

DEPARTMENT OF HEALTH

Board of Athletic Training

RULE TITLE: Address of Record
 RULE NO.: 64B33-2.004

PURPOSE AND EFFECT: The Board proposes to promulgate a new rule pursuant to Section 456.035, Florida Statutes.

SUBJECT AREA TO BE ADDRESSED: Address of record.

SPECIFIC AUTHORITY: 468.705 FS.

LAW IMPLEMENTED: 456.035 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Sue Foster, Executive Director, Board of Athletic Training, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B33-2.004 Address of Record.

(1) Each licensee shall provide either written or electronic notification to the department of the licensee’s current mailing address and place of practice. The term “place of practice” means the address of the physical location where the licensee practices.

(2) Each licensee shall provide either written or electronic notification to the department of a change of address within thirty (30) days of the address change.

(3) If electronic notification is used, it shall be the responsibility of the licensee to ensure that the electronic notification was received by the department.

Specific Authority 468.705 FS. Law Implemented 456.035 FS. History–New

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Economic Self-Sufficiency Program

RULE TITLE: Family-Related Coverage Groups
 RULE NO.: 65A-1.703

PURPOSE AND EFFECT: This rule amendment clarifies who is included in the Family-Related Medicaid coverage group of children for whom the department is assuming full or partial financial responsibility. This clarification will demonstrate that the department extends Medicaid coverage to the 18-20 age groups specified in the Foster Care Independence Act of 1999, P.L. 106-169 and s. 409.1451, F.S.

SUBJECT AREA TO BE ADDRESSED: The proposed clarification adds two sub-groups to Medicaid coverage for those children in the care of the department. Both of the sub-groups contain children under the age of 21 and are

transitioning to independent living. The first sub-group is of children exiting from foster care as older children and young adults to make a transition to self-sufficiency. The second sub-group is of young adults formerly in foster care who received services up to the age of 18 or who have spent at least six months in foster care prior to their 18th birthday. The second sub-group includes those young adults who are in the process of obtaining a post-secondary education degree.

SPECIFIC AUTHORITY: 409.1451(8), 409.919 FS.

LAW IMPLEMENTED: 409.1451(5)(b), 409.1451(5)(c), 409.1451(7), 409.903, 409.904, 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., May 26, 2003

PLACE: Building 3, Room 100, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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.

**Section II
 Proposed Rules**

DEPARTMENT OF CORRECTIONS

RULE TITLES: Food Services – Definitions 33-204.002
 Food Services – Standards of Operation 33-204.003

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to simplify definitions used in conjunction with food services, to correct titles of food services personnel, to provide for the provision of food services by contract personnel, and to eliminate unnecessary language from the rules.

SUMMARY: The proposed rule simplifies definitions used in conjunction with food services, corrects titles of food services personnel, provides for the provision of food services by contract personnel, and eliminates unnecessary language from the rules.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 20.315, 944.09 FS.

LAW IMPLEMENTED: 20.315, 944.09 FS., Child Nutrition Act of 1966, 42 USC § 1773, Richard B. Russell National School Lunch Act, 42 USC § 1751 et seq.

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

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

THE FULL TEXT OF THE PROPOSED RULES IS:

33-204.002 Food Services – Definitions.

For the purposes of this chapter:

(1) “Master menu” means the menu which is designed to be served at all facilities to provide uniformity in items served to each inmate. The master menu shall be planned under the direction of the department’s master menu committee. It should be certified nutritionally adequate as determined by a licensed registered dietitian employed by the department. ~~The master menu shall provide all Recommended Dietary Allowances or Dietary Reference Intakes as established by the Food and Nutrition Board of the National Academy of Sciences. The Recommended Dietary Allowances and Dietary Reference Intakes are incorporated by reference in Rule 33-204.003, F.A.C.~~

(2) “Therapeutic diet” means a diet that is prescribed for medical reasons and is designed to meet the requirements of a given medical condition. ~~Therapeutic diets are planned, prepared and served modifying the regular menus as little as needed in order to avoid unjustified budgetary and operational burdens while reasonably accommodating individual therapeutic and nutritional needs.~~ All menus for therapeutic diets shall be planned, analyzed and certified as to ~~for~~ nutritional adequacy by a licensed registered dietitian.

(3) No change.

(4) “Master Menu Committee” refers to the food services advisory group which consists of the Assistant Director of Field Support Services or his designee ~~central office’s Bureau of Food Services staff as designated by the bureau chief, the central office public health nutrition program manager, the field food service coordinators, the central office food service managers, and the field public health nutrition consultants, the field support food service representatives and the central office food services administrator.~~ The Assistant Director of Field Support Services ~~chief of food services~~ has the authority to invite other staff as necessary.

(5) “Facility” “Centers” refers to all Department of Corrections operated locations providing food services to offenders including references to institutions, work release centers, probation and restitution centers and drug treatment centers.

(6) “National Child Nutrition Program,” (NCNP), refers to the National School Breakfast Program and School Lunch Program through which reimbursement is received by the department for eligible breakfast and lunch meals. Eligible meals contain specifically required components as defined by the program for the purpose of meeting federal program minimal nutritional requirements. The Food and Nutrition Service, a subdivision of the United States Department of Agriculture, administers the programs ~~which have as their objective the provision of a healthful diet and nutrition in a manner that supports American agriculture and inspires public confidence,~~ pursuant to the Child Nutrition Act of 1966, 42 USC § 1773, and the Richard B. Russell National School Lunch Act, 42 USC § 1751 et seq. The department utilizes the programs to provide enhanced nutrition for qualified ~~and participating~~ inmates under the age of 21 at participating facilities. To qualify and participate, the inmate must be under the age of 21; and be housed in an NCNP designated dormitory housing, and be located at a participating facility.

(7) No change.

(8) “Contract Manager” refers to the Assistant Director of Field Support Services.

Specific Authority 20.315, 944.09 FS. Law Implemented 20.315, 944.09 FS. History—New 1-18-89, Amended 7-21-97, Formerly 33-30.002, Amended 8-9-00, 11-16-00, 10-2-01, 2-18-02,_____.

33-204.003 Food Services – Standards of Operation.

(1) General. ~~Inmates in general population~~ shall receive three meals per day, of which at least two shall be hot meals. The meals shall be provided at regular meal times during each 24-hour period, with a period of no more than 14 hours between the end of the evening meal and the beginning of the morning meal, weather and security permitting. ~~The warden, work release center major or the lieutenant in charge of a probation and restitution center or drug treatment center shall be allowed to authorize an altered meal schedule of two meals for approved holidays listed in the master menu manual, but both must be hot meals.~~ Holiday substitutions that deviate from the master menu must be approved in advance by the contract manager ~~chief of food services.~~ An alternate meal schedule for therapeutic diets shall provide regular meal times during each 24-hour period with no more than 14 hours between the end of the evening and the beginning of the morning meal. Prescribed therapeutic diets shall be available to all inmates with a current diet prescription.

(2) Confinement.

(a) No change.

(b) Hot food served in satellite food operations shall be protected from contamination in transit and shall be served at temperatures set by the hot and cold food shall be served cold in accordance with the standards of the State Sanitary Code, Department of Health, Chapter 64E-11, F.A.C.

(c) through (d) No change.

(3) Menus. The Recommended Dietary Allowances or the Dietary Reference Intakes of the Food and Nutrition Board – National Academy of Sciences shall serve as the standard for the preparation of menus and the evaluation of menus served. The Recommended Dietary Allowances and the Dietary Reference Intakes of the Food and Nutrition Board are hereby incorporated by reference. A copy of the Recommended Dietary Allowances or the Dietary Reference Intakes may be obtained from the Bureau of Field Support Services, Food Services Section, Office of Administration, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500. The effective date of the Revised Recommended Dietary Allowances is January 18, 1989. The Dietary Reference Intakes were copyrighted in 2001.

(a) The master menus reviewed prepared by the master menu committee shall be used by all institutions and facilities within the department. The master menus shall be reviewed at least annually by the department’s master menu committee to determine the need for adjustments based upon cost, nutritional value, equipment capabilities, product availability and staff determined inmate preferences.

(b) through (d) No change.

(e) All vegetables shall be prepared without meat, animal fat, meat-based broth, ~~or~~ margarine or butter ~~so as~~ to be suitable for religious and strict vegetarian diets.

(4) Sanitation.

(a) through (b) No change.

(c) The individual responsible for food service at the institution or facility shall be responsible for the following:

1. Writing instructions for the operation and cleaning of the physical plant, equipment and utensils. Instructions shall be in A current copy of these instructions shall be forwarded to the regional food service coordinator for review to check for compliance with the State Sanitary Code, Department of Health Rule 64E-11.005, F.A.C.

2. through 3. No change.

(d) No change.

(5) No change.

(6) Security. The chief of security shall write and post a plan and schedule for supervision of inmates during meals. The chief of security shall be responsible for enforcement of the written plan to ensure for control of inmates.

(7) Therapeutic Diets. Therapeutic diets for medical or dental reasons shall be provided as ordered by a Department of Corrections credentialed physician, clinical associate (physicians assistant, advanced registered nurse practitioner) or dentist. All orders for therapeutic diets shall be in writing utilizing the Diet Prescription/Order, Form DC4-728. A copy of this form is available from the Forms Control Administrator, Office of the General Counsel, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500. The effective date of this form is August 9, 2000. Non-standard therapeutic diets shall be approved by the public health nutrition program manager and the regional medical executive director. Therapeutic diets shall be served for a maximum of 90 days. Diets extending for periods longer than 90 days shall require a new diet order from the attending Department of Corrections credentialed physician, clinical associate (physicians assistant or advanced registered nurse practitioner) or dentist. Diet prescription orders must be received in food services prior to the expiration of the current prescription to avoid interruption of the therapeutic diet. The Public Health Nutrition Program Manager and the Public Health Consultants shall be available for consultation by Bureau of Food Services shall be responsible for providing consultation to health and food service personnel regarding therapeutic diets.

(8) Religious Diets. The alternate entree program is designed to provide meal options for inmates whose religions require a pork-free, lacto-ovo or lacto-vegetarian diet. The vegan (strict vegetarian) meal pattern provides meal options for the religious requirements of inmates who choose to avoid all animal products. Inmates requesting the vegan meal pattern shall submit an Inmate Request, Form DC6-236, to the food service director at the facility where the inmate is currently housed. An inmate who is transferred to another facility shall be allowed to continue the vegan meal pattern at the new facility by showing the inmate request that was approved by the previous food service director until his request is approved by the new food service director. Form DC6-236 is incorporated by reference in Rule 33-103.019, F.A.C.

(9) National Child Nutrition Program.

(a) No change.

(b) The National Child Nutrition Program ~~youthful offender~~ master menu will be utilized to provide enhanced nutrition to program participants who are under the age of 21.

Specific Authority 20.315, 944.09 FS. Law Implemented 20.315, 944.09 FS., Child Nutrition Act of 1966, 42 USC § 1773, Richard B. Russell National School Lunch Act, 42 USC § 1751 et seq. History—New 1-18-89, Amended 7-21-97, Formerly 33-30.003, Amended 8-9-00, 11-16-00, 10-2-01, 2-18-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Ethan Colchiski

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 28, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
 PUBLISHED IN FAW: November 8, 2002

DEPARTMENT OF CORRECTIONS

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

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to: clarify definitions of terms used in conjunction with assignment of inmates to maximum management status; correct cross-references and staff titles contained in the rule; incorporate a new form; and revise provisions related to canteen privileges and emergency visits.

SUMMARY: The proposed rule clarifies definitions of terms used in conjunction with assignment of inmates to maximum management status; corrects cross-references and staff titles contained in the rule; incorporates a new form; and revises provisions related to canteen privileges and emergency visits.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 944.09 FS.

LAW IMPLEMENTED: 944.09 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

33-601.820 Maximum Management.

- (1) No change.
- (2) Definitions.
- (a) No change.

(b) Institutional Classification Team (ICT) – refers to the team responsible for making work, program, housing and inmate status decisions at a facility and for making other local classification recommendations to the state classification office decisions. The Institutional Classification Team shall be comprised of the Warden or Assistant Warden who shall serve as Chairperson, Classification Supervisor, Chief of Security, and other members as necessary when appointed by the warden or designated by rule.

(c) through (g) No change.

(h) State Classification Office (SCO) – refers to a staff members at the central office level who ensure consistent and standard delivery of classification services through direct action or is responsible for the review, approval, or

modification of institutional the inmate classification decisions. Duties include approving or rejecting Institutional Classification Team (ICT) recommendations.

- (3) Maximum Management Placement Criteria.
- (a) through (c) No change.

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

(e) The Classification Supervisor shall docket the inmate’s hearing before the Institutional Classification Team for considering placement in maximum management status in accordance with subsection 33-601.820(3)(c), F.A.C.

(4) Conditions of Placement in Maximum Management.

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

- 1. through 9. No change.
- 10. Mail correspondence as provided for Close Management inmates;

11. Emergency visits only as approved by the warden.

(b) Inmates in maximum management status shall not be allowed to make routine bank transactions. Maximum management inmates shall be allowed to make or canteen purchases once each 30 days, with the exception of stamp purchases for mail. The only items that may be purchased are 25 stamps, 1 package of envelopes, and 2 packages of writing paper.

- (c) through (8) No change.
- (9) Review of Maximum Management.

(a) No change.

(b) If an inmate remains in maximum management status for 90 days or more, a member of the State Classification Office shall conduct an on-site review of the inmate’s maximum management status every 90 days from the date of placement in maximum management and shall document the review on Form DC6-122, SCO Maximum Management Review. Form DC6-122 is hereby incorporated by reference. A copy of this form is available from the Forms Control Administrator, Office of the General Counsel, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500. The effective date of this form is _____.

- 1. through 4. No change.
- (10) Appeal of an MMRT Decision.

(a) The Institutional Classification Team may appeal an MMRT decision to the ~~Deputy~~ Director of ~~Institutions~~ (Classification) and Programs.

(b) No change.

(c) The ~~Deputy~~ Director of Classification and Programs shall approve or modify the MMRT decision or reclassify the inmate.

(d) The decision of the Director of Classification and Programs is final.

(11) Security Requirements.

(a) All security requirements outlined in Rules 33-601.801 through 33-601.800~~813~~ for close management inmates are applicable for all maximum management inmates.

(b) No change.

(12) Other Conditions Of Confinement.

(a) through (d) No change.

(e) Inmates who are housed in Maximum Management will have health care services to the same extent as all other close management inmates. Monitoring of inmates will be as described in Rule 33-601.8009, F.A.C., ~~Close Management Case Management Responsibilities.~~

Specific Authority 944.09 FS. Law Implemented 944.09 FS. History--New 12-7-00, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Rick Anglin

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 23, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 21, 2003

DEPARTMENT OF CORRECTIONS

RULE TITLE: RULE NO.:

Institution Visits and Tours and Inmate
or Probationer Presentations and
Programs for the Public 33-602.230

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to clarify the duties of staff regarding correctional institution tour programs.

SUMMARY: The proposed rule defines the duties of staff regarding correctional institution tour programs.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 20.315, 944.09, 945.75 FS.

LAW IMPLEMENTED: 944.09, 944.23, 945.75 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

33-602.230 Institution Visits and Tours and Inmate or Probationer Presentations and Programs for the Public.

(1) No change.

(2) Juvenile Offender Tour Programs.

(a) No change.

(b) All tour requests from outside sponsors shall be in writing and shall be routed to the warden. A copy of the court order directing the participation of each juvenile offender shall be attached to the request.

(c) Staff Responsibilities for the Juvenile Offender Tour Program.

1. No change.

2. The institutional tour program facilitator shall:

a. Prior to submitting the tour request to the warden, conduct an NCIC/FCIC background check on any outside sponsor or adult escort who is not an employee of a state agency or a member of law enforcement. Information regarding any background check that reflects a misdemeanor or felony arrest or conviction for a proposed outside sponsor or adult escort shall accompany the tour request submitted to the warden for his or her decision as to whether or not to grant entry to the institution.

a. through d. renumbered b. through e. No change.

~~f. Place Secure~~ a copy of the court order for each juvenile that directs the juvenile offender's participation in the program from the outside sponsor in and maintain a file that is to be maintained ~~of the copies of the court orders~~ for three years;

f. through h. renumbered g. through i. No change.

3. No change.

(d) through (7) No change.

Specific Authority 20.315, 944.09, 945.75 FS. Law Implemented 944.09, 944.23, 945.75 FS. History--New 10-6-83, Formerly 33-5.12, Amended 7-27-89, 3-8-98, Formerly 33-5.012, Amended 4-25-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Tom Bethart

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 25, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: April 4, 2003

DEPARTMENT OF ELDER AFFAIRS

Federal Aging Program

RULE CHAPTER TITLE:	RULE CHAPTER NO.:
Hospice	58A-2
RULE TITLES:	RULE NOS.:
Licensure Procedure	58A-2.004
Administration of the Hospice	58A-2.005
Residential Units	58A-2.0236
Physical Plant Requirements (Inpatient Facility and Unit)	58A-2.025

PURPOSE AND EFFECT: Proposed amendment to Rule 58A-2.004, F.A.C., will (1) delete the requirement that the Agency for Health Care Administration conduct a fire safety survey of hospice administrative offices as a condition of initial licensure and renewal, and (2) provide that the Agency for Health Care Administration conduct a fire safety survey of hospice residential and freestanding in-patient facilities prior to the opening of the facility on a periodic basis. Proposed amendment to Rule 58A-2.005, F.A.C., provides for conforming language to proposed amendment to Rule 58A-2.004, F.A.C., to delete this rule requirement that the hospice administrative offices meet local health and safety ordinances and fire regulations, since the local fire authority is already required to inspect the hospice administrative offices to ensure compliance with local health and safety ordinances and fire regulations. Proposed amendments to Rule 58A-2.0236, F.A.C., and newly proposed Rule 58A-2.025, F.A.C., will provide physical plant standards for hospice facilities as specified in paragraph (i) of subsection (1) of Section 400.605, Florida Statutes.

SUMMARY: Proposed amendment to Rule 58A-2.004, F.A.C., will (1) delete the requirement that the Agency for Health Care Administration conduct a fire safety survey of hospice administrative offices as a condition of initial licensure and renewal, and (2) provide that the Agency for Health Care Administration conduct a fire safety survey of hospice residential and freestanding in-patient facilities prior to the opening of the facility on a periodic basis. Proposed amendment to Rule 58A-2.005, F.A.C., provides for conforming language to proposed amendment to Rule 58A-2.004, F.A.C., to reduce government duplication of fire inspections of hospice administrative offices. Proposed amendments to Rule 58A-2.0236, F.A.C., and newly proposed Rule 58A-2.025, F.A.C., will provide physical plant standards for hospice facilities as specified in paragraph (i) of subsection (1) of Section 400.605, Florida Statutes.

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

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

SPECIFIC AUTHORITY: 400.605 FS.

LAW IMPLEMENTED: 400.605 FS.

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

TIME AND DATE: 10:00 a.m. – 11:00 a.m., June 2, 2003

PLACE: 4040 Esplanade Way, Conference Room 309, Tallahassee, Florida 32399-7000

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Linda Macdonald, Office of Legal Affairs, Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, FL 32399-7000, (850)414-2000

THE FULL TEXT OF THE PROPOSED RULES IS:

58A-2.004 Licensure Procedure.

(1) through (2) No change.

(3) In addition to the information required in Section 400.606(1), F.S., the following information is required for the licensure application:

(a) No change.

(b) For initial licensure only, the Certificate of Need and certificates of occupancy signed by local authorized zoning, building and electrical officials shall be attached to the application. For initial licensure, where there are no municipal, county or electrical building codes, the applicant shall provide a written statement of compliance with these regulations from a registered architect or professional engineer who shall substitute for the authorities specified above. ~~For initial licensure and renewal, a separate survey for fire safety and physical plant requirements of residential and freestanding inpatient facilities operated by the hospice shall be made by the AHCA prior to the opening of the facilities and on a periodic basis and shall include the administration offices and all other facilities operated by the hospice.~~

(c) No change.

Specific Authority 400.605 FS. Law Implemented Ch. 400.605(2)(d),(e) Part 4 FS. History—New 5-6-82, Formerly 10A-12.04, Amended 10-6-91, Formerly 10A-12.004, Amended 4-27-94, Formerly 59A-2.004, Amended 6-5-97.

58A-2.005 Administration of the Hospice.

(1) No change.

(2) Administrative Officer – The hospice shall employ an administrator whose duties shall be enumerated in a job description, including job qualifications, which shall be approved by the governing body and kept in an administrative file.

(a) The administrator shall be responsible for day-to-day operations and the quality of services delivered by the hospice.

(b) The administrator shall be responsible for maintaining an office facility for the hospice which is large enough for efficient staff work, adequately equipped, and which provides a safe working environment ~~that meets local health and safety ordinances and fire regulations.~~

(3) No change.

Specific Authority 400.605 FS. Law Implemented ~~Ch. 400.605(1)(c), Part VI.~~ FS. History--New 5-6-82, Formerly 10A-12.05, 10A-12.005, Amended 4-27-94, Formerly 59A-2.005, Amended 6-5-97, _____.

58A-2.0236 Residential Units.

(1) No change.

(2) These units shall be maintained in a manner which provides for ~~managing~~ ~~maintaining~~ personal hygiene ~~needs~~ of the patients and implementation of infection control procedures.

(3) through (6) No change.

(7) Residential units shall comply with the following codes and standards:

(a) All new facilities and additions and renovations to existing facilities shall be in compliance with:

1. The Florida Building Code, as described in Chapter 3 of Section 311.2 (R4) as adopted by the Florida Building Commission and incorporated by reference in subsection 9B-3.047(1), Florida Administrative Code, dated December 16, 2001, by the Department of Community Affairs and obtainable from the Southern Building Code Congress International, Inc., 900 Montclair Road, Birmingham, Alabama 35213-1206;

2. The National Fire Protection Association Life Safety Code 101, Chapter 32, Residential Board and Care Occupancy and incorporated by reference in subsection 4A-3.012, Florida Administrative Code, dated November 6, 2001, by the Division of State Fire Marshall at the Department of Finance and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 9101, Quincy, Massachusetts 02269-9101; and

3. Chapter 11, Section 11-6.1(1) of the Florida Building Code, as adopted by the Florida Building Commission and incorporated by reference subsection 9B-3.047(1), Florida Administrative Code, dated December 16, 2001, by the Department of Community Affairs and obtainable from the Southern Building Code Congress International, Inc., 900 Montclair Road, Birmingham, Alabama 35213-1206.

(b) All existing facilities shall comply with National Fire Protection Association Life Safety Code 101, Chapter 33, Residential Board and Care Occupancy and incorporated by reference in Rule 4A-3.012, Florida Administrative Code, dated November 6, 2001, by the Division of State Fire Marshall at the Department of Finance and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 9101, Quincy, Massachusetts, 02269-9101.

(8) These requirements do not apply to any residential unit for which a building permit was issued on or before the effective date of this rule.

Specific Authority 400.605 FS. Law Implemented ~~Ch.400.605(1)(i) Part VI~~ FS. History--New 4-27-94, Formerly 59A-2.0236, Amended 6-5-97, _____.

58A-2.025 Physical Plant Requirements (Inpatient Facility and Unit).

(1) As used in this rule, "inpatient facility and unit" means the location where inpatient services are provided to hospice patients that are in need of hospice inpatient care.

(2) Codes and Standards.

(a) All new inpatient units and facilities, and additions or renovations to existing units and facilities shall be in compliance with the requirements for:

1. Institutional Occupancy – Group I, Unrestrained, of the Florida Building Code as described in Chapter 3 of Section 309.1 as adopted by the Florida Building Commission and incorporated by reference in subsection 9B-3.047(1), Florida Administrative Code, dated December 16, 2001, by the Department of Community Affairs and obtainable from the Southern Building Code Congress International, Inc., 900 Montclair Road, Birmingham, Alabama 35213-1206, after (effective date of the rule); and

2. The National Fire Protection Association Life Safety Code 101, Chapter 18, New Health Care Occupancy, as described in Chapter 4A-3.012, Standards of the National Fire Protection Association and incorporated by reference in Rule 4A-3.012, Florida Administrative Code, dated November 6, 2001, by the Division of State Fire Marshall at the Department of Finance and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 9101, Quincy, Massachusetts 02269-9101, after (effective date of the rule).

All new inpatient facilities and units will be made accessible and shall comply with the requirements of the Florida Building Code, Chapter 11, as adopted by the Florida Building Commission and Section 11-6.1 (1) of the Florida Building Code and incorporated by reference subsection 9B-3.047(1), Florida Administrative Code, dated December 16, 2001, by the Department of Community Affairs and which is incorporated by reference and obtainable from the Southern Building Code Congress International, Inc., 900 Montclair Road, Birmingham, Alabama 35213-1206, after (effective date of the rule).

a. In renovations and additions to existing facilities, only that portion of the total facility affected by the project must comply with applicable sections of the codes for new facilities and units, after the (effective date of the rule).

b. Existing portions of the facility that are not included in the renovation or addition but are essential to the functioning of the complete facility, as well as existing areas which receive

less than substantial amounts of new work, shall comply with the applicable sections of the codes for existing inpatient facilities and units, after the (effective date of the rule).

(b) All existing inpatient facilities and units licensed by the Agency for Health Care Administration before the date this rule is promulgated, shall be in compliance with National Fire Protection Association Life Safety Code 101, Chapter 19, Existing Health Care Occupancy, and incorporated by reference in Rule 4A-3.012, Florida Administrative Code, dated November 6, 2001, by the Department of Community Affairs and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 9101, Quincy, Massachusetts 02269-9101, after (effective date of the rule).

(3) Construction Requirements. The following shall be provided in each inpatient facility and unit:

(a) The hospice shall be responsible for assuring that the planning and decoration of the facilities, both contractual arrangements and free-standing, shall be coordinated to provide a homelike atmosphere. For purposes of this rule, a "homelike atmosphere" means at a minimum, items typically found at home or in a residence that enhance quality of life. The following items are examples of a "homelike atmosphere": window treatments, lamps, guest seating, and wall decorations. A hospital or nursing home room shall not be required to be in compliance with this section of the rule by the fact of its licensure.

(b) Each patient sleeping room shall have a minimum room area exclusive of toilet room, or permanently attached or built in closets, lockers or wardrobes, of one hundred (100) square feet (9.29 square meters) per bed for private rooms and eighty (80) square feet (7.70 square meters) per bed for double occupancy rooms.

(c) Each patient sleeping room shall have a window or door with a clear glass light in compliance with Chapter 12 of Section 1203, Light and Ventilation, of the Florida Building Code and incorporated by reference in subsection 9B-3.047(1), Florida Administrative Code, dated December 16, 2001, by the Department of Community Affairs and obtainable from the Department of Community Affairs, Building Codes and Standards, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100, (850)487-1824 after (effective date of the rule). The window or door shall open directly to an atrium or to the outside of the building with a minimum of twenty (20) feet (6.10 meters) in clear and unobstructed vista measured perpendicularly from the window or door.

(d) Each patient sleeping room shall have a wardrobe, locker or closet suitable for hanging clothing of the patient.

(e) Other than a patient sleeping room located in a hospital or nursing home, each patient sleeping room shall have access to a toilet room without having to enter the general corridor area. One toilet room shall serve no more than four beds and no more than two resident rooms. The door shall be side hinged, swing out from the toilet room, and unless otherwise required

by this code, be at least 32 inches (81.28 centimeters) wide. The toilet room shall contain a water closet with grab bars on both sides and an emergency nurse call station. The water closet shall be equipped with a bedpan-rinsing device.

(f) A hand washing facility shall be provided within each patient toilet room or within each patient bedroom.

(g) A nurses' station, clean workroom and soiled workroom shall be provided. Access to these rooms shall be from a corridor.

(h) A charting space for clinical staff shall be provided at each nurses' station.

(i) A hand washing facility shall be located in or near each nurses' station.

(j) The clean workroom shall be provided with a work counter, hand wash facility, storage facilities and covered waste receptacle.

(k) The soiled workroom shall be provided with a service sink equipped with rinsing device, work counter, a hand washing facility, storage facilities, covered waste receptacle, and covered linen receptacle.

(l) A drug distribution system shall be provided with provisions for the locked storage of medications. Nothing in this section shall prohibit the use of the clean workroom for drug distribution.

(m) A clean linen storage room or closet shall be provided.

(n) A nourishment station with equipment for preparing or serving nourishments between scheduled meals shall be provided and shall be available for patient, family, volunteers, guests and staff use. Provisions shall be made for the use and storage of small appliances requiring less than 220 volts of service such as coffee makers or toasters.

(o) A nurse calling system accessible by the patient shall be provided.

(p) Storage for administrative supplies shall be provided.

(q) Parking for stretchers and wheelchairs in an area out of the path of normal traffic and of adequate size for the unit shall be provided.

(r) A janitor's closet with a floor receptor and storage space for housekeeping equipment and supplies shall be provided.

(s) A multi-purpose lounge suitable and furnished for reception, recreation, dining, visitation, group social activities, and worship shall be provided.

(t) A conference or consultation room for patient and family use shall be provided.

(u) A washer and dryer for patients' personal use shall be provided.

(4) Room furnishings for each patient shall include an adjustable frame hospital type bed with side rails, a bedside stand, an over-the-bed table, an individual reading light easily accessible to the patient, and a comfortable sitting chair.

(5) Room decor shall be non-institutional in design and function. Patients shall be permitted to bring personal items of furniture or furnishings into their rooms unless medically contraindicated.

(6) Details.

(a) Fixtures such as drinking fountains, public telephone, vending machines, and portable equipment shall not be located or stored so as to restrict corridor traffic or reduce the minimum required corridor width.

(b) Doors to patient tub rooms, showers, and water closets that swing into the room shall be equipped with reversible hardware that will allow the door to swing out in an emergency.

(c) Doors, except those to closets or spaces not subject to occupancy, shall not swing into the exit access corridors.

(d) Windows and outer doors, if used for ventilation, shall be equipped with insect screens.

(e) Thresholds and expansion joint covers shall be made flush with the floor surface.

(f) Grab bars shall be provided at all patient toilets, showers, and tubs. The bars shall have a clearance of 1-1/2 inches (38.1 millimeters) to the walls and shall be sufficiently anchored to sustain a concentrated applied load of not less than 250 pounds (113.4 kilograms).

(g) Single paper towel dispensers, soap dispensers and covered waste receptacles shall be provided at all hand washing facilities.

(h) Staff hand washing facilities shall be fitted with wrist blades and a gooseneck type spout.

(i) All hand washing facilities shall be securely anchored to withstand an applied vertical load of not less than two hundred and fifty pounds on the front of the fixture.

(7) Elevators. In new multistory units and facilities an elevator shall be provided in compliance with the requirements of Chapter 30 of the Florida Building Code, as adopted by the Florida Building Commission and incorporated by reference in subsection 9B-3.047(1), Florida Administrative Code, dated December 16, 2001, by the Department of Community Affairs and obtainable from the Southern Building Code Congress International, Inc., 900 Montclair Road, Birmingham, Alabama 35213-1206, after (effective date of the rule). In addition, a hospital-type elevator large enough to accommodate a bed and attending staff shall service all patient sleeping rooms and patient treatment areas located above the ground floor. The car shall be at least 5 feet 8 inches (1.73 meters) wide by 9 feet (2.74 meters) deep and the car doors shall have a clear opening of not less than 4 feet (1.22 meters) wide and 7 feet (2.13 meters) high.

(8) Mechanical System Requirements.

(a) Air conditioning, heating and ventilating systems.

1. All patient occupied areas shall be heated or cooled by individual or central units. Heating units shall be designed to provide a minimum of 72 degrees Fahrenheit (22.22 Celsius)

ambient indoor temperature and air conditioning units shall be designed to provide a minimum of 78 degrees Fahrenheit (25.55 Celsius) ambient indoor temperature.

2. All air-supply and air-exhaust systems shall be mechanically operated. Fans serving exhaust systems shall be located at the discharge end of the system.

(b) Plumbing and other piping systems.

1. Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing, and hand washing facilities for patients' personal use shall not exceed 110 degrees F (43.3 degrees C).

(9) Electrical System Requirements.

(a) Lighting.

1. All spaces occupied by people, machinery, and equipment within the building, approaches to building, and parking areas shall have electric lighting.

2. All patients' rooms shall have general lighting and night lighting. General room luminaries shall be switched at the entrance to the patient room.

(b) Receptacles. All patient rooms shall have hospital grade duplex grounding type receptacles.

(10) Emergency Electrical System.

(a) A Type 1 essential electrical system shall be provided in all hospice facilities as described in National Fire Protection Association Life Safety Code 99, "Health Care Facilities", and incorporated by reference in Rule 4A-3.012, Florida Administrative Code, dated November 6, 2001, by Division of State Fire Marshall at the Department of Finance and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 9101, Quincy, Massachusetts 02269-9101, after (effective date of the rule) _____. The emergency power for this system shall meet the requirements of a Level 1, type 10, Class 48 generator as described in National Fire Protection Association Life Safety Code 110, "Emergency Standby Power Systems", and incorporated by reference in Rule 4A-3.012, Florida Administrative Code, dated November 6, 2001, and obtainable from the National Fire Protection Association, 1 Batterymarch Park, P. O. Box 9101, Quincy, Massachusetts 02269-9101, after (effective date of the rule).

(b) In new construction, the normal main service equipment shall be separated from the emergency distribution equipment by locating it in a separate room. Transfer switches shall be considered emergency distribution equipment for this purpose.

(c) Switches for critical branch lighting shall be completely separate from normal switching. The devices or cover plates shall be of a distinctive color. Critical branch switches are permitted to be adjacent to normal switches. Switches for life safety lighting are not permitted except as required for dusk-to-dawn automatic control of exterior lighting fixtures.

(d) There shall be selected life safety lighting provided at a minimum of 1 footcandle and designed for automatic dusk-to-dawn operation along the travel paths from the exits to the public way or to safe areas located a minimum of 30 feet (9.14 meters) from the building.

(e) A minimum of one elevator per bank serving any patient use floor shall be connected to the equipment branch of the essential electric system and arranged for manual or automatic operation during loss of normal power. Elevator cab lighting, controls, and communication and signal systems shall be connected to the life safety branch.

(f) There shall be a dedicated low fuel alarm for the day tank supplying the emergency generator driver. A manual pump shall also be provided for the day tank. The alarm shall be located at the generator derangement panel.

(g) Transfer switch contacts shall be of the open type and shall be accessible for inspection and replacement.

(h) If required by the facility's emergency food plan, there shall be power connected to the equipment branch of the essential electrical system for kitchen refrigerators, freezers and range hood exhaust fans. Selected lighting within the kitchen and dry storage areas shall be connected to the critical branch of the essential electrical system.

(11) These requirements do not apply to any in-patient facility or unit for which a building permit was issued on or before the effective date of this rule.

Specific Authority 400.605 FS. Law Implemented 400.605(1)(i) FS. History--New

NAME OF PERSON ORIGINATING PROPOSED RULE:
Linda Macdonald
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Terry F. White, Secretary
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 24, 2003
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 28, 2001, November 21, 2001, December 28, 2001, March 15, 2002, and February 21, 2003

AGENCY FOR HEALTH CARE ADMINISTRATION

Certificate of Need

RULE TITLE: Long-Term Care Hospital Beds
PURPOSE AND EFFECT: The agency is proposing a rule for use in certificate of need (CON) review of proposals to establish or expand long-term care hospitals. There is no current CON rule that deals exclusively with this subject. The new rule describes the type of patients served in long-term care hospitals, the type of services provided, geographic service planning areas, agency preferences among competing applicants, and required content of a CON application.

RULE NO.: 59C-1.045

Service-specific rules like the one proposed are used in conjunction with statutory review criteria in evaluation of applications for a CON.

A previous version of this rule, published February 14, 2003, has been withdrawn. This current version contains modifications to the previous language in subsection (4) of the rule which concerns the need for new providers and bed additions for existing providers. There are no other changes from that earlier version.

SUMMARY: The agency is proposing a rule for use in certificate of need (CON) review of proposals to establish or expand long-term care hospitals.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None prepared.

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

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

LAW IMPLEMENTED: 408.034(3), 408.036(1)(a),(b),(c),(d), (f),(g) FS.

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

TIME AND DATE: 2:00 p.m., June 3, 2003

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room C, Tallahassee, Florida
THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Karen Rivera, Certificate of Need, 2727 Mahan Drive, Building 1, Tallahassee, Florida

THE FULL TEXT OF THE PROPOSED RULE IS:

59C-1.045 Long-Term Care Hospital Beds.

(1) Agency Intent. This rule implements the provisions of subsection 408.034(3), and paragraphs 408.036(1)(a), (b), (c), (d), (f), and (g), Florida Statutes, to regulate proposals subject to comparative review for the establishment of new long-term care hospitals, the addition of beds to existing long-term care hospitals, and the conversion of licensed hospital beds to long-term care hospital beds.

(2) Definitions.

(a) "Agency." The Agency for Health Care Administration.

(b) "Approved Long-Term Care Hospital Bed." A proposed long-term care hospital bed for which a certificate of need, a letter of intent to grant a certificate of need, a signed stipulated agreement, or a final order granting a certificate of need was issued, consistent with the provisions of paragraph 59C-1.008(2)(b), Florida Administrative Code, as of the most

recent published deadline for agency initial decisions prior to the letter of intent deadline, as specified in paragraph 59C-1.008(1)(g), Florida Administrative Code.

(c) "Charity Care." That portion of hospital charges reported to the agency for which there is no compensation for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 200 percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity. Charity care does not include bad debt, which is the portion of health care provider charges for which there is no compensation for care provided to a patient who fails to qualify for charity care; and does not include administrative or courtesy discounts, contractual allowances to third-party payers, or failure of the hospital to collect full charges due to partial payment by government programs.

(d) "District." A district of the agency defined in subsection 408.032(5), Florida Statutes. For purposes of certificate of need review, the service area of a proposed long-term care hospital is the district in which it would be located.

(e) "Freestanding Facility." For purposes of this rule, a long-term care hospital that is not the hospital within hospital described in paragraph (2)(g).

(f) "Local Health Council." The council referenced in section 408.033, Florida Statutes.

(g) "Long-Term Care Hospital." A hospital licensed under Chapter 395, F.S., which meets the requirements of Part 412, subpart B, paragraph 412.23(e), Code of Federal Regulations; and, where applicable, also meets the requirements for a hospital within hospital specified under paragraph 412.22(e) of that subpart. A long-term care hospital is exempt from the Medicare acute care prospective payment system. A long-term care hospital has an average length of inpatient stay greater than 25 days for all hospital beds. Long-Term care hospitals are designed to provide extended care to patients who are clinically complex and have multiple complex or chronic conditions, and who are less stable upon admission than patients admitted to other post-acute care settings. Long-Term care hospitals typically provide programs in one or more of the following areas: respiratory care, particularly for ventilator-dependent patients; treatment of patients with multiple illnesses or multiple systems failure; treatment of wounds caused by disease or accident; and treatment for patients requiring interdisciplinary rehabilitation services who are unable to tolerate the more intensive treatments provided in a comprehensive medical rehabilitation hospital.

(3) General Provisions.

(a) Conformance with the Criteria for Approval. A certificate of need for the establishment of a new long-term care hospital, or the expansion of existing services by the addition of beds, shall not normally be approved unless the applicant meets the applicable review criteria in section 408.035, F.S., and the standards and need determination criteria set forth in this rule.

(b) Minimum Hospital Size. Freestanding long-term care hospitals established after the effective date of this rule shall have a minimum of 40 licensed beds. Long-Term care hospitals designated as hospitals within hospitals established after the effective date of this rule shall have a minimum of 25 licensed beds.

(c) Required Services. Services provided at a long-term care hospital may be provided directly by the long-term care hospital or may be provided by a contract consistent with Chapter 59A-3, Florida Administrative Code. Services of a hospital within hospital provided by contract shall be consistent with the requirements of paragraph 412.22(e)(5), Code of Federal Regulations. Long-Term care hospital services shall include, at a minimum:

1. Pre-admission screening.
2. Care for patients with multiple complex diagnoses.
3. Care for patients with multi-system failure.
4. Services for difficult-to-wean ventilator-dependent patients.
5. Services for patients who cannot be weaned from ventilator dependence.
6. Respiratory/pulmonary care.
7. Airway restoration.
8. Intensive wound care.
9. Nutrition services, including metabolic analysis, invasive enteral tube placement, and total parenteral nutrition.
10. Infusion therapy.
11. Daily physician assessments.
12. An average of at least 8 direct patient care nursing hours per patient per day.
13. Physical therapy, occupational therapy, speech therapy, and respiratory therapy.
14. Laboratory.
15. Pharmacy.
16. Radiology.
17. An operating room.

(4) Criteria for Determination of Need.

(a) New Provider. In determining the need for a new long-term care hospital, the agency shall consider the proposed facility within the context of licensed or approved long-term care hospital beds in the applicable district, and the licensed comprehensive medical rehabilitation beds, hospital-based skilled nursing unit beds, and nursing home beds in that district. The applicant proposing a new long-term care hospital shall show how its services would be a better way of meeting

needs for patient care compared to the other types of services listed in this paragraph. Evidence of this benefit would consist of a conceptual comparison of long-term care hospital services with those provided in comprehensive medical rehabilitation beds, hospital-based skilled nursing unit beds, and nursing home beds. The applicant should also include letters of support endorsing the need for its proposed long-term care hospital including, for example, letters from area physicians quantifying need for their patients or letters from hospital discharge planners quantifying the number of persons who could not be placed locally or the difficulty they have in placing patients in an appropriate post-acute setting.

(b) Additional Beds at Existing Long-Term Care Hospitals.

1. For letters of intent submitted between January and June, need for additional beds at an existing long-term care hospital is demonstrated if the average occupancy rate of the hospital was at least 90 percent for the 12-month period ending December 31 of the previous year and letters from area hospital discharge planners or physicians are submitted which state that they are experiencing difficulty placing patients. For letters of intent submitted between July and December, need for additional beds at an existing long-term care hospital is demonstrated if the average occupancy rate was at least 90 percent for the 12-month period ending June 30 of the current year and letters from area hospital discharge planners or physicians are submitted which state that they are experiencing difficulty placing patients.

2. For the purpose of calculating occupancy under this paragraph, the 12-month total of patient days shall be divided by 365 to determine an average daily census, and the average daily census shall then be divided by the total of licensed and approved beds located or to be located at the facility as of the end of the 12-month period.

3. The maximum number of additional beds that may be added to an existing long-term care hospital shall not exceed 20 beds or 10 percent of the licensed bed capacity of the long-term care hospital being expanded, whichever is greater.

(c) Consistency with Local Plans. Applicants shall provide evidence in their applications that a proposed long-term care hospital is consistent with the needs of the community and other criteria contained in Local Health Council Plans.

(d) Preferences Among Applicants for Long-Term Care Hospital Beds. In weighing and balancing statutory and rule review criteria, the agency will give preference to an applicant who agrees that an awarded CON will be predicated on either of the following conditions that are subject to annual monitoring under subsection 59C-1.013(4), F.A.C.:

1. An applicant who provides or proposes to provide Medicaid patient days as a percentage of their total patient days equal to or greater than the district average or, if there are no existing long-term care hospitals within the district, greater than or equal to the statewide average percentage of Medicaid

patient days provided by all long-term care hospitals, as determined in the Agency's most recent "Hospital Financial Data" report. The report may be obtained from:

Agency for Health Care Administration
Certificate of Need/Financial Analysis
2727 Mahan Drive – Mail Stop 28
Tallahassee, Florida 32308

2. An applicant who has or proposes to have a ratio of charity care deductions to net patient service revenue equal to or greater than the district average or, if there are no existing long-term care hospitals within the district, greater than or equal to the statewide average ratio for all long-term care hospitals, as determined in the Agency's most recent "Hospital Financial Data" report.

(5) Quality of Care. Long-Term care hospital services shall comply with the agency standards applicable to long-term care hospital licensure described in Chapter 59A-3, Florida Administrative Code.

(6) Services Description. An applicant for long-term care hospital beds shall provide a detailed program description in its certificate of need application including:

(a) Characteristics of age groups to be served by age and diagnosis.

(b) Specialty programs to be provided.

(c) Proposed staffing, including qualifications of the medical director, a description of staffing appropriate for any specialty program, and a description of the training and experience requirements for all staff who will provide direct patient care.

(d) Expected sources of patient referrals. Applicants shall include evidence of transfer agreements with local hospitals indicating an intent to discharge appropriate patients to the proposed long-term care hospital.

(e) Expected average length of stay for discharges by age group.

(f) Expected discharge destination by age group.

(g) Projected number of patient days by payer type, including Medicare, Medicaid, private insurance, self-pay and charity care patient days for the first 2 years of operation after completion of the proposed project.

(h) Admission policies of the facility with regard to charity care patients.

(i) Services that will be provided by contract.

(7) Applications from Licensed Long-Term Care Hospitals. A licensed long-term care hospital seeking approval for additional inpatient beds shall provide the following information in addition to the information required by subsection (6):

(a) Number of admissions and patient days by age group and diagnosis for the 12-month period ending 1 month prior to the letter of intent deadline.

(b) Number of patient days by payer type, including Medicare, Medicaid, private insurance, self-pay and charity care patient days, for the 12-month period ending 1 month prior to the letter of intent deadline.

(c) Gross revenues by payer source for the 12-month period ending 1 month prior to the letter of intent deadline.

(d) Current staffing.

(e) Current specialized treatment programs.

(8) Quarterly Reports. Licensed long-term care hospitals shall report to the agency or its designee, within 45 days after the end of each calendar quarter, the number of admissions and patient days by age and primary diagnosis that occurred within the quarter.

Specific Authority 408.15(8), 408.034(6) FS. Law Implemented 408.034(3), 408.036(1)(a),(b),(c),(d),(f),(g) FS. History—New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
John Davis, Health Services and Facilities Consultant

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 25, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 26, 2002; October 11, 2002

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE TITLE: Outpatient Hospital Services

RULE NO.: 59G-4.160

PURPOSE AND EFFECT: The purpose of the rule amendment is to incorporate by reference the Florida Medicaid Hospital Coverage and Limitations Handbook, March 2003. Appendix C in the handbook contains the 2003 outpatient hospital laboratory and pathology codes and fee schedule, effective for dates of service beginning on March 1, 2003. The effect will be to incorporate in the rule the current Florida Medicaid Hospital Coverage and Limitations Handbook.

SUMMARY: The proposed rule incorporates by reference the Florida Medicaid Hospital Coverage and Limitations Handbook, March 2003. The handbook update consists of code and fee revisions to Appendix C, Laboratory and Pathology Codes and Fee Schedule, routinely updated every year. The revised code list is effective for dates of service beginning on March 1, 2003.

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

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

SPECIFIC AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.905, 409.908, 409.9081 FS.

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

TIME AND DATE: 9:00 a.m. – 10:00 a.m., June 2, 2003

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Ouida Mazzoccoli, Medical/Health Care Program Analyst, Bureau of Medicaid Services, 2728 Fort Knox Boulevard, Building 3, Tallahassee, FL 32308, (850)922-7351

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-4.160 Outpatient Hospital Services.

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

(2) All hospital providers enrolled in the Medicaid program must comply with the Florida Medicaid Hospital Coverage and Limitations Handbook, March 2003 ~~January 2002~~, and the Florida Medicaid Provider Reimbursement Handbook, UB-92, October 1998, both incorporated by reference in this rule. Both handbooks are available from the fiscal agent contractor.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History—New 1-1-77, Revised 12-7-78, 1-18-82, Amended 7-1-83, 7-16-84, 7-1-85, 10-31-85, Formerly 10C-7.40, Amended 9-16-86, 2-28-89, 5-21-91, 5-13-92, 7-12-92, 1-5-93, 6-30-93, 7-20-93, 12-21-93, Formerly 10C-7.040, Amended 6-13-94, 12-27-94, 2-21-95, 9-11-95, 11-12-95, 2-20-96, 10-27-98, 5-12-99, 10-18-99, 3-22-01, 8-12-01, 2-25-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Ouida Mazzoccoli

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rhonda M. Medows, M.D., Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 22, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 21, 2003

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Pilot Commissioners

RULE TITLE: Percentage of Gross Pilotage Assessed

RULE NO.: 61G14-19.001

PURPOSE AND EFFECT: The Board proposes to amend the existing rule to change the percentage of gross pilotage assessed.

SUMMARY: The existing rule shall be changed to reflect that effective July 1, 2003, the Department of Business and Professional Regulation shall assess the pilots in the respective ports of the state six tenths of one percent (0.6%) of the gross amount of pilotage earned by said pilots during each year.

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

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

SPECIFIC AUTHORITY: 310.131, 310.185 FS.

LAW IMPLEMENTED: 310.131 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Anthony Spivey, Executive Director, Board of Pilot Commissioners, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G14-19.001 Percentage of Gross Pilotage Assessed.

(1) Effective July 1, 2003 ~~July 1, 2002~~, the Department of Business and Professional Regulation shall assess the pilots in the respective ports of the state six tenths of one percent (0.6%) ~~(1.0%)~~ of the gross amount of pilotage earned by said pilots during each year. For the purposes of said assessment, the gross amount of pilotage earned shall be the amount of money collected by each pilot or by each entity of which the pilot is a member for piloting which shall include and not be limited to payment for piloting vessels to and from ports of this state, docking or undocking vessels, shifting vessels, running lines, delivering orders at sea, cancelled orders, boat service, detention, pilots being carried to sea, anchoring vessels, and any other related services rendered. Funds collected due under this are to be made payable to the Board and paid by the fifteenth of the following month. When received, the funds are paid into the Professional Regulation Trust Fund as created within the Department.

(2) No change.

Specific Authority 310.131, 310.185 FS. Law Implemented 310.131 FS. History—New 2-5-76, Amended 1-19-77, 1-1-78, 12-7-78, 11-1-81, 6-8-82, 8-9-82, 7-31-83, Formerly 21SS-3.01, Amended 5-30-89, 2-19-90, 12-30-91, 12-2-92, Formerly 21SS-3.001, 21SS-19.001, Amended 3-20-94, 1-5-95, 1-30-96, 3-17-96, 11-21-96, 8-25-97, 1-26-99, 1-31-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Pilot Commissioners

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 25, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 21, 2003

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DOCKET NO.:03-16R

RULE CHAPTER TITLE: Water Well Contractor Licensing

RULE CHAPTER NO.:

Requirements 62-531

RULE TITLES: Definitions Used in Water Well

RULE NOS.:

Contractor Rules 62-531.200

Application Requirements for Water Well Contractor 62-531.300

Water Well Contractor License Renewal 62-531.330

PURPOSE AND EFFECT: The proposed amendments will require a person to complete 12 hours of approved coursework for water well contractor licensure or license renewal pursuant to Sections 373.323 and 373.324, Florida Statutes (F.S.), and add new rule definitions.

SUMMARY: In 2001, the Florida Legislature adopted amendments to Sections 373.323 and 373.324, F.S., requiring a person to complete 12 hours of approved coursework for water well contractor licensure and for a licensed water well contractor to complete 12 classroom hours of continuing education for each biennial license renewal cycle. The proposed amendments to Chapter 62-531, Florida Administrative Code, Water Well Contractor Licensing Requirements, will adopt by rule the amendments to Sections 373.323 and 373.324, F.S. Definitions for "Administrator," "Approved Coursework," "Continuing Education," and "Coursework Hour" will be amended into the rule.

The full text of this notice is published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

For more information, contact: David C. James, Department of Environmental Protection, Bureau of Water Facilities Regulation, MS # 3580, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, (850)245-8648.

DEPARTMENT OF HEALTH

Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

RULE TITLE: Examination for Licensure

RULE NO.:

64B4-3.003

PURPOSE AND EFFECT: The proposed rule amendment deletes obsolete language from the rule.

SUMMARY: The proposed rule deletes outdated language from the rule.

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

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

SPECIFIC AUTHORITY: 456.017, 491.004(5) FS.

LAW IMPLEMENTED: 456.017, 491.005 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sue Foster, Executive Director, Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling /MQA, 4052 Bald Cypress Way, Bin # C08, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULE IS:

64B4-3.003 Examination for Licensure.

(1) through (2) No change.

(3) THEORY AND PRACTICE.

(a) through (b) No change.

(c) MARRIAGE AND FAMILY THERAPISTS.

1. The marital and family therapy examination shall be an objective multiple choice examination developed by the Examination Advisory Committee of the Association of Marital and Family Therapy Regulatory Board (AMFTRB) and the Professional Examination Service. All items will be weighted equally in scoring the examination. The minimum passing score is the recommended cut-off score provided by the national vendor and established according to the Angoff procedure. ~~A panel of experts in marriage and family therapy from across the country participate in the determination of the recommended passing score. Candidates' raw scores are converted to a scaled score. The passing score is a scaled score of 75.~~

2. No change.

Specific Authority 456.017, 491.004(5) FS. Law Implemented 456.017, 491.005 FS. History--New 3-21-90, Amended 7-31-91, 3-10-92, 6-1-92, 1-27-93, Formerly 21CC-3.003, Amended 3-14-94, 7-20-94, Formerly 61F4-3.003, Amended 12-22-94, 9-18-95, 11-13-96, 6-1-97, Formerly 59P-3.003, Amended 8-8-99, 1-11-00, 7-2-00, 8-24-00, 10-15-00, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 24, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: April 4, 2003

DEPARTMENT OF HEALTH

Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

RULE TITLE: Approved Courses for Continuing Education

RULE NO.: 64B4-6.002

PURPOSE AND EFFECT: The proposed rule amendment sets forth those entities which are approved for purposes of providing continuing education credit.

SUMMARY: The proposed rule amendment outlines those entities approved for the purpose of providing continuing education credit.

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

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

SPECIFIC AUTHORITY: 456.013(6), 491.004(5), 491.0085 FS.

LAW IMPLEMENTED: 456.013(6), 491.0085(1), 491.007(2) FS.

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

PLACE: Room 324, Collins Building, 107 W. Gaines Street, Tallahassee, FL

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sue Foster, Executive Director, Board of Clinical Social Work, Marriage and Family Therapy and Mental Health/MQA, 4052 Bald Cypress Way, Bin # C08, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULE IS:

64B4-6.002 Approved Courses for Continuing Education.

(1) For purposes of renewing or reactivating a license, credit is approved for the following:

(a) through (d) No change.

(e) Continuing education programs offered and approved by the following entities as long as such entities impose requirements similar to or more stringent than those imposed by the Board in Rule 64B4-6.004(2)(a)1-5, F.A.C.:

1. National Board of Certified Counselors (NBCC);

2. American Society of Sex Educators and Therapists (ASECT);

3. American Society of Clinical Hypnosis (ASCH);

4. National Association of Social Work (NASW);

5. American Psychological Association (APA);

6. Clinical Social Work Federation (CSWF);

7. Association of Social Work Boards (ASWB);

8. American Board of Professional Psychology (ABPP);

9. American Psychiatric Association:

10. International Association of Marriage and Family Therapy Counselors (AMFC):

11. American Association of State Counseling Boards (AASCB):

12. American Counseling Association (ACA):

13. American Mental Health Counseling Association (AMHCA):

14. American Society of Clinical Social Work:

15. American Association for Marriage and Family Therapy (AAMFT): and

16. American Marriage and Family Therapy Regulatory Boards (AMFTRB).

The Board shall annually review the continuing education program approval criteria of the above-referenced entities.

(2) through (5) No change.

Specific Authority 456.013(6), 491.004(5), 491.0085 FS. Law Implemented 456.013(6), 491.0085(1), 491.007(2) FS. History--New 4-4-89, Amended 10-16-90, 6-19-91, 9-2-91, 8-24-92, Formerly 21CC-6.002, Amended 1-9-94, Formerly 61F4-6.002, Amended 10-4-94, 12-22-94, 1-7-96, 12-29-96, Formerly 59P-6.002, Amended 12-11-97, 2-9-99, 8-9-00, 6-30-02,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Clinical Social Work, Marriage and Family Therapy and Mental Health

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Clinical Social Work, Marriage and Family Therapy and Mental Health

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 24, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 27, 2002

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE: Disciplinary Guidelines RULE NO.: 64B8-55.001

PURPOSE AND EFFECT: The Board proposes to revise the existing rule to add completion of all incomplete continuing education credits to the penalty for failure to comply with continuing education requirements.

SUMMARY: This proposed amendment adds completion of all incomplete continuing education credits to the recommended range of penalty for failure to comply with continuing education requirements.

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

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

SPECIFIC AUTHORITY: 456.072, 456.079, 478.52(4) FS.

LAW IMPLEMENTED: 456.072, 456.073, 456.079, 478.52(4) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Executive Director, Board of Medicine, Electrolysis Council, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-55.001 Disciplinary Guidelines.

(1) through (2) No change.

(3) Violations and Range of Penalties. In imposing discipline upon applicants and licensees in proceedings pursuant to Sections 120.57(1) and 120.57(2), F.S., the Board shall act in accordance with the following disciplinary guidelines and shall impose a penalty as provided in Section 456.072(2), F.S., within the range corresponding to the violations set forth below. The identification of offenses are descriptive only; the full language of each statutory provision cited must be consulted in order to determine the conduct included.

VIOLATION RECOMMENDED RANGE OF PENALTY

(a) through (w) No change.

(x) Failure to comply with continuing requirements. (478.50(4), and 478.52(1)(f), F.S.) (x) Second and subsequent education violations: from probation up to one year and suspension up to one year and an administrative fine from \$1,000 to \$2,500; and completion of all incomplete continuing education credits.

(y) through (nn) No change.

Specific Authority 456.072, 456.079, 478.52(4) FS. Law Implemented 456.072, 456.073, 456.079, 478.52(4) FS. History--New 11-16-93, Formerly 61F6-80.001, Amended 1-2-95, Formerly 59R-55.001, Amended 2-9-98, 10-12-98, 3-1-00, 9-28-00, 5-30-01, 8-8-01, 10-8-02,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Electrolysis Council

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Electrolysis Council

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 5, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 27, 2003

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE: Citations
 RULE NO.: 64B8-55.002

PURPOSE AND EFFECT: The Board proposes to amend the existing rule to change the penalty for a first time violation of failure to comply with continuing education requirements to a \$500.00 fine and completion of all incomplete continuing education credits.

SUMMARY: The first time violation of failure to comply with continuing education requirements is increased to \$500.00 and the requirement that all incomplete continuing education credits is added.

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

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

SPECIFIC AUTHORITY: 456.077(1),(2) FS.

LAW IMPLEMENTED: 456.072(3)(b), 456.077(1),(2), 478.51, 478.52 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Executive Director, Board of Medicine, Electrolysis Council, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-55.002 Citations.

(1) through (3) No change.

(4) The Board designates the following as citation violations:

(a) through (l) No change.

(m) Failure to comply with continuing education credits. (m) First time violation \$500 ~~\$250~~ fine; and completion of all incomplete continuing education credits.

(n) through (s) No change.

(5) through (6) No change.

Specific Authority 456.077(1),(2) FS. Law Implemented 456.072(3)(b), 456.077(1),(2), 478.51, 478.52 FS. History—New 11-16-93, Formerly 61F6-80.002, Amended 1-2-95, Formerly 59R-55.002, Amended 11-13-97, 10-12-98, 2-11-01, 2-20-02, 11-12-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Electrolysis Council

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Electrolysis Council

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 5, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 27, 2003

Section III
Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF FINANCIAL SERVICES

Division of State Fire Marshal

RULE CHAPTER NO.: 4A-63

RULE CHAPTER TITLE: The Arson Laboratory

RULE NO.: 4A-63.001

RULE TITLE: Arson Laboratory Requirements and Procedures for Submission of Evidence

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule published in Vol. 29, No. 10, the March 7, 2003, edition of the Florida Administrative Weekly, in accordance with subparagraph 120.54(3)(d)1., Florida Statutes:

4A-63.001 Arson Laboratory Requirements and Procedures for Submission of Evidence.

(1) through (2) No change.

(3)(a) Following are the general submission and shipping requirements.

1. through 7. No change.

8.a. Cans and containers found on the scene shall have any liquid removed. If the liquid is suspected of being an ignitable liquid, follow the instructions in subparagraph 5 above. Seal the holes on the container with a cork stopper and tape over, then place the evidence into an approved container of appropriate size.

b. CAUTION: If the can is suspected to have fingerprints, do not use a plastic bag. Package it in the following manner (which is Instruction Number 3 of the Federal Bureau of Investigations Handbook of Forensic Services, Evidence Submission, Packaging and Shipping Evidence, located at <http://www.fbi.gov/hq/lab/handbook/submissn.htm>):

(I) Place nonporous evidence in individual protective coverings such as thick transparent envelopes or suspend in a container so that there is minimal surface contact.

(II) Place porous evidence in individual protective coverings such as paper envelopes. Stabilize the evidence to avoid movement or friction during shipment according to Florida Department of Law Enforcement or Federal Bureau of Investigations procedures.

c. The packaging in b.(I) and b.(II) above ~~it~~ will not be appropriate for ignitable liquid analysis.