness Review Deadline	9-17-03
Application Omissions Deadline	10-15-03
Agency Initial Decision Deadline	12-12-03
<u>Hospital Beds and Facilities</u>	
<u>1st Batching Cycle – 2004</u>	
Summary Need Projections Published in F.A.W.	1-23-04
Letter of Intent Deadline	2-09-04
Application Deadline	3-10-04
Completeness Review Deadline	3-17-04
Application Omissions Deadline	4-14-04
Agency Initial Decision Deadline	6-11-04

<u>Hospital Beds and Facilities</u>		<u>Other Beds and Programs</u>	
<u>2nd Batching Cycle – 2004</u>		<u>1st Batching Cycle – 2003</u>	
<u>Summary Need Projections Published in F.A.W.</u>	<u>7-23-04</u>	<u>Summary Need Projections Published in F.A.W.</u>	<u>4-11-03</u>
<u>Letter of Intent Deadline</u>	<u>8-09-04</u>	<u>Letter of Intent Deadline</u>	<u>4-28-03</u>
<u>Application Deadline</u>	<u>9-08-04</u>	<u>Application Deadline</u>	<u>5-28-03</u>
<u>Completeness Review Deadline</u>	<u>9-15-04</u>	<u>Completeness Review Deadline</u>	<u>6-04-03</u>
<u>Application Omissions Deadline</u>	<u>10-13-04</u>	<u>Applicant Omissions Deadline</u>	<u>7-02-03</u>
<u>Agency Initial Decision Deadline</u>	<u>12-10-04</u>	<u>Agency Initial Decision Deadline</u>	<u>8-29-03</u>
<u>Hospital Beds and Facilities</u>		<u>Other Beds and Programs</u>	
<u>1st Batching Cycle – 2005</u>		<u>2nd Batching Cycle – 2003</u>	
<u>Summary Need Projections Published in F.A.W.</u>	<u>1-28-05</u>	<u>Summary Need Projections Published in F.A.W.</u>	<u>10-10-03</u>
<u>Letter of Intent Deadline</u>	<u>2-14-05</u>	<u>Letter of Intent Deadline</u>	<u>10-27-03</u>
<u>Application Deadline</u>	<u>3-16-05</u>	<u>Application Deadline</u>	<u>11-26-03</u>
<u>Completeness Review Deadline</u>	<u>3-23-05</u>	<u>Completeness Review Deadline</u>	<u>12-03-03</u>
<u>Application Omissions Deadline</u>	<u>4-20-05</u>	<u>Applicant Omissions Deadline</u>	<u>1-02-04</u>
<u>Agency Initial Decision Deadline</u>	<u>6-17-05</u>	<u>Agency Initial Decision Deadline</u>	<u>2-27-04</u>
<u>Hospital Beds and Facilities</u>		<u>Other Beds and Programs</u>	
<u>2nd Batching Cycle – 2005</u>		<u>1st Batching Cycle – 2004</u>	
<u>Summary Need Projections Published in F.A.W.</u>	<u>7-29-05</u>	<u>Summary Need Projections Published in F.A.W.</u>	<u>4-09-04</u>
<u>Letter of Intent Deadline</u>	<u>8-15-05</u>	<u>Letter of Intent Deadline</u>	<u>4-26-04</u>
<u>Application Deadline</u>	<u>9-14-05</u>	<u>Application Deadline</u>	<u>5-26-04</u>
<u>Completeness Review Deadline</u>	<u>9-21-05</u>	<u>Completeness Review Deadline</u>	<u>6-02-04</u>
<u>Application Omissions Deadline</u>	<u>10-19-05</u>	<u>Applicant Omissions Deadline</u>	<u>6-30-04</u>
<u>Agency Initial Decision Deadline</u>	<u>12-16-05</u>	<u>Agency Initial Decision Deadline</u>	<u>8-27-04</u>
<u>Nursing Facilities</u>		<u>Other Beds and Programs</u>	
<u>2nd Batching Cycle – 2001</u>		<u>2nd Batching Cycle – 2004</u>	
<u>Summary Need Projections Published in F.A.W.</u>	<u>10-12-01</u>	<u>Summary Need Projections Published in F.A.W.</u>	<u>10-08-04</u>
<u>Letter of Intent Deadline</u>	<u>10-29-01</u>	<u>Letter of Intent Deadline</u>	<u>10-25-04</u>
<u>Application Deadline</u>	<u>11-28-01</u>	<u>Application Deadline</u>	<u>11-24-04</u>
<u>Completeness Review Deadline</u>	<u>12-05-01</u>	<u>Completeness Review Deadline</u>	<u>12-01-04</u>
<u>Applicant Omissions Deadline</u>	<u>1-02-02</u>	<u>Applicant Omissions Deadline</u>	<u>12-29-04</u>
<u>Agency Initial Decision Deadline</u>	<u>3-01-02</u>	<u>Agency Initial Decision Deadline</u>	<u>2-25-05</u>
<u>Other Beds and Programs</u>		<u>Other Beds and Programs</u>	
<u>1st Batching Cycle – 2002</u>		<u>1st Batching Cycle – 2005</u>	
<u>Summary Need Projections Published in F.A.W.</u>	<u>4-12-02</u>	<u>Summary Need Projections Published in F.A.W.</u>	<u>4-08-05</u>
<u>Letter of Intent Deadline</u>	<u>4-29-02</u>	<u>Letter of Intent Deadline</u>	<u>4-25-05</u>
<u>Application Deadline</u>	<u>5-29-02</u>	<u>Application Deadline</u>	<u>5-25-05</u>
<u>Completeness Review Deadline</u>	<u>6-05-02</u>	<u>Completeness Review Deadline</u>	<u>6-01-05</u>
<u>Applicant Omissions Deadline</u>	<u>7-03-02</u>	<u>Applicant Omissions Deadline</u>	<u>6-29-05</u>
<u>Agency Initial Decision Deadline</u>	<u>8-30-02</u>	<u>Agency Initial Decision Deadline</u>	<u>8-26-05</u>
<u>Other Beds and Programs</u>		<u>Other Beds and Programs</u>	
<u>2nd Batching Cycle – 2002</u>		<u>2nd Batching Cycle – 2005</u>	
<u>Summary Need Projections Published in F.A.W.</u>	<u>10-11-02</u>	<u>Summary Need Projections Published in F.A.W.</u>	<u>10-07-05</u>
<u>Letter of Intent Deadline</u>	<u>10-28-02</u>	<u>Letter of Intent Deadline</u>	<u>10-24-05</u>
<u>Application Deadline</u>	<u>11-27-02</u>	<u>Application Deadline</u>	<u>11-23-05</u>
<u>Completeness Review Deadline</u>	<u>12-04-02</u>	<u>Completeness Review Deadline</u>	<u>11-30-05</u>
<u>Applicant Omissions Deadline</u>	<u>1-02-03</u>	<u>Applicant Omissions Deadline</u>	<u>12-28-05</u>
<u>Agency Initial Decision Deadline</u>	<u>2-28-03</u>	<u>Agency Initial Decision Deadline</u>	<u>2-24-06</u>

(h) through (j) No change.

(2) through (6) No change.

Specific Authority 408.034(5), 408.15(8) FS. Law Implemented: 408.033, 408.037, 408.038, 408.039 FS. History--New 1-1-77, Amended 11-1-77, 9-1-78, 6-5-79, 2-1-81, 4-1-82, 7-29-82, 9-6-84, Formerly 10-5.08, Amended 11-24-86, 3-2-87, 6-11-87, 11-17-87, 3-23-88, 5-30-90, 12-20-90, 1-31-91, 9-9-91, 5-12-92, 7-1-92, 8-10-92, Formerly 10-5.008, Amended 4-19-93, 6-23-94, 10-12-94, 10-18-95, 2-12-96, 7-18-96, 9-16-96, 11-4-97, 7-21-98, 12-12-00, 4-2-01, 1-10-02,_____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Advanced Registered Nurse Practitioner Services
 RULE NO.: 59G-4.010

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Advanced Registered Nurse Practitioner Services Coverage and Limitations Handbook, October 2003. The effect will be to incorporate by reference in the rule the current Florida Medicaid Advanced Registered Nurse Practitioner Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Advanced Registered Nurse Practitioner Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Belinda McClellan, Bureau of Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.010 Advanced Registered Nurse Practitioner Services.

(1) No change.

(2) All advanced registered nurse practitioner services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Advanced Registered Nurse Practitioner Services Coverage and Limitations Handbook, October 2003 ~~January 2002 and April 2002~~, which is incorporated by reference, and the Florida Provider General Handbook and the Florida Medicaid Provider Reimbursement Handbook, CMS HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. ~~These Both~~ handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History--New 12-21-80, Formerly 10C-7.52, Amended 8-18-92, Formerly 10C-7.052, Amended 8-22-96, 3-11-98, 10-13-98, 6-8-99, 4-23-00, 8-5-01, 2-20-03,_____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Advanced Registered Nurse Practitioner Services
 RULE NO.: 59G-4.010

PURPOSE AND EFFECT: The purpose of this rule amendment is to revise the Florida Medicaid Advanced Registered Nurse Practitioner Services Coverage and Limitations Handbook, Appendix D. The effect will be to update the fee schedule effective March 2003 in the current Florida Medicaid Advanced Registered Nurse Practitioner Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Advanced Registered Nurse Practitioner Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Lynne Metz, Bureau of Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.010 Advanced Registered Nurse Practitioner Services.

(1) No change.

(2) All advanced registered nurse practitioner services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Advanced Registered Nurse Practitioner Services Coverage and Limitations Handbook, March 2003 ~~January 2002 and April 2002~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History--New 12-21-80, Formerly 10C-7.52, Amended 8-18-92, Formerly 10C-7.052, Amended 8-22-96, 3-11-98, 10-13-98, 6-8-99, 4-23-00, 8-5-01, 2-20-03,_____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Birth Center Services

RULE NO.: 59G-4.030

PURPOSE AND EFFECT: The purpose of this rule amendment is to revise the Florida Medicaid Birth Center and Licensed Midwife Services Coverage and Limitations Handbook, Appendix A. The effect will be to update the fee schedule effective March 2003 in the current Florida Medicaid Birth Center and Licensed Midwife Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Birth Center Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 383.335, 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Lynne Metz, Bureau of Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.030 Birth Center Services.

(1) No change.

(2) All birth center services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Birth Center and Licensed Midwife Services Coverage and Limitations Handbook, March 2003 ~~January 2002~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 383.335, 409.906, 409.908, 409.9081 FS. History--New 4-18-85, Formerly 10C-7.532, Amended 8-18-92, Formerly 10C-7.0532, Amended 4-22-96, 3-11-98, 10-13-98, 5-24-99, 4-23-00, 8-5-01, 2-20-03,_____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Chiropractic Services

RULE NO.: 59G-4.040

PURPOSE AND EFFECT: The purpose of this rule amendment is to revise the Florida Medicaid Chiropractic Services Coverage and Limitations Handbook, Appendix A. The effect will be to update the fee schedule effective March 2003 in the current Florida Medicaid Chiropractic Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Chiropractic Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Karen Jackson, Bureau of Medicaid Services, 2727 Mahan Drive, Building #3, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7314

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.040 Chiropractic Services.

(1) No change.

(2) All chiropractic services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Chiropractic Services Coverage and Limitations Handbook, March 2003 ~~January 2002 and April 2002~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.9081 FS. History--New 6-1-89, Amended 7-1-91, 12-31-91, 3-17-92, 4-21-92, 11-9-92, 7-5-93, 1-19-94, Formerly 10C-7.066, Amended 10-10-94, 5-25-95, 1-9-96, 10-21-97, 5-24-99, 4-23-00, 7-5-01, 2-2-03,_____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Dental Services

RULE NO.: 59G-4.060

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Dental Services Coverage and Limitations Handbook, October 2003, and the Florida Medicaid Provider Reimbursement Handbook, Dental 111, October 2003. The effect will be to incorporate by reference in the rule the current Florida

Medicaid Dental Services Coverage and Limitations Handbook, and the current Florida Medicaid Provider Reimbursement Handbook, Dental 111.

SUBJECT AREA TO BE ADDRESSED: Dental Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.912 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Millard Howard, Bureau of Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.060 Dental Services.

(1) No change.

(2) All dental services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Dental Services Coverage and Limitations Handbook, October 2003 ~~January 2002 and April 2002~~ and Florida Medicaid Provider Reimbursement Handbook, Dental 111, October 2003 ~~February 2001~~, which are incorporated by reference, and the Florida Medicaid Provider General Handbook, October 2003, and the Florida Medicaid Provider Reimbursement Handbook, CMS HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. All ~~three~~ handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.912 FS. History—New 7-10-80, Amended 2-19-81, 10-27-81, 7-21-83, Formerly 10C-7.523, Amended 9-11-90, 11-3-92, Formerly 10C-7.0523, Amended 6-29-93, Formerly 10P-4.060, Amended 7-19-94, 7-16-96, 3-11-98, 10-13-98, 12-28-98, 6-10-99, 4-23-00, 4-24-01, 7-5-01, 2-20-03,_____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Dental Services
RULE NO.: 59G-4.060

PURPOSE AND EFFECT: The purpose of this rule amendment is to revise the Florida Medicaid Dental Services Coverage and Limitations Handbook, Appendixes B and C. The effect will be to update the fee schedules, effective March 2003, in the current Florida Medicaid Dental Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Dental Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.912 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Millard Howard, Bureau of Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.060 Dental Services.

(1) No change.

(2) All dental services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Dental Services Coverage and Limitations Handbook, March 2003 ~~January 2002 and April 2002~~, and Florida Medicaid Provider Reimbursement Handbook, Dental 111, February 2001, which are incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. All three handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.912 FS. History—New 7-10-80, Amended 2-19-81, 10-27-81, 7-21-83, Formerly 10C-7.523, Amended 9-11-90, 11-3-92, Formerly 10C-7.0523, Amended 6-29-93, Formerly 10P-4.060, Amended 7-19-94, 7-16-96, 3-11-98, 10-13-98, 12-28-98, 6-10-99, 4-23-00, 4-24-01, 7-5-01, 2-20-03,_____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Durable Medical Equipment and Supplies
RULE NO.: 59G-4.070

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Durable Medical Equipment and Supply Services Coverage and Limitations Handbook, October 2003. The effect will be to incorporate by reference in the rule the current Florida Medicaid Durable Medical Equipment and Supply Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Durable Medical Equipment and Supply Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.907(7), 409.908 FS.

IF REQUESTED IN WRITING WITHIN 14 DAYS BY AN AFFECTED PERSON AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW.

TIME AND DATE: 9:00 a.m., March 31, 2003

PLACE: Agency for Health Care Administration, 2728 Ft. Knox Boulevard, Building 3, Conference Room E, Tallahassee, Florida 32308

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Alanna J. Steaple, Medicaid Services, 2727 Mahan Drive, Building 3, Mail Stop 20, Tallahassee, Florida 32308-5407, (850)922-7306

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.070 Durable Medical Equipment and Supplies.

(1) No change.

(2) All durable medical equipment and supply providers enrolled in the Medicaid program must comply with the Florida Medicaid Durable Medical Equipment and Supply Services Coverage and Limitations Handbook, October 2003 ~~April 1998~~, incorporated by reference, and the Florida Medicaid Provider General Handbook, and the Florida Medicaid Provider Reimbursement Handbook, CMS HCFA-1500 and Child Health Check-Up 221, incorporated by reference in Rule 59G-5.020, F.A.C. These Both handbooks are available from the Medicaid fiscal agent.

(3) All DME providers and their billing agents must comply with the provisions of the Florida Medicaid Provider Reimbursement Handbook, Non-Institutional 081, November 1996, which is incorporated by reference and available from the Medicaid fiscal agent.

(4) Durable Medical Equipment and Supplies. All DME/Medical Supply providers must comply with the provisions of the Florida Medicaid DME/Medical Supply Services Coverage and Limitations Handbook October 2003 ~~January 2000~~, which is incorporated by reference and available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.907(7), 409.908 FS. History—New 8-26-92, Formerly 10C-7.070, Amended 5-23-94, 1-7-96, 3-4-99, 10-18-00, 4-30-01.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: CHILD HEALTH CHECK-UP

RULE NO.: 59G-4.080

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook, October 2003. The effect will be to incorporate by reference in the rule the current Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Child Health Check-Up.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 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: 8:30 a.m. (EST), April 2, 2003

PLACE: 2727 Mahan Dr., Building 3, Conference Room D, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Anne Boone, Bureau of Medicaid Services, 2727 Mahan Drive, Building 3, Mail Stop 20, Tallahassee, Florida 32308-5407, (850)922-7321

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.080 Child Health Check-Up.

(1) This rule applies to all Child Health Check-Up service providers, with a Category of Service Code 55 listed on their provider file, enrolled in the Medicaid program.

(2) All Child Health Check-Up service providers enrolled in the Medicaid program must comply with the provisions of the Florida Medicaid Child Health Check-Up Coverage and Limitations Handbook, October 2003 ~~May 2000~~, incorporated by reference, and the Florida Medicaid Provider General Handbook and the Florida Medicaid Provider Reimbursement Handbook, CMS HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. These Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS., Chapter 92-129, Sec. 58, Laws of Florida. Law Implemented 409.905, 409.908 FS. History—New 1-1-77, Amended 2-6-78, 1-4-79, 2-18-80, 9-15-80, 9-30-81, Formerly 10C-7.47, Amended 7-17-91, 5-11-92, 5-27-93, Formerly 10C-7.047, Amended 12-26-95, 4-22-98, 9-26-00.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: HEARING SERVICES

RULE NO.: 59G-4.110

PURPOSE AND EFFECT: The purpose of this rule amendment is to revise the Florida Medicaid Hearing Services Coverage and Limitations Handbook, Appendix A. The effect will be to update the fee schedule effective March 2003 in the current Florida Medicaid Hearing Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Hearing Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Karen Jackson, Bureau of Medicaid Services, 2727 Mahan Drive, Building #3, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7314

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.110 Hearing Services.

(1) No changes.

(2) All hearing services providers enrolled in the Medicaid program must be in compliance ~~comply~~ with ~~the provisions of~~ the Florida Medicaid Hearing Services Coverage and Limitations Handbook, March 2003 ~~January 2002~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908 FS. History—New 8-3-80, Amended 7-21-83, Formerly 10C-7.522, Amended 4-13-93, Formerly 10C-7.0522, Amended 12-21-97, 10-13-98, 5-7-00, 7-5-01, 2-20-03, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Home Health Services
 RULE NO.: 59G-4.130

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Home Health Services Coverage and Limitations Handbook, July 2003. The handbook contains changes required by the Health Insurance Portability and Accountability Act (HIPAA). The effect will be to incorporate by reference in the rule the current Florida Medicaid Home Health Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Home Health Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m., Thursday, April 3, 2003

PLACE: 2728 Ft. Knox Boulevard, Building 3, Conference Room D, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Peggy Stafford, Medicaid Services, 2727 Mahan Drive, Building 3, Mail Stop 20, Tallahassee, Florida 32308-5407, (850)487-2618

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.130 Home Health Services.

(1) No change.

(2) All home health agency providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Home Health Services Coverage and Limitations Handbook, July 2003 ~~March 2000~~, incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

(3) A recipient, or a recipient's legal guardian, will receive written notification if home health visit services, private duty nursing or personal care services are terminated, reduced or denied. The notice will provide information and instructions regarding the right to request a hearing.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History—New 1-1-77, Amended 4-1-78, 9-28-78, 1-24-79, 7-17-83, Formerly 10C-7.44, Amended 6-1-88, 4-9-89, 1-1-90, 5-26-93, Formerly 10C-7.044, Amended 3-14-95, 12-27-95, 5-7-96, 2-9-98, 5-30-00, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Optometric Services
 RULE NO.: 59G-4.210

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Optometric Services Coverage and Limitations Handbook, October 2003. The effect will be to incorporate by reference in the rule the current Florida Medicaid Optometric Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Optometric Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Karen Jackson, Bureau of Medicaid Services, 2727 Mahan Drive, Building #3, Mail Stop 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.210 Optometric Services.

(1) No change.

(2) All optometric practitioners enrolled in the Medicaid program must be in compliance with the provisions of the Florida Medicaid Optometric Services Coverage and Limitations Handbook, ~~October 2003~~ January 2002 and April 2002, which is incorporated by reference, and the Florida Medicaid Provider General Handbook, October 2003, and the Florida Medicaid Provider Reimbursement Handbook, CMS HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. These ~~Both~~ handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.9081 FS. History—New 4-13-93, Amended 7-1-93, Formerly 10C-7.069, Amended 12-21-97, 10-13-98, 5-24-99, 4-23-00, 7-5-01, 2-20-03,_____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Optometric Services

RULE NO.: 59G-4.210

PURPOSE AND EFFECT: The purpose of this rule amendment is to revise the Florida Medicaid Optometric Services Coverage and Limitations Handbook, Appendixes A and B. The effect will be to update the fee schedules effective March 2003 in the current Florida Medicaid Optometric Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Optometric Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Karen Jackson, Bureau of Medicaid Services, 2727 Mahan Drive, Building #3, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7314

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.210 Optometric Services.

(1) No change.

(2) All optometric services providers practitioners enrolled in the Medicaid program must be in compliance with ~~the provisions~~ of the Florida Medicaid Optometric Services Coverage and Limitations Handbook, March 2003 ~~January 2002 and April 2002~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.9081 FS. History—New 4-13-93, Amended 7-1-93, Formerly 10C-7.069, Amended 12-21-97, 10-13-98, 5-24-99, 4-23-00, 7-5-01, 2-20-03,_____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Podiatry Services

RULE NO.:

59G-4.220

PURPOSE AND EFFECT: The purpose of this rule amendment is to revise the Florida Medicaid Podiatry Services Coverage and Limitations Handbook, Appendix A. The effect will be to update the fee schedule effective March 2003 in the current Florida Medicaid Podiatry Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Podiatry Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Karen Jackson, Bureau of Medicaid Services, 2727 Mahan Drive, Building #3, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7314

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.220 Podiatry Services.

(1) No change.

(2) All podiatry services providers enrolled in the Medicaid program must be in compliance with ~~the provisions~~ of the Florida Medicaid Podiatry Services Coverage and Limitations Handbook, March 2003 ~~January 2002 and April 2002~~, which is incorporated by reference, and the Florida

Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.9081 FS. History—New 1-23-84, Amended 10-25-84, Formerly 10C-7.529, Amended 4-21-92, 11-9-92, 7-1-93, Formerly 10C-7.0529, 10P-4.220, Amended 1-7-96, 3-11-98, 10-13-98, 5-24-99, 4-23-00, 7-5-01, 2-20-03, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Physician Services
RULE NO.: 59G-4.230

PURPOSE AND EFFECT: The purpose of this rule amendment is to revise the Florida Medicaid Physician Services Coverage and Limitations Handbook, Appendixes J and I. The effect will be to update the fee schedules effective March 2003 in the current Florida Medicaid Physician Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Physician Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Lynne Metz, Bureau of Medicaid Services, 2727 Mahan Drive, Building #3, MS 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.230 Physician Services.

(1) No change.

(2) All physician services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Physician Coverage Services and Limitations Handbook, March 2003 ~~January 2002 and April 2002~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History—New 1-1-77, Revised 2-1-78, 4-1-78, 1-2-79, 1-1-80, Amended 2-8-82, 3-11-84, Formerly 10C-7.38, Amended 1-10-91, 11-5-92, 1-7-93, Formerly 10C-7.038, Amended 6-29-93, 9-6-93, Formerly 10P-4.230, Amended 6-13-94, 2-9-95, 3-10-96, 5-28-96, 3-18-98, 9-22-98, 8-25-99, 4-23-00, 8-5-01, 2-20-03, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Physician Assistant Services
RULE NO.: 59G-4.231

PURPOSE AND EFFECT: The purpose of this rule amendment is to revise the Florida Medicaid Physician Assistant Services Coverage and Limitations Handbook, Appendix D. The effect will be to update the fee schedule effective March 2003 in the current Florida Medicaid Physician Assistant Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Physician Assistant Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Lynne Metz, Bureau of Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.231 Physician Assistant Services.

(1) No change.

(2) All physician assistant providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Physician Assistant Services Coverage and Limitations Handbook, March 2003 ~~January 2002 and April 2002~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.9081 FS. History—New 8-21-95, Amended 5-28-96, 3-11-98, 10-13-98, 8-9-99, 4-23-00, 8-5-01, 2-20-03, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Portable X-ray Services
 RULE NO.: 59G-4.240

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Portable X-ray Services Coverage and Limitations Handbook, October 2003. The effect will be to incorporate by reference in the rule the current Florida Medicaid Provider General Handbook.

SUBJECT AREA TO BE ADDRESSED: Portable X-ray Services Coverage and Limitations Handbook.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m., March 31, 2003

PLACE: 2727 Ft. Knox Blvd., Bldg. 3, Conference Room C, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Susan Rinaldi, Bureau of Medicaid Services, 2727 Ft. Knox Blvd., Bldg. 3, MS #20, Tallahassee, Florida 32308-5403, (850)922-7308

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.240 Portable X-Ray Services.

(1) This rule applies to all suppliers of portable x-ray services enrolled in the Medicaid program.

(2) All portable x-ray providers enrolled in the Medicaid program must comply with the provisions of the Florida Medicaid Services Portable X-ray Coverage and Limitations Handbook, October 2003 ~~April 2004~~, incorporated by reference, and the Medicaid Provider General Handbook and the Florida Medicaid Provider Reimbursement Handbook, CMS HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. These ~~Both~~ handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History—New 10-11-81, Formerly 10C-7.411, Amended 7-1-92, Formerly 10C-7.0411, Amended 5-16-94, 1-9-96, 10-20-96, 8-27-97, 3-22-00, 2-14-02, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Registered Nurse First Assistant Services
 RULE NO.: 59G-4.270

PURPOSE AND EFFECT: The purpose of this rule amendment is to revise the Florida Medicaid Registered Nurse First Assistant Services Coverage and Limitations Handbook, Appendix B. The effect will be to update the fee schedule

effective March 2003 in the current Florida Medicaid Registered Nurse First Assistant Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Registered Nurse First Assistant Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m., April 1, 2003

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: Madeleine Nobles, Bureau of Medicaid Services, 2727 Mahan Drive, Tallahassee, Florida 32308, (850)488-4481

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.270 Registered Nurse First Assistant Services.

(1) No change.

(2) All registered nurse first assistant services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Registered Nurse First Assistant Services Coverage and Limitations Handbook, March 2003 ~~January 2002 and April 2002~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.9081 FS. History—New 3-11-98, Amended 10-13-98, 5-24-99, 4-23-00, 7-5-01, 2-20-03, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Therapy Services
 RULE NO.: 59G-4.320

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Therapy Services Coverage and Limitations Handbook, October 2003. The effect will be to incorporate by reference in the rule the current Florida Medicaid Therapy Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Therapy Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 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: 10:00 a.m., EST, April 2, 2003

PLACE: 2727 Mahan Dr., Building 3, Conference Room D, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Arlene Cotton, Bureau of Medicaid Services, 2727 Mahan Drive, Building 3, Mail Stop 20, Tallahassee, Florida 32308-5407, (850)922-7310

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.320 Therapy Services.

(1) This rule applies to all therapy services providers enrolled in the Medicaid program.

(2) All therapy providers enrolled in the Medicaid program must comply with the Florida Medicaid Therapy Services Coverage and Limitations Handbook, October 2003 ~~July 1998~~, incorporated by reference, ~~and the Florida Medicaid Provider General Handbook and the Florida Medicaid Provider Reimbursement Handbook, CMS HCFA-1500 and EPSDT 221~~, which is incorporated in Rule 59G-5.020, F.A.C. These ~~Both~~ handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908 FS. History—New 5-24-92, Amended 4-12-93, Formerly 10C-7.068, Amended 5-4-94, 12-26-95, 3-9-99, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Visual Services

RULE NO.: 59G-4.340

PURPOSE AND EFFECT: The purpose of this rule amendment is to revise the Florida Medicaid Visual Services Coverage and Limitations Handbook, Appendix A. The effect will be to update the fee schedule effective March 2003 in the current Florida Medicaid Visual Services Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Visual Services.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 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: 9:00 a.m., April 1, 2003

PLACE: Agency for Health Care Administration, 2728 Mahan Drive, Building 3, MS #20, Conference Room D, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Karen Jackson, Bureau of Medicaid Services, 2727 Mahan Drive, Building #3, Mail Stop 20, Tallahassee, Florida 32308, (850)922-7314

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.340 Visual Services.

(1) No change.

(2) All visual services providers ~~practitioners~~ enrolled in the Medicaid program must be in compliance with ~~the provisions of~~ the Florida Medicaid Visual Services Coverage and Limitations Handbook, March 2003 ~~January 2002~~, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908 FS. History—New 7-30-80, Formerly 10C-7.521, Amended 4-20-93, 8-25-93, Formerly 10C-7.0521, Amended 12-21-97, 10-13-98, 6-10-99, 4-23-00, 1-23-02, 2-20-03, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Home and Community-Based Services Waiver

RULE NO.:

59G-8.200

PURPOSE AND EFFECT: The purpose of this rule amendment is to incorporate by reference the Florida Medicaid Assistive Care Services and Assisted Living for the Elderly Waiver Coverage and Limitations Handbook, October 2003. The effect will be to incorporate by reference in the rule the current Florida Medicaid Assistive Care Services and Assisted Living For the Elderly Waiver Coverage and Limitations Handbook.

SUBJECT AREA TO BE ADDRESSED: Home and Community-Based Services Waiver.

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: 9:00 a.m. – 10.00 a.m., Friday, April 4, 2003

PLACE: 2727 Mahan Drive, Building 3, Conference Room D, Tallahassee, FL

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Keith Young, Medicaid Services, 2727 Mahan Drive, Building 3, Mail Stop 20, Tallahassee, Florida 32308-5407, (850)487-2617

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-8.200 Home and Community-Based Services Waiver.

(1) through (14) No change.

(15) Assisted Living for the Elderly Waiver. All Assisted Living for the Elderly Waiver providers must comply with provisions of the Florida Medicaid Assistive Community Care Service and Assisted Living for the Elderly Waiver Coverage and Limitations Handbook, October 2003 ~~July 2004~~ which is incorporated by reference and available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.912 FS. History—New 4-20-82, Formerly 10C-7.527, Amended 3-22-87, Formerly 10C-7.0527, Amended 1-16-96, 7-23-97, 1-6-02, 10-27-02, _____.

DEPARTMENT OF MANAGEMENT SERVICES

Division of Purchasing

RULE TITLES:	RULE NOS.:
MyFloridaMarketPlace Vendor Registration	60A-1.030
MyFloridaMarketPlace Transaction Fee	60A-1.031
MyFloridaMarketPlace Participation Exceptions	60A-1.032

PURPOSE AND EFFECT: To adopt the new rules identified above, including related forms, to begin implementation of MyFloridaMarketPlace, the state-wide program for on-line procurement of commodities and contractual services.

SUBJECT AREA TO BE ADDRESSED: Administration of the MyFloridaMarketPlace program.

SPECIFIC AUTHORITY: 287.042(12), 287.057(23) FS.

LAW IMPLEMENTED: 287.032, 287.042, 287.057 FS.

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

TIME AND DATE: 9:30 a.m., April 2, 2003

PLACE: Department of Management Services, 4050 Esplanade Way, Suite 301, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Frederick J. Springer, Department of Management Services, Office of General Counsel, 4050 Esplanade Way, Suite 260, Tallahassee, FL 32399-0950, (850)487-1898, springf@dms.state.fl.us (when available, the preliminary text of the proposed rule development will be accessible at www.myflorida.com; under “Hot Topics” in the bottom center of your screen, click on “MyFloridaMarketPlace/e-Pro” and then click on “Proposed Rules”)

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

DEPARTMENT OF HEALTH

Board of Dentistry

RULE TITLES:	RULE NOS.:
Definitions	64B5-14.001
Prohibitions	64B5-14.002
Training, Education, Certification, and Requirements for Issuance of Permits	64B5-14.003
Additional Requirements	64B5-14.004
Application for Permit	64B5-14.005
Reporting Adverse Occurrences	64B5-14.006
Inspection of Facilities	64B5-14.007
Conscious Sedation	64B5-14.009

PURPOSE AND EFFECT: The Board proposes the rule amendments to delete the word “parenteral” throughout this rule chapter to conform with recent amendments to Rules 64B5-14.001 and 64B5-14.002, F.A.C.

SUBJECT AREA TO BE ADDRESSED: The proposed rules address the forms of conscious sedation used by dentists during dental procedures by deleting the term “parenteral” which makes it inclusive along with “enteral” conscious sedation.

SPECIFIC AUTHORITY: 466.004, 466.017 FS.

LAW IMPLEMENTED: 120.60(8), 466.017 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE SCHEDULED AT THE BOARD’S NEXT MEETING TO BE HELD ON MARCH 29, 2003, IN JACKSONVILLE, FLORIDA.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT 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:

64B5-14.001 Definitions.

(1) through (3) No change.

(4) Conscious ~~Parenteral~~ ~~conscious~~ sedation – A depressed level of consciousness produced by the ~~parenteral~~ administration of pharmacologic substances, that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command. This modality includes administration of medications via all parenteral routes: that is, intravenous, intramuscular, subcutaneous, submucosal, or inhalation, as well as enteral routes; that is oral, rectal, or transmucosal. The drugs, and techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

(5) through (8) No change.

(9) Office team approach – A methodology employed by a dentist in the administration of general anesthesia, deep sedation, ~~parenteral~~ conscious sedation, and pediatric sedation whereby the dentist uses one or more qualified assistants/dental hygienists who, working under the direct supervision of the dentist, assist the dentist, and assist in emergency care of the patient.

(10) through (11) No change.

Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History–New 1-31-80, Amended 4-7-86, Formerly 21G-14.01, Amended 12-31-86, 6-1-87, 9-1-87, 2-1-93, Formerly 21G-14.001, Amended 12-20-93, Formerly 61F5-14.001, Amended 8-8-96, Formerly 59Q-14.001, Amended 3-9-03, _____.

64B5-14.002 Prohibitions.

(1) No change.

(2) ~~Conscious Parenteral~~ conscious sedation. Beginning November 1, 1986, no dentists licensed in this State, including those authorized to administer ~~parenteral~~ conscious sedation subsequent to January 31, 1982, shall administer ~~parenteral~~ conscious sedation in the practice of dentistry until they have obtained a permit as required by the provisions of this rule chapter.

(3) through (6) No change.

(7) No change.

Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History–New 1-31-80, Amended 4-20-81, 2-13-86, Formerly 21G-14.02, 21G-14.002, Amended 12-20-93, Formerly 61F5-14.002, Amended 8-8-96, Formerly 59Q-14.002, Amended 3-9-03, _____.

64B5-14.003 Training, Education, Certification, and Requirements for Issuance of Permits.

(1) General Anesthesia Permit.

(a) A permit shall be issued to an actively licensed dentist authorizing the use of general anesthesia or deep sedation at a specified practice location or locations on an outpatient basis for dental patients provided the dentist:

1. through 5. No change.

(b) through (c) No change.

(d) A dentist permitted to administer general anesthesia or deep sedation under this rule may administer ~~parenteral~~ conscious sedation and nitrous-oxide inhalation conscious sedation.

(e) No change.

(2) ~~Parenteral~~ Conscious Sedation Permit.

(a) A permit shall be issued to a dentist authorizing the use of ~~parenteral~~ conscious sedation at a specified practice location or locations on an outpatient basis for dental patients provided such dentist:

1. Has received formal training in the use of ~~parenteral~~ conscious sedation; and

2. Is certified by the institution where the training was received to be competent in the administration of ~~parenteral~~ conscious sedation; and

3. Is competent to handle all emergencies relating to ~~parenteral~~ conscious sedation.

(b) through (c) No change.

(d) A dentist utilizing ~~parenteral~~ conscious sedation shall maintain a properly equipped facility for the administration of ~~parenteral~~ conscious sedation, staffed with supervised assistant/dental hygienist personnel, capable of reasonably handling procedures, problems, and emergencies incident thereto. The facility must have the equipment capability of delivering positive pressure oxygen ventilation. Administration of ~~parenteral~~ conscious sedation requires at least two individuals: a dentist, and an auxiliary trained in basic cardiac life support. It shall be incumbent upon the operating dentist to insure that the patient is appropriately monitored.

(e) A dentist utilizing ~~parenteral~~ conscious sedation and his assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one man CPR, two man CPR, infant resuscitation, and obstructed airway with a periodic update not to exceed two years. Starting with the licensure biennium commencing on March of 2000, a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing ~~parenteral~~ conscious sedation must be currently trained in ACLS (Advanced Cardiac Life Support) or ATLS (Advanced Trauma Life Support).

(f) Dentists permitted to administer ~~parenteral~~ conscious sedation may administer nitrous-oxide inhalation conscious sedation.

(g) Dentists permitted to administer ~~parenteral~~ conscious sedation may administer pediatric conscious sedation in compliance with Rule 64B5-14.010, F.A.C.

(3) Pediatric Conscious Sedation Permit.

(a) A permit shall be issued to a dentist authorizing the use of pediatric conscious sedation at a specified practice location or locations on an outpatient basis for dental patients provided such dentist:

1. through 3. No change.

(b) through (c) No change.

(d) Dentists permitted to administer ~~parenteral~~ conscious sedation may administer pediatric conscious sedation.

(4) Nitrous-Oxide Inhalation Analgesia.

(a) A dentist may employ or use nitrous-oxide inhalation analgesia on an outpatient basis for dental patients provided such dentist:

1. through 3. No change.

(b) through (c) No change.

(d) Nitrous oxide may not be used in combination with oral sedative drugs to achieve a depressed level of consciousness unless the administering dentist holds a ~~parenteral~~ conscious sedation permit issued in accordance with subsection 64B5-14.003(2), F.A.C., or a pediatric conscious sedation permit issued in accordance with Rule 64B5-14.010, F.A.C.

Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History—New 1-31-80, Amended 4-20-81, 2-13-86, Formerly 21G-14.03, Amended 12-31-86, 11-8-90, 2-1-93, Formerly 21G-14.003, Amended 12-20-93, Formerly 61F5-14.003, Amended 8-8-96, 10-1-96, Formerly 59Q-14.003, Amended 2-17-98, 12-20-98, 5-31-00, 6-7-01, _____.

64B5-14.004 Additional Requirements.

(1) Office Team – A dentist licensed by the Board and practicing dentistry in Florida and who is permitted by these rules to induce and administer general anesthesia, deep sedation, ~~parenteral~~ conscious sedation, pediatric conscious sedation or nitrous-oxide inhalation analgesia may employ the office team approach.

(2) Dental Assistants, Dental Hygienists – Dental assistants and dental hygienists may monitor nitrous-oxide inhalation analgesia under the direct supervision of a dentist who is permitted by rule to use general anesthesia, ~~parenteral~~ conscious sedation, pediatric conscious sedation, or nitrous-oxide inhalation analgesia, while rendering dental services allowed by Chapter 466, Florida Statutes, and under the following conditions:

(a) through (b) No change.

(3) through (4) No change.

(5) A dentist utilizing ~~parenteral~~ conscious sedation in the dental office may induce only one patient at a time. A second patient shall not be induced until the first patient is awake, alert, conscious, spontaneously breathing, has stable vital signs, is ambulatory with assistance, is under the care of a responsible adult, and that portion of the procedure requiring the participation of the dentist is complete. In an office setting where two or more permit holders are present simultaneously, each may sedate one patient provided that the office has the necessary staff and equipment, as set forth in paragraph 64B5-14.003(2)(d), F.A.C., for each sedated patient.

Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History—New 1-31-80, Amended 2-13-86, Formerly 21G-14.04, Amended 12-31-86, 12-28-92, Formerly 21G-14.004, Amended 12-20-93, Formerly 61F5-14.004, Amended 8-8-96, Formerly 59Q-14.004, Amended _____.

64B5-14.005 Application for Permit.

(1) No dentist shall administer, supervise or permit another health care practitioner, as defined in subsection 456.001, F.S., to perform the administration of general anesthesia, deep sedation, ~~parenteral~~ conscious sedation or pediatric conscious sedation in a dental office for dental patients, unless such dentist possesses a permit issued by the Board. A permit is required even when another health care practitioner, as defined in subsection 456.001, F.S., administers general anesthesia, deep sedation, ~~parenteral~~

conscious sedation, or pediatric conscious sedation in a dental office for a dental patient. The dentist holding such a permit shall be subject to review and such permit must be renewed biennially. Nothing herein shall be read to authorize the administration of any anesthesia by a health care practitioner who is permitted to administer anesthesia pursuant to their own professional license. All dentists in a practice who perform the administration of general anesthesia, deep sedation, ~~parenteral~~ conscious sedation or pediatric conscious sedation shall each possess an individual permit.

(2) through (3) No change.

(4) An application for a ~~parenteral~~ conscious sedation permit must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ ~~parenteral~~ conscious sedation.

(5) through (6) No change.

(7) The holder of any general anesthesia, ~~parenteral~~ conscious sedation, or pediatric conscious sedation permit is authorized to practice pursuant to such permit only at the location or locations previously reported to the Board office.

Specific Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History—New 4-7-86, Amended 1-29-89, 11-16-89, 11-8-90, 4-24-91, Formerly 21G-14.005, Amended 12-20-93, Formerly 61F5-14.005, Amended 8-8-96, Formerly 59Q-14.005, Amended 12-12-00, _____.

64B5-14.006 Reporting Adverse Occurrences.

(1) Any dentist practicing in the State of Florida must notify the Board in writing by registered mail, postmarked within 48 hours of any mortality or other incident occurring in the dentist's outpatient facilities. A complete written report shall be filed with the Board within 30 days of the mortality or other incident. Incidents which shall be reported are those which result in temporary or permanent physical or mental injury requiring hospital emergency room treatment and/or hospitalization of a patient during, or as a direct result of the use of general anesthesia, deep sedation, ~~parenteral~~ conscious sedation, pediatric conscious sedation, oral sedation, nitrous oxide, or local anesthesia during or related to a dental procedure. The report shall include at minimum, responses to the following:

(a) through (e) No change.

1. through 3. No change.

(f) No change.

(2) No change.

Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History—New 2-12-86, Amended 3-27-90, Formerly 21G-14.006, Amended 12-20-93, Formerly 61F5-14.006, Amended 8-8-96, Formerly 59Q-14.006, Amended _____.

64B5-14.007 Inspection of Facilities.

(1) The Chairman of the Board or the Board by majority vote shall appoint consultants who are Florida licensed dentists to inspect facilities where general anesthesia, deep sedation, ~~parenteral~~ conscious sedation, or pediatric conscious sedation is performed. Consultants shall receive instruction in inspection procedures from the Board prior to initiating an inspection.

(2) Any dentist who has applied for or received a general anesthesia permit, ~~parenteral~~ conscious sedation permit, or pediatric conscious sedation permit shall be subject to announced or unannounced on-site inspection and evaluation by an inspection consultant. This inspection and evaluation shall be required prior to issuance of an anesthesia permit. However, if the Agency cannot complete the required inspection prior to licensure, such inspection shall be waived until such time that it can be completed following licensure.

(3) No change.

(4) Any applicant who receives a failing grade as a result of the on-site inspection shall be denied a permit for general anesthesia and ~~parenteral~~ conscious sedation.

(5) Any permit holder who fails the inspection shall be so notified by the anesthesia inspection consultant and shall be given a written statement at the time of inspection which specifies the deficiencies which resulted in a failing grade. The inspection consultant shall give the permit holder 20 days from the date of inspection to correct any documented deficiencies. Upon notification by the permit holder to the inspection consultant that the deficiencies have been corrected, the inspector shall reinspect to insure that the deficiencies have been corrected. If the deficiencies have been corrected, a passing grade shall be assigned. No permit holder who has received a failing grade shall be permitted 20 days to correct deficiencies unless he voluntarily agrees in writing that no general anesthesia or deep sedation or ~~parenteral~~ conscious sedation will be performed until such deficiencies have been corrected and such corrections are verified by the anesthesia inspection consultant and a passing grade has been assigned.

(6) through (7) No change.

(8) The holder of any general anesthesia, ~~parenteral~~ conscious sedation, or pediatric conscious sedation permit shall inform the Board office in writing of any change in authorized locations for the use of such permits prior to accomplishing such changes. Written notice shall be required prior to the addition of any location or the closure of any previously identified location.

(9) No change.

Specific Authority 466.017(3) FS. Law Implemented 120.60(8), 466.017(3) FS. History--New 10-24-88, Amended 3-27-90, 11-8-90, 4-24-91, 2-1-93, Formerly 21G-14.007, Amended 12-20-93, Formerly 61F5-14.007, Amended 8-8-96, Formerly 59Q-14.007, Amended _____.

64B5-14.009 ~~Parenteral~~ Conscious Sedation.

~~Parenteral~~ Conscious Sedation Permit applicants or permit holders shall comply with the following requirements at each location where anesthesia procedures are performed. The requirements shall be met and equipment permanently maintained and available at each location.

(1) through (6) No change.

(7) The following records are required when ~~parenteral~~ conscious sedation is administered:

(a) through (d) No change.

1. through 6. No change.

Specific Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History--New 10-24-88, Amended 11-16-89, 4-24-91, Formerly 21G-14.009, 61F5-14.009, Amended 8-8-96, 10-1-96, Formerly 59Q-14.009, Amended 8-2-00, _____.

**DEPARTMENT OF HEALTH
Board of Occupational Therapy**

RULE TITLE: Temporary Permit to Practice

RULE NO.:

Occupational Therapy 64B11-2.005

PURPOSE AND EFFECT: The Board proposes to review the existing language of this rule as it is considering modifying provisions concerning the issuance of temporary permits.

SUBJECT AREA TO BE ADDRESSED: Temporary permit to practice occupational therapy.

SPECIFIC AUTHORITY: 468.204 FS.

LAW IMPLEMENTED: 468.209(3),(4) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Kaye Howerton, Executive Director, Board of Occupational Therapy, 4052 Bald Cypress Way, BIN #C05, Tallahassee, Florida 32399-3255

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

**DEPARTMENT OF HEALTH
Board of Occupational Therapy**

RULE TITLE: Temporary Permit to Practice as an

RULE NO.:

Occupational Therapy Assistant 64B11-3.003

PURPOSE AND EFFECT: The Board proposes to review the existing language of this rule as it is considering modifying provisions concerning the issuance of temporary permits.

SUBJECT AREA TO BE ADDRESSED: Temporary permit to practice as an occupational therapy assistant.

SPECIFIC AUTHORITY: 468.204, 468.209(3),(4) FS.
 LAW IMPLEMENTED: 468.209(3),(4) FS.
 IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE ISSUE OF THE FLORIDA ADMINISTRATIVE WEEKLY.
 THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Kaye Howerton, Executive Director, Board of Occupational Therapy, 4052 Bald Cypress Way, BIN C05, Tallahassee, Florida 32399-3255.
 THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Board of Occupational Therapy

RULE TITLE: Inactive and Delinquent Status Fees
 RULE NO.: 64B11-5.006
 PURPOSE AND EFFECT: The Board proposes to review subsection (1) of this rule to determine if it is necessary.
 SUBJECT AREA TO BE ADDRESSED: Inactive and delinquent status fees.
 SPECIFIC AUTHORITY: 468.221 FS.
 LAW IMPLEMENTED: 456.036, 468.221 FS.
 IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE ISSUE OF THE FLORIDA ADMINISTRATIVE WEEKLY.
 THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Kaye Howerton, Executive Director, Board of Occupational Therapy, 4052 Bald Cypress Way, BIN #C05, Tallahassee, Florida 32399-3255
 THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF HEALTH

Division of Family Health Services

RULE CHAPTER TITLE:	Eligibility and Fee Assessment for Services Offered by County Public Health Units	RULE CHAPTER NO.:	64F-16
RULE TITLES:	Fee Exemption	RULE NOS.:	64F-16.005
	Sliding Fee Scale		64F-16.006
	Waiver of Charges		64F-16.007
	Limitation of Income Eligibility		64F-16.008

PURPOSE AND EFFECT: The purpose of these rule amendments is to bring the administrative rules related to eligibility and fee assessment in compliance with Florida Statute and with United States Department of Health and Human Services program guidelines for project grants for family planning services. Section 154.001(1)(c)1., Florida Statutes, requires primary care programs to adopt a minimum eligibility standard of at least 100 percent of the federal nonfarm poverty level. The HRSA guidelines also require that clients whose documented income is at or below 100 percent of the federal poverty level must not be charged. Administrative rules under Chapter 64D-16, F.A.C., currently call for fee exemption for people whose income is below 100 percent of the federal poverty level, not at or below 100 percent. The effect of these changes will be to make the rules comply with state law and federal guidelines. A client whose income is exactly 100 percent of the federal poverty guidelines will now be able to receive eligible services at no cost rather than on a sliding fee scale as previously assigned.

SUBJECT AREA TO BE ADDRESSED: Chapter 64F-16, F.A.C., outlines eligibility and fee assessment for services provided at county health departments. Rule 64F-16.005, F.A.C., addresses fee exemption for persons below a certain level of income. Rule 64F-16.006, F.A.C., addresses the sliding fee scale. Rule 64F-16.007, F.A.C., addresses the right of county health department directors and administrators to waive of charges. Rule 64F-16.008, F.A.C., addresses county health department authority to limit the eligibility for services for persons at certain incomes levels.

SPECIFIC AUTHORITY: 154.011(5) FS.
 LAW IMPLEMENTED: 154.011 FS.
 IF REQUESTED WITHIN 14 DAYS OF THIS NOTICE 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: 10:00 a.m., April 2, 2003
 PLACE: Department of Health, 4025 Esplanade Way, Room 125-N, Tallahassee, FL

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Bob Peck, Bin #A-13 (HSFFM), 4052 Bald Cypress Way, Tallahassee, FL 32399-1723, (850)245-4444, Ext. 2965

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Bob Peck, Bin #A-13 (HSFFM), 4052 Bald Cypress Way, Tallahassee, FL 32399-1723, (850)245-4444, Ext. 2965

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64F-16.005 Fee Exemption.

Clients of CHDs and their subcontractors shall not be charged any fee for communicable disease control or integrated family health services as defined in this rule if they have a net family income at or below 100 percent of the poverty guidelines published by the Federal Office of Management and Budget.

Specific Authority 154.011(5) FS. Law Implemented 154.011 FS. History--New 10-14-93, Formerly 10D-121.006, Amended.

64F-16.006 Sliding Fee Scale.

(1) Persons with net family incomes between 101~~0~~ and 200 percent of the Federal Office of Management and Budget poverty guidelines shall be charged a fee on a sliding scale based on the following increments. For family planning services only, persons with incomes between 200 and 250 percent of poverty shall be charged on a sliding fee scale as described in paragraph 64F-16.006(3)(h), F.A.C., below:

(a) Persons with incomes at or below 100 percent of the OMB poverty guidelines shall pay no fee.

(b) Persons with incomes at 101~~0~~ to 119 percent of the OMB poverty guidelines shall pay 17 percent of the full fee.

(c) through (g) no change.

(2) No change.

(3) This sliding fee scale applies to recipients of integrated family health and communicable disease control services, with the following exceptions:

(a) through (g) no change

(h) For family planning services only, persons with net family incomes between 101~~0~~ and 200 percent of the Federal Office of Management and Budget poverty guidelines shall be charged a sliding fee scale as outlined in (1)(a)-(g) above, and persons with net family incomes between 200 and 250 percent shall be charged a fee on a sliding scale based on the following increments:

1. through 3. No change.

(4) No change.

Specific Authority 154.011 (5) FS. Law Implemented 154.011 FS. History--New 10-14-93, Amended 8-2-94, 4-29-96, 6-24-02, Formerly 10D-121.007, Amended.

64F-16.007 Waiver of Charges.

(1) CHD directors/administrators and their subcontractors have the authority to reduce or waive charges in situations where a person with an income ~~at or~~ above 100 percent of poverty is unable to pay.

(2) through (3) No change.

Specific Authority 154.011(5) FS. Law Implemented 154.011 FS. History--New 10-14-93, Amended 8-2-94, Formerly 10D-121.008, Amended.

64F-16.008 Limitation of Income Eligibility.

CHDs have the authority to limit eligibility for integrated family health services for persons with net family incomes ~~at or~~ above 100 percent of the OMB poverty level, with the following exceptions:

(1) through (4) No change.

(5) Once a client has initiated prenatal care with a CHD or its subcontractors, she may not be declared ineligible for continuation of such care because of a change in income status during her pregnancy. Prenatal care clients with incomes ~~at or~~ above 100 percent of poverty may be charged fees if they are not eligible for Medicaid.

(6) Any eligibility limits for integrated family health services for persons with incomes ~~at or~~ above 100 percent of poverty established by a CHD must be specified in the annual CHD contract. No limits on eligibility can be established which would deny eligibility to a client who is receiving Medicaid.

Specific Authority 154.011(5) FS. Law Implemented 154.011 FS. History--New 10-14-93, Amended 8-2-94, 4-29-96, Formerly 10D-121.009, Amended.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Economic Self-Sufficiency Program

RULE TITLES:	RULE NOS.:
SSI-Related Medicaid Resource	
Eligibility Criteria	65A-1.712
SSI-Related Medicaid Post-Eligibility	
Treatment of Income	65A-1.714

PURPOSE AND EFFECT: These rule amendments change the method by which the department's hearings officers decide when the community spouse of an institutionalized spouse may keep resources in excess of the program limit in order to generate additional income for the community spouse. The new method will count all sources of income available to the community spouse, including the community spouse's income as well as all potential income that can be diverted from the institutionalized spouse, (income first) before determining if additional income producing assets are needed in order to bring the community spouse's income up to the minimum monthly maintenance allowance.

Additionally, these amendments will implement income and asset spousal impoverishment policies for the Home and Community Based Services (HCBS) Assisted Living Waiver (ALW) Medicaid program.

SUBJECT AREA TO BE ADDRESSED: The income first amendments will provide guidelines to the hearings officer as to how and when to allow assets above the spousal limit for the community spouse of an institutionalized spouse requesting Institutional Care Program (ICP) benefits. This will potentially allow the exclusion of income-producing assets that are in excess of the asset limit after first considering income available from all other sources. The ALW HCBS amendments will

implement the same requirements for determining income and asset availability as exist for the ICP program. Assets owned singly or jointly by the community spouse and the ALW spouse will be considered in determining eligibility. If the ALW spouse is approved, the community resource allowance will allow income from the ALW spouse to be diverted to the community spouse/dependents if this is necessary to bring the community spouse's/dependent's income to the minimum monthly maintenance income allowance for the community individual.

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.902, 409.904, 409.906, 409.919 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: 10:00 a.m., March 31, 2003

PLACE: Building 3, Room 100, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0200

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Audrey Mitchell, Program Administrator, Building 3, Room 421, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700, (850)488-3090

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

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Family Safety and Preservation Program

RULE TITLES:	RULE NOS.:
Definitions	65C-2.002
Service Scope Standards	65C-2.003
Universal Service Scope Standards	65C-2.004
Provider Requirements	65C-2.005
Vouchers and Purchase Orders	65C-2.009

PURPOSE AND EFFECT: These rules are being amended to modify Community Care for Disabled Adults service scopes and definitions and to better conform administrative practices of the program to departmental standards.

SUBJECT AREA TO BE ADDRESSED: The Community Care for Disabled Adults program delivers community-based services to adults with permanently disabling conditions who are between the ages of 18 and 59 years.

SPECIFIC AUTHORITY: 410.606 FS.

LAW IMPLEMENTED: 410.601-.606 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: Twila Sisk, Adult Services Office, 1317 Winewood Boulevard, Building 6, Room 371, Tallahassee, Florida 32399-0700, Phone (850)488-2881 or SunCom 278-2881

THE PRELIMINARY TEXT OF THE PROPOSED RULES DEVELOPMENT IS:

65C-2.002 Definitions.

In addition to those terms defined in Section 410.603, F.S., the following definitions shall apply to this rule for purposes of service clarification:

(1) Adult Day Care means a social program ~~that which~~ provides a protective environment where preventive remedial and restorative services are provided to adults in need of such care.

(2) Adult Day Health Care means an organized day program of therapeutic, social, dietary and health activities and services provided to disabled adults for the purpose of restoring or maintaining optimal capacity for self-care.

(3) Case Management means a client centered series of activities which includes planning, arranging for, and coordination of appropriate community-based services for an individual eligible Community Care for Disabled Adults client. ~~Case management is an approved service, even when delivered in the absence of other services. Case management includes intake and referral, comprehensive assessment, development of a service plan, arranging for services and monitoring of client's progress to assure the effective delivery of services and reassessment.~~

(4) Chore Service means the performance of house or yard tasks such as seasonal cleaning, yard work, lifting and moving, simple household repairs, and other tasks ~~not~~ performed by non-specialized staff for eligible persons who are unable to complete ~~do~~ these tasks for themselves.

(5) Emergency Alert Response Service means a community based electronic surveillance service system established to monitor the safety of individuals in their ~~own~~ homes by an electronic communication link that connects the eligible individual with local emergency teams and which alert properly qualified assistance to the client in need.

(6) Escort Service is the personal accompaniment of an individual to and from service providers or the provision of personal assistance as required by an eligible individual to enable clients to obtain community other required services needed to implement the individual's service plan.

(7) Group Activity Therapy is a self development service provided by a professional staff person to three or more individuals which eligible clients and includes the following activities: physical, recreational, and educational activities designed to promote social interaction, and build

communication skills ~~building~~ through the use of groups. ~~The purpose of this service is to prevent social isolation and to enhance social and interpersonal functioning.~~

(8) Home Delivered Meals means a hot, or other appropriate, nutritionally sound, meal that meets one-third of the current daily recommended dietary allowances, served in the home to a homebound disabled adult.

(9) Home Health Aide Service means a health or medically-oriented routine service necessary to help maintain the health of a disabled adult, task furnished to an individual delivered in an individual's home ~~his residence~~ by a trained home health aide. ~~The home health aide must be employed by a licensed home health agency and supervised by a licensed health professional who is an employee or contractor of the home health agency.~~

(10) Homemaker Service means the delivery ~~accomplishment~~ of specific home management tasks including housekeeping, meal planning and preparation, shopping assistance, and routine household activities by a trained homemaker.

(11) Home Nursing Service means a part-time or intermittent nursing care administered to an individual by a licensed professional or practical nurse or advanced registered nurse practitioner, as defined in Chapter 464, F.S., in the place of residence used as the individual's home, pursuant to a plan of care approved by a licensed physician.

(12) Interpreter Service means assistance in communicating provided to an individual disabled adult client who has a speech or hearing impairment or a language barrier.

(13) Medical Therapeutic Services means prescribed those ~~corrective or rehabilitative services, such as physical, occupational, speech-language or respiratory therapy, which are prescribed by a physician or nurse practitioner licensed in the State of Florida. Provided by a professionally licensed, registered or certified individual, these services are designed to assist the individual client to maintain or regain sufficient functional skills to live at home in his place of residence. Such therapies include physical, occupational, speech-language therapy, and respiratory therapy.~~

(14) Needs assessment means an instrument to gather health, functional, environmental and family support information from the client/prospective client to be used to evaluate the individual's current service needs and assist with the care planning process.

~~(15)(14) Personal Care Services means include such services as: individual assistance with or supervision of essential activities of daily living, such as bathing, dressing, eating, and ambulating;; supervision of each self-administered medication;; eating, and assistance with securing health care from appropriate sources. Personal care services shall not be construed to mean the provision of medical, nursing, dental or mental health services by the personal care service staff.~~

(16) Region means a specified geographic service area, as defined by the department.

~~(17)(15) Respite Care means the provision of temporary or intermittent relief or rest for the individual's primary caregiver from the constant supervision, companionship, and therapeutic and personal care on behalf of the individual, a client for a specified period of time. The purpose of the service is to maintain the quality of care to the client for a sustained period of time through temporary, intermittent relief of the primary caregiver.~~

~~(18)(16) Transportation Services means the transport of an individual client to and from service providers or community resources that which are essential to the implementation of the individual's care plan.~~

Specific Authority 410.606 FS. Law Implemented 410.601-606 FS. History-- New 1-24-89, Amended 6-24-96, _____.

65C-2.003 Service Scope Standards.

The following service standards shall apply to this rule for purposes of service scope clarification:

(1) Adult Day Care:

(a) A unit of adult day care service is one hour of actual client attendance at the adult day care center, including travel to or from the center if the center is providing the transportation with CCDA funds.

(b) This service must be provided in a licensed adult day care center as defined in Section 400.551(1), Florida Statutes. See also, Chapter 58A-6, Florida Administrative Code (Regulations).

(2) Adult Day Health Care:

(a) A unit of service is one hour of actual client attendance at the adult day health care center, including travel to or from the center if the center is providing the transportation with CCDA funds.

(b) This service must be provided in a licensed adult day care center as defined in Section 400.551(1), Florida Statutes. See also, Chapter 58A-6, Florida Administrative Code (Regulations).

(3) Case Management:

(a) Case management is an approved service, even when delivered in the absence of other services.

(b) Case management includes intake and referral, comprehensive assessment, development of a service plan, arranging for services and monitoring of client's progress to assure the effective delivery of services and reassessment.

(c) A unit of case management service is one hour of elapsed time involved in the above-described case management activities.

(d) The minimum qualification for a contract service provider's case manager, are those qualifications as established by the Division of Management Services' position description for a Human Services Counselor III (HSC III). The case manager must possess a Bachelor's degree in social work,

sociology, psychology, nursing, or a related field. Other directly related, verified job training or educational experience, may be substituted for all or some of this basic requirement, upon written approval of the district office explaining the basis of its approval.

(e) The minimum qualification for a Department of Children and Families' case manager is established by the departmental job specifications.

(f) Contracted case managers must receive a minimum of six hours per year of in-service training which must be documented in staff records identifying the date, duration and content of the training. The following topics must be addressed in that training:

1. An overview of community-based services;

2. Use of assessment instruments and interviewing techniques;

3. Record-keeping procedures and the Client Information System; and,

4. An overview of DCF services for adults, (across all programs).

(g) DCF case management staff must receive training in the above same topics as well as any other training described by current departmental policies.

(4) Chore Service:

(a) A unit of chore service is one hour of actual time spent in the performance of listed or related chore service tasks for one or more clients. If the service is to be provided to a couple, the unit of service will be assigned to either the eligible husband or wife, preferably the one who usually performs chore duties.

(b) In order to receive chore services, a client must be unable to perform the required chore without assistance. An assessment of the client's health and well being, as well as the chore provider's capacity to perform the required chore, will determine the types of chore tasks to be performed by the provider.

(c) Chore services are usually of short and sporadic duration, performed for a client on a demand-response basis. However, the case manager may schedule specific chore tasks, such as weekly grocery shopping or conventional errands, at regular intervals as determined necessary.

(d) Procedures must be developed for chore service workers who will handle the client's money.

(e) Chore services may include tasks such as those listed in the service definition, as well as the installation or adjustment of simple door locks and other basic security devices.

(f) Chore services may be provided by homemaker or other staff, as long as the worker performing the dual function meets the chore job description and qualifications.

(g) Staff or volunteers providing this service must receive at least three hours of pre-service training in the following areas:

1. Safety and home accident prevention;

2. Procedures for handling client's money (if chore-worker handles money);

3. Client confidentiality;

4. Program policies and procedures;

5. Community Care for Disabled Adults purpose and philosophy;

6. Emergency procedures in the event of a crisis during the course of work; and,

7. Additional training may include information about disabling conditions and first aid.

(h) If staff or volunteers have received prior equivalent service training, it may be substituted for part or all of the required hours of pre-service training. The personnel file of the staff member or volunteer must include documentation of the prior training. (pre-service training may include on-the-job training).

(i) Contracted providers must provide each of their staff members directly involved with delivering this service to Community Care for Disabled Adults clients, a minimum of six hours of in-service training annually. Content and duration must be documented in staff and agency records.

(j) DCF staff delivering this service must meet required departmental pre-service and in-service training.

(5) Emergency Alert Response:

(a) A unit of service is one day (twenty-four hours) of individual emergency response unit operation in a client's residence, regardless of actual emergency use by client. The units are counted by totaling the number of days the client receives services. For example: A client who has the unit in his/her home for the entire month of June has used thirty units (thirty days in June) of emergency alert/response service.

(b) The service consists of: (1) a remote response center surveillance 24 hours, seven days a week of a client actuated signal; (2) response to the client actuated emergency signal by the surveillance center; and (3) an emergency telephone communication from the response center to a local emergency team.

(c) The service provides a means of alerting the appropriate agency or personnel to an emergency situation arising in a disabled adult's home setting. The service provider does not directly provide the emergency service but rather, in accordance with its own written operating protocol, contacts the agency or personnel that will provide the needed emergency services.

(d) Client eligibility for this service is based on the client's vulnerability to medical or other emergency situations which have a likelihood of developing, as established by the client's mental, physical, and social needs assessment and/or living

situation. The case manager must document the basis for offering the emergency response service, to include an explanation of how the service could prevent a situations from developing into a life-threatening situation.

(e) The client must be able or willing to meet any special requirements for home installation of the emergency response service equipment, such as a private line telephone service.

(f) The client must be mentally and physically able to properly use the emergency response equipment.

(g) Batteries and telephone jack installation costs must be paid for by the client, unless it is established by the needs assessment that the client is financially unable to pay for these expenses. It is allowable for the provider to purchase batteries and pay for installation if the client cannot pay.

(h) All emergency response equipment installed in the client's home must be Federal Communications Commission (FCC) approved, and the button and communicator must have proper identification numbers.

(i) The emergency response provider is responsible for installation, training and maintenance of the equipment.

(j) The emergency response provider is responsible for ensuring that client signal activity records and equipment service maintenance records are maintained by the provider or by the response center.

(k) The department shall only contract with emergency response providers that make monthly phone calls to each client's home to test system operation, update records and provide direct client contact.

(l) The department shall only contract with emergency response providers that can provide the department with detailed manuals relating to operational aspects of the system including physical arrangement of equipment, installation of all elements, testing procedures, emergency reporting and response procedures and servicing.

(m) The department shall only contract with emergency response service providers that, as part of its services, administer a minimum of one-hour, annual training, on location of the department, to all non-departmental and DCF case management staff who are involved with the utilization of, and procurement of this service. Training must include topics on the use, operation, maintenance and testing of the equipment, and the provider's emergency response protocol.

(n) Non-departmental and Department of Children and Families case managers authorizing the purchase of this service for their Community Care for Disabled Adults client(s) must attend a minimum of six hours per year in-service training on:

1. The operational aspects of the equipment, subscriber installation, equipment testing, emergency response protocol and program implementation;

2. Client confidentiality; and,

3. Community Care for Disabled Adults program policies and procedures.

(o) If case management staff or volunteers have received prior equivalent service training, the district may elect to substitute such training for part or all of the required hours of this in-service training.

(p) The case management agency will document and maintain the content, duration and attendance roster of all employees attending the required in-service training in their agency personnel records.

(6) Escort Service:

(a) A unit of escort service is one trip measured from a point of origin, to a destination, and if necessary, back to the point of origin.

(b) Escort service may only be provided to clients without anyone in their support system to assist them, or, whose support system does not yield an individual capable (mentally, physically or willing) of providing the assistance.

(c) The person providing the escort service may not advise the client on any matter that may constitute conflict of interest.

(d) Direct escort services staff must possess a valid Florida driver's license, and receive a total of six hours of annual pre-service training in the following topic areas before delivering services to a Community Care for Disabled Adults client:

1. Interpersonal relationships;

2. Community Care for Disabled Adults program and purpose;

3. Client confidentiality;

4. Conflict of interest situations; and,

5. Local service providers and community resources.

(e) Certification or documented training in any of the above subjects may substitute for the required pre-service training.

(f) Non-departmental service providers providing escort services must be scheduled for in-service training to augment and/or refresh their skills in subsection (d) 1-5. A minimum of six hours per year of in-service training is required. Content, duration, and the class attendance roster must be documented in the agencies personnel records.

(7) Group Activity Therapy:

(a) A unit of group activity therapy service is one client receiving group activity therapy for one daily session.

(b) To be eligible for this service, a client must be in need of concentrated development of his/her social interaction, communication, and interpersonal skills in order to successfully function in his/her immediate community.

(c) In order to continue to be eligible to receive the service, a client must show measurable improvement in his/her social, interpersonal, and communication skills through the provision of this service.

(d) Only a professional staff person with demonstrated abilities in group dynamics and skill in conducting the above described group activities may provide group activity therapy.

(e) Group activity therapy is not considered a psychiatric service where medical treatment in the form of group therapy is provided.

(f) A total of ten hours pre-service training per year is required for non-departmental service providers and Department of Children and Families staff conducting group activity therapy. The following topics must be included in that training:

1. Community Care for Disabled Adults Program and purpose;

2. Local service providers and community resources;

3. Medical and psychological aspects of disability;

4. Group therapy and group dynamics;

5. Communication skill building activities;

6. Recreational activities for the disabled client; and,

7. Interpersonal and social skill building activities.

(g) All staff providing group activity therapy must be scheduled for a minimum of six hours in-service training annually to augment and/or refresh their skills as listed in subsection (7)(f)1.-7. Training content, duration, and documentation of attendance must be on file in the agency's personnel records.

(8) Home Delivered Meals:

(a) A unit of home delivered meal service is the preparation and delivery of one nutritionally sound meal that meets one-third of the current daily recommended dietary allowances to a homebound disabled adult.

(b) Written specifications for food service procurement must be developed by the district program office prior to solicitation of bids for home delivered meals.

(c) All home delivered meal providers must adhere to the standards set forth in this manual.

(d) All Community Care for Disabled Adults service criteria will automatically be met if the meals are prepared and delivered by a contractor who is approved to provide home delivered meals funded by Older Americans Act (Title III-C), or Community Care for the Elderly (CCE).

(e) Home delivered meals provider procurement specifications must establish methods and responsibilities for each of the following:

1. Delivery.

a. Transportation: trucks, vans.

b. Delivery sites: number and location.

c. Delivery schedule:

(I) Number of days each week; and,

(II) Hours of delivery for each site.

d. Types of containers for bulk food delivery, if applicable.

e. Types of containers for individual service.

f. Return of containers:

(I) How and by whom.

(II) Condition (washed, sterilized, etc.).

2. Menus.

a. Written by whom.

b. Approved by whom.

c. Compliance with required meal pattern and other standards required herein.

d. Community Care for Disabled Adults program person responsible for receipt and review of menus at least 5 weeks in advance of service.

e. Approval of substitutions on menus.

3. Sanitation.

a. Compliance with federal, state and local regulations.

b. Food preparation facility inspection within previous 6 months.

c. Delivery standards:

(I) Temperature maintenance;

(II) Sanitary conditions.

4. Inspections. Inspection of food preparation, packaging and storage areas by the department.

5. Food.

a. Number of meals:

(I) Provision for flexibility;

(II) Time limits for ordering amounts of food.

b. Cost schedule.

c. Food purchased by whom.

d. Food provided: entree, vegetable, fruit, milk, dessert, juice, salad, beverage, cream (or substitute), condiments, butter or margarine.

e. The department will not be required to pay for meals that fail to meet proper specifications.

f. If the caterer fails to deliver a meal or any portion of a meal, the department will procure those portions of the meal not delivered from other sources. If the procurement cost is greater than the reimbursable cost under the contract, the cost difference will be paid by the home delivered meal service provider.

g. If the caterer delivers a meal that fails to meet proper specifications, the department may procure another meal from other sources. If procurement cost is greater than the reimbursable cost under the contract, the cost difference will be paid by the home delivered meal service provider.

h. Case managers shall document cases of meals failing to meet proper specifications and report such occurrences to the service provider's contract manager.

6. Administration.

a. Sales tax exemption.

b. Caterer's financial records open for audit.

c. Supply information for nutrition reporting on labor and raw food costs.

d. Insurance coverage.

e. Bonding.

f. Food cost changes.

g. Length of contract.

h. Approval by Adult Services Program Office.

i. Dates/times of contract payments to contractor.

j. Holidays and other days when meals are not to be served.

(f) All non-departmental service providers and Department of Children and Families staff (volunteers or paid) involved in home-delivered meals service, whether in meal preparation or delivery, must receive pre-service and in-service training.

(g) Training will be appropriate to respective job duties and responsibilities and must minimally provide instructions for performing assigned tasks.

(h) If staff or volunteers have received prior equivalent service training, this training can be substituted for part or all of the required hours for pre-service training.

(i) In-service training must be a minimum of six hours annually.

(j) Training class attendance, date, location, content and duration must be documented in the agency's personnel records.

(k) All proposed food service contracts with profit-making organizations must be submitted for prior approval by the district.

(l) Food service providers must have adequate liability insurance coverage, including product liability.

(9) Home Health Aide Service:

(a) The unit of service is one hour (or quarter hour portion) of time spent performing designated home health aide services. It does not include time spent in transit, but rather is the time spent providing services to the client.

(b) The home health aide must be employed by a licensed health maintenance service provider as defined by Section 410.603(4), F.S., and supervised by a licensed health care professional who is an employee or contractor of the health maintenance service provider.

(c) In order to be eligible for this service, the individual's attending physician must prescribe a plan of treatment, for the provision of health care to the individual in his or her home.

(d) The home health aide will perform only those activities contained in a written assignment by a licensed health care practitioner as defined in Section 456.001(4), F.S. In some instances, a home health aide may be certified by a state regulatory body, such as is with a certified nurses' aide.

(e) Home health aide activities include: assisting the patient with personal hygiene, ambulation, eating, dressing and shaving.

(f) The home health aide may perform these other activities as taught by a health professional employee for a specific patient: assisting with the change of a colostomy, ileostomy or uretomy bag; a shampoo; the reinforcement of a dressing; assisting with the use of devices for aid to daily living

(i.e. walker, wheelchair); assisting with prescribed range of motion exercises which the home health aide and the patient have been taught by a health professional; assisting with prescribed ice cap or collar; doing simple urine tests for sugar, acetone or albumin; measuring and preparing special diets; measuring fluid intake and output; and supervising the self-administration of medications.

(g) Supervising the self-administration of medications means reminding clients to take medications, opening bottle caps for clients, reading the medication label to clients, observing clients while taking medications, checking the self-administered dosage against the label of the container and reassuring clients that they have obtained and are taking the correct dosage.

(h) The home health aide will not: change sterile dressings; irrigate body cavities, such as an enema; irrigate a colostomy or wound; perform a gastric lavage or gavage; catheterize a patient; administer medications; apply heat by any method; care for a tracheotomy tube; administer eye drops; or any personal health service which has not been included by the professional nurse in the patient care plan.

(i) The home health aide must keep records of personal health care activities and the hours spent performing the tasks.

(j) The home health aide will observe appearance and gross behavior changes in the patient and report any changes to the professional nurse.

(k) Home health aide patient services must be evaluated by a health professional staff person at least every two weeks in the home by observing service delivery by the home health aide to the client and by documenting the status of the client.

(l) The agency must maintain a ratio of at least one health professional employee for every five nonprofessional persons providing health services. When full-time equivalents are used in the case of part-time nonprofessional persons providing health services, the actual number of such persons supervised must not exceed twelve clients.

(m) This service must be provided in compliance with Chapter 59A-8, F.A.C., Home Health Aide.

(n) The plan of treatment will be established and reviewed by the attending physician in consultation with agency staff involved in giving service to the patient, at such intervals as the severity of the patient's illness requires, but in any instance, at least every 60 days and shall include, but not be limited to the following:

1. Diagnosis;

2. Types of services and equipment required;

3. Specific frequency of visits such as two times a week or three times a week;

4. Activities permitted;

5. Diet;

6. Medications and treatments; and

7. Dated signature of the physician.

(o) Assessment of the need for home health aide services must be made by the case manager.

(p) The case manager, in conjunction with the nurse supervisor, physician, licensed physical therapist, or licensed occupational therapist, must develop a service plan specifying frequency and duration of service prior to the delivery of service.

(q) A registered nurse, either paid or volunteer, must be on staff at the home health agency or under contract as a consultant to make home visits to each client at least every two weeks.

(r) The registered nurse will supervise the home health aides, assess whether the service plan is being carried out properly, attend or provide in-service training, review reports and records, and assist in employee performance evaluations.

(s) The home health aide shall record services rendered during each visit, complete time and attendance records, participate in performance evaluations, prepare incident reports as the need arises, and attend pre-service and in-service training.

(t) The service provider must develop emergency procedures to be followed in the event of a crisis during the course of care.

(u) Home health aide care will not substitute for care provided by a registered or practical nurse, or a licensed therapist.

(v) The home health aide must have training in supportive services, which are required to provide and maintain bodily and emotional comfort, and assist the patient toward independent living in a safe environment.

(w) If the aide receives training through a vocational school, licensed/certified home health agency, or hospital, the successful completion of training and the training curriculum will be documented. If training is received through the agency, the curriculum will consist of at least forty-two hours, which include:

1. Role of the home health aide, differences in families, ethics, and orientation to the agency (two hours);

2. Physical appearance and personal hygiene (one hour). The following topics should be included: uniform; hair; hands and fingernails; cleanliness; teeth; makeup; perfume; jewelry and smoking;

3. Supervision by a registered nurse, registered physical therapist, occupational therapist, registered speech therapist (three hours). The following topics should be included: role of the supervisor; role of the aide; role of the physician; role of the patient; plan of care; assignment of tasks; record keeping; and performance evaluation;

4. Personal care services (twenty-four hours), to include the following topics: bathing; dressing; toileting; feeding (eating); bed making; ambulation; body mechanics; transfer techniques; range of motion and exercises;

5. Nutrition and food management (four hours), to include the following topics: basic food requirements; purchasing of food; preparation of food; storage of food; serving of food; and special diets;

6. Household management (two hours), to include the following topics: care of bedroom, bathroom, kitchen; care of clothing; and safety in the home; and,

7. Emotional aspects of disability, including death and dying (six hours).

(x) If staff or volunteers have received prior equivalent service training, this training can be substituted for part or all of the required hours of pre-service training. The personnel file of the staff member or volunteer must include verifiable documentation of the prior training.

(y) In-service training for contract service providers, DCF staff and home health aides must be regularly scheduled to augment or refresh the home health aide's knowledge in any of the above listed areas. A minimum of six hours per year is required; staff records must include verifiable documentation to establish that training was provided.

(10) Homemaker Service:

(a) The unit of service is one hour (or quarter hour portion) of time spent in the provision of designated homemaker duties by a trained homemaker. It does not include time in transit to and from the client's place of residence except during time when the homemaker is providing shopping assistance, performing errands or other tasks on behalf of the client.

(b) In order to receive this service, the client's functional assessment must document a need for assistance with light housekeeping, performing laundry tasks or preparing meals. The client's completed assessment must also document the absence of both formal and informal support to assist the client with these instrumental activities of daily living.

(c) Homemaker service includes:

1. Meal planning and preparation;

2. Housekeeping;

3. Laundry;

4. Clothing repair;

5. Minor home maintenance (e.g. changing light bulbs);

6. Shopping assistance;

7. Assistance with budgeting and paying bills;

8. Client transportation, if permitted;

9. Record keeping as required;

10. Reporting changes in client condition or behavior to supervisor; and,

11. Following established emergency procedures.

(d) Restrictions on homemaker activities are:

1. Must not engage in work that is not specified in the homemaker assignment;

2. Must not accept gifts from clients;

3. Must not lend or borrow money or articles from clients;

4. Must not perform services requiring a public health nurse, a home health aid, or personal care worker to perform;

5. Must not handle money unless authorized by supervisor or case manager and bonded or insured by employer;

6. Must not transport the client unless properly insured and authorized by supervisor or case manager.

(e) Service Provision Log. The homemaker is required to fill out a client service provision log. Any form used must record the following: the date of the visit; activities performed during the visit, and number of hours spent performing the activities.

(f) A total of twenty hours pre-service training per year is required for non-departmental service providers and DCF staff performing homemaker services. The following topics must be included in that training:

1. Community Care for Disabled Adults program and purpose;

2. Interpersonal relationships;

3. Medical and psychological aspects of disability;

4. Nutrition and meal preparation;

5. Grocery shopping and food storage;

6. Use of household equipment and supplies;

7. Planning and organizing household tasks;

8. Principles of cleanliness of the home;

9. Record-keeping; and,

10. Home safety and emergency procedures.

(g) All staff providing homemaker services must be scheduled for a minimum of six hours in-service training annually to augment and/or refresh their skills in subsection (7)1.-7. Training content, duration, and verifiable documentation of attendance must be on file in the agency's personnel records.

(11) Home Nursing Services:

(a) The unit of service is one hour of client contact by the advanced registered nurse practitioner or the licensed practical nurse.

(b) To receive home nursing services, an individual's care plan must contain a physician's prescription/plan of treatment that includes this service. For on-going receipt of this service, an individual's care plan must contain a request for continuation of this service, signed by a physician, at sixty-day intervals.

(c) This is a health maintenance service as defined by Section 410.603(4), F.S.

(d) A provider of home nursing services must hold a license, in good standing, to practice professional or practical nursing in the State of Florida.

(e) Home nursing can be rendered through a home health agency, or provided by an independently practicing registered nurse, a registered nurse employed by a county health unit, or an independently practicing licensed practical nurse working under the direction of a registered nurse.

(f) Nursing service shall not be rendered in hospitals or skilled or intermediate care facilities.

(g) Nursing services rendered in the home shall include observation, assessment, nursing diagnosis, care, health teaching and counseling, maintenance of health, prevention of illness, administration of prescribed medications and treatments, and the supervision and teaching of others in the performance of nursing tasks.

(h) Home nursing provides services that assist the client in his/her efforts to maintain an optimal level of health of body and mind.

(i) Home nursing assists the client to prevent the occurrence or progression of illness, thus decreasing the frequency of hospitalizations.

(j) All staff providing homemaker services can meet annual in-service training through attendance at professional meetings/conferences and/or completion of required course work for continuation of registration or licensure status. A minimum of six hours of meeting attendance, course work or other training related to the job function must be obtained per year; training content, duration, and documentation of attendance must be kept in staff and agency records.

(12) Interpreter Service:

(a) A unit of interpreter service is one hour spent interpreting for an individual. It does not include time spent in transit but rather is the time spent in face-to-face interpreting for the client.

(b) To qualify for this service, an individual must have a communication barrier significant enough to prevent him or her from effectively and accurately receiving or giving information, must not be able to secure the service from his or her own support system.

(c) Interpreter service is to be used to free individuals from significant barriers to communication such as, language and deafness.

(d) Interpreter service should be used to assist individuals to access community resources, medical services, or social security, disability, or other governmental agency resources.

(e) Interpreters for the deaf must have one of the following nationally or state recognized certifications: comprehensive skills certified, interpreting certified, trans-literator certified, or Quality Assurance screened level 3.

(f) Language interpreters must be proficient in the languages to be translated.

(13) Medical Equipment:

(a) A unit of this service may vary and is referred to as an episode.

(b) Medical equipment/supplies may be durable, such as walkers, wheelchairs, bedside commodes, etc., or it may be non-durable, such as Chux bed pads, colostomy supplies, adult diapers, etc.

(c) Durable equipment should be loaned and returned to the program when the case manager or physician prescribing the equipment determines it no longer necessary to the client's plan of care.

(d) Non-durable equipment/supplies are not to be recycled.

(e) Episodic expenditures of more than \$100.00 are to be approved by the district before the purchase is made.

(f) Providers are required to track and maintain documentation of the following information:

1. Description of the kinds of equipment requested and needed, and, how many annual requests were received for each individual;

2. The total number of equipment requests received by that provider annually;

3. A current itemized list of the durable and non-durable equipment episodes purchased. This list must include a description of each episode, the quantity, and the price per episode; and,

4. The number of individuals utilizing each type of durable equipment purchased (annually).

(g) The use of Community Care for Disabled Adults' funding for purchase of medical equipment/supplies, should be approved only as the last resource to provide the individual with needed items.

(14) Medical Therapeutic Services:

(a) The unit of service is one hour of individual contact by the health professional in the client's place of residence or facility where the service can be provided (e.g., hospital outpatient rehab center).

(b) Providers of medical therapeutic services must hold a current registration, certification or license to practice in the State of Florida in the designated area of the services to be provided.

(c) A physician or nurse practitioner, or speech, occupational, respiratory, or physical therapist, must determine that authorization for therapy services will benefit the individual who has suffered physical damage or debilitation due to disease or trauma, and must prescribe the needed services. A request for continuation of services, must be signed by one of the professionals named above at sixty day intervals.

(d) This is a health maintenance service as defined by Section 610.403(4), F.S. It lists those routine health service(s) necessary to help maintain the health of a disabled adult.

(e) An individual receiving like services under another program component will not be regarded as eligible for duplicative medical therapeutic services. For example, a recipient of physical and occupational therapy while in an adult day care program will not be eligible for duplicative services in his/her place of residence or at a provider facility, unless the frequency of treatment(s) required does not correspond with the frequency of attendance at day care.

(f) Payment for supplies and equipment deemed by the therapist or physician as reasonable and necessary to the success of the treatment rendered to the individual, will be eligible under this program in accordance with district program budgets.

(g) In-service training requirements can be met through attendance at professional meetings/ conferences and/or required course work for continuation of registration, certification or licensure status. A minimum of six hours of meeting attendance, course work or other training related to the job function must be obtained per year; documentation of the date, content and duration of attendance, must be kept in the employer's personnel records with the employee's professional qualifications.

(15) Personal Care Services:

(a) A unit of service is one hour of elapsed time spent by a qualified personal care aide in providing designated services to an individual. It does not include time spent in transit to and from the individual's home.

(b) This is a health maintenance service as defined by Section 410.603(4), F.S.

(c) The personal care aide will perform such tasks as:

1. Assisting the client with personal hygiene, dressing, feeding, or transfer or ambulatory needs, including use of wheelchair, crutches, walker;

2. Assisting with toileting and/or use of a bedpan;

3. Assisting the individual with self-administered medications when ordered by the client's physician, and as prescribed in the personal care plan. The personal care aide may not administer the medication, but may bring the medication to the individual and remind the client to take the medication at a specific time;

4. Assisting with food, nutrition and diet activities including preparation of meals when essential to good health;

5. Performing household services such as changing bed linens when the performance is essential to good health; and,

6. Accompanying the individual to clinics, physician office visits, or other trips when health care needs require personal care assistance.

(d) A registered nurse, either paid or volunteer, must be on the staff or under contract to make home visits to supervise personal care aides at least every 60 days. The registered nurse will assess whether activities in the service plan are being carried out properly; attend or provide in-service training; review reports and records; and conduct or participate in client staffing. All such activities shall be documented in the case record. The registered nurse must also participate in the annual performance evaluation of the personal care aide.

(e) Personal care will not substitute for the care usually provided by a registered or practical nurse, therapist, or home health aide. The personal care aide WILL NOT change sterile

dressings, irrigate body cavities, administer medications, or perform any other activities prohibited by Chapter 59A-8, F.A.C., Home Health Aide.

(f) Personal care aides must be trained in those supportive services, which are required to make the client comfortable and to assist the individual toward independent living in a safe environment.

(g) The personal care staff must receive a minimum of 30 class hours of pre-service training administered by a registered nurse, or successfully complete and be certified as a graduate of the Nurse Aide Program administered by a vocational/technical school, licensed/certified home health agency, or hospital.

(h) The pre-service training must minimally include:

1. Role of the personal care provider and ethics (1 hour).

2. Physical appearance and personal hygiene responsibilities of the personal care worker (1 hour).

3. Distinguishing the roles of the key players (3 hours). This training component should include topics such as: role of the supervisor; role of the personal care aide; role of the physician; role of the client; plan of care; assignment of tasks; record-keeping; and employee performance evaluation.

4. Performing personal care tasks (18 hours). This training component includes the following topics: bathing; dressing; toileting; feeding (eating); bed-making; ambulation; and body mechanics.

5. Nutrition and food management (4 hours). This training component includes the following topics: purchasing food; preparation of food; storage of food; and serving of food.

6. Household management (2 hours). This training component includes: care of bedroom, bathroom, kitchen, care of clothing and safety in the home.

7. Physical, mental, and social aspects of disability; and the social aspects of death and dying (2 hours).

(i) If staff or volunteers have received prior equivalent training, it may be substituted for part or all of the required hours of pre-service training. The personnel file of the staff member or volunteer must include documentation of the prior training.

(j) Staff providing personal care services must be regularly scheduled for a minimum of 6 hours of in-service training per year. Training class attendance, date, location, content and duration must be documented in the agency's personnel records.

(16) Physical and/or Mental Examinations:

(a) A unit of service is measured in episodes, with one episode (one unit) defined as one examination, either physical or mental, made by one physician, psychologist, or mental health professional.

(b) This is a health maintenance service as defined by Section 410.603(4), F.S. It lists those routine health service(s) necessary to help maintain the health of the disabled adult.

(c) The Adult Services District/Region Program Office must approve each examination before services are rendered.

(d) Physical and mental examinations are to be provided for the purpose of evaluation, not as a routine treatment.

(e) Providers of physical or mental examinations must hold a license in good standing to practice medicine, or to conduct psychological examinations, or in the case of professional mental health counseling, must be certified as a mental health professional.

(17) Respite Care Services:

(a) The unit of service is one hour or quarter hour of elapsed time spent in the provision of respite care services by a qualified worker.

(b) Respite care may be provided for up to 240 hours per client per calendar year depending upon individual need. The service may be extended up to 360 hours as recommended by the individual's case manager and with documented approval by the immediate supervisor. The service may be provided during a concentrated period or spaced throughout the year. The district may approve additional hours on a case by case basis.

(c) The case manager will, through a full assessment of the individual's formal and informal support system, determine the level and intensity of care required by the individual. The case manager may obtain consultation from other service providers, the individual's family, caregiver, physician, or nurse to determine the appropriate level of respite care needed.

(d) Respite care will not be substituted for the care usually provided by a registered nurse, licensed practical nurse, or therapist.

(e) In-home respite care may be provided by staff qualified as a homemaker, home health aide, personal care worker, sitter or companion, a combination of the above, or a trained volunteer, provided that all departmental service standards are met.

(f) Respite care staff must be appropriately supervised. A health or social service professional must be available to supervise and provide in-service training to workers providing the respite services. If the individual in receipt of service requires medical service during the respite period, a home health aide must provide all or part of the respite care services, and a registered nurse or health professional must supervise the aide. As an alternative, an agreement may be developed with a visiting nurses association, the Red Cross, or a home health agency, to supervise respite staff.

(g) Respite care staff will be adequately trained to respond to a crisis, which may occur during the caregiver's absence.

(h) Respite care is to be provided in the client's home in familiar surroundings, however, when a respite caregiver is not available to go to the individual's home, respite care may be provided by foster homes, adult congregate living facilities, or nursing homes on a temporary basis.

(i) Respite care service may not be provided to residents residing in nursing homes or Assisted Living Facilities.

(j) Staff or volunteers providing this service must receive at least twenty hours of instruction in the following areas:

1. Health problems and care of disabled persons;

2. Basic personal care procedures such as grooming;

3. First aid and handling of emergencies: formal written emergency procedures will be developed for the respite staff to follow should an emergency occur; and,

4. Food, nutrition, meal preparation, and household management.

(k) If staff or volunteers have received prior equivalent service training, the prior training can be substituted for part or all of the required hours of pre-service training.

(l) The provider will schedule ongoing in-service training for respite care workers. Respite care workers must receive at least once per year for a total of six hours. Date, content and duration of attendance must be documented in the staff personnel records.

(m) The level of training required is dependent upon the level of care provided. If personal care is to be provided, the personal care standards must be met, and if home health aide service is to be provided, then the home health aide standards must be met.

(n) All respite workers must have the ability to read, write, and complete required reports.

(18) Transportation Services:

(a) Transportation service is measured in trips: one trip is defined as one, one-way trip measured from a point of origin to a destination. The following are two examples of measurement:

Example #1: Individual is taken from home to the doctor's office. 1 trip Client is taken from the doctor's office to the drug store. 1 trip Individual is taken from the drug store back home. 1 trip Total # trips this episode: 3

Example #2: Client is taken from home to rehab therapy. 1 trip Individual is taken from rehab therapy to the grocery store. 1 trip Client is taken from the grocery store to the drug store. 1 trip Individual is taken from the drug store back to the grocery store (forgot eggs). 1 trip Client is taken from the grocery store back home. 1 trip Total # trips this episode: 5

(b) Services will be provided on a demand/response basis. Except for emergencies, individuals must request services at least twenty-four hours in advance to facilitate efficient use of vehicles and staff.

(c) Existing state and federal transportation systems and equipment must be utilized before Community Care for Disabled Adults funds are used for transportation services.

(d) Services may be provided by ambulance, taxicab, common carrier, or provider vehicle.

(e) The agency or the vehicle owner must provide excess liability coverage.

(f) Transportation services will be provided only by persons having a valid Florida driver's license. If volunteers are used, they must have a valid driver's license. Drivers who transport clients on a regular basis in provider vehicles must have a valid Florida Chauffeurs license.

(g) When transporting one or two individuals, a driver may act as an escort provided that the case manager determines that the client cannot be left alone while receiving the services, and the individual's needs will not interfere with the driver's ability to safely control the vehicle. In such instances, only one or the other may be counted in units of service; transportation trips or escort hours.

(h) If the client requires supervision while in the vehicle, which the driver cannot provide, a staff person other than the driver must provide the required supervision.

(i) Transportation providers must adhere to the following standards:

1. Provide services in compliance with federal, state and local rules and regulations issued by the Department.

2. Document that staff personnel and volunteers are fully trained to provide the services offered by the transportation program.

3. Community Care for Disabled Adults funds may not be used to purchase vehicles.

4. Document that all drivers who transport individuals on a regular basis in provider vehicles have:

a. A valid State of Florida Chauffeur License;

b. Minimum of one year driving experience with vehicles similar to those to be operated for the provider;

c. A safe driving record acceptable for insurance coverage;

d. Successfully completed an American Red Cross or similar program.

5. Document that volunteers who drive privately owned automobiles to transport clients meet the minimum requirements set forth in CFOP 125-1, Community Resources/Volunteer Management.

6. Obtain and maintain minimum vehicle insurance coverage on all provider owned or leased vehicles in accordance with the Division of Risk Management.

7. All unusual incidents, accidents or problems must be reported to proper authorities and investigated by supervisory staff and records maintained.

(j) A total of 10 hours of pre-service training is required for contract service providers and Department of Children and Families staff. If staff or volunteers have received prior equivalent training, it can be substituted for parts of or this entire requirement. The following topics should be included in the training:

1. Interpersonal relationships;

2. Operation of vehicle and equipment;

3. Accident and emergency procedures in the event something may happen to the individual while being transported; and;

4. Community Care for Disabled Adults program and purpose.

(k) Contract service staff providing medical transportation must be scheduled regularly for in-service training to augment or refresh knowledge in any of the above listed areas. A minimum of six hours must be scheduled per year, with the date, content and duration of attendance documented in the agency and staff records.

Specific Authority 410.606 FS. Law Implemented 410.601-606 FS. History--New _____.

65C-2.004 Universal Service Scope Standards.

(1) The following is a list of the requirements common to all Community Care for Disabled Adults services and all contracted and departmental direct service personnel (inclusive of case managers) responsible for delivering those services:

(a) All client information is confidential and will only be disclosed with the written consent of the individual or guardian. Providers must establish in-house procedures to protect confidentiality of client information and to obtain the individual's informed consent prior to release of confidential information.

(b) Persons and/or agencies providing services will:

1. Develop training curriculums for pre-service and in service training as required by Operating Procedure policy;

2. Be licensed if required and not exempt;

3. Be registered if required;

4. Have criminal and/or abuse background checks if required;

5. Comply with continuing education requirements;

6. Obtain any required state or local permit;

7. Meet building codes and standards;

8. Obtain any required insurance; and,

9. Deliver services only to clients living in a private residence.

(c) All paid and volunteer staff in direct contact with clients will:

1. Only handle the client's money if required by the service provided;

2. Not disclose confidential information; and,

3. Not accept monetary or tangible gifts from clients.

(d) Providers will incorporate the use of volunteers and other community resources whenever possible.

(e) Providers will assure that services are delivered efficiently by coordinating with other agencies to obtain appropriate services.

(f) Providers will establish procedures to recruit, train, schedule, and evaluate both paid and volunteer staff and the completion of each of these procedures by individual staff will be documented in provider or personnel records.

(g) Paid staff and volunteers who have direct contact with clients will participate in a basic orientation called pre-service training before providing services on a regular basis. This training must be completed within 6 weeks of hire. Training of provider staff will be developed and administered by the provider agency. Training will consist of a minimum of 6 hours and will cover the following topics:

1. Overview of prevalent disabilities served by the Community Care for Disabled Adults program and the medical and psychological aspects of those disabilities;

2. Overview of the Community Care for Disabled Adults program, its purpose, philosophy, policies and procedures;

3. Overview of the Adult Services Network;

4. Interviewing techniques to be used with disabled adults;

5. Abuse, neglect, exploitation and incident reporting;

6. Local agency procedures and protocols;

7. Client confidentiality;

8. Safety and home accident prevention;

9. Emergency procedures to follow in the event of a crisis during the course of service delivery; and,

10. The use of assessment instruments, development of care plans, and record-keeping procedures.

(h) Both provider and district office staff will update their respective training curriculums and provide in-service training annually to their direct service staff.

(i) Provider and District Office staff will update their pre-service training curriculums and additionally provide a minimum of three hours annual in-service training to all direct service staff on the same curriculum topics developed for the pre-service training.

(j) Only persons who have completed 6 hours of the Community Care for Disabled Adults pre-service training and have one full year of Community Care for Disabled Adults case management experience will be qualified to deliver training to new direct service staff recruits.

(k) The district may negotiate with the provider all required training methods and training materials in the provider contract or the district may allow the training methods and materials to be determined by the provider.

(2) The following restrictions are applicable to service delivery and billing of all approved Community Care for Disabled Adults services:

(a) Travel time to and from the client's home, except for case management, is not counted in units of service unless travel time is specifically included as part of the service as documented in CFOP 140-8, Chapter 2; and,

(b) All sources of federal, state or insurance funds (excluding local match) external to Community Care for Disabled Adults program funds must be exhausted prior to spending Community Care for Disabled Adults state general revenue funds for any approved Community Care for Disabled Adults service.

Specific Authority 410.606 FS. Law Implemented 410.601-606 FS. History--New _____.

65C-2.005 Provider Requirements.

(1) The contracting individual, agency and direct service staff responsibilities include:

(a) Coordinating services for physically or mentally disabled adults;

(b) Utilizing services provided by recipients of services in lieu of fees and contributions;

(c) Accepting contributions, gifts, and grants to implement and improve services;

(d) Demonstrating innovative approaches to program management, staff training, and service delivery that impact cost avoidance, cost effectiveness and program efficiency with prior approval from the contract manager;

(e) Following procedures established by the department for maintaining current waiting list data, prioritizing and processing applicants for services, and informing clients of Due Process procedures and rights appeals regarding denial, reduction or termination of services to clients and for appeals regarding contracts for services.

(2) All providers receiving Community Care for Disabled Adult funds shall provide services only to those persons who meet eligibility criteria as defined in Section 410.603(2), F.S. and only to the extent the funds are available. Persons who request services but are not eligible shall be referred to other agencies for possible assistance.

(3) Providers shall administer services as specified in their contract and maintain current service records on project participants and applicants placed on the Community Care for Disabled Adults Waiting List Log.

(4) Contracts between the district and service providers shall follow departmental contracting procedures.

(5) Contracted providers must furnish written documentation that their agency will provide a minimum of 10 percent of the funding necessary to support the program. Cash or in-kind resources may be used to meet this matching requirement.

(6) The department shall ensure that all service providers use volunteers to the fullest extent possible in the provision of services and in all aspects of program operations. Agencies utilizing volunteers shall provide training, supervision and a negotiated liability insurance package.

(7) All agencies receiving Community Care for Disabled Adult funds shall maintain individual client fiscal and program records and provide reports as required by the department at least on a quarterly basis. Client records shall be maintained in a confidential manner.

(8) Any changes in program objectives, staffing or other information as stipulated in the contract shall be presented, in writing, to the contract manager for approval prior to the implementation of the change. Whenever a change is required which will affect the original budgeted amount of any cost category or individual salary such needed change shall require prior approval from the contract manager. The contract manager may approve modifications to the contract if the requested changes will not result in a detrimental effect on clients or the provision of services.

Specific Authority 410.606 FS. Law implemented 410.604-.605 FS. History--New 1-24-89, Amended 6-24-96, _____.

65C-2.009 Vouchers and Purchase Orders

(1) The legislature has granted authority in statute for the department to negotiate, enter into, and execute purchases, contracts and agreements for Community Care for Disabled Adults services. Section 410.602, F.S., states that the department is to encourage innovative and efficient approaches to program management and service delivery.

(2) When the frequency, volume or supplier of services can not be predetermined and cost uncertainty exists, districts may elect to purchase Community Care for Disabled Adults service(s) by means of purchase order or voucher.

(3) According to subsection 287.057(3)(f), F.S., program service purchases which total, on a completed project cost basis, less than \$25,000 do not require the use of the competitive procurement process.

(4) A purchase order establishes a legal contract between the department and the vendor for an encumbrance upon the department for service/goods delivered by the vendor. It is used when the service/goods being purchased will be needed on an ongoing basis.

(5) A copy of the programmatic client service authorization form, must be attached to each purchase requisition, which is the first step of an official purchase order.

(6) The authorized departmental delegate must determine that for each requisition:

(a) A logical and justifiable choice has been made with regard to price, quality, quantity and delivery; and,

(b) That funds are available to cover the cost of the purchase.

(7) A voucher represents a negotiated payment owed by the department to the vendor for prior authorized service/goods delivered by the vendor.

(8) Vouchers are to be only used for unexpected, one-time purchases.

(9) Payments for the purchase of goods or services will only be approved when there is reasonable assurance that the commodity or service has been delivered as specified on the client service authorization form and received in an acceptable condition by the eligible client for whom it was intended.

(10) Each district reviewing or approving invoices for payment is responsible for developing and implementing procedures to provide for the timely processing of vendor invoices.

(11) CFOP 140-8 establishes the acceptable guidelines for payment procedures for CCDA voucher invoices. These guidelines include that:

(a) District vouchering procedures must begin with the stages of vendor selection, and delineate all accounting processes from district voucher review and approval through submitting vouchers to the State Comptroller who in return disperses state warrants (cash) to the vendor.

(b) Invoices created by the district must include, minimally, all informational fields as contained on the departmentally provided invoice form.

(12) The District Program Office may approve for payment only those invoices that show, through verification of an approved method, that the vendor and unit of service was priory authorized, the goods/service has been delivered and that an eligible client has received the goods/services.

(13) The case manager must validate that the services being billed for are the services listed on the client service authorization form and that the vendor billing for those services has received prior authorization to bill for the services. The case manager will review:

(a) The client service authorization form – The case manager must verify that the units of service delivered are only the units identified in the client service authorization form and are designed to meet the care plan needs of the client.

(b) Supporting documentation – The case manager must review the reference file of vendors for supporting documentation of: selected vendor's original bid (showing service/good being purchased and the cost per unit) and related correspondence validating selection of said vendor; an objective record of past vendor experiences with the selected vendor; all vendors contacted for estimates for this service/goods and their quotations; any controversial bid awards and justification for selection of said vendor; and examples of prior vendor approvals for comparable goods/services.

(14) The following district authority levels shall review all CCDA invoices prior to authorization of payment:

(a) Human Service Counselor III (case manager); and

(b) Program Operations Administrator and/or Program Administrator; and, if applicable,

(c) Regional Processing Center in Tallahassee.

(15) The reviewing authorities must sign a review sheet attesting that:

(a) Each unit of service delivered by the vendor was delivered according to departmental standards of service delivery; and.

(b) The client accepted and received the good(s) or service(s) being billed for.

(16) Authorization for payment may not be made based exclusively on a vendor's monthly statement or other summary of amounts.

(17) The district office will distribute and retain on file, copies of the signed and approved CCDA voucher for vendor payment at the:

(a) Office of Accounting;

(b) State Comptroller's Office;

(c) Vendor facility; and,

(d) District Unit Office.

(18) All CCDA vouchers for payment must meet departmental voucher specifications per CFOP 75-2.

Specific Authority 410.606 FS. Law Implemented 410.601-606 FS. History–New _____.

Section II Proposed Rules

DEPARTMENT OF EDUCATION

State Board of Education

RULE TITLE:

RULE NO.:

Comprehensive Management
Information System

6A-1.0014

PURPOSE AND EFFECT: The purpose of this rule amendment is to revise existing requirements of the statewide management information system in order to implement changes recommended by school districts and to make changes in state reporting and local recordkeeping procedures for state and/or federal programs. The effect is to maintain compatibility among state and local information systems components. The statewide comprehensive management information system provides the data on which the measurement of school improvement and accountability is based.

SUMMARY: This rule is amended to address changes in requirements for the statewide comprehensive management information 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 the notice.