

Section I

Notices of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF EDUCATION

State Board of Education

RULE TITLE: Alternative Standardized Reading Assessment
 RULE NO.: 6A-1.094221

PURPOSE AND EFFECT: The purpose of this rule development is to identify the acceptable levels of performance on an alternative standardized reading assessment for good cause promotion from third grade for the 2003-04 school year. The effect is to implement the requirements of Section 1008.25(6)(b)3., Florida Statutes, and continued implementation of a uniform standard for this good cause promotion exemption.

SUBJECT AREA TO BE ADDRESSED: Alternative standardized reading assessment for good cause promotion.

SPECIFIC AUTHORITY: 1008.25(6)(b) FS.

LAW IMPLEMENTED: 1008.25(6)(b)3. 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.

Requests for the rule development workshop should be addressed to: Lynn Abbott, Agency Clerk, Department of Education, 325 West Gaines Street, Room 1514, Tallahassee, Florida 32399-0400.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Mary Laura Openshaw, Director, Just Read, Florida! 325 West Gaines Street, Suite 1402, Tallahassee, FL 32399; (850)245-0503

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

DEPARTMENT OF EDUCATION

State Board of Education

RULE TITLE: Florida Teacher Certification Examination
 RULE NO.: 6A-4.0021

PURPOSE AND EFFECT: The purpose of this rule development is to implement the recommended weighting of the multiple-choice section and the essay section of the English 6-12 subject area examination, to establish the transitional passing scores for the Computer Science K-12 subject area examination; to revise the timeline for recommending standard passing scores for Middle Grades Integrated Curriculum 5-9 and Physical Education K-12 subject area examinations; and to update the examination application form for persons to use when registering for the Florida Teacher Certification Examinations. The effect is that the weighting of the English 6-12 examination will be based on the recommendation of the

content experts, a transitional passing scores will be established for the Computer Science K-12 subject area examination; the revised timeline will permit sufficient data to be collected before standard passing scores are recommended for the Middle Grades Integrated Curriculum 5-9 and Physical Education K-12 subject area examinations; and the Florida Teacher Certification Examinations application form will be available for applicants and will contain current and accurate information.

SUBJECT AREA TO BE ADDRESSED: Florida Teacher Certification Examination.

SPECIFIC AUTHORITY: 1012.56(8) FS.

LAW IMPLEMENTED: 1012.56 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. – 4:00 p.m., March 24, 2004

PLACE: Department of Education, 325 West Gaines Street, Room 403, Tallahassee, FL 32399

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Kathy Fearon, Accountability, Research, and Measurement, Department of Education, 325 W. Gaines Street, Suite 414, Tallahassee, FL 32399, (850)245-0513

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

DEPARTMENT OF EDUCATION

State Board of Education

RULE TITLE: Florida Educational Leadership Examination
 RULE NO.: 6A-4.00821

PURPOSE AND EFFECT: The purpose of this rule development is to adopt an updated examination application form for persons to use when registering for the Florida Educational Leadership Examination. The effect is that the Florida Educational Leadership Examination application form will be available for applicants and will contain current and accurate information.

SUBJECT AREA TO BE ADDRESSED: Florida Educational Leadership Examination.

SPECIFIC AUTHORITY: 1012.56(8) FS.

LAW IMPLEMENTED: 1012.56 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. – 4:00 p.m., March 24, 2004

PLACE: Department of Education, 325 West Gaines Street, Room 403, Tallahassee, FL 32399

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Kathy Fearon, Assessment, Research, and Measurement, Department of Education, 325 W. Gaines Street, Suite 414, Tallahassee, FL 32399, (850)245-0513

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

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

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

PUBLIC SERVICE COMMISSION

DOCKET NO: 991473-TP

RULE TITLES:

- Application and Scope
- Definitions
- Report of Interruptions
- Safety
- Traffic
- Courtesy
- Availability of Service
- Customer Trouble Reports
- Transmission Requirements
- Answering time
- Customer Appointments
- Weighted Measurement of Quality of Service
- Service Guarantee Program

RULE NOS.:

- 25-4.002
- 25-4.003
- 25-4.023
- 25-4.038
- 25-4.039
- 25-4.041
- 25-4.066
- 25-4.070
- 25-4.072
- 25-4.073
- 25-4.0770
- 25-4.080
- 25-4.085

PURPOSE AND EFFECT: The purpose of this rulemaking is to eliminate rules that are no longer necessary, clarify rules that were ambiguous, and to promote a Service Guarantee Program from which consumers can directly benefit if the company misses a service standard.

SUBJECT AREA TO BE ADDRESSED: Service rules for telecommunications companies.

SPECIFIC AUTHORITY: 350.127(2) FS.

LAW IMPLEMENTED: 364.01, 364.01(4), 364.02, 364.03, 364.03(1), 364.025, 364.035, 364.036, 364.14, 364.15, 364.183, 364.185, 364.17, 364.18, 364.19, 364.386, 364.32, 364.335, 364.337, 364.3375, 364.3376, 364.602, 365.171 FS.

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

TIME AND DATE: 9:30 a.m., March 19, 2004

PLACE: Betty Easley Conference Center, Room 152, 4075 Esplanade Way, Tallahassee, Florida

Although the workshop is scheduled it will only be held if a written request to hold the workshop is filed.

THE WORKSHOP REQUEST MUST BE SUBMITTED IN WRITING: Commission’s Division of the Commission Clerk and Administrative Services, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0850.

Any person requiring some accommodation at this workshop because of a physical impairment should call the Division of the Commission Clerk and Administrative Services, (850)413-6770, at least 48 hours prior to the hearing. Any person who is hearing or speech impaired should contact the Florida Public Service Commission by using the Florida Relay Service, 1(800)955-8771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Don McDonald, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0862, (850)413-6570

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

25-4.002 Application and Scope.

(1) These rules are intended to define reasonable service standards which will promote the furnishing of adequate and satisfactory local and long distance service to the public, and to establish the rights and responsibilities of both the utility and the customer. The rules contained in Parts I-XI of this Chapter apply to local exchange companies. The rules contained in Parts II and Parts V apply only to residential service. The rules contained in Part X of Chapter 25-24 apply to any Interexchange Company. The rules in Part XI of Chapter 25-24 apply to any pay telephone service company. The rules in Part XII of Chapter 25-24 apply to all Shared Tenant Service Companies. The rules in Part XIII of Chapter 25-24 apply to all Operator Service Provider Companies and call aggregators. The rules contained in Part XIV of Chapter 25-24 apply to all Alternative Access Vendor Service Providers. The rules contained in Part XV apply to all competitive local exchange telecommunications companies.

(2) No change.

Specific Authority 350.127(2) FS. Law Implemented 364.01, 364.335, 364.337, 364.3375, 364.3376 FS. History—Revised 12/01/68, Formerly 25-4.02, Amended 2-23-87, 1-8-95, 2-1-99, _____.

25-4.003 Definitions.

For the purpose of Chapter 25-4, the definitions to the following terms apply:

(1) “Access Line” or “Subscriber Line-” or “Subscriber Loop.” The circuit or channel between the demarcation point at the customer’s premises and the serving end or class 5 central office.

(2) through (16) No change.

~~(17) “Extension Station.” An additional station connected on the same circuit as the main station and subsidiary thereto.~~

(18) through (29) renumbered (17) through (28) No change.

~~(29)(30)~~ “Local Exchange Telecommunications Company (LEC).” Any telecommunications company, certificated by the commission prior to July 1, 1995, to provide local exchange telecommunications service as defined in Section 364.02(6), Florida Statutes.

(31) through (50) renumbered (30) through (49) No change.

~~(50)(4)~~ “Subscriber Line” or “Subscriber Loop.” See “Access Line.”

(52) through (59) renumbered (51) through (58) No change.

Specific Authority 350.127(2) FS. Law Implemented 364.01, 364.02, 364.32, 364.335, 364.337, 364.3375, 364.3376, 364.602 FS. History—Revised 12-01-68, Amended 3-31-76, Formerly 25-4.03, Amended 2-23-87, 3-4-92, 12-21-93, 3-10-96, 7-20-98, 12-28-98, 2-1-99, 7-5-00, _____.

25-4.023 Report of Interruptions.

(1) The Commission shall be informed of any major interruptions to service that affectsing one thousand (1,000) or more subscribers for a period of thirty (30) minutes or more in duration an entire community or a substantial portion of a community as soon as it they comes to the attention of the utility. The Company shall provide the time, location, the expected duration of the outage and when the interruption is restored.

(2) No change.

Specific Authority 350.127(2) FS. Law Implemented 364.03, 364.17, 364.183 FS. History—Revised 12-1-68, Amended 3-31-76, Formerly 25-4.23, Amended 10-1-96, _____.

25-4.038 Safety.

Each utility shall at all times use reasonable efforts to properly warn and protect the public from danger, and shall exercise due care to reduce the hazards to which employees, customers, and the public may be subjected by reason of its equipment and facilities. All subscriber loops shall be properly installed to prevent harm to the public as referenced in Article 800.30 and 800.31 of the National Electric Code (NEC).

Specific Authority 350.127(2) FS. Law Implemented 364.01(4), 364.03 FS. History—Revised 12-1-68, Formerly 25-4.38, Amended _____.

25-4.039 Traffic.

Specific Authority 350.127(2) FS. Law Implemented 364.01(4), 364.03 FS. History—Revised 12-1-68, Amended 3-31-76, Formerly 25-4.39, Amended 3-10-96, Repealed _____.

25-4.041 Courtesy.

Specific Authority 350.127(2) FS. Law Implemented 364.03 FS. History—New 12-1-68, Formerly 25-4.41, Repealed _____.

25-4.066 Availability of Service.

(1) Each telecommunications company shall provide central office equipment and outside plant facilities designed and engineered in accordance with realistic anticipated customer demands for basic local telephone communications service within its certificated area in accordance with its filed

tariffs or orders of the Commission, subject to its ability to secure and provide, for reasonable expense, suitable facilities and rights for construction and maintenance of such facilities.

(2) Where central office and outside plant facilities are readily available, at least 90 percent of all requests for residential line primary service in any calendar month shall normally be satisfied in each exchange of at least 50,000 lines and quarterly in exchanges of less than 50,000 lines or service center within an interval of three working days after receipt of application when all tariff requirements relating thereto have been complied with, except those instances where a later installation date is requested by the applicant or where special equipment or services are involved.

(3) If the applicant requests an installation date beyond three working days, the requested date shall be counted as day three for measurement purposes.

(4) When an appointment must be made in order for the company to gain access to the customer’s premises, the mutually agreed to date will be day three for measurement purposes. Failure of the customer to be present to afford the company representative entry to the premises during the appointment period shall exempt the order for measurement purposes. Whenever a company representative is unable to gain admittance to a customer’s premises during the scheduled appointment period, the company representative shall leave a notice, indicating the name of the company representative and the date and time the company representative was at the premises.

(3) through (5) renumbered (5) through (7) No change.

(8) Each company shall report per Rule 25-4.0185, F.A.C., Periodic Reports, the performance of the company with respect to the availability of service requirements as outlined in Form PSC/CMU 28 (/04), incorporated herein by reference and available from the Division of Competitive Markets and Enforcement. Each company shall explain the reasons for all service orders that are not completed within thirty calendar days.

Specific Authority 350.127(2), 364.14 FS. Law Implemented 364.03, 364.14, 364.025, 364.14, 364.15, 364.183, 364.185 FS. History—Revised 12-1-68, Amended 3-31-76, Formerly 25-4.66, Amended 3-10-96, _____.

25-4.070 Customer Trouble Reports.

(1) through (2) No change.

(3) Service Objectives:

(a) Service Interruption: Restoration of interrupted service shall be scheduled to insure at least 95 percent shall be cleared within 24 hours of report in each exchange which contains at least 50,000 lines will be as measured on a monthly basis. For exchanges which contain less than 50,000 lines, the results can be aggregated on a quarterly basis. For any exchange failing to meet this objective, the company shall provide an explanation with its periodic report to the Commission.

(b) Service Affecting: Clearing of service affecting trouble reports shall be scheduled to insure at least 95 percent of such reports are cleared within 72 hours of the report in each exchange as measured on a monthly basis.

(c) If the customer requests that the service be restored on a particular day beyond the objectives outlined in (a) and (b) above, the trouble report shall be counted as having met the objective if the requested date is met.

(4) through (7) No change.

Specific Authority 350.127(2) FS. Law Implemented 364.01(4), 364.03, 364.15, 364.17, 364.18, 364.183, 364.386 FS. History—Revised 12-1-68, Amended 3-31-76, Formerly 25-4.70, Amended 6-24-90, 3-10-96, _____.

25-4.072 Transmission Requirements.

(1) Telecommunications companies shall furnish and maintain the necessary plant, equipment, and facilities to provide modern, adequate, sufficient, and efficient transmission of communications between customers in their service areas. Transmission parameters shall conform to ANSI/IEEE Standard 820 ATelephone Loop Performance Characteristics (Adopted 1984). Transmission shall be at adequate volume levels and free of excessive distortion. Levels of noise and crosstalk shall be such as not to impair communications. The maximum loss objective of inter-toll trunks shall be consistent with the requirements of the nationwide switching plan and overall transmission losses within each trunk group will not vary more than plus or minus two db.

(2) through (3) No change.

Specific Authority 350.127(2), ~~364.01(4), 364.15, 364.386~~ FS. Law Implemented ~~364.01(4), 364.03, 364.15~~ FS. History—New 12-1-68, Amended 3-31-76, Formerly 25-4.72, Amended 3-10-96, _____.

25-4.073 Answering Time.

(1) Each telephone utility shall provide equipment designed and engineered on the basis of realistic forecasts of growth, and shall make all reasonable efforts to provide adequate personnel so as to meet the following service criteria under normal operating conditions:

~~(a) If emergency services for the LEC's total serving area is currently answered by the 911 system, at least ninety (90%) percent of the calls offered to the LEC provided operator shall be answered within thirty (30) seconds after zero only is dialed.~~

~~(b) If emergency services for the LEC's total serving area is not currently answered by the 911 system, at least ninety (90%) percent of all the calls offered shall be answered within 20 seconds after zero only is dialed.~~

~~(a)(e) At least ninety (90%) percent of all calls directed to intercept, directory assistance and repair and business office services and eighty (80%) percent of all calls to business offices shall be answered within thirty (30) seconds after the last digit is dialed when no menu driven system is utilized.~~

~~(b)(d) Notwithstanding (c) above, w~~When a company utilizes a menu driven, automated, interactive answering system (referred to as the system or as an Integrated Voice Response Unit (IVRU)), at least (95%) percent of the calls offered shall be answered within 15 seconds after the last digit is dialed. The initial recorded message presented by the system to the customer shall only identify the company and the general options available to the customer. include tThe option of transferring to a live attendant within the first 30 seconds of the message. shall be included in the initial message.

~~(c) For subscribers who either selecting the option of transferring to a live assistant, or do not interact with the system for twenty seconds, except for business office calls, at least ninety five (95%) percent of all calls the call shall be transferred by the system to a live attendant. At least ninety-five (95%) of the calls shall be answered by the live attendant prepared to give immediate assistance within thirty (30) fifty five (55) seconds of being transferred last digit of the telephone number listed in the directory for the company's service(s) was dialed. Eighty five (85%) percent of all such calls directed to any business office shall be transferred by the system to a live attendant within fifty five (55) seconds after the last digit is dialed. At any time during the call, the customer shall be transferred to live assistance if the customer fails to interact with the system for a time period of ten (10) seconds following any prompt. For the purposes of this section, interaction means responding to a customer prompt offered by the system by keying (pressing) a number or character of a Dual Tone Multiple Frequency (DTMF) keypad associated with a telephone.~~

~~(e) In accordance with Rule 25-4.0770, when a menu driven, automated, interactive, answering system is utilized, provisions shall be included to allow the customer to make an appointment or to negotiate with a live attendant, or with the system, any appointment or commitment offered to the customer by the system. The subscriber shall be able to renegotiate appointments using the system.~~

~~(f) Automated systems shall not contain promotional or merchandising material unless the customer selects and chooses to receive such information.~~

~~(d)(g) The terms "answered" as used in subparagraphs (a) and (c)(b) above shall be construed to mean more than an acknowledgment that the customer is waiting on the line. It shall mean that a the operator, service representative, or automated system is ready to render assistance and/or accept the information necessary to process the call. With respect to calls to business office services where the company practice provides that such calls are directed to an operator position, an additional twenty (20) seconds will be allowed to extend the call excluding the time required for the customer to provide sufficient information to the operator in order to process the call. In those instances where the call cannot be extended within the allotted interval, the calling party is to be given the~~

option of placing the call again or providing a number by which a company representative will return the call within ten (10) minutes or at a time mutually convenient to the parties.

~~(2) Answering time studies using actual data or any statistically valid substitute for actual data shall be made to the extent and frequency necessary to determine compliance with this rule. The company shall add ten (10) seconds to the answer time for each call. This ten (10) second constant will substitute for actual data on the time required for the call to connect to the company's facilities. Monthly summary results of such studies shall be filed with the Commission promptly after the end of each calendar quarter.~~

~~(2)(3) All telephone communications companies are expected to answer their main published telephone number on a twenty-four (24) hour a day basis. Such answering may be handled by a special operator at the toll center or directory assistance facility when the company offices are closed. Where after hours calls are not handled as described above, at least the first published business office number will be equipped with a telephone answering device which will notify callers after the normal working hours of the hours of operation for that business office. Where recording devices are used, the message shall include the telephone number assigned to handle urgent or emergency calls when the business office is closed.~~

~~(3) Each company shall report per Rule 25-4.0185, F.A.C., Periodic Reports, to the Commission the performance of the company with respect to answer time as outlined in Form PSC/CMU 28.~~

Specific Authority 350.127(2) FS. Law Implemented 364.01(4), 364.17, 364.03, 364.386, 365.171 FS. History—New 12-1-68, Formerly 25-4.73, Amended 3-31-76, 11-24-92, _____.

25-4.0770 Customer Appointments.

Specific Authority 350.127(2) FS. Law Implemented 364.03(1), 364.025, 364.19 FS. History—New 7-13-82, Formerly 25-4.770, Amended 3-10-96, Repealed _____.

25-4.080 Weighted Measurement of Quality of Service.

Specific Authority 350.127(2) FS. Law Implemented 364.01, 364.01(4), 364.03, 364.035, 364.036, 364.386 FS. History—New 6-2-93, Repealed _____.

25-4.085 Service Guarantee Program.

A company may petition the commission for approval of a Service Guarantee Program, which would relieve the company from the rule requirement of each service standard addressed in the approved Service Guarantee Program. The Commission shall have the right to enforce the provisions of the Service Guarantee Plan. The Commission may terminate any Service Guarantee Plan at any time for any reason.

Specific Authority 350.127(2) FS. Law Implemented 364.01, 364.01(4), 364.03, 364.035, 364.036, 364.386 FS. History—New _____.

PUBLIC SERVICE COMMISSION

RULE TITLE: Expedited Dispute Resolution Process
 for Telecommunications Companies

RULE NO.: 25-22.0365

PURPOSE AND EFFECT: To facilitate the quick resolution of disputes between telecommunications companies.

SUBJECT AREA TO BE ADDRESSED: Dispute resolution.

SPECIFIC AUTHORITY: 350.127(2) FS.

LAW IMPLEMENTED: 364.058 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: 9:30 a.m., March 29, 2004

PLACE: Betty Easley Conference Center, Room 152, 4075 Esplanade Way, Tallahassee, Florida

Any person requiring some accommodation at this workshop because of a physical impairment should call the Division of the Commission Clerk and Administrative Services, (850)413-6770, at least 48 hours prior to the hearing. Any person who is hearing or speech impaired should contact the Florida Public Service Commission by using the Florida Relay Service, 1(800)955-8771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Marlene K. Stern, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0862, (850)413-6230

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

25-22.0365 Expedited Dispute Resolution Process for Telecommunications Companies.

(1) The purpose of this rule is to establish an expedited process for resolution of disputes between telecommunications companies ("companies").

(2) To be considered for the expedited process:

(a) The dispute must involve only two parties; and,

(b) The companies involved in the dispute must have attempted to resolve the issue or issues informally.

(3) To initiate the expedited dispute resolution process, the complainant company must file with the Commission a request for expedited proceeding, direct testimony, and exhibits, and must simultaneously serve the filing on the other company involved in the dispute. The request for expedited proceeding is in lieu of the petition required by Rule 28-106.201, Florida Administrative Code.

(4) The request for expedited proceeding must include:

(a) The name, address, telephone number, fax number and e-mail address of the complainant company and its representative to be served, if different from the company;

(b) A statement of the specific issue or issues to be litigated and the complainant company’s position on the issue or issues;

(c) The relief requested;

(d) A statement attesting to the fact that the complainant company attempted to resolve the dispute informally; and,

(e) An explanation of why the use of this expedited process is appropriate. The explanation of why use of the expedited process is appropriate shall include a discussion of the following:

1. The complexity of the issues;

2. The policy implications that resolution of the dispute is expected to have, if any;

3. The topics on which the company plans to conduct discovery, including a description of the nature and quantity of information expected to be exchanged;

4. The specific measures taken to resolve the dispute informally; and,

5. Any other matter the company believes relevant to determining whether the dispute is one suited for expedited resolution.

(5) The request for expedited proceeding shall be dismissed if it does not substantially comply with the requirements of paragraphs (2), (3) and (4), above. The first dismissal shall be without prejudice.

(6) The respondent company may file a response to the request. The response must be filed within 14 days of the filing of the request for expedited proceeding.

(a) The response shall include the name, address, telephone number, fax number and e-mail address of the respondent and the respondent’s representative to be served, if different from the respondent.

(b) The response to the request may include any information that the company believes will help the Prehearing Officer decide whether use of the expedited dispute resolution process is appropriate. Such information may include, but is not limited to:

1. The respondent’s willingness to participate in this process;

2. A statement of the specific issue or issues to be litigated from the respondent’s perspective, and the respondent’s position on the issue or issues;

3. A discussion of the topics listed in (4)(b)-(e)1.-5. above.

(7) If a response to the request for expedited proceeding is not filed within 14 days of the request for expedited ruling, the Prehearing Officer will decide whether use of the expedited proceeding is appropriate based on the factors provided in Section 364.058(3), Florida Statutes, and the materials initially filed by the complainant company.

(8) Unless otherwise provided by order of the Prehearing Officer based on the unique circumstances of the case, the schedule for each expedited case will be as follows:

(a) Day 0 – request for expedited proceeding, direct testimony and exhibits are filed;

(b) Day 14 – deadline for filing a motion to dismiss, and a response to the request for expedited proceeding;

(c) Day 21 – deadline for filing a response to the motion to dismiss, if one is filed;

(d) Day 42 – deadline for the Commission staff to file testimony;

(e) Day 56 – deadline for the respondent to file rebuttal testimony.

(9) Closing arguments shall be made in lieu of post-hearing briefs.

(10) The Commission shall make a decision on the dispute within 120 days of receiving the complainant company’s request for expedited proceeding, direct testimony and exhibits.

(11) Responses to discovery requests shall be made within 15 days of service of the discovery requests;

(12) Service of all documents on the parties shall be by e-mail or facsimile. An additional copy shall be furnished by hand delivery, overnight mail or U.S. mail. Filing of all documents with the Commission shall be by hand delivery, overnight mail or any method of electronic filing available under the Commission rules.

(13) If, in the course of an expedited proceeding, a motion to intervene is granted, then the proceeding will no longer be considered an expedited proceeding under this rule.

(14) Nothing in this rule shall prevent the Commission from initiating an expedited proceeding on its own motion. Once the Commission has determined that use of an expedited proceeding is appropriate, nothing in this rule shall prevent the Commission from making a later determination that the case is no longer appropriate for an expedited proceeding.

Specific Authority 350.127(2) FS. Law Implemented 364.058 FS. History—New

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Florida Land Sales, Condominiums and Mobile Homes

RULE TITLE: Forms
 RULE NO.: 61B-15.0012

PURPOSE AND EFFECT: The purpose of the changes is to correct errors and add missing items to the form receipt for condominium documents.

SUBJECT AREA TO BE ADDRESSED: As required by Rule 61B-18.004, Florida Administrative Code, condominium developers must provide the form receipt for documents to condominium purchasers. The form must indicate which documents were provided to purchasers and contain the purchaser’s signature. The developer must provide a copy of the signed form to purchasers.

SPECIFIC AUTHORITY: 718.501(1)(f), 718.502(1)(c), 718.621 FS.

LAW IMPLEMENTED: 718.403, 718.502, 718.503, 718.504, 718.618(8) FS.

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

TIME AND DATE: 10:00 a.m., March 30, 2004

PLACE: Conference Room 440, Fuller-Warren Building, 201 W. Bloxham Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshops asked to advise the agency at least 48 hours before the workshop by contacting: Sharon A. Elzie, Senior Management Analyst II, (850)488-1631. If you are hearing or speech impaired, please contact the agency by calling 1(800)955-8771.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Sharon A. Elzie, Senior Management Analyst II, Division of Florida Land Sales, Condominiums and Mobile Homes, 1940 North Monroe Street, Tallahassee, Florida 32399-1030

A copy of the rule amendment is available online at <http://www.myflorida.com/portal>, <Find an Agency, <DBPR, <Land Sales, <Condominiums.

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Florida Land Sales, Condominiums, and Mobile Homes

RULE TITLES:	RULE NOS.:
Procedure for Filing	61B-17.002
Examination of Documents	61B-17.005
Filing and Examination of Amendments to Documents	61B-17.006

PURPOSE AND EFFECT: The changes would require that corrections to initial filings and amendments be submitted to the division with an itemized cover page and corrected pages that are coded to show additions and deletions. The change would facilitate the division’s review of lengthy corrections to condominium documents. The changes would delete unnecessary language related to the method of binding voluminous documents submitted to the division. With regard to purchase contract amendments, the rule changes would address a practical problem faced by the division and industry alike with regard to individual purchaser modifications to the approved form purchase contract at the point of sale. Current law provides that all amendments to approved documents must be filed with the division for approval and the purchaser must have 15 days after receipt of approved documents in which to

rescind the contract. Given that contracts between the developer and condominium purchasers are considered to be contracts of adhesion, the division has a duty to review all such amendments to ensure consistency with chapter 718, F.S. However, in many instances, an individual purchaser wishes to change a provision of the form contract in a manner that does not conflict with, or reduce purchaser rights or remedies under, Chapter 718, F.S. Some developers do not allow any changes to the form purchase contract, knowing that all such changes must be approved by the division and may open a new rescission window. The proposed rule would provide that separately attached addenda or modifications to the form purchase contract are not considered “amendments” and need not be filed with the division so long as the modifications do not contain any waiver of purchaser rights or other inconsistencies with Chapter 718, F.S., and related rules.

SUBJECT AREA TO BE ADDRESSED: The proposed rule changes relate to the filing and review process including the need for redlining of corrections submitted by developers and filing requirements for certain contract modifications made by the purchaser at the point of sale.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No statement of estimated regulatory costs 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: 718.501(1)(f), 718.502(1)(c) FS.

LAW IMPLEMENTED: 718.502, 718.503, 718.504 FS.

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

TIME AND DATE: 10:00 a.m., March 30, 2004

PLACE: Conference Room 440, Fuller-Warren Building, 201 W. Bloxham Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/hearing/meeting is asked to advise the agency at least 48 hours before the workshop by contacting: Sharon A. Elzie, Senior Management Analyst II, (850)488-1631. If you are hearing or speech impaired, please contact the agency by calling 1(800)955-8771.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Sharon A. Elzie, Senior Management Analyst II, Division of Florida Land Sales, Condominiums and Mobile Homes, 1940 North Monroe Street, Tallahassee, Florida 32399-1030

A copy of the rule amendment is available on line at <http://www.myflorida.com/portal>, <Find an Agency, <DBPR, <Land Sales, Condominiums and Mobile Homes.

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Commission

RULE TITLES:	RULE NOS.:
Pre-licensing Education for Broker and Sales Associate Applicants	61J2-3.008
Continuing Education for Active and Inactive Broker and Sales Associate Licensees	61J2-3.009
Post-licensing Education for Active and Inactive Broker and Sales Associate Licensees	61J2-3.020

PURPOSE AND EFFECT: The purpose of the proposed rule development workshop is to discuss possible incorporation of the end-of-course item writing guideline relating to pre-licensing, post-licensing and continuing education.

SUBJECT AREA TO BE ADDRESSED: The proposed rule development affects rule provisions relating to pre-licensure, post-licensure and continuing education for real estate licensees.

SPECIFIC AUTHORITY: 455.2123, 475.01(1)(d),(e),(2), 475.05, 475.17, 475.42(1)(c) FS.

LAW IMPLEMENTED: 455.2123, 475.04, 475.17, 475.182, 475.183, 475.451 FS.

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

TIME AND DATE: 8:30 a.m., or as soon thereafter as possible, March 16, 2004

PLACE: Division of Real Estate, Commission Meeting Room 901, North Tower, 400 West Robinson Street, Orlando, Florida 32801

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Lori Crawford, Deputy Clerk, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N801, Orlando, Florida 32801

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DEPARTMENT OF HEALTH

Division of Medical Quality Assurance

RULE TITLE:	RULE NO.:
Office Surgery: Registration Requirements, Fees	64B-4.003

PURPOSE AND EFFECT: The Department proposes new Rule 64B-4.003 setting forth the requirements and fees for registering an office performing level II and level III surgical procedures.

SUBJECT AREA TO BE ADDRESSED: Office surgery, registration requirements, fees.

SPECIFIC AUTHORITY: 456.004, 458.309(3), 459.005(2) FS.

LAW IMPLEMENTED: 458.309(3), 459.005(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 PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Crystal A. List, Department of Health, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399

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

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE:	RULE NO.:
Disciplinary Guidelines	64B8-8.001

PURPOSE AND EFFECT: The Board proposes the development of a rule amendment to address the statutory requirement found in Section 456.0575, F.S., with regard to notification of adverse incidents by responsible practitioners.

SUBJECT AREA TO BE ADDRESSED: Notification to patients of adverse incidents.

SPECIFIC AUTHORITY: 456.0375(4)(c), 456.0575, 456.079, 458.309, 458.331(5) FS.

LAW IMPLEMENTED: 456.0375(4)(c), 456.0575, 456.072, 456.079, 458.331(5) 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: Larry McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B8-8.001 Disciplinary Guidelines.

(1) No change.

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

RECOMMENDED RANGE OF PENALTY

VIOLATION	FIRST OFFENSE	SECOND OFFENSE
(a) through (rr) No change. <u>(ss) For the practitioner(s) responsible for the adverse incident, failing to inform a patient, or an individual identified pursuant to Section 765.401(1), F.S., in person about adverse incidents that result in serious harm to the patient. (456.0575, F.S.)</u>	<u>(ss) From a reprimand to probation or denial and an administrative fine of \$1,000 to \$5,000.</u>	<u>(ss) From probation or denial and an administrative fine of \$5,000 to \$10,000.</u>

(3) through (7) No change.

Specific Authority 456.0375(4)(c), 456.0575, 456.079, 458.309, 458.331(5) FS. Law Implemented 456.0375(4)(c), 456.0575, 456.072, 456.079, 458.331(5) FS. History—New 12-5-79, Formerly 21M-20.01, Amended 1-11-87, 6-20-90, Formerly 21M-20.001, Amended 11-4-93, Formerly 61F6-20.001, Amended 6-24-96, 12-22-96, Formerly 59R-8.001, Amended 5-14-98, 12-28-99, 1-31-01, 7-10-01, 6-4-02, 9-10-02, 12-11-02, 8-20-03, _____.

DEPARTMENT OF HEALTH

Board of Medicine

RULE TITLE: Notice of Noncompliance

RULE NO.: 64B8-8.011

PURPOSE AND EFFECT: The Board proposes the development of a rule amendment to address the statutory requirement found in Section 456.0575, F.S., with regard to notification of adverse incidents by non-responsible practitioners.

SUBJECT AREA TO BE ADDRESSED: Notification to patients of adverse incidents.

SPECIFIC AUTHORITY: 456.073(3), 458.309 FS.

LAW IMPLEMENTED: 456.073(3), 456.0575 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: Larry McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B8-8.011 Notice of Noncompliance.

(1) Pursuant to Section 456.073(3), F.S., the Department is authorized to provide a notice of noncompliance for an initial offense of a minor violation if the board establishes by rule a list of minor violations. A minor violation is one which does not endanger the public health, safety, and welfare and which does not demonstrate a serious inability to practice the profession. A notice of noncompliance in lieu of other action is authorized only if the violation is not a repeat violation and only if there is only one violation. If there are multiple violations, then the Department may not issue a notice of noncompliance, but must prosecute the violations under the other provisions of Section 456.073, F.S. There are only two exceptions to the prohibition against use of a notice of noncompliance when there is more than one violation. The first is that a notice of noncompliance may be issued to a registered dispensing practitioner for a first time violation of one or more of the violations listed in paragraph (3)(b), subparagraphs 4., 5., 10., 11., 12., 13., and 14., if there is not evidence of diversion. The second is that a notice of noncompliance may be issued to a licensee for a first time violation of one or both of the violations listed in paragraph (3)(c). Failure of a licensee to take action in correcting the violation within 15 days after notice may result in the institution of regular disciplinary proceedings.

(2) No change.

(3) The following violations are those for which the board authorizes the Department to issue a notice of noncompliance.

(a) No change.

(b) Failure to perform one of the following statutory or legal obligations:

1. through 17. No change.

18. First occurrence of failing to comply with the provisions of Sections 456.0575, F.S., to notify the patient or an individual identified pursuant to Section 765.401(1), F.S., in person about adverse incidents that result in serious harm to the patient, for the practitioner(s) who was not responsible for the adverse incident.

(c) through (d) No change.

Specific Authority 456.073(3), 458.309 FS. Law Implemented 456.073(3), 456.0575 FS. History—New 11-15-90, Formerly 21M-20.011, 61F6-20.011, 59R-8.011, Amended 1-27-00, 1-8-02, 1-12-03, _____.

DEPARTMENT OF HEALTH

Board of Orthotists and Prosthetists

RULE TITLE: Definitions
 RULE NO.: 64B14-3.001

PURPOSE AND EFFECT: The Board proposes to review the existing language in this rule to determine if any amendments are necessary.

SUBJECT AREA TO BE ADDRESSED: Definitions.

SPECIFIC AUTHORITY: 456.035(1), 468.802 FS.

LAW IMPLEMENTED: 456.035(1), 468.802, 468.803, 468.805, 468.807, 468.808, 468.809 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: Joe Baker, Jr., Executive Director, Board of Orthotists and Prosthetists, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399

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

DEPARTMENT OF HEALTH

Board of Osteopathic Medicine

RULE TITLE: Continuing Education for Biennial Renewal
 RULE NO.: 64B15-13.001

PURPOSE AND EFFECT: The Board proposes the development of rule amendments to address requirements for continuing education.

SUBJECT AREA TO BE ADDRESSED: The proposed rule amendments clarify the number of hours for specified continuing medical education; address the criteria for the Laws and Rules course; and address continuing medical education for Board members.

SPECIFIC AUTHORITY: 459.005, 459.008(4) FS.

LAW IMPLEMENTED: 456.013(5),(6),(7), 459.008, 459.008(4) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Pamela King, Executive Director, Board of Osteopathic Medicine/MQA, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B15-13.001 Continuing Education for Biennial Renewal.

(1)(a) Every person licensed pursuant to Chapter 459, F.S., except those licensed as physician assistants pursuant to Section 459.022, F.S., shall be required to complete forty (40) hours of continuing medical education courses approved by the Board in the twenty-four (24) months preceding each biennial renewal period as established by the Department. Seven of the continuing medical education hours required for renewal shall be one hour HIV/AIDS course, one hour Domestic Violence, one hour Risk Management Course, one hour Florida Laws and Rules, one hour on the laws regarding the use and abuses of controlled substances ~~Managed Care Course~~, and two hours Prevention of Medical Errors Course.

(b) No change.

(2) At least twenty (20) of the forty (40) hours of the continuing medical education required under this rule shall be American Osteopathic Association approved Category I-A continuing education related to the practice of osteopathic medicine or under osteopathic auspices.

(3)(a) No change.

(b) ~~The seven (7) hours of continuing medical education found in paragraph 64B15-13.001(1)(a), F.A.C., with regard to Risk Management, Florida Laws and Rules, controlled substances and the prevention of medical errors shall be obtained by the completion of live, participatory attendance courses. However the continuing medical education found in paragraph 64B15-13.001(1)(a), F.A.C., with regard to HIV/AIDS, domestic violence, or the alternative end-of-life/palliative care as set forth in subsection (7) of this rule may be obtained by the completion of non-live/participatory attendance as provided in subsection (4) of this rule.~~

~~(c) For purposes for this rule, managed care means a discussion on quality assurance; utilization review; chart documentation; contracting with medical organizations; conflicts with the medical practice act; and ethical, moral and legal issues as it relates to the physician's ability to impact on the patient's health, safety and welfare.~~

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

~~(d)(e) The one hour of Risk Management may be fulfilled by attending at least three (3) hours of disciplinary hearings at a regular meeting of the Board of Osteopathic Medicine in compliance with the following:~~

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

3. The licensee must sign out with the Executive Director of the Board, or designee, at the end of the meeting day or at such other earlier time as affirmatively authorized by the Board. The licensee may receive CME credit in risk management for attending the disciplinary portion of a Board

meeting only if the licensee is attending on that day solely for that purpose; the licensee may not receive such credit if appearing at the Board meeting for another purpose. Members of the Board of Osteopathic Medicine may receive up to 10 hours of risk management credit per biennium for such attendance at ~~the one full day of~~ disciplinary hearings ~~of at a~~ regular meetings of the Board.

4. No change.

~~(e)(f)~~ No change.

(4) No change.

(5) Home study hours up to a maximum of eight (8) hours per biennium may be utilized toward continuing education requirements for renewal ~~excluding the seven hours listed in paragraph 64B15-13.001(1)(a), F.A.C.~~ In order to be acceptable, said home study hours must be approved by the AOA, the AMA, the Board, or approved for credit as a college or university extension course with approved grading and evaluation standards.

(6) through (8) No change.

Specific Authority 459.005, 459.008(4) FS. Law Implemented 456.013(5),(6),(7), 459.008, 459.008(4) FS. History—New 10-23-79, Amended 1-29-86, Formerly 21R-13.01, Amended 12-5-89, 4-8-91, 2-16-92, Formerly 21R-13.001, Amended 1-10-94, Formerly 61F9-13.001, Amended 10-25-95, Formerly 59W-13.001, Amended 1-19-98, 6-3-98, 4-14-99, 5-26-02,

DEPARTMENT OF HEALTH

Board of Osteopathic Medicine

RULE TITLE: Standards of Care for Pain Management Centers

RULE NO.: 64B15-14.0055

PURPOSE AND EFFECT: The Board proposes the development of a rule to address the appropriate standard of care for pain management centers.

SUBJECT AREA TO BE ADDRESSED: The appropriate standard of care criteria for pain management centers.

SPECIFIC AUTHORITY: 459.015(1)(z) FS.

LAW IMPLEMENTED: 459.015(1)(z) 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: Pamela King, Executive Director, Board of Osteopathic Medicine/MQA, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256

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

DEPARTMENT OF HEALTH

Board of Osteopathic Medicine

RULE TITLE: Aggravating or Mitigating Circumstances

RULE NO.: 64B15-19.003

PURPOSE AND EFFECT: The Board proposes the development of rule amendments to address criteria with regard to aggravating and mitigating circumstances for the purpose of imposing discipline.

SUBJECT AREA TO BE ADDRESSED: Aggravating and mitigating circumstances for the purpose of imposing discipline.

SPECIFIC AUTHORITY: 456.079 FS.

LAW IMPLEMENTED: 456.079 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: Pamela King, Executive Director, Board of Osteopathic Medicine/MQA, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B15-19.003 Aggravating or Mitigating Circumstances.

When either the petitioner or respondent is able to demonstrate aggravating or mitigating circumstances to the board by clear and convincing evidence, the board shall be entitled to deviate from the above guidelines in imposing discipline upon an applicant or licensee. Absence of any such evidence of aggravating or mitigating circumstances before the hearing officer prior to the issuance of a recommended order shall not relieve the board of its duty to consider evidence of mitigating or aggravating circumstances. Aggravating and mitigating circumstances shall include, but not be limited to the following ~~Based upon the following factors, the board may impose disciplinary action other than the penalties recommended above:~~

~~(1)~~ The severity of the offense;

~~(1)(2)~~ The danger to the public;

~~(3)~~ The number of repetitions of offenses;

~~(2)(4)~~ The length of time since the violations;

~~(3)(5)~~ The number of times the licensee has been previously disciplined by the Board;

~~(4)(6)~~ The length of time the licensee has practiced;

~~(5)(7)~~ The actual damage, physical or otherwise, caused by the violation;

~~(6)(8)~~ The deterrent effect of the penalty imposed;

~~(7)(9)~~ The effect of penalty upon the licensee's livelihood;

~~(8)(10)~~ Any effort of rehabilitation by the licensee;

(9)(11) The actual knowledge of the licensee pertaining to the violation;

(10)(12) Attempts by the licensee to correct or stop violations or refusal by licensee to correct or stop violations;

(11)(13) Related violations against licensee in another state, including findings of guilt or innocence, penalties imposed and penalties served;

(12)(14) The actual negligence of the licensee pertaining to any violations;

(13)(15) The penalties imposed for related offenses;

(14)(16) The pecuniary gain to the licensee;

(15)(17) Any other relevant mitigating or aggravating factors under the circumstances. Any penalties imposed by the board may not exceed the maximum penalties set forth in Section 459.015(2), F.S.

Specific Authority 456.079 FS. Law Implemented 456.079 FS. History--New 9-30-87, Formerly 21R-19.003, 61F9-19.003, 59W-19.003, Amended _____.

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE TITLE: Labels and Labeling of Medicinal Drugs – Community Pharmacy Permit
RULE NO.: 64B16-28.402

PURPOSE AND EFFECT: The Board proposes the rule amendment in response to comments from the Joint Administrative Procedures Committee concerning the use of earlier expiration dates than those of the manufacturer, repackager or distributor.

SUBJECT AREA TO BE ADDRESSED: The proposed rule amendment deletes the provision allowing pharmacists to use an earlier expiration date.

SPECIFIC AUTHORITY: 465.005, 465.022 FS.

LAW IMPLEMENTED: 465.022(1), 465.0255 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: Danna Droz, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B16-28.402 Labels and Labeling of Medicinal Drugs – Community Pharmacy Permit.

(1) The label affixed to a container used in dispensing non-controlled substances in regard to conventional dispensing shall contain at least the following information:

(a) through (g) No change.

(h) The expiration date of the drug product provided by the drug manufacturer, repackager, or distributor. ~~The pharmacist may choose to use an earlier expiration date when in the pharmacist’s professional judgement such date is necessary for the safe use of the product.~~ The information required in this subsection may be delivered to the purchaser in other written form. To avoid patient confusion the information required by this subsection must be in the following format: “Discard after (date).” When the drug product is dispensed for administration to the inpatient of a nursing home in unit dose packaging bearing appropriate expiration date, the “Discard after _____ (date)” requirement is waived.

(2) through (3) No change.

Specific Authority 465.005, 465.022 FS. Law Implemented 465.022(1), 465.0255 FS. History--New 7-3-91, Formerly 21S-28.402, Amended 12-27-93, Formerly 61F10-28.402, 59X-28.402, Amended 9-17-97, _____.

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE TITLE: Centralized Prescription Filling
RULE NO.: 64B16-28.450

PURPOSE AND EFFECT: The Board proposes the rule amendments in response to comments from the Joint Administrative Procedures Committee.

SUBJECT AREA TO BE ADDRESSED: The proposed rule amendments clarify the requirements for supplier pharmacies and receiving pharmacies engaged in centralized prescription filling.

SPECIFIC AUTHORITY: 465.003, 465.005, 465.0265 FS.

LAW IMPLEMENTED: 465.003(16), 465.0265 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: Danna Droz, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B16-28.450 Centralized Prescription Filling.

~~Pharmacies acting as the supplier pharmacy under the centralized prescription filling of Section 465.0265, F.S., shall be licensed as either a community pharmacy or a non-resident pharmacy as appropriate.~~

(1) As used herein:

(a) The term “receiving pharmacy” means a pharmacy wherein the prescription which will be filled by the supplier pharmacy is initially presented. A “receiving pharmacy” is also

the pharmacy which will dispense the medication once the prescription has been filled by the supplier pharmacy and then delivered to the receiving pharmacy; and.

(b) The term "supplier pharmacy" means a pharmacy which performs centralized prescription filling for one or more receiving pharmacies.

(2) Pharmacies acting as the supplier pharmacy must be authorized to dispense medications under the provisions of Chapter 465, Florida Statutes, and the rules promulgated thereto.

(3)(1) A community pharmacy which acts as the supplier pharmacy and which notifies limiting its dispensing to centralized prescription filling who file notice with the Board that its such pharmacy practice is so limited only to such practice shall be exempt from the following rules:

(a) through (c) No change.

(4)(2) All supplying and receiving pharmacies engaged in centralized prescription filling shall create and keep current a Policy and Procedure Manual which shall:

(a) Be prepared and maintained at the locations of specific to the supplying and receiving pharmacies; pharmacy at both locations;

(b) Include the information Appropriately address each of the elements required in by Sections 465.0265(2)(a)-(f), F.S.; and

(c) Be reviewed and found compliant with this section and Section 465.0265, Florida Statutes, by a board representative prior to initiation of service.

(5)(3) Delivery of medications by the supplying pharmacy shall only be made to the receiving pharmacy for dispensing. Such delivery must be made where the prescription resides and must be in a timely manner.

(6)(4) No change.

(5) The receiving pharmacy shall notify prescription drug patrons of the pharmacy by printed notice or signage that a central pharmacy may be involved in the preparation of dispensed prescription drug products.

Specific Authority 465.003,465.005, 465.0265 FS. Law Implemented 465.003(16), 465.0265 FS. History--New 9-23-03, Amended _____.

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE TITLE: RULE NO.:

Criteria for the Selection of Consultants 64B16-30.004

PURPOSE AND EFFECT: The Board proposes a new rule to establish criteria for the selection of consultant pharmacists to the Department of Health.

SUBJECT AREA TO BE ADDRESSED: The proposed new rule sets forth the eligibility requirements a pharmacist must meet to act as a consultant.

SPECIFIC AUTHORITY: 456.004(8), 465.005 FS.

LAW IMPLEMENTED: 456.004(8) 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: Danna Droz, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B16-30.004 Criteria for the Selection of Consultants.

(1) In order to be eligible to act as a pharmacy consultant for the Department of Health (Department) an individual must meet the following criteria:

(a) Five (5) years current continuous practice as a pharmacist;

(b) The capacity to discuss with and enlist the cooperation of other pharmacists and physicians licensed pursuant to Chapters 458, 459, 461, and 462, Florida Statutes, and attorneys, Department investigators, and state law enforcement officials dealing in pharmacy matters;

(c) Not have had a pharmacist or other health care license suspended, revoked, or otherwise disciplined, except that a disciplinary penalty of an administrative fine and/or probationary period only imposed more than five (5) years prior to the licensee's consideration as a consultant shall not disqualify the pharmacist from consideration; and.

(d) Not be currently under investigation by the Department, or by any State or Federal Department.

(2) At the time it selects a consultant, the Department will notify the Chair of the Probable Cause Panel, or if applicable, the chair of any other Board committee with an interest in the consultant's duties.

Specific Authority 456.004(8), 465.005 FS. Law Implemented 456.004(8) FS. History--New _____.

DEPARTMENT OF HEALTH

Board of Respiratory Care

RULE TITLE: RULE NO.:

Spouses of Members of Armed Forces Exemption 64B32-1.010

PURPOSE AND EFFECT: The Board proposes to update the existing rule text.

SUBJECT AREA TO BE ADDRESSED: Spouses of Members of Armed Forces Exemption.

SPECIFIC AUTHORITY: 456.024(2) FS.

LAW IMPLEMENTED: 456.024(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 PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Kaye Howerton, Board Executive Director, Board of Respiratory Care, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B32-1.010 Spouses of Members of Armed Forces Exemption.

A licensee who is the spouse of a member of the Armed Forces of the United States shall be exempt from all licensure renewal provisions for any period of time when the licensee is absent from the State of Florida due to the spouse's duties with the Armed Forces. The licensee must document the absence and the spouse's military status to the Board. The licensee is required to notify the Board of a change in status within six months of the licensee's return to the State of Florida or the spouse's discharge from active duty. If the change of status occurs within the second half of the biennium, the licensee is exempt from the continuing education requirement for that biennium.

Specific Authority 456.024(2) FS. Law implemented 456.024(2) FS. History--New 1-6-02, Amended _____.

DEPARTMENT OF HEALTH

Board of Respiratory Care

RULE TITLE: Mediation
 RULE NO.: 64B32-5.006

PURPOSE AND EFFECT: The Board proposes to update existing rule text.

SUBJECT AREA TO BE ADDRESSED: Mediation.

SPECIFIC AUTHORITY: 456.078 FS.

LAW IMPLEMENTED: 456.078 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Kaye Howerton, Board Executive Director, Board of Respiratory Care, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B32-5.006 Mediation.

(1) "Mediation" means a process whereby a mediator appointed by the Department acts to encourage and facilitate resolution of a legally sufficient complaint. It is an informal and nonadversarial process with the objective of assisting the parties to reach a mutually acceptable agreement. When an offense subject to mediation is also a citation violation, the mediator shall be informed regarding the citation penalty for the offense.

(2) For purposes of Section 456.078, F.S., the Board designates as being appropriate for mediation:

(a) First first time violations of subsection 64B32-6.001(2), F.A.C., failure to respond to a continuing education audit.

(b) Failure to notify the Department of a change of address as required by Rule 64B32-1.006, F.A.C., if there is a dispute and the Respondent did not timely respond to a notice of noncompliance.

(c) Issuance of a bad check to the Department under Section 468.365(1)(l), F.S. if there is a dispute and the Respondent did not timely respond to a notice of noncompliance.

(d) Violation of continuing education requirements under Section 468.361, F.S.

(e) Unprofessional conduct violations under Rule 64B32-5.003, F.A.C.

(f) Exercising influence on a patient to exploit the patient for financial gain under Section 468.365(1)(u), F.S.

(g) Failure to pay required fees and/or fines in a timely matter if disputed under Section 468.365(1)(i), F.S.

Specific Authority 456.078 FS. Law Implemented 456.078 FS. History--New 3-21-95, Formerly 59R-74.005, 64B8-74.005, Amended _____.

DEPARTMENT OF HEALTH

Board of Respiratory Care

RULE TITLE: Citations
 RULE NO.: 64B32-5.007

PURPOSE AND EFFECT: The Board proposes to update existing rule text.

SUBJECT AREA TO BE ADDRESSED: Citations.

SPECIFIC AUTHORITY: 456.077 FS.

LAW IMPLEMENTED: 456.072(3), 456.077 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Kaye Howerton, Board Executive Director, Board of Respiratory Care, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B32-5.007 Citations.

(1) Pursuant to Section 456.077, F.S., the Board sets forth below those violations for which there is no substantial threat to the public health, safety, and welfare; or, if there is a substantial threat to the public health, safety, and welfare, such potential for harm has been removed prior to the issuance of the citation. Next to each violation is the penalty to be imposed. All citations will include a requirement that the subject correct the violation, if remediable, within a specified period of time not to exceed 60 days, and impose whatever obligations will remedy the offense, except documentation of completion of continuing education requirements shall be as specified in paragraph (2)(a). If the violation is not corrected, or is disputed, the Department shall follow the procedure set forth in Section 456.073, F.S. In addition to any administrative fine imposed, the Respondent shall ~~may~~ be required by the Department to pay the costs of investigation. The form to be used is specified in the rules of the Department of Health.

(2) The following violations with accompanying penalty may be disposed of by citation with the specified penalty:

(a) Violations of continuing education requirements required by Sections 468.361(2), (3), or (4), F.S.: within six months of the date citation is issued, licensee must submit certified documentation of completion of all the CE requirements for the period for which the citation was issued; prior to renewing the license for the next biennium, licensee must document compliance with the CE requirements for the relevant period; ~~AND,~~

(b) No change.

(c) Practicing on a delinquent license under Section 468.365(1)(x), F.S. if the license is renewed to active status within 120 days of the date the license should have been renewed: \$200 \$50 fine for each month or part thereof.

(d) No change.

(e) Failure to keep written respiratory care records justifying the reason for the action taken ~~by the certificateholder or registrant~~ on only one patient under Section 468.365(1)(t), F.S.: \$100 fine.

(f) No change.

(g) Exercising influence on a patient to exploit the patient for financial gain by promoting or selling services, goods, appliances or drugs under Section 468.365(1)(u), F.S., where the patient has received a refund within 30 days of purchase: \$1,000 fine.

(h) Failure to submit compliance documentation after within 45 days from the receipt of the continuing education audit notification under Section 468.365(1)(x), F.S.: \$150 fine.

(i) Failure to provide satisfaction including the costs incurred following within 45 days of receipt of the Department's notification of a check dishonored for insufficient funds under Section 468.365(1)(l), F.S.: \$150 fine.

(j) Failure to pay required fees and/or fines in a timely manner under Section 468.365(1)(i), F.S.: \$150 fine.

(3) No change.

(4) ~~The procedures described herein apply only for an initial violation. Subsequent violation(s) of the same rule or statute shall require the procedures of Section 456.073, F.S., to be followed. In addition, should~~ When an initial violation for which a citation could be issued ~~occurs~~ occurs in conjunction with a violation or other violations for which a citation could not be issued, the procedures of Section 456.073, F.S., shall apply.

(5) No change.

(6) The Department of Health shall periodically at the end of each calendar quarter, submit a report to the Board regarding the number and nature of the citations issued, the penalties imposed, and the level of compliance, containing the name of the licensee, the violation, and the fine imposed, and the number of licensees who elected to follow the procedures of Section 456.073, F.S.

Specific Authority 456.077 FS. Law Implemented 456.072(3), 456.077 FS. History—New 5-19-96, Formerly 59R-74.006, 64B8-74.006, Amended 1-6-02, _____

DEPARTMENT OF HEALTH

Board of Respiratory Care

RULE TITLE: Notice of Noncompliance
 RULE NO.: 64B32-5.008
 PURPOSE AND EFFECT: The Board proposes to create a new rule.

SUBJECT AREA TO BE ADDRESSED: Notice of Noncompliance.

SPECIFIC AUTHORITY: 120.695, 456.073(3), 486.025 FS.

LAW IMPLEMENTED: 120.695, 456.073(3) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Kaye Howerton, Board Executive Director, Board of Respiratory Care, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B32-5.008 Notice of Noncompliance.

In accordance with Sections 456.073, F.S. and 120.695, F.S., the Board shall issue a notice of noncompliance as a first response to a minor violation of a rule. Failure of a licensee to take action to correct the violation within 15 days shall result in either the issuance of a citation when appropriate or the initiation of regular disciplinary proceedings. The minor violations which shall result in a notice of noncompliance are:

(1) Failure to notify of a change of address within 60 days as required by Rule 64B17-6.004, F.A.C.

(2) Non-intentional issuance of a bad check to the Department under Section 486.125(1)(k), Florida Statutes.

Specific Authority 120.695, 456.073(3), 486.025 FS. Law Implemented 120.695, 456.073(3) FS. History—New

DEPARTMENT OF HEALTH

Board of Respiratory Care

RULE TITLE: RULE NO.:

Procedures for Approval of Attendance at Continuing Education Courses 64B32-6.004

PURPOSE AND EFFECT: The Board proposes to update the existing rule text.

SUBJECT AREA TO BE ADDRESSED: Procedures for Approval of Attendance at Continuing Education Courses.

SPECIFIC AUTHORITY: 468.353(1), 468.361(2) FS.

LAW IMPLEMENTED: 468.361(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 PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Kaye Howerton, Board Executive Director, Board of Respiratory Care, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B32-6.004 Procedures for Approval of Attendance at Continuing Education Courses.

(1) No change.

(2) Excluding any recertification, review, refresher, or preparatory courses, all licensees shall be awarded contact hours for:

(a) Attendance at offerings that are approved by:

1. through 3. No change.

(b) Attendance at all offerings that are conducted by institutions approved by the Committee on Accreditation For Respiratory Care (CoARC) Joint Review Committee for Respiratory Therapy Education (JRCTE);

(c) No change.

(d) Successful completion of the following certification classes, up to a maximum total of 16 hours per biennium:

1. Advanced cardiac life support;

2. Neonatal resuscitation program;

3. Pediatric advanced life support.

(e)(f) Successful completion of the following recertification classes, up to a maximum total of 8 hours per biennium;

1. through 3. No change.

(f)(g) Successful passage, one time per biennium, of the following recertifying examinations given by the National Board for Respiratory Care (NBRC):

1. through 2. No change.

3. Certified Respiratory Therapist Recertifying Therapy Technician Entry Examination – maximum of 3 hours;

4. through 5. No change.

(g)(h) No change.

(3) through (4) No change.

Specific Authority 468.353(1), 468.361(2) FS. Law Implemented 468.361(2) FS. History—New 4-29-85, Formerly 21M-38.04, Amended 9-29-86, 11-29-88, 9-24-92, 10-15-92, Formerly 21M-38.004, Amended 1-2-94, 7-10-94, Formerly 61F6-38.004, Amended 11-1-94, 3-14-95, 7-18-95, 4-24-96, 8-27-96, Formerly 59R-75.004, 64B8-75.004, Amended 6-8-00, 5-7-01, 1-22-03, 7-29-03.

FISH AND WILDLIFE CONSERVATION COMMISSION

Marine Fisheries

RULE CHAPTER TITLE: RULE CHAPTER NO.:

Gear Specifications and Prohibited Gear 68B-4

RULE TITLES: RULE NOS.:

Gear Definitions 68B-4.002

Boca Grande Pass Gear Restrictions 68B-4.018

PURPOSE AND EFFECT: The purpose of this rule development effort, in conjunction with the proposed repeal of Rule 68B-32.005, F.A.C., is to replace provisions governing the tarpon fishery in Boca Grande Pass during the months of April through June each year with generic gear restrictions that would apply to anyone fishing in the pass during that time regardless of the target species. The principle feature of the new restrictions is the prohibition of the use of breakaway gear in Boca Grande Pass. The effect of this effort will be to reduce the amount of non-degradable material deposited on the floor of the pass and to reduce user conflicts among all anglers there. SUBJECT AREA TO BE ADDRESSED: Gear restrictions in Boca Grande Pass.

SPECIFIC AUTHORITY: Art. IV, Sec. 9, Florida Constitution.

LAW IMPLEMENTED: Art. IV, Sec. 9, Florida Constitution.

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

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 calendar days before the workshop/meeting by contacting: Cindy Hoffman, ADA Coordinator, (850)488-6411. If you are hearing or speech impaired, please contact the agency by calling (850)488-9542.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: James V. Antista, General Counsel, Fish and Wildlife Conservation Commission, 620 South Meridian Street, Tallahassee, Florida 32399-1600, (850)487-1764

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

68B-4.002 Gear Definitions.

(1) "Breakaway gear" means any bob, float, weight, lure, or spoon that is affixed to a fishing line or hook with wire, line, rubber bands, plastic ties, or other fasteners designed to break off when a fish is caught.

(1) through (17) renumbered (2) through (18) No change.

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Art. X, Sec. 16, Fla. Const. History--New 1-1-89, Amended 11-26-92, 1-1-97, 4-27-98, Formerly 46-4.002, Amended 12-2-99,_____.

68B-4.018 Boca Grande Pass Gear Restrictions.

(1) BOCA GRANDE PASS – For purposes of the restrictions specified in subsections (2) and (3), Boca Grande Pass shall consist of all waters located within the following boundaries:

Begin at the westernmost edge of the Phosphate Dock (26° 43.216' North Latitude, 82° 15.517' West Longitude) on the southeast bay side of Gasparilla Island; thence proceed due east on a straight line to the westernmost edge of the intracoastal waterway (26° 43.216' North Latitude, 82° 14.703' West Longitude); thence proceed in a southerly direction to the #75 Intracoastal Waterway Marker (26° 42.299' North Latitude, 82° 14.580' West Longitude) on the northeast bay side of Cayo Costa; thence proceed around the northern tip of Cayo Costa along the shore to the QR test buoy (26° 42.002' North Latitude, 82° 15.448' West Longitude) on the northwest Gulf coast side of Cayo Costa; thence proceed westerly on a straight line to the #12 red buoy (26° 42.336' North Latitude, 82° 16.748' West Longitude) marking the entrance to Boca Grande Pass; thence proceed northeast on a straight line to the easternmost edge of the concrete pier ruins (26° 43.165' North Latitude, 82° 15.778' West Longitude) at the lighthouse beach on the southwest Gulf side of Gasparilla Island; thence proceed along the shore around the southern tip of Gasparilla Island to the Phosphate Dock, the point of beginning.

(2) A maximum of three fishing lines may be deployed from a vessel at any one time in Boca Grande Pass during the months of April, May, and June.

(3) The catching or taking of any fish in or from Boca Grande Pass by or with the use of breakaway gear is prohibited.

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const. History--New_____.

DEPARTMENT OF FINANCIAL SERVICES

Division of Insurance Agents and Agency Services

RULE TITLES: RULE NOS.:

Actively Engaged in Business;	
Place Suitably Designated;	
Accessible to Public	69B-221.051
Notice of Change of Address	69B-221.060

PURPOSE AND EFFECT: The purposes of the proposed rule development are to define "full-time" employment for temporary bail bond agents and set forth the minimum number of hours per week that the employer must allow the bond agent to work; to adopt a form for notification of changes of address by bail bond agents; to revise requirements pertaining to the suitability of agent offices; and to make corrections to citations to the laws being implemented.

SUBJECT AREA TO BE ADDRESSED: Regulation of bail bond agents.

SPECIFIC AUTHORITY: 648.26 FS.

LAW IMPLEMENTED: 626.318(2), 648.25, 648.33, 648.34, 648.355, 648.36, 648.365, 649.387, 648.421, 648.44(6), 648.48 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: 1:30 p.m., March 30, 2004

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

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Department at least 5 calendar days before the program by contacting: Jerry Whitmore, (850)413-5600.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Jerry Whitmore, Chief, Bureau of Agent and Agency Investigations, Division of Insurance Agents and Agency Services, Department of Financial Services, 200 E. Gaines Street, Room 416, Larson Building, Tallahassee, FL 32399-0320, (850)413-5600

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

69B-221.051 Actively Engaged in Business; Place Suitably Designated; Accessible to Public.

Every bail bond agent must be actively engaged in the bail bond business; in a building suitably designated as a bail bond agency, which must be maintained open and accessible to the public to render service during reasonable business hours.

(1) No change.

(2) Each bail bond agency and each branch office shall have ~~an a separate and distinct~~ entrance easily accessible to the public and used by the bail bond agent in the regular course of their business dealings with the public. As used in this rule, "accessible to the public" means ~~The entrance shall be suitably designated by a sign or other display, readable from a reasonable distance, which provides at a minimum the agency name and the name of every individually licensed bail bond agent, and temporary bail bond agent employed at that agency location.~~ Additionally, if a bail bond agency is located in a building which maintains a uniform office directory on its premises, the directory shall provide at a minimum the current name of that bail bond agency.

(3) No change.

(4)(a) A temporary bail bond agent must be employed ~~at least 30 hours per week, which is considered working~~ full-time and shall be physically accompanied by the supervising bail bond agent or bail bond agent from the same agency as required by Sections 648.25(9) and 648.355(8), Florida Statutes. As used in this rule, the term "full-time" means that the temporary bail bond agent must work at least 1,540 hours during 12 months of employment as a temporary bail bond agent. This will result in an average of slightly less than 30 hours per week. Each employer of a temporary bail bond agent must provide the temporary bail bond agent the opportunity to work at least 30 hours a week during the period of employment and may allow the temporary bail bond agent to work more than 30 hours per week.

(b) through (c) No change.

Specific Authority 648.26, 648.355(1)(e) FS. Law Implemented 648.25, 648.34, 648.355, 648.387 648.44(6) FS. History—Repromulgated 12-24-74, Amended 7-27-78, 12-23-82, Formerly 4-1.04, 4-1.004, Amended 4-14-97, 7-2-98, 1-22-03,_____.

69B-221.060 Notice of Change of Address.

Each licensee under Chapter 648, Florida Statutes, shall notify in writing the Department of Financial Services Insurance, Bail Bond Section, Larson Building, 200 E. Gaines Street, Tallahassee, Florida 32399-0320, insurer, managing general agent and the clerks of each court in which they are registered, of a change of each business address, telephone number, or name of each agency or firm for which they write bonds within ten (10) working days of such change. Each licensee shall use Form DFS-H2-1564, entitled "Bail Bondsman Notice of Change of Address," which is hereby incorporated and adopted

by reference, to comply with the notice requirements of this rule. This form may be obtained from the address listed above or from the Department's website: www.fldfs.com.

Specific Authority 648.26 FS. Law Implemented 648.421 FS. History—New 12-23-82, Formerly 4-1.17, Amended 9-10-91, Formerly 4-1.017, Amended 4-14-97, 1-22-03,_____.

DEPARTMENT OF FINANCIAL SERVICES

Division of Workers' Compensation

RULE CHAPTER TITLE:	RULE CHAPTER NO.:
Workers' Compensation Claims	69L-3
RULE TITLES:	RULE NOS.:
Purpose	69L-3.001
Definitions	69L-3.002
Procedures for Filing Documents	69L-3.003
Electronic Filing of Worker's Compensation Claims Forms	69L-3.0033
First Report of Injury or Illness: Employer's Responsibility to Record and Report Accidents	69L-3.004
First Report of Injury or Illness: Claims-handling Entity's Responsibility to Record and Report Accidents	69L-3.0045
Wage Statement: Employer's and Claims-handling Entity's Responsibility to Record and Report Wages	69L-3.0046
Fraud Statements	69L-3.0047
Funeral Expense Bills	69L-3.0085
Notice of Action / Change	69L-3.0091
Notice of Denial	69L-3.012
Claim Cost Report	69L-3.016
Wage Loss Benefits Due to Permanent Impairment (Dates of Accident August 1, 1979 through December 31, 1993)	69L-3.018
Wage Loss Benefits (Date of Accident August 1, 1979 through December 31, 1993)	69L-3.019
Temporary disability Benefits (Dates of Accident January 1, 1994 through September 30, 2003)	69L-3.0191
Temporary Disability Benefits (Dates of Accident on or After October 1, 2003)	69L-3.01915
Impairment Income Benefits (Dates of Accidents January 1, 1994 through September 30, 2003)	69L-3.0192
Impairment Income Benefits (Dates of Accident on or After, October 1, 2003)	69L-3.01925
Supplemental Income Benefits (Dates of Accident January 1, 1994 through September 30, 2003)	69L-3.0193
Permanent Total and Permanent Total Supplemental Benefits for Dates of Accident Prior to October 1, 2003	69L-3.0194

Permanent Total and Permanent Total Supplemental Benefits for Dates of Accident on or after October 1, 2003	69L-3.01945
Permanent Total and Permanent Total Supplemental Benefits Forms	69L-3.0195
Additional Income Source Reports	69L-3.021
Monthly Risk Class/SIC Code Report	69L-3.0212
Aggregate Claims Administration Change Report	69L-3.0213
Aggregate Defense Attorney Fee Report Forms	69L-3.0214
	69L-3.025

PURPOSE AND EFFECT: The purpose and effect of the proposed rewrite is to clarify the filing requirements and timeframes of statutory required workers' compensation claim forms, and clarify the payment of compensation benefits to the injured worker.

SUBJECT AREA TO BE ADDRESSED: New filing requirements and revised claim forms regarding workers' compensation claims.

SPECIFIC AUTHORITY: 440.105(7), 440.14, 440.14(5), 440.15, 440.15(1)(f)2., 440.15(2), 440.15(2)(d), 440.15(3)(b), 440.15(3)(f), 440.15(4), 440.15(4)(e), 440.185, 440.185(2), 440.185(4), 440.185(5), 440.185(9), 440.185(10), 440.19, 440.20, 440.20(3), 440.20(15)(f), 440.207(2), 440.345, 440.35, 440.38(2), 440.38(5), 440.38(6), 440.41, (1993), 440.51(8), 440.51(9), 440.591, 440.593 FS.

LAW IMPLEMENTED: 440.105(7), 440.12, 440.12(2), 440.13, 440.14, 440.14(3), 440.15(1), 440.15(2), 440.15(3), 440.15(3)(f), 440.15(3)(d)2., 440.15(4), 440.15(4)(b), 440.15(9), 440.15(10), 440.185(4),(10), (1993), 440.185, 440.185(2), 440.185(3), 440.185(4), 440.185(5), 440.185(9), 440.185(10), 440.192(8), 440.20, (1993), 440.20, 440.20(2)(a), 440.20(3), 440.20 (4), 440.20(6), 440.20(8)(b), 440.20(9), 440.20(9), 440.20(20)(15)(a), 440.20(15)(f), 440.207(2), 440.345, 440.35, 440.38(2)(b), 440.41, 440.491, 440.51(6), 440.51(9), 440.51(8), 440.51(9), 440.51(8),(9), 440.59, 440.591, 440.593 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 22, 2004

PLACE: Homewood Suites, Capital Ballroom, 2987 Apalachee Parkway, Tallahassee, Florida

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Fred Becknell, Insurance

Administrator, Bureau of Monitoring and Audit, Department of Insurance, 200 East Gaines Street, Tallahassee, Florida 32399-4224, (850)413-1763

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

69L-3.001 Purpose.

The purpose of this rule chapter is to establish the responsibilities of the employer and insurer to record and report workers' compensation accident information under Section 440, F.S., including the filing of claim forms with the Division, and explanatory letters to other affected parties. If an insurer contracts with another entity to handle claims on its behalf, the practices of the claims-handling entity in fulfilling the responsibilities under this chapter shall be deemed the practices of the insurer for the purposes of assessing penalties and fines against the insurer. These rules are intended to ensure the accurate and timely payment of compensation to the employee.

Specific Authority 440.591 FS. Law Implemented 440.20(8)(b), 440.20(20),(15)(a), 440.591 FS. History-New _____.

69L-3.002 Definitions.

When used in this chapter, the following terms have the following meanings:

(1) "Average Weekly Temporary Total Disability Benefit" means the weekly average of all benefits paid pursuant to Sections ~~ss-~~ 440.15(2)(a) and (b), F.S. The weekly average shall be determined by dividing the total amount of temporary total disability benefits paid to date, by the number of weeks and days paid as calculated pursuant to Section ~~s-~~ 440.14(1)(g), F.S. If no temporary total benefits were paid, the average weekly temporary total disability benefit shall be 66 2/3% of the employee's average weekly wage, subject to the maximum compensation rate in accordance with Section ~~s-~~ 440.14, F.S.

(2) "Claims-handling Entity" means any insurer, third-party administrator, servicing company, self- serviced self-insured employer or fund, or managing general agent, Claim Administrator as defined in Rule 69L-56, F.A.C., and includes all claims office locations that will be responsible for adjusting and submitting workers' compensation claims to the Division. ~~"Carrier" unless otherwise indicated, includes self-insured employers, group self-insured funds, local governmental workers' compensation insured pools, commercial self-insured funds and stock companies, and mutual companies, exchanges and associations authorized to provide workers' compensation coverage in this state. Carrier includes every individual, insurer, company, association, organization, society reciprocal insurer or interinsurance exchange, partnership, syndicate, business trust, corporation, agent, general agent, broker, solicitor, service representative, adjuster, and every legal entity which is engaged as indemnitor, surety, or contractor in the business of entering into contracts~~

whereby one undertakes to indemnify another of pay or allows a specified amount or a determinable benefit upon determinable contingencies.

(3) “Class Code” means the 4 digit code assigned by the National Council on Compensation Insurance (NCCI) for the particular occupation of the injured employee as it exists in the NCCI Scopes TMManual 2004 Edition which is hereby incorporated by reference. A listing of Class Codes may be obtained by contacting NCCI’s Customer Service Center at (800)622-4123. “Carrier Code #” means the internal audit number which the Division assigns each individual insurance carrier, self insured employer, or self insured fund upon receipt of notification to write or administer workers’ compensation insurance in Florida. The carrier must include the correct carrier code # on every claims form promulgated under this chapter. A service company, adjusting company, or third party administrator servicing a claim for a self insured employer or self insurance fund must include both the carrier code # and the Service Co/TPA Code # on any form promulgated under this chapter.

(4) “Carrier File #” means the internal identification number assigned to a file by a carrier. The carrier must include the carrier file number where required on any form promulgated under this chapter.

(5) “Carrier Name, Address, and Telephone” means the name, mailing address and telephone number of the carrier with responsibility for handling the claim. If a servicing company is the entity handling the claim on behalf of a self insured employer, fund or another carrier, the servicing company must include the name, address, and telephone number of the servicing company, and not that of the self insured employer, fund or other carrier, on the form. The carrier telephone number provided must enable a caller to readily ascertain the name of the adjuster or claims representative handling the claim.

(6) “Compensation Rate” means 66 2/3% of the employee’s average weekly wage pursuant to s. 440.14, F.S., as calculated by the carrier, as ordered by a Judge of Compensation Claims, or to which the parties have stipulated.

(4)(7) “Date Prepared” means the date the form was prepared by the adjuster or claims representative to be sent to the Division or other parties.

(5)(8) “Days” means calendar days unless otherwise noted.

(6)(9) “Denied Case” means any a lost time case for which the claims-handling entity carrier has denied liability for all workers’ compensation indemnity benefits.

(10) “Division” means the Division of Workers’ Compensation of the Department of Insurance of the State of Florida.

(7)(11) “Document” means any notice, form, report, or electronic data submission which shall ~~must~~ be submitted to the Division under this chapter or which the Division requests in connection with any matter covered by this chapter.

(8)(12) “File” or “Filed” means a document has been received and accepted in accordance with Rule 69L-3.003, F.A.C., by the party to whom ~~which~~ it was sent.

(9)(13) “Filing Period for Supplemental Income Benefits” means a period of 13 consecutive weeks (approximately 3 months) for which the employee reports any earnings and files a claim for supplemental income benefits. The filing period shall represent a “quarter” as set out in Section s. 440.15(3)(b)7., F.S. (1994), except for the second filing period, which may consist of less than 13 weeks if the first payment period was prorated. The “initial filing period” is the filing period, which occurs during the last 13 weeks of impairment income benefits.

(10)(14) “First Aid Case” means a work injury or illness, which is treated at the work place, does not require medical treatment for which charges are incurred, and does not cause the employee to miss work for more than one day shift.

(15) “Fraud Statement” means the notice, which must be included on all claim forms pursuant to ss. 440.105(8),(7), 440.185(4), F.S.

(11)(16) “Initial Payment of Supplemental Income Benefits” means payment of supplemental income benefits for the first whole or partial calendar month immediately following the expiration of the impairment income benefit period. The initial payment of supplemental income benefits shall cover the time beginning with the day after the expiration of impairment income benefits and ending with the last date in the initial calendar month pursuant to Section 440.15, F.S. (1994).

(12) “Insurer Code #” means the Division-assigned number for the insurer as defined in Section 440.02(38), F.S., which bears the financial risk of the claim.

(13)(17) “Lost Time Case” means a work injury or illness, which has caused the employee to be disabled out of work for more than 7 calendar seven days or for which indemnity benefits have been paid. Lost time cases shall include compensable volunteer workers to whom no indemnity benefits will be paid, but who have been disabled for ~~lost~~ more than ~~seven (7)~~ calendar days ~~from work~~; compensable death cases for which there are no known or confirmed dependents; and injuries which result in disability the loss of more than 7 calendar seven days for which the employer is continuing to pay salary in lieu of compensation for any portion thereof. The 7 calendar days of disability do not have to be consecutive, but are cumulative and can occur over a period of time.

(14)(18) “Medical Only Case” means a work-related injury which requires medical treatment for which charges will be incurred, but which does not cause the employee to be disabled for ~~miss~~ more than 7 calendar seven days ~~of work~~.

~~(15)~~(19) “Medical Only to Lost Time Case” means a work injury or illness, which initially did not result in disability cause a loss of more than 7 calendar seven days of work but later resulted in a disability loss of more than (7) calendar seven days of work. Medical only to lost time cases shall include medical only cases in which Impairment Income Benefits are paid based on obtaining Maximum Medical Improvement with a Permanent Impairment Rating greater than zero (0)% and settlement only cases involving payment of indemnity benefits. Medical only to lost time cases shall include medical only cases in which Impairment Income Benefits are paid and settlement only cases involving payment of indemnity benefits.

(16) “NAICS Code” means the 6-digit code published in the North American Industry Classification System 2002 Edition, hereby incorporated by reference, that represents the nature of the employer’s business. Classification information may be obtained by contacting the NAICS Association, 341 East James Circle, Sandy, Utah 84070, or visiting the website: www.naics.com.

(17) “Notification” means an entity’s earliest knowledge of information, including mail, telephone, facsimile, direct personal contact or electronic submission.

(18)~~(20)~~ “Overall Maximum Medical Improvement” means the date of maximum medical improvement associated with the impairment rating to the body as a whole, based upon reports issued by certifying doctors stating the impairment rating to the body as a whole and on which maximum medical improvement has been achieved with respect to all compensable medical or psychiatric conditions caused by a compensable injury or disease.

~~(19)~~(21) “Payment Period for Supplemental Income Benefits” means the period of 3 consecutive calendar months immediately following the filing period. The first payment period may consist of less than 3 full months if the first monthly payment is prorated. The last payment period may consist of less than 3 full months if the employee has reached a maximum of 401 weeks of benefits. All other payment periods of supplemental income benefits shall be for 3 full calendar months, pursuant to Section 440.15, F.S.

~~(22) “Permanent Impairment Rating” means the rating on which the carrier will base its determinations concerning the employee’s indemnity benefits.~~

~~(23) “Risk Class Code” means the 4 digit code assigned by the National Council on Compensation Insurance (NCCI) for the particular occupation of the injured employee. A listing of Risk Class Codes may be obtained by contacting NCCI at 750 Park of Commerce Drive, Boca Raton, Florida 33487.~~

~~(20)~~(24) “Salary Continued in Lieu of Compensation” means the monies an employer paid the employee as salary, wage, or other remuneration equaling at least the compensation

rate for a period of disability for which the insurer carrier would have otherwise been obligated to pay compensation benefits.

~~(21)~~(25) “Salary End Date” means the date through which the employer paid salary in lieu of compensation.

~~(22)~~(26) “Send” means to transmit a document to the party or parties intended to receive it, including by U.S. mail, hand delivery, or electronic transmission to the party or parties to receive it. Sending is complete upon transmission by one of these methods. A carrier completing a form shall mark as the “Sent to Division Date” the date it sends the Division the form.

(23) “Service Co/TPA” means an entity which has contracted with an insurer for the purpose of providing all services necessary to adjust workers’ compensation claims on the insurer’s behalf.

~~(24)~~(27) “Service Co/TPA Code #” means the internal audit number assigned by the Division to a service company, adjusting company, managing general agent or third party administrator. Any form promulgated under this chapter and filed by a service company, adjusting company, or third party administrator must include the correct Service Co/TPA Code #.

~~(28) “SIC Code” means the 4 digit “Standard Industrial Classification Code” which identifies the nature of the employer’s business. A listing of SIC Code numbers may be obtained by contacting the Government Printing Office Bookstore, 100 West Bay Street, Jacksonville, Florida 32202.~~

Specific Authority ~~440.185(2),~~(5)~~(6)~~, 440.20(3), 440.38(2),(6), 440.591 FS. Law Implemented 440.185, 440.13, 440.20(3), 440.38(2)(b) FS. History—New 11-5-81, Formerly 38F-3.02, Amended 4-11-90, 1-30-91, 6-10-92, 1-8-94, Formerly 38F-3.002, 4L-3.002, Amended _____.

69L-3.003 Procedures for Filing Documents.

(1) The claims-handling entity carrier shall ensure that all parts of all documents filed with the Division pursuant to this chapter are complete and legible. These documents shall be filed with the Division of Workers’ Compensation, 200 East Gaines Street, Tallahassee, Florida 32399-4226, except as otherwise indicated. The Division shall return to the claims-handling entity any document on which the appropriate information required in subsection (3) of this section and paragraph 69L-3.0045(1)(d), F.A.C., does not appear, and will notify the claims-handling entity of its error or omission. If a document is not complete and legible, the Division will return it to the claims-handling entity’s carrier’s address as provided on the form for correction or completion. The claims-handling entity shall make the correction, include a revised “Sent to Division Date” and resubmit the document to the Division. The document will be considered completed and in compliance with this section when the corrected document is resent to the Division.

~~(2) Carrier or employers shall respond to any written request for information by the Division no later than 14 days after receiving the request, except as otherwise provided in Title 69L, F.A.C.~~

~~(2)(3)~~ Instructions on or pertaining to forms, which are promulgated under this chapter, are also rules under this chapter and forms shall be completed in accordance with such instructions. When forms are reproduced, they shall be reproduced in their entirety, including instructions. Forms must be completed according to instructions. Entities completing forms must include the Division assigned Carrier or Service Co/TPA Code #, where required.

~~(3)(4)~~ The claims-handling entity carrier, where required, shall include on every document it submits to the Division the following information:

(a) ~~T~~the employee's name.

(b) ~~T~~the employee's social security number. If the employee does not have a social security number because the employee is an alien, the claims-handling entity carrier shall instead use the number on the employee's Arrival and Departure card (Form I94) or Alien Registration Receipt card (Form I151). If the carrier is unable to ascertain the numbers, it shall contact send a written request to the Information Management Unit of the Division at the address in subsection (1), by phone at (850)413-1607, or via information provided on the following website: <http://www.flDfS.com/WC/> to obtain a temporary internal file number until the social security number one of the above identifying numbers is obtained. Upon receipt of the employee's actual social security number, the claims-handling entity shall file Form DFS-F2-DWC-4, with the Division in accordance with Rule 69L-3.0091, F.A.C.

(c) ~~T~~the month, day date, and year of the employee's accident or illness, in the following order: mm/dd/ccyy month/day/year.

(d) The "Insurer Code #". A claims-handling entity adjusting claims for one or more insurers shall report the correct "Insurer Code #" for each specific claim.

(e) The "Service Co/TPA Code #". If applicable, a third-party administrator, servicing agent, or other claims-handling entity servicing a claim for an insurer, self-insured employer or self-insurance fund shall include both the "Insurer Code #" and the "Service Co/TPA Code #" on any form.

(f) The "Claims-handling Entity File #". A claims-handling entity shall report its internal identification number assigned to a file on forms as required under this chapter.

(g) The name, address and telephone number of the claims-handling entity. When a "Service Co/TPA" is adjusting claims for another insurer, the name, address and telephone number of the "Service Co/TPA" in addition to the name of the insurer shall be provided. The telephone number provided shall enable a caller to readily contact the office handling the claim. The Division shall return to the carrier any document on which the appropriate identification does not appear and shall notify the carrier of its error or omission. The carrier shall make the correction and resubmit the document to the Division. The

filing date of the document is the date the Division receives the corrected document. If the carrier reports an incorrect employee name, social security number or date of accident, it shall send an Form DWC-4 or electronic alternative, pursuant to Rule 69L-3.0091(16), F.A.C. All subsequent filings must reflect the corrected information.

~~(4)(5)~~ The insurer or the claims-handling entity An carrier shall provide copies of Form DFS-F2-DWC-1, to the supply each employer to which it provides coverage a supply of Form DWC-1, First Report of Injury or Illness, unless an alternative electronic reporting arrangement with the claims-handling entity is in place. It shall also provide copies of and Form DFS-F2-DWC-1a, Wage Statement, to the employer. The name of the insurer and the claims-handling entity's carrier's name, address, and telephone number shall must be preprinted or pre-stamped on each such form. As required by these rules, the carrier shall supply to employees Form DWC-40, Statement of Quarterly Earnings for Supplemental Income Benefits for dates of accident on or after 1/1/94, and Form DWC-3, Request for Wage Loss/Temporary Partial Benefits, for dates of accident prior to 1/1/94.

(5) The claims-handling entity shall supply to employees copies of Form DFS-F2-DWC-40, for dates of accident January 1, 1994 through September 30, 2003, and Form DFS-F2-DWC-3, for dates of accident prior to January 1, 1994. The name of the insurer and the claims-handling entity's name, address, and telephone number shall be preprinted or pre-stamped on form.

(6) ~~All Computer-generated~~ versions of any form promulgated under this rule shall must appear in substantial conformity with the printed form in design, layout, field size, and content and contain all data elements required by the promulgated form. Computer-generated forms must contain all data elements required by the form. If the Division finds that a the computer-generated form is not substantially the same as sufficiently similar to the promulgated printed form, if it fails to contain all data elements, or if it is unclear or confusing, the Division will return the form and to the carrier and notify the carrier of the deficiency. The the claims-handling entity carrier shall make the correction, include a revised "Sent to Division Date" and resubmit a corrected form to the Division. The document will be considered completed and in compliance with this section when the corrected document is resent to the Division. The filing date of the form is the date the Division receives the corrected form.

~~(7) A carrier wishing to use alternative electronic reporting methods, or to alter any existing approved alternative electronic reporting methods, must submit a written proposal to the Director of the Division of Workers' Compensation, who will review the proposal to ensure compliance with applicable statutes and rules, and compatibility with the Division's systems. The Director shall inform the carrier in writing of the~~

Division's determination. After the carrier has received written approval of its proposal, it may send documents to the Division according to the method set out in its proposal.

~~(8) Only those documents required by this or previous editions of Title 69L-3, F.A.C., shall be maintained in the Division's files.~~

~~(7)(9) Any insurer or claims-handling entity person or entity failing to timely send documents promulgated under this chapter is subject to administrative fines civil penalties assessed by the Division according to the provisions of Rule Chapter 69L-24, F.A.C.~~

Specific Authority 440.185(2),(5), 440.20(3), 440.207(2), 440.38(2), (5), 440.591, FS. Law Implemented 440.185, 440.51(8), 440.51(9), 440.20 FS. History—Originally Numbered 38F-3.01, 3.02, 3.03, New 10-30-79, Amended 11-5-81, Formerly 38F-3.03, Amended 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.003, 4L-3.003, Amended _____.

69L-3.0033 Electronic Filing of Workers' Compensation Claims Forms.

Claim forms may be alternatively reported to the Division using Electronic Data Interchange (EDI) standards adopted by the Division pursuant to Section 440.593, F.S., and in accordance with Rule 69L-56, F.A.C.

Specific Authority 440.185(2), 440.593 FS. Law Implemented 440.593 FS. History—New _____.

69L-3.004 First Report of Injury or Illness: Employer's Responsibility to Record and Report Accidents.

(1) An employer shall record all industrial injuries and diseases as follows:

(a) For a first aid case that is not required to be reported to the claims-handling entity, the employer shall maintain a record of the following information regarding the injury or illness ~~complete either:~~

1. ~~The employee's name; Form DWC-1, First Report of Injury or Illness; or~~

2. ~~A form which the Division has previously approved in writing; Social security number or other identifying number pursuant to paragraph 69L-3.003(3)(b), F.A.C.;~~

3. Date and time of the accident or injury;

4. Occupation of the employee;

5. Who the injury was reported to and when;

6. Description of the accident or illness, including the cause of injury;

7. Injury or illness that occurred and affected body part;

8. Treatment rendered;

9. Names of witnesses;

10. Location address of the injury if different than the employer's address.

(b) For a medical only case, lost time case, or death case, the employer shall complete Form DFS-F2-DWC-1, or report the information regarding the injury or illness by other means as provided by the claims-handling entity. ~~either:~~

1. Form DWC-1, First Report of Injury or Illness;

2. ~~An approved alternative electronic data reporting method.~~

(2) An employer shall report information concerning an industrial injury or disease to its claims-handling entity carrier as follows:

(a) First Reports of Injury or Illness:

1. An employer shall report all cases, except first aid cases, to its claims-handling entity carrier within 7 seven days after the employer's knowledge of an industrial injury or disease. ~~The employer may inform the carrier either by telephone, by electronic medium, or by completing and submitting Form DWC-1.~~ The employer shall not delay reporting the injury or illness to the claims-handling entity submitting the Form DWC-1 because the employee's signature is unavailable.

2. ~~An employer is not required to report a first aid case to the carrier.~~ If a first aid case later becomes a medical only or lost time case, the employer shall report the injury or illness to inform the claims-handling entity carrier within seven (7) days after the employer's ~~its~~ knowledge of the change in status. ~~The employer may inform the carrier either by telephone, by electronic medium, or by submitting Form DWC-1.~~ The employer shall complete the Employer section of Form DWC-1 and ensure that the Employee section is complete before submitting the form to the carrier.

3. When an employer submits to its claims-handling entity carrier Form DFS-F2-DWC-1, the employer ~~it~~ shall provide a copy of the form to the employee or the employee's estate. If the information required by ~~in~~ Form DFS-F2-DWC-1 is reported to the claims-handling entity carrier by other means ~~telephone or electronic medium;~~ the claims-handling entity carrier shall ~~provide mail~~ the employee and the employer a completed Form DFS-F2-DWC-1, paper version of an approved First Report of Injury or Illness; within three (3) business days. An approved First Report of Injury or Illness is an Form DWC-1, or an ACCORD 4 form, also known as Form IA-1, if the carrier is approved to electronically submit First Reports of Injury or Illness to the Division. Form IA-1 may be sent to the employee and employer, if the claims-handling entity has been approved by the Division to electronically send the first report of injury information required in Rule 69L-3.004, F.A.C.

4. In addition to the reporting requirements pursuant to Rule 69L-3.004(2)(a)1, F.A.C., if ~~if~~ an injury or illness results in the employee's death, the employer shall give notice by telephone or by other means ~~facsimile or telegram~~ to the Division of Workers' Compensation Safety within 24 hours of the ~~employer's knowledge of the death;~~ and shall file Form DWC-1 with the carrier. The mailing address for reporting of death cases of the Division of Workers' Compensation is: State of Florida, Department of Financial Services Insurance, Division of Workers' Compensation, Occupational Safety and Health Unit, 200 East Gaines Street, Tallahassee, Florida

32399-4222 4227; ~~The the~~ telephone number for purposes of reporting death cases is (800)219-8953, (850)413-1611 ~~(850)922-8953~~ or by facsimile at (850)922-0024.

~~(b) Wage Statements: Within fourteen days after the employer has knowledge of a lost time case, it shall report wage information to the carrier on Form DWC 1A, Wage Statement. The employer shall provide a copy of the form, and any corrected form, to the employee or the employee's estate~~

~~(3) Employers shall retain a copy or electronic record of all information required which must be maintained or reported under this section for not less than 2 two years and 6 six months after the date the injury or illness is reported to the employer.~~

Specific Authority 440.35, 440.14(3), 449.591, 440.185(2),(5),(9), 440.19 FS. Law Implemented 440.14(3), 440.185(2),(3),(5), 440.207(2), 440.35 FS. History--New 8-30-79, Amended 12-23-80, 11-5-81, 6-12-84, Formerly 38F-3.04, Amended 1-1-87, 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.004, 4L-3.004, Amended _____.

69L-3.0045 First Report of Injury or Illness: Claims-handling entity's Carrier's Responsibility to Record and Report Accidents.

(1) A claims-handling entity shall record all industrial injuries and diseases as follows: Recording:

(a) Upon receipt of a Form DFS-F2-DWC-1, or DWC-1a, the claims-handling entity carrier shall legibly date stamp the form in the "Received by Claims-handling Entity carrier" box. Upon notification of the injury by any other means, the claims-handling entity shall record the earliest date of notification in the file and on the Form DFS-F2-DWC-1.

(b) If the employer notifies the claims-handling entity of the injury by telephone or electronic data interchange, the claims-handling entity shall produce and mail to the employee and employer a paper copy of Form DFS-F2-DWC-1 within 3 days of the claims-handling entity's knowledge of the injury. However, if the claims-handling entity has been approved by the Division to electronically send the first report of injury information required in Rule 69L-3.0045, F.A.C., Form IA-1 may be sent to the employee and employer. If the employer submits to the carrier the information required by Form DWC-1 by telephone or electronically, and the carrier is approved to send Form DWC-1 electronically to the Division, the carrier shall mail the employee and the employer a paper copy of Form DWC-1 or the approved alternative form ACORD-4 or Form IA-1 within three business days.

(c) The claims-handling entity shall confirm that the following information on the Form DFS-F2-DWC-1 is correct:

1. Employee's name;
2. Social security number or other identifying number pursuant to paragraph 69L-3.003(3)(b), F.A.C.;
3. Employee's address;
4. Employee's telephone number;
5. Date (mm/dd/ccyy) and time of accident;
6. Occupation of the employee;

7. Location of the accident;

8. Description of the accident, including the cause and nature of the injury, and part(s) of the body affected.

~~The carrier shall confirm that Form DWC-1 contains the employee's correct name, social security number or other identifying information required by Rule 69L-3.003(4)(b), date of accident (month/day/year) and time of accident, or supply or correct that information. It shall complete the section requesting carrier information and ensure that the other portions of the form are complete and legible. It should compare Forms DWC-1 and DWC-1a to confirm that the employee name, social security number or other identifying information, and the date of injury on the two forms are consistent.~~

~~(d)(e) The claims-handling entity carrier shall complete the "Claims-handling Entity Information" carrier information section of the Form DFS-F2-DWC-1 as follows:~~

~~1. "Insurer Code #": The carrier shall mark either Box 1 Denied lost time case, Box 2 Medical Only to Lost Time case, or Box 3 Lost Time case: If Box 2 or Box 3 are marked, the blank for "date first payment mailed (following Box 3), must be completed unless the employee is receiving salary in lieu of compensation, the employee is a volunteer who has a lost time case, or the employee's death is compensable and the employee has no dependents.~~

~~2. "Service Co/TPA Code #", if applicable.~~

~~3. The name, address and telephone number of the claims-handling entity. When a "Service Co/TPA" is adjusting claims for another insurer, the name, address and telephone number of the "Service Co/TPA" in addition to the name of the insurer shall be given. The telephone number provided shall enable a caller to readily contact the office handling the claim.~~

~~4. "Claims-handling entity File #".~~

~~5. Indicate the status of the case by marking the appropriate box: "Case Denied" lost time case, "Medical Only Which Became Lost Time Case", or "Lost Time Case". In addition, the following information is required:~~

~~a. "Denied Case":~~

~~i. Total Denial: Form DFS-F2-DWC-12 shall be filed with the Division at the same time pursuant to Rule 69L-3.012, F.A.C.~~

~~ii. Indemnity Only Denied: when only indemnity benefits are being denied, a Form DFS-F2-DWC-12 shall be filed with the Division at the same time as the Form DFS-F2-DWC-1, pursuant to Rule 69L-3.012, F.A.C. The notation "Indemnity Only Denied" is to be made on the Form DFS-F2-DWC-12.~~

~~b. "Medical Only Which Became Lost Time Case":~~

~~i. Delayed disability cases: The fields for First Date of Disability, Date First Payment Mailed, AWW, Comp Rate, Employee's 8th Day of Disability, the Claims-Handling Entity's Knowledge of the 8th Day of Disability and the type of initial benefit paid shall be provided except as indicated in sub-subparagraph 69L-3-0045(1)(d)5.d., F.A.C.~~

ii. B Only Cases: The Date First Payment Mailed, AWW, Comp Rate, the type of initial benefit paid identified as "I.B.," and the notation "IB Only" in the remarks section shall be provided.

iii. Settlement Only Cases: The Date First Payment Mailed, the type of initial benefit paid identified as "Settlement Only" shall be provided.

c. "Lost Time Cases": The First Date of Disability, Date First Payment Mailed, AWW, Comp Rate, Employee's 8th Day of Disability, the Claims-Handling Entity's Knowledge of the 8th Day of Disability and the type of initial benefit paid shall be provided except as indicated in sub-subparagraph 69L-3-0045(1)(d)5.d., F.A.C.

d. Exceptions to subsections sub-subparagraphs 69L-3.0045(1)(d)5.b. and c., F.A.C. The following data fields are not required for the filing of Form DFS-F2-DWC-1:

i. If the employee is receiving salary in lieu of compensation beyond the first 7 days of disability, the Date First Payment Mailed is not required. The Salary End Date is required if the employer paid for 7 days or less.

ii. If the employee is a volunteer who has a lost time case, Date First Payment Mailed, AWW and Comp Rate are not required unless the volunteer meets statutory requirements to be paid for concurrent employment.

iii. If the employee's death is compensable and the employee has no known dependents, the Date First Payment Mailed is not required.

~~2. Provide the "1st day of disability". If Box 2 is marked, all information required with regard to Box 3 must also be completed.~~

~~3. The carrier shall provide, in the designated spaces, the "Carrier Code #" and, the carrier's Service Co/TPA #, if the carrier is a Service Co/TPA.~~

~~4. The carrier shall provide the Carrier File # in the designated space.~~

~~5. The carrier shall provide its name, address, and telephone number in the designated spaces.~~

~~(e)(f) The claims-handling entity shall carrier must report to the Division the risk class code of every Employee's Class Code based on the National Council on Compensation Insurance (NCCI) classification system (Scopes Manual), and the North American Industrial Classification System (NAICS) Standard Industrial Classification Code of the every employer, for whom it files an Form DWC-1. The information shall be reported in one of the following ways: on Form DFS-F2-DWC-1 if the information is available at the time of filing with the Division. If either code is not available at time of filing, this information shall be filed on Form DFS-F2-DWC-4 pursuant to subsection 69L-3.0091(10), F.A.C.~~

~~1. On Form DWC-1, if the information is available at the time the form is submitted;~~

~~2. On Form DWC-4, within 30 days of the date that the carrier has knowledge of the injury or illness; or~~

~~3. On Form DWC-48. The carrier shall include on this form the risk class code of all employees and the SIC Code of all employers with respect to whom it has sent Form DWC-1 in a calendar month. The carrier must have sent this form to the Division by the fourteenth day of the following calendar month. If the carrier has incorrectly reported a risk class code or SIC code, it shall send corrected information to the Division on Form DWC4 within fourteen days of knowledge that the previously reported code(s) was/were incorrect, or file an amended Form DWC-48 in compliance with Rule 69L-3.0212, F.A.C.~~

~~(f) If the initial payment of compensation was not timely paid in accordance with Section 440.20, F.S., the claims-handling entity shall also report the following information, where applicable~~

~~1. Number of Days Disabled as of Date First Payment Mailed.~~

~~2. Penalty Amount Paid in 1st Payment and~~

~~3. The Interest Amount Paid in 1st Payment.~~

~~(2) The claims-handling entity shall Reporting. Carriers must report industrial injuries or illnesses to the Division as follows:~~

~~(a) When disability is immediate and continuous for 8 or more days, the claims-handling entity shall send completed Form DFS-F2-DWC-1 within 14 days after its knowledge of the injury or illness for the following cases:~~

~~1. Initial lost time cases;~~

~~2. Death cases with or without dependents;~~

~~3. Lost time cases in which the employer continued salary in lieu of compensation for 8 or more days;~~

~~4. Compensable lost time cases in which the employee was a volunteer.~~

~~(b) When disability is not immediate and continuous but resulted in 8 or more days of disability, the claims-handling entity shall send a completed Form DFS-F2-DWC-1 within 6 days after the claims-handling entity's knowledge of the eighth day of disability for the following cases:~~

~~1. Medical only to lost time cases, delayed disability;~~

~~2. Cases involving multiple periods of disability;~~

~~3. Cases in which the employer continued salary in lieu of compensation;~~

~~4. Compensable lost time cases in which the employee was a volunteer.~~

~~(c) If the initial payment of indemnity benefits is for impairment benefits, the claims-handling entity shall send to the Division a completed Form DFS-F2-DWC-1 within 14 days after the date the initial payment was due.~~

~~(d) When the initial payment of indemnity results from an agreement or order for indemnity benefits, and a Form DFS-F2-DWC-1 was not previously filed, the claims-handling~~

entity shall send to the Division a completed Form DFS-F2-DWC-1 within 14 days after the date the payment was made.

(e) For all cases denied in their entirety, the claims-handling entity shall send to the Division completed Forms DFS-F2-DWC-1 and DFS-F2-DWC-12 within 14 days of its knowledge of the injury or illness.

(f) For partially denied cases where the claims-handling entity denied only indemnity benefits and is paying medical benefits to the injured worker, the claims-handling entity shall send to the Division completed Forms DFS-F2-DWC-1 and DFS-F2-DWC-12 within 14 days of its knowledge of the injury or illness.

(g)(a) Medical Only Cases: shall not be sent to the Division unless the claims-handling entity has received a written request from the Division. The carrier shall report these cases by submitting information only as requested in writing by the Division. The claims-handling entity carrier shall send Form DFS-F2-DWC-1 within 14 30 days of receipt of the request. The notation "MO Filed Pursuant to Division Request" shall be provided in the "Remarks" field.

(b) Lost Time and Death Cases:

1. The carrier shall report these cases to the Division within 14 days of receiving Form DWC-1 from the employer or a Petition for Benefits from the employee. The 14 day period begins to run upon the carrier's receipt of the Petition for Benefits or the information required by Form DWC-1 by mail, facsimile transmission, or telephone conversation.

2. If the carrier amends Form DWC-1a, the carrier shall send a copy of the amended form to the employer and the employee. The carrier shall send the form to the Division only if requested by the Division.

(e) Medical Only to Lost Time Cases: If a case originally reported as a medical only case under paragraph (2)(a) later involves the loss of more than seven days of work as a result of the industrial injury or illness, the carrier shall send Form DWC-1 to the Division within 14 days of its knowledge of the change in status of the case.

(d) Denied Lost Time Cases: The carrier shall report all lost time claims which it denies in entirety to the Division by sending Forms DWC-1 and DWC-12, Notice of Denial, within 14 days after receiving either Form DWC-1 or a Petition for Benefits. The carrier shall also send the employer and the employee a copy of the Form DWC-12 which it sends to the Division.

(3) If the employee was employed by more than one employer at the time of the injury, the carrier shall complete the top portion of Form DWC-1a before sending it to the employee to obtain the concurrent wage information.

Specific Authority 440.14(5), 440.185(2),(5),(9), 440.20(3), 440.207(2), 440.51(8),(9), 440.591 FS. Law Implemented 440.12, 440.185(2),(5),(9), 440.20(2)(a), 440.20(6), 440.41 FS. History-New 4-11-90, Amended 1-30-91, 11-8-94, 12-5-96, Formerly 38F-3.0045, 4L-3.0045, Amended _____.

69L-3.0046 Wage Statements: Employer's and Claims-handling Entity's Responsibility to Record and Report Wages.

(1) Employer's responsibility: The employer shall report wage information to the claims-handling entity on Form DFS-F2-DWC-1a, pursuant to Section 440.14, F.S. The employer shall provide all required wage information within 21 days of the knowledge of every injury or illness.

(2) Claims-handling entity's responsibility:

(a) The claims-handling entity shall compare Forms DFS-F2-DWC-1 and DFS-F2-DWC-1a to confirm that the employee name, social security number or other identifying information, and the date of injury on the two forms are consistent.

(b) For earnings of concurrent employment, the claims-handling entity shall inform the injured worker of the responsibility of providing the claims-handling entity with any concurrent wage information. The claims-handling entity shall provide a blank copy of Form DFS-F2-DWC-1a within 3 days of notification of the injury, in order for the injured worker to timely provide any concurrent wage information.

Specific Authority 440.14, 440.185(5), 440.591 FS. Law Implemented 440.12(2), 440.185(5),(9) FS. History-New _____.

69L-3.0047 Fraud Statement.

The claims-handling entity shall obtain the signature of the injured employee or any other party making a claim, attesting that they have reviewed, understand and acknowledge the fraud statement as specified in Section 440.105(7), F.S. A request for the signature of the injured worker or other party making a claim shall be made by the claims-handling entity if the signature is not provided when the claim is made. The claims-handling entity shall include a statement that within 21 days of receipt of the request, the failure to provide the signature stating the understanding of the fraud statement could result in the suspension of all benefits until the signature is obtained.

Specific Authority 440.105(7), 440.591 FS. Law Implemented 440.105(7) FS. History-New _____.

69L-3.0085 Funeral Expense Bills.

Specific Authority 440.591 FS. Law Implemented 440.16, 440.20(2) FS. History-Formerly 38F-3.15, New 10-30-79, Amended 11-5-81, Formerly 38F-3.085, Amended 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.0085, Repealed _____.

69L-3.0091 Notice of Action/Change.

The claims-handling entity shall send Form DFS-F2-DWC-4, to the Division as specified in this section for any industrial accident or injury filed for lost time cases as defined in subsection 69L-3.0045(2), F.A.C., within 14 days of claims-handler knowledge or the action or change which it is reporting, whichever is later. The claims-handling entity shall send to the employee and the employer a letter instead of Form

DFS-F2-DWC-4, explaining each action or change required by this section within 14 days of claims-handler knowledge or the action or change which it is reporting to the Division.

(1) The claims-handling entity shall use the following codes to identify a particular disability type on Form DFS-F2-DWC-4, where it shall indicate "Indemnity Reinstated After Suspension" or "Benefit Type Adjusted." DISABILITY TYPES:

(a) TT means temporary total disability benefits.

(b) TTC means increased temporary total disability benefits payable at 80% of the average weekly wage.

(c) TTE means additional temporary total compensation paid during training and education.

(d) TP means temporary partial disability benefits.

(e) PI means permanent impairment benefits for dates of accident prior to 1/1/94.

(f) IB means impairment income benefits paid pursuant to Section 440.15(3)(a)3., F.S. (1994) for dates of accident on or after January 1, 1994.

(g) WL means wage loss benefits for dates of accident prior to January 1, 1994.

(h) SB means supplemental income benefits paid pursuant to Section 440.15(3)(b), F.S. (1994) for dates of accident on or after January 1, 1994 through September 30, 2003.

(i) PT means permanent total disability benefits.

(j) DB means death benefits.

(1) The carrier shall send to the Division, with copies to the employer, employee, legal counsel if represented, and dependents of the deceased employee and their legal counsel, Form DWC-4, within 14 days of the action or change which it is reporting.

(2) The carrier is not required to send Form DWC-4, Notice of Action/Change, if indemnity benefits have never been paid with respect to an industrial accident or injury.

(3) If a carrier initially denies a case and later rescinds its denial, the carrier shall complete and send Form DWC-4 in addition to Form DWC-12. The carrier shall report the "initial indemnity started effective date" on Form DWC-4 as the date disability began. The carrier shall also state the indemnity disability type, the average weekly wage, and the compensation rate.

(4) The carrier shall use the following codes to identify a particular disability type on Form DWC-4, where the carrier must indicate "initial indemnity started" or "indemnity reinstated after suspension":

DISABILITY TYPES:

(a) TT means temporary total disability benefits.

(b) TTC means increased temporary total disability benefits payable at 80% of the average weekly wage.

(c) TTE means additional temporary total compensation paid during training and education.

(d) TP means temporary partial disability benefits.

(e) PI means permanent impairment benefits for dates of accident prior to 1/1/94.

(f) IB means impairment income benefits paid pursuant to s. 440.15(3)(a)3., F.S. (1994) for dates of accident on or after 1/1/94.

(g) WL means wage loss benefits for dates of accident prior to 1/1/94.

(h) SB means supplemental income benefits paid pursuant to s. 440.15(3)(b), F.S. (1994) for dates of accident on or after 1/1/94.

(i) PT means permanent total disability benefits.

(j) DB means death benefits.

(2)(5) The carrier shall send Form DWC-4 when the carrier suspends payment of all indemnity benefits and does not intend to continue the benefits under another disability type. If the claims-handling entity carrier suspends benefits for any of the reasons stated in paragraphs (a)-(h) below, the claims-handling entity carrier shall send the Division Form DFS-F2-DWC-4, and not Form DFS-F2-DWC-12. The claims-handling entity shall carrier must state the effective date of the suspension and the applicable suspension reason code. The effective date of the suspension shall be the last date through which benefits were entitled to be paid. The following codes shall be used to identify the reason for which all indemnity benefits have been suspended:

(a) S1 means returned to work, or medically determined or qualified to return to work. All indemnity benefits have been suspended because the employee has returned to work, or has been medically released to return to work, and the claims-handling entity carrier does not anticipate paying further indemnity benefits of any kind.

(b) S2 means medical noncompliance. The employee failed to report for an independent medical examination pursuant to Section s. 440.13(5)(d), F.S., (1994), or failed to report for an evaluation by an expert medical advisor appointed by a Judge of Compensation Claims JCC pursuant to Section s. 440.13(9)(c), F.S. (1994).

(c) S3 means administrative noncompliance. The employee has failed to comply with one or more of the following statutory sections and any applicable rules:

1. Section s. 440.15(1)(e)3., F.S. (1994) – employee in PT status failed to attend vocational evaluation or testing.

2. Section s. 440.15(1)(f)2.b., F.S. (1994) – employee in PT status failed to report or apply for social security benefits.

3. Section s. 440.15(2)(d), F.S. (1994) – employee in TT status failed or refused to complete and return the Form DFS-F2-DWC-19.

4. Section s. 440.15 (6), (7), F.S. (2003 +1994) – employee refused suitable employment.

5.6. Section s. 440.15(9)(10), F.S. (2003 1994) – employee failed or refused to sign and return the release for social security benefits earnings on the Form DFS-F2-DWC-14, or unemployment compensation earnings on Form DFS-F2-DWC-30.

5. s. 440.15 (8), F.S. (1994).

6. Section 440.491(6)(b), F.S. (2003) – employee failed or refused to accept vocational training or education.

7. Section 440.15(4)(d), F.S. (2003) – employee in TP status failed to notify the claims-handling entity of the establishment of earnings capacity within 5 business days of returning to work.

8. Section 440.105(7), F.S., (2003) – means the employee refuses to sign and return the fraud statement.

(d) S4 means employee claimant death. ~~The carrier has suspended all indemnity benefits because of the employee's death, whether or not the death is compensable.~~ This code is used if there are no known or confirmed dependents to whom death benefits must be paid or ~~because if~~ the death was not compensable.

(e) S5 means incarceration. The employee has become an inmate of a public institution and compensation benefits have been suspended because there are no known or confirmed dependents.

(f) S6 means employee's claimant's whereabouts unknown. The claims-handling entity's carrier's good faith repeated attempts to locate and send compensation checks to the employee have been unsuccessful; or the employee has no known address, representative or guardian to whom the claims-handling entity carrier can send compensation checks; or compensation checks have been returned to claims-handling entity carrier indicating that the employee has moved, with the address unknown, or does not reside not at that address.

(g) S7 means benefits exhausted, or entitlement to benefits exhausted, due to statutory limits. The employee is no longer eligible for or entitled to any indemnity benefits.

(h) S8 means jurisdiction change. The employee elects to receive workers' compensation benefits under another state's law, or the claims-handling entity carrier determines the claim is compensable under the Federal Employer's Liability Act, the Longshoremen's and Harbor Workers' Compensation Act, or the Jones Act.

(3)(6) The claims-handling entity carrier shall send Form DFS-F2-DWC-4 when it reinstates indemnity benefits after a suspension. It shall must state the effective date of the reinstatement and the disability type of disability benefits being reinstated.

~~(7) The carrier shall send Form DWC-4 when the employee has resumed work, or has been medically released to return to work. The date the employee resumed work is the employee's "actual return to work date." The date the employee's medical release states that the employee may~~

~~resume work is the employee's "released to return to work date." The carrier must indicate whether the employee was given any physical restrictions.~~

(4)(8) The claims-handling entity carrier shall send Form DFS-F2-DWC-4 when a Judge of Compensation Claims enters a compensation order final indemnity settlement has been, or a joint stipulation has been approved signed by all parties pursuant to s. 440.20(11), F.S. It shall must state the date the final indemnity settlement check was mailed or delivered to the employee or the employee's legal counsel, if represented was paid. The date the settlement was paid shall not be reported as earlier than the date the settlement was actually approved.

(5)(9)(a) When the claims-handling entity is paying benefits to the employee based on the assignment of maximum medical improvement date and a permanent impairment rating to the body as a whole, a Form DFS-F2-DWC-4 shall be filed. If multiple ratings are assigned, a Form DFS-F2-DWC-4 shall be filed based on the latest maximum medical improvement date and the cumulative permanent impairment rating to the body as a whole. The carrier shall send Form DWC-4 when the employee has reached overall maximum medical improvement or has been given a permanent impairment rating. It must state the date the employee reached overall maximum medical improvement and the percentage of permanent impairment on which it will calculate payment of wage loss benefits, permanent impairment benefits, or impairment income benefits.

(b) The claims-handling entity shall send a letter to the employee and employer advising them of the following information:

1. The effective date on which impairment income benefits will commence;
2. The rate at which the benefits will be paid;
3. The maximum medical improvement date;
4. Permanent impairment rating to the body as a whole;
5. Total number of weeks of entitlement; and
6. The employee's responsibility for the co-pay of medical treatment after obtaining overall maximum medical improvement.

(6)(10) The claims-handling entity carrier shall send Form DFS-F2-DWC-4 to report the date of the employee's death, whether or not the death is considered compensable.

(7)(a) If the claims-handling entity electronically submits Form DFS-F2-DWC-1 to the Division, it shall also send at the same time as specified in Rule 69L-24.0231, F.A.C. for sending Form DFS-F2-DWC-1, Form DFS-F2-DWC-4 or its electronic equivalent to report the following information for cases where the first 7 days of disability are non-continuous or delayed (medical only to lost time):

1. Employee's 8th Day of Disability; and
2. Claims-Handling Entity's Knowledge of the 8th Day of Disability.

(b) If the initial payment of compensation was not timely paid in accordance with Section 440.20, F.S., the claims-handling entity shall also report the following information, where applicable:

1. Number of Days Disabled as of Date First Payment Mailed;

2. Penalty Amount Paid in 1st Payment; and

3. Interest Amount Paid in 1st Payment.

(11) ~~The carrier shall send Form DWC 4 when it pays permanent impairment benefits for dates of injury that occurred prior to 1/1/94. It must state the date the permanent impairment benefits are paid.~~

(12) ~~The carrier shall send Form DWC 4 when it begins payment of impairment income benefits for dates of injury on and after 1/1/94. It must state the date the impairment income benefits were started, the weekly rate at which the benefits will be paid, and the total number of weeks the employee is entitled to the benefits.~~

(8)(13) The claims-handling entity ~~carrier~~ shall send Form DFS-F2-DWC-4 when it amends either the employee's average weekly wage or the compensation rate. It shall state the previous average weekly wage and previous compensation rate and the amended average weekly wage and amended compensation rate. It shall also indicate if the average weekly wage change was retroactive to the date of injury, and if not, the date on which the new average weekly wage was effective.

(9)(14)(a) The claims-handling entity ~~carrier~~ shall send Form DFS-F2-DWC-4 ~~if when~~ the employee is ~~accepted or adjudicated as~~ permanently and totally disabled. ~~The following information, when applicable, shall be provided:~~

1. ~~It shall include~~ ~~the date on which the employee was accepted or adjudicated as permanently and totally disabled.~~

2. The effective date of the rate change in permanent total supplemental benefits, including the effective date for annual rate increases payment rate, as well as to report annual changes in this rate.

3. ~~It shall also send this form to report~~ the new weekly rate at which permanent total supplemental benefits will be paid, corresponding to the rate change, including the annual rate increases are being paid and.

(b) If the employee's permanent total supplemental benefits are suspended because the employee has reached age 62 and is eligible for Social Security benefits, then the claims-handling entity ~~carrier~~ will report \$0 as the permanent total supplemental rate. The effective date is the date on which permanent total supplemental benefits will no longer be paid.

(10)(15) The claims-handling entity ~~carrier~~ shall send Form DFS-F2-DWC-4 when it adjusts or offsets the employee's weekly compensation rate. It shall include the Benefit Adjustment Type code, Disability Type code, the weekly amount by which the employee's payment is being reduced, and the date the offset or adjustment is effective. If the offset or adjustment is temporary, the claims-handling entity

~~carrier~~ shall send Form DFS-F2-DWC-4 when it resumes payment at the former rate to report the date the adjustment ends.

(a) If the claims-handling entity ~~carrier~~ sends Form DFS-F2-DWC-4 to report a change in the employee's weekly compensation rate due to a social security offset, it ~~shall~~ ~~must~~ send a completed Form DFS-F2-DWC-14 when it submits Form DFS-F2-DWC-4.

(b) The following codes shall be used to show that the rate of pay has been adjusted due to the corresponding reason(s), or that the rate of pay has been offset because of the below reason(s): BENEFIT ADJUSTMENT CODES:

1. "A" means apportionment or contribution. The weekly benefit amount has been reduced for shared or partial liability(s).

2. "B" means subrogation or third party offset. The weekly benefit amount has been reduced for recovery from third party tortfeasor pursuant to Section ~~§~~: 440.39(2), F.S. (1994).

3. "C" means overpayment credit. The weekly benefit amount has been reduced for benefits paid but not owed, pursuant to Section ~~§~~: 440.15(13), F.S. (1994).

4. "H" means child support or alimony reduction. The weekly benefit amount has been reduced for income deduction orders, pursuant to Section ~~§~~: 61.1301, F.S.

5. "N" means medical noncompliance offset. The weekly benefit amount has been reduced because the employee has failed to accept training and education pursuant to Section ~~§~~: 440.491(6)(b), F.S., or the employee has failed to timely cancel an independent medical examination pursuant to Section ~~§~~: 440.13(5)(d), F.S. (1994).

6. "P" means advance recoupment. The weekly benefit amount has been reduced for reimbursement of benefit payments advanced pursuant to Section ~~§~~: 440.20(13), F.S.

7. "R" means social security retirement offset. The weekly benefit amount has been reduced for retirement benefits paid under the Federal Old Age, Survivors, and Disability Insurance Act, pursuant to Section ~~§~~: 440.15(10), F.S.

8. "S" means social security disability offset. The weekly benefit amount has been reduced for disability benefits paid under the Federal Old Age, Survivors, and Disability Insurance Act, pursuant to Section ~~§~~: 440.15(10), F.S.

9. "U" means unemployment compensation offset. The weekly benefit amount has been reduced for unemployment compensation benefits, pursuant to Section ~~§~~: 440.15(10)(H), F.S.

10. "V" means safety violation offset. The weekly benefit amount has been reduced for safety violation(s) pursuant to Section ~~§~~: 440.09(5), F.S.

11. "X" means death or dependent change. The weekly benefit amount has been adjusted because of a change in number or kind of dependents entitled to death benefits pursuant to Section ~~§~~: 440.16, F.S.

(c) For permanent and total cases only, if the claims-handling entity is taking an offset based on the DCA opinion in the “Grice” case (*Grice vs. Escambia County Sheriff’s Department*, 658 So. 2d 1208, 1211-12 (Fla. 1st DCA 1995)), it shall indicate “Y” for yes in the Benefit Adjustment section on Form DFS-F2-DWC-4.

~~(11)(16)~~ The claims-handling entity ~~carrier~~ shall send Form DFS-F2-DWC-4, ~~or the electronic equivalent~~, to report a correction in the employee’s social security number, date of accident, name, or the ~~claims-handling entity carrier~~ ~~or~~ ~~servicing company~~ handling the case. When reporting corrections to the employee’s name, social security number, or date of accident, the ~~claims-handling entity carrier~~ shall include the original (incorrect) information at the top of the form, and the corrected (new) information in the “Changes or Corrections” ~~corrections of~~ section. ~~When reporting a change in the employer liable for compensation, the carrier of the employer which has become liable for compensation shall send this form, and additionally state the name and address of the employer now liable for compensation in the “remarks” section. The claims-handling entity shall report these changes only for lost time cases as defined in subsections 69L-3.002(12) and (14), F.A.C.~~

(12) The claims-handling entity shall send Form DFS-F2-DWC-4 to report or change the class code of the employee or the employer’s NAICS code.

~~(17) The carrier may send Form DWC-4 to report or change information on risk class code, SIC code or Carrier/Servicing Company, or it may use other forms as provided in this chapter.~~

Specific Authority 440.591, 440.185, 440.20(3) FS. Law Implemented 440.15(3)(d)2., 440.185, 440.20, 440.207(2), 440.51(8),(9) FS. History—New 1-30-91, Amended 11-8-94. Formerly 38F-3.0091, 4L-3.0091, Amended

69L-3.012 Notice of Denial.

(1) ~~If Whenever~~ the claims-handling entity denies carrier disputes the employee’s entitlement to any benefits, or subsequently rescinds that denial, it shall send a letter to the employee, employer and the party requesting payment or authorization. The letter shall be mailed within 3 days of the date the claims-handling entity decided to deny or rescind the denial of benefits complete Form DWC-12, and send copies of the form to the parties. It shall send the Form DWC-12 form to the Division only when required by this rule. The letter shall contain the following minimum information:

(a) Identification as either a total or partial denial;

(b) The date the denial was rescinded, if applicable;

(c) The specific benefit(s) being denied, reinstated or started;

(d) The reason(s) for denial;

(e) The adjuster’s name and telephone number;

(f) The claims-handling entity’s file number;

(g) The statement: “If you need further assistance, please contact the Florida Department of Financial Services, Division of Workers’ Compensation, Employee Assistance and Ombudsman Office toll free at 1(800)342-1741”.

(2) If the claims-handling entity carrier initially denies the compensability of or coverage for a ~~lost time~~ case, it shall send Form DFS-F2-DWC-12 to the Division within 14 days after the notification carrier receives notice of the injury, illness or death. The claims-handling entity carrier shall also mark the “Case Denied” box ~~“Box 1”~~ on Form DFS-F2-DWC-1 and send it with Form DFS-F2-DWC-12, pursuant to sub-subparagraph 69L-3.0045(1)(d)5.a.1.(e)†, F.A.C.

(3) When the claims-handling entity denies any subsequent indemnity benefit on a lost time case, it shall send Form DFS-F2-DWC-12. The Form DFS-F2-DWC-12 shall be sent to the Division within 14 days of the claims-handling entity’s knowledge of the requested benefit being denied.

~~(a) If the carrier initiates payment of indemnity benefits without prejudice and without admitting liability pursuant to s.440.20(4), F.S., but denies benefits within 120 days after the initial provision of indemnity benefits, it shall send Form DWC-12 to the Division, claimant, employer, and other interested parties within 14 days after cessation of benefits and shall set forth the reasons for the denial on Form DWC-12.~~

~~(b) If the carrier initiates payment of indemnity benefits without prejudice but denies compensability after 120 days after the initial provision of indemnity benefits, the carrier shall send Form DWC-12, to the Division, claimant, employer, and other interested parties within 14 days after cessation of benefits and shall set forth the reasons for the denial on Form DWC-12.~~

(4) If a Petition for Benefits is the claims-handling entity’s first notification of an injury and the claims-handling entity denies the case in its entirety, it shall send Forms DFS-F2-DWC-12 and DFS-F2-DWC-1 to the Division within 14 days of claims-handling entity’s receipt of the Petition. Within 14 days after it receives by certified mail a Petition for Benefits, the carrier must either pay the requested benefits or send Form DWC-12 to the Division. The carrier must also send copies of Form DWC-12 by certified mail to the party filing the Petition for Benefits, the employer, and the claimant. If an individual self-insured employer acts as its own servicing agent, it need not send the employer’s copy. Only those benefits requested in the petition that are being denied should be responded to on Form DWC-12. Benefits requested in the petition that are not in dispute and that have or will be paid by the carrier should be responded to in a separate letter, which shall be mailed to the party filing the petition for benefits, the employer, and the claimant.

(5) When the claims-handling entity has previously denied any indemnity benefits for a lost time case and has sent Form DFS-F2-DWC-12 to the Division, and then commences the payment of indemnity benefits, it shall send Form

DFS-F2-DWC-12 with the denial rescinded section completed. The "Date Denial Rescinded" is the date the claims-handling entity decided to rescind the denial. The Form DFS-F2-DWC-12 shall be sent to the Division within 14 days of the date that the denial was rescinded.

~~(a) If the carrier has denied benefits for a lost time case and has sent Form DWC 12 to the Division, and then voluntarily commences the payment of indemnity benefits or is ordered to pay indemnity benefits, it shall send a copy of the original Form DWC 12 with the "Date Denial Rescinded" section completed, within 14 days after it commences payment. The "Date Prepared" shall be corrected to reflect the date the rescinded Form DWC 12 was completed. The date that payments commence shall be stated in the "Date Denial Rescinded" section.~~

~~(b) The carrier must also send Form DWC 4 and indicate as the "effective date" the date disability began. It shall indicate the employee's average weekly wage in the section for "previous average weekly wage." It shall indicate the employee's compensation rate in the section for "previous comp rate."~~

~~(6) When an employee requests wage loss benefits for dates of accident August 1, 1979, through December 31, 1993, by sending Form DFS-F2-DWC-3 to the claims-handling entity carrier, and the wage loss calculation yields an amount of benefits payable, but the claims-handling entity carrier denies or disputes the employee's eligibility for those benefits, the claims-handling entity carrier shall, within fourteen (14) days of receipt of the Form DFS-F2-DWC-3 form:~~

~~(a) Send to the Division the following: Form DWC 3, completed by the employee and the carrier; Form DWC 12; and a copy of any information or document relating to the employee's job search.~~

~~1. Form DFS-F2-DWC-3, completed by the employee and the claims-handling entity,~~

~~2. Form DFS-F2-DWC-12; and~~

~~3. A copy of any information or document relating to the employee's job search.~~

~~(b) Send to the employee the following: copies of the Forms DWC 3 and a DWC 12, which it sent to the Division.~~

~~1. Copies of the Forms DFS-F2-DWC-3 and~~

~~2. A letter explaining the denial of the benefits.~~

~~(7) When an employee files a Statement of Quarterly Earnings for Supplemental Income Benefits for Dates of Accident January 1, 1994, through September 30, 2003, Form DFS-F2-DWC-40, and the supplemental income benefit calculation yields an amount of benefits payable, but the claims-handling entity carrier denies or disputes the employee's eligibility for those benefits, the claims-handling entity carrier shall, within 14 days of receipt of the form:~~

~~(a) Send to the Division the following: Form DWC 40, completed by the employee and the carrier, and Form DWC 12.~~

~~1. Form DFS-F2-DWC-40, completed by the employee and the claims-handling entity, and~~

~~2. Form DFS-F2-DWC-12.~~

~~(b) Send to the employee the following: copies of the Forms DWC 40 and a DWC 12, which it sent to the Division.~~

~~1. Copies of the Forms DFS-F2-DWC-40 and~~

~~2. A letter explaining the denial of the benefits.~~

~~Specific Authority 440.591, 440.20(3), 440.20(15)(f) FS. Law Implemented 440.12(2), 440.14, 440.20(2),(4), 440.192(8), 440.20(9), 440.20(15)(f), 440.207(2) FS. History--New 10-30-79, Amended 11-5-81, 5-30-82, 6-12-84, Formerly 38F-3.12, Amended 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.012, 4L-3.012, Amended _____.~~

~~69L-3.016 Claim Cost Report.~~

~~(1) The claims-handling entity carrier shall send Form DFS-F2-DWC-13, to the Division for only in the following cases:~~

~~(a) Lost time cases as defined in subsection 69L-3.002(13), F.A.C. This includes lost time cases in which no indemnity benefits have been paid. Cases in which the carrier has paid indemnity benefits, including benefits pursuant to a lump sum settlement.~~

~~(b) Lost time cases in which the employee has received salary in lieu of compensation for 8 or more days of disability. Cases in which the employee has received salary in lieu of compensation.~~

~~(c) Cases in which the only indemnity benefits paid were for impairment income benefits, a lump sum settlement or a final settlement.~~

~~(2) The claims-handling entity carrier shall send Form DFS-F2-DWC-13, to the Division at the following times:~~

~~(a) Initial Claim Cost Report: The Form DFS-F2-DWC-13 shall reflect all cumulative claim costs paid within the first 6 months of the date of accident. This report shall be sent within 30 days after the 6 month anniversary of the date of accident. The initial claim cost report shall not be sent prior to the 6 month anniversary unless the case is closed. The claims-handling entity shall indicate the type of report as "Initial Report Summarizing First Six Months." Six months after the date of accident, if any indemnity benefits have been paid within that time. The carrier shall indicate that this is the "initial report summarizing first six months." If the case became a lost time case after 6 or more months from the date of accident, the carrier shall submit Form DWC 13 within 30 days after the anniversary date of the accident. The carrier shall indicate that this is an initial report.~~

~~1. If the case status changed to lost time after the 6 month anniversary of the date of accident, the claims-handling entity shall submit Form DFS-F2-DWC-13, in accordance with paragraph 69L-3.016(2)(b), F.A.C. Additionally, the claims-handling entity shall indicate that this is an initial and annual report.~~

2. If the case is closed within 6 months of the date of accident, the claims-handling entity shall submit Form DFS-F2-DWC-13 and indicate that this is an initial and final report.

(b) Annual Claim Cost Report: The Form DFS-F2-DWC-13 shall reflect all cumulative claim costs paid on the case since the date of accident. The Form DFS-F2-DWC-13 shall be sent to the Division within ~~Within~~ 30 days after each annual anniversary of the date of accident for all open cases ~~which the carrier considers to be open~~. The claims-handling entity ~~carrier~~ shall indicate the type of report as ~~that this is an "Annual Report On Open Case."~~ This filing shall not occur prior to the anniversary date of the date of accident unless the case is closed.

(c) Final Claim Cost Report:

1. The Form DFS-F2-DWC-13 shall reflect all cumulative claim costs paid on the case since the date of accident. The form shall be sent within 30 days after the annual anniversary of the date of accident for lost time cases closed since the last required filing of the Form DFS-F2-DWC-13. The claims-handling entity may send the Final Form DFS-F2-DWC-13 prior to the anniversary date if it considers a case to be closed with respect to medical and indemnity benefits. The claims-handling entity shall indicate the type of report as a "Final Report-Case Closed – No Activity In Past Year Or Case Settled."

2. After filing a Final Claim Cost Report, if the claims-handling entity makes a subsequent payment for any category of benefits required to be reported on Form DFS-F2-DWC-13, the claims-handling entity shall send an amended Final Form DFS-F2-DWC-13 within 30 days after the anniversary of the date of accident in accordance with paragraph 69L-3.016(2)(d), F.A.C.

~~30 days after the anniversary of the date of accident, for all cases in which no payments which must be reported on Form DWC-13 have been made in the previous year, or if the carrier considers a case to be closed with respect to medical and indemnity benefits. The carrier shall indicate that this is a "Final Report-Case Closed." After having sent a final report, the carrier is not required to send a subsequent Form DWC-13 unless a payment for any category of benefits reported on Form DWC-13 is made subsequent to sending a "Final Report-Case Closed." The carrier shall report those payments by sending a Form DWC-13 within 30 days after the anniversary of the date of accident. The carrier shall indicate that this is a "final report/case closed."~~

(d) Amended Claim Cost Report: If the claims-handling entity determines that the previously filed Form DFS-F2-DWC-13 was misreported or incorrect, it shall file an amended claim cost report to make the corrections within 30 days of the claims-handling entity's determination. The

claims-handling entity shall indicate the report type by marking the appropriate box and include the word "Amended" in the "Type of Report" section on the Form DFS-F2-DWC-13.

(3) The claims-handling entity ~~carrier~~ shall complete Form DFS-F2-DWC-13 for all ~~lost time cases~~ dates of accident, and shall include the following information, where applicable:

(a) The type of report being sent.

(b) The exact average weekly wage and compensation rate as of the date the report is sent, in dollars and cents.

(c) The "Salary End Date" for employees who receive salary in lieu of compensation for any period after the date of accident. ~~The "Salary End Date" is the date through which the employer continued salary in lieu of compensation. However, When if the employer pays continues to pay salary in lieu of compensation through the time the form is sent, the claims-handling entity shall~~ ~~carrier must~~ mark the "Salary Continued In Lieu of Compensation for Any Period of Time" box "Yes" and leave the "Salary End Date" blank.

(d) The number of weeks and days for which a particular indemnity benefit was paid, except for statutory permanent impairment and wage loss benefits for dates of accident prior to ~~January 1, 1994~~ 1/1/94. Indemnity benefits are payable only for entire days and not fractions thereof.

(e) The exact cumulative total amount, in dollars and cents, of all benefits paid up to the date the form is sent, including amounts reported on previous Forms DFS-F2-DWC-13 forms.

(f) The cumulative total of any recoveries the claims-handling entity ~~carrier~~ has obtained up to the filing of the form, except for recovery of overpayments. Totals entered as "paid to date" in Columns I and II are not reduced for recoveries, except for recovery of overpayment. Recovery of a deductible amount chargeable to an employer is reported in "all other recoveries except overpayments."

(g) The amount of money for indemnity and medical benefits settled and paid in a lump sum, or the amount ~~of~~ ~~money~~ paid to an employee as a lump sum settlement for medical benefits only, and the "Date Paid" for either settlement type. This latter settlement amount ~~shall~~ ~~must~~ be reported only for lost time cases on Form DFS-F2-DWC-13 as "Medical Settlement Amt.". For multiple settlements, the cumulative amount of the settlements and the latest settlement date shall be reported. Medical benefits may be the subject of a lump sum settlement regardless of the employee's date of injury. The date paid means the date the final indemnity settlement check was mailed or delivered to the employee or the employee's legal counsel, if represented.

(h) In the event that claims are transferred from one claims-handling entity to another, the insurer shall provide cumulative totals for all applicable data elements on Form DFS-F2-DWC-13 on every transferred case to the acquiring claims-handling entity. All subsequent reporting on Form DFS-F2-DWC-13 shall include all historical data.

Specific Authority 440.591, 440.185 FS. Law Implemented 440.185, 440.51(6) FS. History--New 10-30-79, Amended 11-5-81, Formerly 38F-3.16, Amended 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.016, 4L-3.016, Amended _____.

69L-3.018 Wage Loss Benefits Due to Permanent Impairment (Dates of Accident August 1, 1979 through December 31, 1993).

(1) Employee's Responsibilities. During any ~~two~~ 2 week period in which wage loss due to permanent impairment is suffered, the employee shall file a ~~an~~ Form DFS-F2-DWC-3, Request for Wage Loss/Temporary Partial Benefits, with the claims-handling entity carrier within 14 days of the end of that period. The employee shall complete the "Employee" portion of the Form DFS-F2-DWC-3 and the employee shall also fill out the back of the Form DFS-F2-DWC-3 thereby furnishing the claims-handling entity carrier a "work search report" for the period during which wage loss benefits are claimed, including the name, address, telephone number, and person contacted at each business where the claimant applied for work during the period for which wage loss benefits are being claimed, the date the claimant applied for work at each business, and a description of the type of work or the specific job for which the claimant applied at each. The listing should also include any contacts with a public or private employment agency and the dates of such contacts. The employee shall sign and date the form with the signature authorizing the release of social security information and Unemployment Compensation wage and benefits information. The employee shall send the completed Form DFS-F2-DWC-3 to the claims-handling entity carrier. A Form DFS-F2-DWC-3 ~~form~~ without an original signature of the injured employee shall not be processed for payment by the claims-handling entity carrier.

(2) Claims-handling entity's carrier's Responsibilities.

(a) Within ~~five~~(5) working days of its first knowledge of the date of maximum medical improvement, the claims-handling entity carrier shall send to the employee an informational letter which explains the employee's possible eligibility for wage loss benefits, together with at least ~~four~~(4) copies of the Form DFS-F2-DWC-3, Request for Wage Loss/Temporary Partial Benefits. The letter to the employee must contain at least the following information:

"Your treating physician has reported that you have reached maximum medical improvement and you may return to work but that you have a permanent impairment which has resulted in a work-related physical restriction which may affect your ability to perform the duties of your usual occupation or other appropriate employment. If this physical restriction causes you to lose wages, you may be entitled to additional benefit payments under the Florida Workers' Compensation Law.

If you lose wages, you must complete and send a REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS Form form (DFS-F2-DWC-3) to us within 14 days after the end of any ~~two~~ 2 week period for which a loss of wages is

claimed. If you fail to send the completed form within that 14-day period, you may be ineligible for wage loss benefits during that period.

In addition, to be eligible for wage loss benefits, you must demonstrate that you have made a valid effort to obtain suitable gainful employment and that your loss of wages is due to your work related physical restriction and NOT due to economic conditions, the unavailability of jobs, your unemployment due to misconduct or your failure to accept employment within your capabilities.

To show that you have made a genuine effort to obtain employment, list the dates, names, addresses, type of work, person contacted and the telephone number of the places of employment that you have contacted on the reverse side of the REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS form. You should also list the dates you make contact with ~~the Florida Job Service Office and any other~~ public or private employment agency.

Please note that the Florida Workers' Compensation Law allows us to evaluate your efforts to obtain gainful employment beginning with the 13th week after you have reached maximum medical improvement. If it can be shown that there are actual job openings within your geographical area and which are within your physical and vocational capabilities, the amount of earning you could have earned at those jobs can be deducted from your benefit payment.

Enclosed are REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS forms for your use. Keep them with your other valuable documents until you either use them or your entitlement to these benefits expires. We are also reporting your permanent impairment to the Division of Workers' Compensation in Tallahassee.

If you desire further information regarding wage loss benefits, you may call the Employee Assistance and Ombudsman Office of the Division of Workers' Compensation at any of their local offices, or at 1(800)342-1741."

(b) The claims-handling entity carrier shall date stamp the Form DFS-F2-DWC-3 upon receipt and within 14 days of receipt of the Form DFS-F2-DWC-3 from the employee, the claims-handling entity carrier shall complete calculation of benefits due, make any payments due, and send copies of the completed form to the employee and the employer. The claims-handling entity carrier shall also send the employee a blank Form DFS-F2-DWC-3. If the claims-handling entity carrier is denying wage loss benefits, the claims-handling entity carrier shall indicate in the claims-handling entity carrier processing section of the Form DFS-F2-DWC-3 that wage loss benefits are being denied, complete a ~~an~~ Form DFS-F2-DWC-12, Notice of Denial and send both forms to the employee, employer, legal counsel, and the Division within 14 days of the claims-handling entity's carrier's receipt of Form DFS-F2-DWC-3.

(3) Calculation of Wage Loss Benefits. The first calendar week of eligibility for wage loss benefits may be a partial week since eligibility begins on the date of maximum medical improvement. All other weeks of eligibility shall be full calendar weeks. To determine the amount of wage loss benefits due for a partial week: divide the pre-injury average weekly wage by the number of days employed per week, multiply by the number of days from date of maximum medical improvement through the last working day of that calendar week, multiply by 85% if the date of accident is before July 1, 1990, or by 80% if the date of accident is July 1, 1990 or later, insert the resulting figure on the Form DFS-F2-DWC-3 in the box labeled "ADJ. WW," and complete the calculations shown on that form.

Specific Authority 440.591, 440.15(3)(b), 440.185(4),(10), 440.41 FS. (1993), Law Implemented 440.15(3), 440.185(4),(10) FS. (1993) History--New 10-30-79, Amended 11-5-81, 5-30-82, 6-12-84, Formerly 38F-3.18, Amended 4-11-90, 1-30-91, 11-8-94, 11-11-96, Formerly 38F-3.018, 4L-3.018, Amended _____

69L-3.019 Wage Loss Benefits for Temporary Partial Disability (Dates of Accident August 1, 1979 through December 31, 1993)

(1) Employee's Responsibilities. During any ~~two~~ 2 week period in which wage loss for temporary partial disability is suffered, the employee shall file a Form DFS-F2-DWC-3, Request for Wage Loss/Temporary Partial Benefits, with the claims-handling entity carrier within 14 days. The employee shall complete the "Employee" portion of the Form DFS-F2-DWC-3 and the employee shall also fill out the back of the Form DFS-F2-DWC-3 thereby furnishing the claims-handling entity carrier a "work search report" for the period for which temporary partial wage loss benefits are claimed, including the name, address, telephone number, and person contacted at each business where the claimant applied for work during the period for which temporary partial wage loss benefits are being claimed, the date the claimant applied for work at each business, and a description of the type of work or the specific job for which the claimant applied at each. The listing should also include any contacts with a public or private employment agency and the dates of such contacts. The employee shall sign and date the form with the signature authorizing the release of Social Security information and Unemployment Compensation wage and benefit information. The employee shall file the completed Form DFS-F2-DWC-3 with the claims-handling entity carrier. A Form DFS-F2-DWC-3 form without an original signature of the injured employee shall not be processed for payment by the claims-handling entity carrier.

(2) Claims-handling entity's carrier's Responsibilities.

(a) Within ~~five~~ (5) working days of its first knowledge of the date of temporary partial disability, the claims-handling entity carrier shall mail to the employee an informational letter which explains the employee's eligibility for temporary partial wage loss benefits, together with at least four (4) copies of the

Form DFS-F2-DWC-3, Request for Wage Loss/Temporary Partial Benefits. The letter to the employee must at least contain the following information:

"Your treating physician has reported that you may return to limited duty work with some temporary physical restrictions. Your temporary total disability benefits have been suspended but you may be entitled to additional benefit payments under the Florida Workers' Compensation Law. If you lose wages, you must complete and send a REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS Form form (DFS-F2-DWC-3) to us within 14 days after the end of any two-week period for which a loss of wages is claimed. If you fail to send the completed form within that 14-day period, you may be ineligible for temporary partial wage loss benefits during that period. In addition, to be eligible for temporary partial wage loss benefits, you must demonstrate that you have made a valid effort to obtain suitable gainful employment and that your loss of wages is due to your work related physical restriction and NOT due to economic conditions, the unavailability of jobs, your unemployment due to misconduct or your failure to accept employment within your capabilities.

To show that you have made a genuine effort to obtain employment, list the dates, names, addresses, type of work, person contacted and the telephone number of the places of employment that you have contacted on the reverse side of the REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS form. You should also list the dates you make contact with ~~the Florida Job Service Office~~ and any ~~other~~ public or private employment agency.

Please note that the Florida Workers' Compensation Law allows us to evaluate your efforts to obtain gainful employment beginning with the 13th week after you have received the first payment of a temporary partial wage loss benefit. If it can be shown that there are actual job openings within your geographical area and which are within your physical and vocational capabilities, the amount of earnings you could have earned at those jobs can be deducted from your benefit payment.

Enclosed are REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS forms for your use. Keep them with your other valuable documents until you either use them or your entitlement to these benefits expires. We are also reporting your status to the Division of Workers' Compensation in Tallahassee.

If you desire further information regarding Wage Loss benefits, you may call the Employee Assistance and Ombudsman Office (EAO) of the Division of Workers' Compensation at any of their local offices, or at 1(800)342-1741."

(b) The claims-handling entity carrier shall date stamp the Form DFS-F2-DWC-3 upon receipt and within 14 days of receipt of the Form DFS-F2-DWC-3 from the employee, the claims-handling entity carrier shall complete calculation of benefits due, make any payments due, and send copies of the

completed form to the employee and the employer. The claims-handling entity carrier shall also send the employee a blank Form DFS-F2-DWC-3. If the claims-handling entity carrier is denying wage loss benefits for temporary partial disability, the claims-handling entity carrier shall indicate in the claims-handling entity carrier section of the Form DFS-F2-DWC-3 that wage loss benefits are being denied, complete a ~~an~~ Form DFS-F2-DWC-12, Notice of Denial, and send both forms to the employee, employer, legal counsel, and the Division within 14 days of the claims-handling entity's carrier's receipt of Form DFS-F2-DWC-3.

(3) Calculation of Temporary Partial Wage Loss Benefits. The first calendar week of eligibility for temporary partial wage loss benefits may be a partial week since eligibility begins on the date of claimant's release to return to light duty work. All other weeks of eligibility shall be full calendar weeks. To determine the amount of benefits due for a partial week, divide the pre-injury average weekly wage by the number of days employed per week, multiply by the number of days from date of release to return to light duty work through the last working day of that calendar week, multiply by 85% if the date of accident is before July 1, 1990 or by 80% if the date of accident is July 1, 1990 or later, insert the resulting figure on Form DFS-F2-DWC-3 in the box labeled "ADJ.WW," and complete the calculations shown on that form.

Specific Authority 440.591, 440.15(4)(e)(a), 440.185(4),(10), 440.41 FS. (1993) Law Implemented 440.15(4)(b), 440.185(4),(10), 440.20 FS. (1993) History—New 10-30-79, Amended 11-5-81, Formerly 38F-3.19, Amended 4-11-90, 1-30-91, 11-8-94, 11-11-96, Formerly 38F-3.019, 4L-3.019, Amended _____.

69L-3.0191 Temporary Disability Benefits (Dates of Accident ~~on or After~~ January 1, 1994 through September 30, 2003).

(1) Temporary disability benefits include temporary total and temporary partial disability benefits and are payable for a maximum of 104 weeks. An employee's eligibility for temporary disability benefits ceases after the employee has received 104 weeks of temporary total disability benefits paid pursuant to Section ~~§~~ 440.15(2)(a), F.S., or after the employee has received 104 weeks of temporary partial disability benefits paid pursuant to Section ~~§~~ 440.15(4), F.S., or after the employee has received 104 weeks of any combination of these two benefits.

(2) An employee is eligible for temporary partial disability benefits if the employee has received a medical release to return to work, is unable to earn at least 80% of the employee's pre-injury average weekly wage, has not reached maximum medical improvement, and has not received payment for 104 weeks of temporary total or temporary partial disability benefits or any combination of the aforementioned benefits. The Division does not require an employee to request temporary partial disability benefits by filing a form promulgated by the Division. The claims-handling entity

carrier shall not require the employee to demonstrate eligibility for temporary partial disability benefits by submitting documentation indicating the employee has looked for work.

(3) Within five (5) days of its knowledge that the employee has been released to return to work, unless the employee's eligibility for temporary partial disability benefits has expired, the claims-handling entity carrier shall mail to the employee an informational letter which explains the employee's eligibility for temporary partial disability benefits. The letter must advise the employee about the employee's obligation to report, at the claims-handling entity's carrier's request using Form DFS-F2-DWC-19, the employee's receipt of any and all of the following: salary, wages, unemployment compensation benefits, or Social Security benefits. The letter to the employee must contain at least the following information:

"Your doctor has said that you are able to return to work, but you have not reached maximum medical improvement from your injury (maximum medical improvement is the date after which a doctor says you will not get any better from your injury). You are eligible for temporary partial disability benefits if you cannot make at least 80% of the wages you were making at the time of your accident after the doctor says you can return to work. These benefits will continue until one of the following happens:

(a) Your doctor says you have reached maximum medical improvement from your injury; or

(b) You have received 104 weeks of either temporary total or temporary partial disability benefits, or both combined; or

(c) You are making 80% or more of the wages you were making at the time of your accident.

If you earn wages after the doctor says you can return to work, you must immediately contact this office and give us the name of your employer and the amount of money you are making. If you stop making at least 80% of the wages you were making at the time of your accident, you should also contact this office immediately. If you receive unemployment compensation benefits or Social Security benefits, you must immediately contact this office and tell us what kind of benefits you are getting and the amount of those benefits. If the form "Employee Earnings Report" (Form DFS-F2-DWC-19) was sent with this letter, you must fill it out, sign it and return it within 21 days after you received it. You may be asked to fill out one of these forms once a month. If you do not fill out, sign and return the form, your compensation benefits may be stopped until you return the form. If you turn down an offer of a job that you can do, your compensation benefits may be stopped. For more information about temporary partial disability benefits, please call the Employee Assistance and Ombudsman Office (EAO) of the Division of Workers' Compensation at any of its local offices listed in your

“Important Workers’ Compensation Information For Florida Workers” “Employee’s Rights” brochure, or at 1(800)342-1741.”

(4) The claims-handling entity carrier shall continue to investigate an employee’s status so as to determine the amount of temporary partial disability benefits for which an employee is eligible, and to ensure the timely payment of those benefits.

(5)(a) The first installment of temporary partial disability benefits is due no later than 14 days after the date the employee’s medical release states that the employee may resume work. The claims-handling entity carrier shall contact the employer for whom the employee worked at the time of the accident to ascertain if the employee has returned or will be returning to work for that employer.

(b) If the accident employer is holding open the employee’s pre-injury job and the employee anticipates returning to that job after reaching maximum medical improvement, the claims-handling entity carrier shall pay temporary partial disability benefits to the employee as if the employee has \$0 earnings.

(c) If the employee has not and will not be returning to work for the accident employer, the claims-handling entity carrier shall mail to the employee the informational letter and Form DFS-F2-DWC-19, and attempt to contact the employee to ascertain if the employee has obtained other employment. The claims-handling entity carrier shall begin to pay temporary partial disability benefits as if the employee has \$0 earnings, subject to receipt of the employee’s completed Form DFS-F2-DWC-19 or other confirmation of actual earnings.

(d) At any time the claims-handling entity carrier is unable to confirm reemployment with the employee or is unable to obtain earnings information from the employee’s present employer or employers, the claims-handling entity carrier shall calculate benefits based on the last wage information submitted or obtained, and continue to pay temporary partial disability benefits, subject to the employee’s timely return of Form DFS-F2-DWC-19. If the employee does not timely return Form DFS-F2-DWC-19, the claims-handling entity carrier may then suspend payment of the employee’s temporary partial disability benefits.

(6) The first installment of temporary partial disability benefits is due no later than 14 days after the date the employee’s medical release states that the employee may return to work. In order for the claims-handling entity carrier to more readily make the weekly wage comparison, the first week of temporary partial disability benefits may be paid as a partial week, so that remaining weeks can coincide with the employee’s actual post injury pay periods. To determine the amount of benefits due for a partial week: divide the pre-injury average weekly wage by the number of days employed per week; multiply by the number of days from date of release to

return to light duty work through the last working day of that calendar week; multiply by 80% ~~percent~~; subtract any weekly earnings; and multiply the remainder by 80% ~~percent~~.

(7) The payment period for temporary partial disability benefits is bi-weekly. Other than the first and last weeks of temporary partial disability benefits, benefits shall be calculated on the basis of full calendar weeks. The claims-handling entity’s carrier’s payment of temporary partial disability benefits for any biweekly period is due no later than the last date of that bi-weekly period.

(8) Temporary partial disability benefits shall be calculated by the 80%-80% formula pursuant to Section s- 440.15(4)(a), F.S., even if the employee’s earnings are \$0. This benefit is subject to the maximum compensation rate as defined by Section s- 440.12, F.S.

(9) The claims-handling entity carrier may require information from the employee concerning the employee’s receipt of wages, unemployment compensation benefits, or Social Security benefits by sending the employee a copy of Form DFS-F2-DWC-19, pursuant to Sections ss- 440.15(8), (10) and (11), F.S. claims-handling entity carrier may not require the employee to submit a Form DFS-F2-DWC-19 more often than once a month. If the employee does not mail the completed form to the claims-handling entity carrier within 21 days after the employee’s receipt of Form DFS-F2-DWC-19, the claims-handling entity carrier may suspend temporary partial compensation benefits until it receives the form. If wage information obtained after a period for which temporary partial benefits have already been paid shows that the benefit amount paid for a week was more than that to which the employee was entitled, the claims-handling entity carrier may obtain repayment through a credit against subsequent benefits. The claims-handling entity carrier may also obtain repayment of any overpayment of temporary partial disability benefits caused by the employee’s receipt of unemployment benefits or social security benefits. If the employee is receiving Social Security benefits, the claims-handling entity carrier shall request the employee to complete and return Form DFS-F2-DWC-14, Request for Social Security Information. Until Form DFS-F2-DWC-14 has been completed and returned to the claims-handling entity carrier by the Social Security Administration, the claims-handling entity carrier may not obtain repayment of those benefits. Repayment of all indemnity benefits is subject to the limitations of Section s- 440.15(13), F.S.

Specific Authority 440.15(2)(d),(4)(a), 440.185(4),(5), 440.20(3), 440.591 FS. Law Implemented 440.15(2),(4), 440.185(4),(5), 440.20(3) FS. History—New 11-8-94, Formerly 38F-3.0191, 4L-3.0191, Amended

69L-3.01915 Temporary Partial Disability Benefits (Dates of Accident on or After October 1, 2003).

(1) Employee's eligibility.

(a) Pursuant to Section 440.15(4), F.S., the employee is eligible for temporary partial disability benefits if the employee has met all of the following requirements:

1. Has received a medical release to return to work with restrictions.

2. Is unable to earn at least 80% of the employee's pre-injury average weekly wage.

3. Has not reached maximum medical improvement, and

4. Has not received payment for 104 weeks of temporary total or temporary partial disability benefits or any combination of the aforementioned benefits.

(b) The claims-handling entity shall not require the employee to demonstrate eligibility for temporary partial disability benefits by submitting documentation indicating the employee has looked for work.

(2) Letter requirement – The claims-handling entity shall mail an informational letter to the employee within 5 days of its knowledge that the employee has been released to return to work with restrictions. This letter shall explain the employee's eligibility for temporary partial disability benefits and their obligation to report earnings. These earnings would include the receipt of any of the following: salary, wages, unemployment compensation benefits, or Social Security benefits. The letter to the employee must contain at least the following information:

“Your doctor has released you to return to work, but because of your work-related accident, you have been given restrictions on the type of work you can now do. Because you have not reached maximum medical improvement (the date after which your doctor says your injury will probably not get better), you may continue receiving workers' compensation benefits approximately every two weeks if you are not able to earn at least 80% of the weekly wages you were making before your injury.

These benefits, called Temporary Partial Disability benefits, will be paid until:

(a) You reach maximum medical improvement or can return to work without restrictions; or

(b) You receive the maximum of 104 weeks allowed by law for either Temporary Total Disability benefits or Temporary Partial Disability benefits, or 104 weeks for both benefits combined; or

(c) You earn 80% or more of the weekly wages you were making at the time of your accident.

IMPORTANT: Temporary Partial Disability benefits may be stopped if:

1. You do not notify this office within five (5) business days after you return to work; or

2. You are not working due to your own misconduct on the job; or

3. You turn down work you are capable of doing; or

4. You do not return, if requested, Form DFS-F2-DWC-19, “Employees Earning Report” to this claims office within 21 days after you receive it and report the receipt of any earnings, including Unemployment Compensation or Social Security benefits. You may be asked to complete, sign, and return this form once a month.

You are to notify this office immediately if you stop making at least 80% of your pre-injury weekly wages. However, if you leave your job without just cause as determined by a judge, your temporary partial disability benefits will be paid based on the amount of money you would have earned had you not left work.

For more information about temporary partial disability benefits, please call the Employee Assistance Office (EAO) with the Division of Workers' Compensation at any of its local offices listed in your “Important Workers' Compensation Information For Florida Workers” brochure, or at 1(800)342-1741.”

(4) Calculations and payment of temporary partial disability benefits:

Temporary partial disability benefits shall be calculated using the 80%-80% formula pursuant to Section 440.15(4)(a), F.S., even when the employee's earnings are \$0. Temporary partial benefits calculated for any given week are subject to the maximum weekly compensation rate as defined by Section 440.12, F.S. The claims-handling entity shall continuously investigate an employee's post-injury earnings, including contacting the current employer, to determine the amount of temporary partial disability benefits for which the employee is entitled, and to ensure the timely payment of those benefits.

(a) No post-injury earnings – If there are no earnings because the employer can not accommodate the employee's restrictions, the first installment of temporary partial disability benefits is due no later than 14 days after the date the employee's medical release states that the employee may resume work. The claims-handling entity shall pay temporary partial disability benefits to the employee based on \$0 earnings. Subsequent payments of temporary partial disability benefits for any biweekly period is due no later than the last day of that biweekly period as long as the employee continues to be eligible.

(b) Post-injury earnings.

1. If re-employed and the employee or employer has notified the claims-handling entity within 5 business days after returning to work, the first installment is due within 7 days after the last date of the post-injury employer's first biweekly work week. Subsequent payments of temporary partial disability benefits for any biweekly period are due no later than 7 days after the end of the last date of that biweekly period as long as the employee continues to be employed and eligible.

2. If re-employed and the employee or employer has failed to notify the claims-handling entity within 5 business days after returning to work, the first installment is due within 7 days after notification is made to claims-handling entity. Subsequent payments of temporary partial disability benefits for any biweekly period is due no later than 7 days after the end of the last day of that biweekly period as long as the employee continues to be employed and eligible.

3. Once re-employed, the first week of temporary partial disability may be paid as a partial week in order to coincide with the post-injury employer's workweek. To determine the amount of benefits due for a partial week:

a. Divide the pre-injury average weekly wage by the pre-injury number of days employed per week to calculate the daily rate;

b. Multiply this daily rate by the number of days the employee worked during the post injury employer's work week;

c. Multiply this amount by 80%;

d. Subtract the partial week's earnings; and

e. Multiply the difference by 80%, resulting in the temporary partial benefit due for this partial week.

(c) No confirmation of earnings – At any time the claims-handling entity is unable to confirm continued re-employment with the employee or is unable to obtain earnings information from the employee's post injury employer or employers, the claims-handling entity shall calculate benefits based on the last wage information submitted or obtained, and continue to pay temporary partial disability benefits, subject to the employee's timely return of Form DFS-F2-DWC-19. Subsequent payments of temporary partial disability benefits for any biweekly period are due no later than seven (7) days after the end of the last day of that biweekly period as if the employee continues to be employed and eligible. If the employee does not timely return Form DFS-F2-DWC-19, the claims-handling entity may then suspend payment of the employee's temporary partial disability benefits until the claims-handling entity's receipt of the form.

Specific Authority 440.15(4), 440.591 FS. Law Implemented 440.15(4) FS. History–New _____.

69L-3.0192 Impairment Income Benefits (Dates of Accident ~~on or After~~ January 1, 1994 through September 30, 2003).

(1)(a) After the employee has reached maximum medical improvement, the claims-handling entity ~~carrier~~ shall make the initial payment of impairment income benefits no later than the 20th day after the claims-handling entity ~~carrier~~ has knowledge of the employee's permanent impairment rating; however, this initial payment may be made before the 20th day. The initial payment of impairment income benefits must include payment for all full weeks of entitlement since the date of maximum

medical improvement up to the time the initial payment is made. Impairment income benefits are payable whether the employee is working or not.

(b) Impairment income benefits may be paid in either weekly or biweekly installments. If the claims-handling entity ~~carrier~~ pays benefits biweekly, it shall issue payment for both weeks at the end of the first week. To establish and maintain a bi-weekly installment schedule, the claims-handling entity ~~carrier~~ shall issue the check for the first and second weeks of entitlement at the end of the first week, the third and fourth weeks of entitlement at the end of the third week, and so on.

(2)(a) Impairment income benefits are paid at a rate of 50% ~~percent~~ of the average weekly temporary total disability benefit, as defined in subsection 69L-3.002(1), F.A.C.

(b) If impairment income benefits are due and no previous temporary total disability benefits have been paid, the average weekly temporary total disability benefit shall be 66 2/3% ~~percent~~ of the employee's average weekly wage, up to the maximum compensation rate for the accident year.

(3) Impairment income benefits may not be offset by social security or unemployment compensation benefits received by the employee.

Specific Authority 440.591 FS. Law Implemented 440.15(3) FS. History–New 11-9-94, Formerly 38F-3.0192, 4L-3.0192, Amended _____.

69L-3.01925 Impairment Income Benefits (Dates of Accident on or After October 1, 2003).

(1) The initial payment of impairment income benefits shall include payment for all full weeks of entitlement since the date of maximum medical improvement up to the time the initial payment is made. After the employee has reached maximum medical improvement, the claims-handling entity shall make the initial payment of impairment income benefits no later than the 14th day after the claims-handling entity has knowledge of the employee's permanent impairment rating.

(2) Impairment income benefits shall be paid in biweekly installments pursuant to Sections 440.15(3)(c) and (g), F.S. (2003)

(3) Impairment income benefits may not be offset by social security or unemployment compensation benefits received by the employee.

Specific Authority 440.15(3)(f), 440.591 FS. Law Implemented 440.15(3)(f) FS. History–New _____.

69L-3.0193 Supplemental Income Benefits (Dates of Accident ~~on or After~~ January 1, 1994 through September 30, 2003).

An employee may be eligible to receive Supplemental Income Benefits if an impairment rating of 20% ~~percent~~ or more has been assigned in accordance with Section ~~s-~~ 440.15(3)(b), F.S. (1994).

(1) Definitions: The following words and terms when used in this rule shall have the following meanings:

(a) "Filing Period for Supplemental Income Benefits" means a period of 13 consecutive weeks (approximately 3 months) for which the employee reports any earnings and files a claim for supplemental income benefits. The filing period shall represent a "quarter" as set out in Section s. 440.15(3)(b)7., F.S. (1994), except for the second filing period, which may consist of less than 13 weeks if the first payment period was prorated. The "initial filing period" is the filing period, which occurs during the last 13 weeks of impairment income benefits.

(b) "Initial Payment of Supplemental Income Benefits" means payment of supplemental income benefits for the first whole or partial calendar month immediately following the expiration of the impairment income benefit period. The initial payment of supplemental income benefits shall cover the time beginning with the day after the expiration of impairment income benefits and ending with the last date in the initial calendar month.

(c) "Payment Period for Supplemental Income Benefits" means the period of 3 consecutive calendar months immediately following the filing period. The first payment period may consist of less than 3 full months if the first monthly payment is prorated. The last payment period may consist of less than 3 full months if the employee has reached a maximum of 401 weeks of benefits. All other payment periods of supplemental income benefits shall be for 3 full calendar months.

(2)(a) No later than 15 weeks before the expiration of the impairment income benefit period, the claims-handling entity carrier shall send by certified mail to each employee eligible for supplemental income benefits an informational letter substantially in conformance with subsection paragraph (7) of this rule section and two copies of Form DFS-F2-DWC-40; Statement of Quarterly Earnings for Supplemental Benefits. The claims-handling entity carrier shall fill out the first two lines on one of the Forms DFS-F2-DWC-40 before sending it to the employee and indicate the beginning and ending dates of the initial filing period. The second Form DFS-F2-DWC-40 should be left blank.

(b) If the claims-handling entity carrier has knowledge that the employee is eligible for supplemental income benefits and fails to timely provide the employee with written notification and forms as required by this rule, the claims-handling entity carrier shall pay supplemental income benefits for all months for which the employee was not provided a form. Payment shall be computed as if the employee had \$0 earnings. The claims-handling entity carrier may later obtain repayment of any overpayment in accordance with paragraph (3)(d) of this rule and pursuant to Section s. 440.15(12)(13), F.S.

(c) For any filing period, the claims-handling entity carrier shall add all earnings reported by the employee and divide by the total number of weeks in that filing period to yield a "current average weekly wage." The current average weekly wage shall include any weeks for which \$0 earnings were reported.

(3) Payment of Supplemental Income Benefits:

(a) The claims-handling entity carrier shall issue the initial payment (the first whole or partial calendar month) of supplemental income benefits by the 7th day after the expiration of impairment income benefits. The claims-handling entity carrier shall make the first payment of supplemental income benefits with or without receipt of the employee's first Form DFS-F2-DWC-40. If the employee timely filed Form DFS-F2-DWC-40 with the claims-handling entity carrier, the second and third months in the initial payment period shall be paid on the first (1st) day of each month in that payment period.

(b) To calculate benefits due for a partial month of the initial payment period: divide the monthly supplemental income benefit payment amount, computed from the "calculation" section on Form DFS-F2-DWC-40, by 4.3; divide that amount by 7 to yield the daily rate; multiply this daily rate by the number of days from the first day of eligibility for supplemental income benefits through the last day of the first calendar month in the payment period. Record this figure on Form DFS-F2-DWC-40 in the box labeled "Payment Amount for Initial Month."

(c) Except for the initial payment of supplemental income benefits, payments of additional monthly supplemental income benefits are contingent upon the employee having filed Form DFS-F2-DWC-40 with the claims-handling entity carrier. Subsequent monthly payments of supplemental income benefits for which the claims-handling entity carrier has received Form DFS-F2-DWC-40 shall be paid as follows:

1.(1) The first (~~1st~~) month in the next payment period shall be paid within 7 days of the claims-handling entity's carrier's receipt of Form DFS-F2-DWC-40;

2.(2) the second (~~2nd~~) and third (~~3rd~~) months of this payment period shall be paid on the first (~~1st~~) day of each month in that payment period. If Form DFS-F2-DWC-40 was not timely returned by the employee to allow the claims-handling entity carrier to issue payment as per paragraphs (a) and (b) above, the claims-handling entity carrier shall within 7 days of receipt of Form DFS-F2-DWC-40 pay any and all months of supplemental income benefits due and owing as of the date the form was received, subject to the information submitted by the employee on the form.

(d) If upon receipt of Form DFS-F2-DWC-40 it is determined that an overpayment of supplemental income benefits has occurred, the claims-handling entity carrier may recalculate the amount of supplemental income benefits due for the remaining months in that payment period or any subsequent payment periods and obtain repayment, subject to the provisions of Section ~~§~~ 440.15(12)(13), F.S. In no case shall the repayment amount be greater than 20% ~~percent~~ of the monthly supplemental income benefit payment amount.

(e) The monthly supplemental income benefit payable shall ~~may~~ not exceed the maximum weekly benefit amount as set out in Section ~~§~~ 440.12, F.S., multiplied by 4.3.

(4) Filing Requirements:

(a) The employee will not be entitled to supplemental income benefits for any filing period for which Form DFS-F2-DWC-40 has not been filed with the claims-handling entity carrier by the seventh (~~7th~~) day after the expiration of the payment period associated with that filing period.

(b) Within 7 days after the claims-handling entity carrier has made the first payment of supplemental income benefits in any payment period, the claims-handling entity carrier shall send the completed Form DFS-F2-DWC-40 to the Division, the employee, the employer, and any other interested parties. If the claims-handling entity carrier denies payment of supplemental income benefits for any payment period, the claims-handling entity carrier must attach Form DFS-F2-DWC-12, Notice of Denial, to Form DFS-F2-DWC-40 and provide the reason(s) for the denial.

(c) The claims-handling entity carrier shall provide the employee with at least two (2) additional Forms DFS-F2-DWC-40 upon payment of the first month for any payment period. The claims-handling entity carrier shall indicate on one of the forms the beginning and ending dates of the employee's next filing period.

(5) The amount payable for supplemental income benefits shall be based on earnings information submitted by the employee for the previous filing period, and shall be paid monthly, with the exception of the initial payment which may be prorated. Once the employee has been determined to be eligible for supplemental income benefits for the filing period, the monthly benefit amounts shall be the same for each month of that filing period, unless it is the initial payment of supplemental income benefits for a partial month, or if an adjustment is being made for an overpayment, or if the final payment of supplemental income benefits expires at the 401 week maximum.

(6) Supplemental income benefits may not be offset by ~~s~~ Social ~~s~~ Security or unemployment compensation benefits received by the employee.

(7) The informational letter to the employee referred to in subsection ~~paragraph~~ (2) of this rule must contain at least the following information:

"Because your doctor found that you have a permanent impairment of 20% or more due to your work injury, you may be eligible to receive additional workers' compensation benefits, known as SUPPLEMENTAL INCOME BENEFITS. However, you must also meet the requirements below in order to receive payment for these benefits:

1. You must be unable to earn at least 80% of what you earned before your injury for at least 90 days in a row, and

2. You must try in good faith to find a job that you are able to do and cooperate with any reemployment help offered by the employer, claims-handling entity carrier or the Division of Workers' Compensation.

To get your first check for supplemental income benefits, you need to complete, sign and return the enclosed "Statement of Quarterly Earnings for Supplemental Benefits" Form ~~form~~ (DFS-F2-DWC-40) to this office. We recommend you return the form no later than 7 days after the end of the filing period, shown in section "A" of the enclosed form. This should enable you to keep your payments coming about every 4 to 6 weeks. Report any wages you earn during the last 13 weeks that you are paid impairment income benefits. Do not include the amount paid to you for your impairment income benefits. Follow the filing instructions on the back of the form to make sure there will not be a break in your payments. Your supplemental income benefits will be calculated by a formula that is based on the wages you report for every filing period on each "Statement of Quarterly Earnings for Supplemental Income Benefits."

If you already know that you will not be eligible for payment of supplemental income benefits when your impairment income benefits end, keep this letter and the other blank form for possible future use, because you may later become eligible for supplemental benefits.

If you do not work during the filing period, it is suggested that you keep records of all the places you look for work, the dates you look, the type of work you are seeking, and the names of the people you contact.

If you turn down the offer of a job that you are able to do, your supplemental income benefits will be calculated on the basis of what that job would have paid you, for as long as the job offer remained open to you. Also, if you refuse to accept training or education offered by the employer, this office, or the Division, your supplemental income benefits may be reduced by one-half. If you have any questions, contact your claims representative at this office, at the address and telephone number listed in this letter. You may also call the Division of Workers' Compensation's Employee Assistance and Ombudsman Office (EAO) at any of its branch offices listed in your employee brochure, or at its toll-free telephone number in Tallahassee at 1(800)342-1741."

Specific Authority 440.15(3)(b)5., 440.591 FS. Law Implemented 440.15(3), 440.20(3), 440.491 FS. History—New 11-9-94. Formerly 38F-3.0193, 4L-3.0193, Amended _____.

69L-3.0194 Permanent Total and Permanent Total Supplemental Benefits For Dates of Accident Prior to October 1, 2003.

(1) Permanent total benefits paid for injuries occurring prior to July 1, 1955, shall not be made in excess of 700 weeks. Permanent total benefits paid for injuries occurring on or after July 1, 1955, shall continue during the continuance of the employee's entitlement.

(a) When a permanently and totally disabled employee re-establishes an earning capacity and undertakes a trial period of re-employment pursuant to Rule 6A-22, F.A.C. Chapter 59A-28, ~~the such~~ employee may be eligible for impairment income and supplemental benefits pursuant to Section 440.15(3), F.S.

(b) The claims-handling entity carrier has the right to require, no more than once every calendar year, that a permanently and totally disabled employee undergo vocational valuation or have testing conducted pursuant to Section 440.491, F.S. The claims-handling entity carrier shall no later than 10 ten working days prior to such evaluation or testing confirm in writing to the employee the date, time and place of such evaluation or testing. In the confirmation letter, the claims-handling entity carrier shall advise the employee of the procedures that the employee will be undergoing going through and the approximate time frame for completion of the such evaluation or testing. The Such notification shall be sent by the claims-handling entity carrier to the employee's counsel, if any, no later than 7 seven days before the date of the evaluation or testing. This subsection applies only to permanent total cases in which the date of accident is on or after January 1, 1994 1-1-94.

(2) Permanently and totally disabled employees are entitled to permanent total disability supplemental benefits when the injury occurred subsequent to June 30, 1955, and the liability of the employer has not been discharged pursuant to Section 440.20(12), F.S. Such benefits shall be equal to 5% five of the employee's weekly compensation rate which was in effect on the date of the employee's injury, multiplied by the number of calendar years since the date of injury.

(a) When the date of the employee's injury and acceptance or adjudication of permanent total disability is within the same calendar year, supplemental benefits are payable January 1st of the next calendar year.

(b) When acceptance or adjudication is in a calendar year other than the year of injury, supplemental benefits are payable as of the date the employee was accepted or adjudicated permanently and totally disabled.

(3)(a) Permanent total supplemental benefits shall be paid by the Division, unless the claims-handling entity carrier made an election to pay such benefits, to an injured employee whose accident occurred subsequent to June 30, 1955, and before July 1, 1984. Permanent total supplemental benefits are not payable for any period prior to October 1, 1974.

(b) Permanent total supplemental benefits shall be paid by the claims-handling entity carrier for injury occurring on or after July 1, 1984. The claims-handling entity carrier is not required to pay permanent total supplemental benefits for any period prior to October 1, 1974.

(c) An injured employee entitled to or receiving permanent total supplemental benefits shall have such benefits increased by 5% five each January 1st after the commencement of such entitlement. However, when such permanent total supplemental benefits are combined with the compensation rate, the such combination of benefits shall not exceed the maximum compensation rate in effect for the year in which the combined benefits are being paid.

(d)1. The injured employee is entitled to full permanent total supplemental and compensation benefits as of the such employee's 62nd birthday for dates of accident prior to July 1, 1990 7-1-90. The employee's entitlement to permanent total supplemental benefits shall cease on the such employee's 62nd birthday if the such employee is eligible for social security benefits under 42 U.S.C. Sections ss. 402 and 423, whether or not the such employee has applied for such benefits when the employee's date of accident occurred on or after July 1, 1990 7-1-90.

2. All permanent total benefits shall cease when the employee becomes an inmate of a public institution, unless the employee has dependents as defined in Chapter 440 F.S. Dependent benefits shall be determined for each dependent as though # the employee were deceased.

3. All permanent total benefits shall cease when the injured employee accepts a full settlement of benefits in exchange of all future liability of the employer.

4. When the injured employee receives a full or partial lump-sum advance of ~~the such~~ employee's permanent total disability compensation benefits, the employee's permanent total supplemental benefits shall be computed on the employee's weekly compensation rate as reduced by ~~the such~~ lump-sum advance.

5. Neither the claims-handling entity carrier, employer, or Division of Workers' Compensation shall pay any permanent total benefits for as long as the injured employee willfully fails or refuses to file a completed Form DFS-F2-DWC-19, Employee Earnings Report, or Form DFS-F2-DWC-14, Request for Social Security Disability Benefit Information, DWC-14, or Form DFS-F2-DWC-30, Authorization and Request for Unemployment Compensation Information, as incorporated by reference in Rule ~~Chapter~~ 69L-3.025, F.A.C., within 21 days after the employee received the request.

(4) The social security offset of permanent total disability benefits shall be calculated as follows:

(a) ~~Convert monthly social security benefit to weekly benefit by dividing the monthly amount by 4.3 (monthly amount divided by 4.3). Compensation rate (plus) + Principal Insurance Amount (P.I.A.) + five % permanent total supplemental benefits due at the time of permanent total acceptance or adjudication. When the injured employee is receiving social security dependent benefits, such dependent benefits shall be added to the Principal Insurance Amount for purposes of determining the offset.~~

(b) ~~Add the Compensation Rate (CR) + Principal Insurance Amount (PIA) or the Maximum Family Benefits (MFB) if the employee has dependents + 5% permanent total supplemental benefits due at the time of permanent total acceptance or adjudication. Subtract the greater of 80% of average weekly wage (AWW), or 80% of weekly average current earnings (ACE).~~

(c) ~~Subtract the greater of 80% of average weekly wage (AWW), or 80% of weekly average current earnings (ACE). The resulting difference is the offset amount. Convert monthly social security benefit to weekly benefit by dividing the monthly amount by 4.3 (monthly amount divided by 4.3). The resulting difference is the offset amount.~~

(5)(a) Neither the claims-handling entity carrier nor the Division shall take the social security offset until after the Social Security Administration has removed its offset.

(b) Social security offset shall not be applied retroactively nor shall social security annual cost of living increases or initial lump-sum payments be included in any offset.

(c) The Division shall have ~~first~~ priority over the claims-handling entity in taking any available social security offset on dates of accident prior to July 1, 1984.

(d) No social security offset shall be ~~taken take~~ which is greater than the offset that would otherwise be taken by the Social Security Administration.

(e)1. Within 14 days after request by the Division, the claims-handling entity carrier shall file a completed Form DFS-F2-DWC-35, Permanent Total Supplemental Worksheet, with the Division's Permanent Total Section ~~at its Tallahassee office~~.

2. Within 14 days after request by the Division, the claims-handling entity carrier shall file a completed Form DFS-F2-DWC-33, Permanent Total Offset Worksheet, with the Division's Permanent Total Section ~~at its Tallahassee office~~.

Specific Authority 440.15(1)(f)2.a., 440.591, 440.15(2)(d) FS. Law Implemented 440.15(1), FS. History--New 8-29-94, Amended 5-14-95. Formerly 38F-24.027, Formerly 38F-3.0194, 4L-3.0194, Amended _____.

69L-3.01945 Permanent Total and Permanent Total Supplemental Benefits For Dates of Accident On or After October 1, 2003.

(1) Permanent total benefits paid for injuries occurring on or after October 1, 2003, shall cease at age 75. If it is determined that the injury prevented the employee from working sufficient quarters to be eligible for social security benefits under 42 U.S.C. Sections 402 or 423, benefits will continue to be paid in accordance with the requirements of Chapter 440, F.S. If the accident occurred on or after the employee reaches age 70, benefits shall be payable during the continuance of permanent total disability, not to exceed 5 years from the date of permanent total disability.

(2) Permanent total benefits paid for injuries occurring on or after October 1, 2003, shall continue during the continuance of the employee's entitlement.

(a) When a permanently and totally disabled employee re-establishes an earning capacity and undertakes a trial period of re-employment pursuant to Rule Chapter 6A-22, F.A.C., the employee may be eligible for impairment income benefits pursuant to Section 440.15(3), F.S.

(b) The claims-handling entity or the employer have the right to require, no more than once every calendar year, that a permanently and totally disabled employee undergo vocational evaluations or testing pursuant to Section 440.491, F.S. The claims-handling entity shall, no later than 10 working days prior to such evaluation or testing, confirm in writing to the employee the date, time and place of such evaluation or testing. In the confirmation letter, the claims-handling entity shall advise the employee of the procedures that the employee will be undergoing and the approximate time frame for completion of the evaluation or testing. The notification shall be sent by the claims-handling entity to the employee and the employee's counsel, if any, no later than 7 days before the date of the evaluation or testing.

(3) Permanently and totally disabled employees are entitled to permanent total disability supplemental benefits, if the liability of the employer has not been discharged pursuant to Section 440.20(12), F.S. Such benefits shall be equal to 3% of the employee's weekly compensation rate which was in effect on the date of the employee's injury multiplied by the number of calendar years since the date of injury.

(a) When the date of the employee's injury and acceptance or adjudication of permanent total disability is within the same calendar year, supplemental benefits are payable January 1 of the next calendar year.

(b) When acceptance or adjudication is in a calendar year other than the year of injury, supplemental benefits are payable as of the date the employee was accepted or adjudicated permanently and totally disabled.

(4)(a) Permanent total supplemental benefits shall be paid by the claims-handling entity.

(b) An injured employee entitled to or receiving permanent total supplemental benefits shall have such benefits increased by 3% each January 1 after the commencement of such entitlement. However, when the permanent total supplemental benefits are combined with the compensation rate, such combination of benefits shall not exceed the maximum compensation rate in effect for the year in which the combined benefits are being paid.

(c) For injuries occurring on or after October 1, 2003, the employee's entitlement to specific benefits shall cease when any of the following occurs:

1. Permanent total supplemental benefits shall cease on the employees 62nd birthday, regardless of whether the employee has applied for or is eligible to apply for social security benefits under 42 U.S.C., Sections 402 or 423. If it is determined that the injury prohibited the employee from qualifying for social security benefits, supplemental benefits will continue to be paid as long as the employee remains eligible.

2. All permanent total benefits shall cease when the employee becomes an inmate of a public institution, unless the employee has dependents as defined in Chapter 440, F.S. Dependent benefits shall be determined for each dependent as though the employee were deceased.

3. All permanent total benefits shall cease when the injured employee accepts a full settlement of benefits in exchange of all future liability of the employer.

4. When the injured employee receives a full or partial lump-sum advance of such employee's permanent total disability compensation benefits, the employee's permanent total supplemental benefits shall be computed on the employee's weekly compensation rate as reduced by the lump-sum advance.

5. Neither the claims-handling entity, employer, or Division of Workers' Compensation shall pay any permanent total benefits for as long as the injured employee willfully fails

or refuses to file a completed Form DFS-F2-DWC-19, or Form DFS-F2-DWC-14, or Form DFS-F2-DWC-30, as incorporated by reference in Rule 69L-3.025, F.A.C., within 21 days after the employee receives the request.

(4) The social security offset of permanent total disability benefits shall be calculated as follows:

(a) Convert monthly social security benefit to weekly benefit by dividing the monthly amount by 4.3 (monthly amount divided by 4.3).

(b) Add the Compensation Rate (CR) + Principal Insurance Amount (PIA) or the Maximum Family Benefits (MFB) if the employee has dependents + 3% permanent total supplemental benefits due at the time of permanent total acceptance or adjudication.

(c) Subtract the greatest of 80% of average weekly wage (AWW), or 80% of weekly average current earnings (ACE). The resulting difference is the offset amount.

(5)(a) Neither the claims-handling entity nor the Division shall take the social security offset until after the Social Security Administration has removed its offset.

(b) The social security offset shall not be applied retroactively nor shall social security annual cost of living increases or initial lump-sum payments be included in any offset.

(c) No social security offset shall be taken which is greater than the offset that would otherwise be taken by the Social Security Administration.

(d)1. Within 14 days after request by the Division, the claims-handling entity shall file a completed Form DFS-F2-DWC-35 with the Division's Permanent Total Section.

2. Within 14 days after request by the Division, the claims-handling entity shall file a completed Form DFS-F2-DWC-33 with the Division's Permanent Total Section.

Specific Authority 440.15(1)(f)2.a., 440.591, 440.15(2)(d) FS. Law Implemented 440.15(1) FS. History--New _____.

69L-3.0195 Permanent Total and Permanent Total Supplemental Benefits Forms.

Specific Authority 440.13(11)(b), 440.591 FS. Law Implemented 440.13(11)(b), 440.15(1)(f)1.,(10) FS. History--New 10-2-94, Amended 6-4-97, Formerly 38F-24.029, 38F-3.0195, Repealed _____.

69L-3.021 Additional Income Source Reports.

(1) Within 21 days after the employee receives a request from either the Division or the claims-handling entity ~~earrier~~ for either Form ~~DFS-F2-DWC-14, Request for Social Security Disability Benefits Information,~~ or Form ~~DFS-F2-DWC-30, Authorization Request for Unemployment Compensation Information,~~ the employee shall complete the form and return it to the party requesting the information. The employee shall renew the authorization each 12 months upon a request by the Division, employer or ~~claims-handling entity earrier~~.

(2) Upon request of the Division, employer, or claims-handling entity carrier, any employee eligible for temporary total, temporary partial, permanent total disability or permanent total supplemental compensation shall complete, sign, and return Form DFS-F2-DWC-19, Employee Earnings Report, within 21 days after receiving it to report all earnings of any nature, including all social security benefits. The Division, employer, or claims-handling entity carrier may require the employee to send Form DFS-F2-DWC-19 no more than once a month.

(3) If the employee ~~willfully fails or~~ refuses to report information requested in accordance with subsection (1) or (2) above within 21 days after receipt of the request, payments of workers' compensation disability benefits for temporary total, temporary partial, permanent total or permanent total supplemental compensation shall cease until such time as the employee furnishes the signed form.

(4) For dates of accident on or after October 1, 2003, upon the request of the claims-handling entity, any employee eligible for impairment income benefits shall complete, sign, and return Form DFS-F2-DWC-19 within 21 days after receiving it to report all earnings. The claims-handling entity may require the employee to send Form DFS-F2-DWC-19 no more than once a month. If the employee refuses to report earnings within 21 days after receipt of the request, payments of workers' compensation disability benefits for impairment income benefits shall cease until such time as the employee furnishes the signed form.

~~(5)~~(4) The party requesting the employee's authorization for release of social security benefit information shall furnish the Form DFS-F2-DWC-14 form to the employee. The requesting party shall be responsible for submitting the Request for Social Security Disability Benefit Information to the Social Security Administration office nearest to the employee's address. The requesting party must send a copy of the completed Form DFS-F2-DWC-14 to the Division within 14 days of the request.

~~(6)~~(7) If the claims-handling entity carrier changes the employee's compensation rate based on any offset for a permanent total case only, the claims-handling entity carrier shall send to the Division, along with the appropriate income source report, Form DFS-F2-DWC-4 indicating the change in accordance with the provisions of Rule 69L-3.0091, F.A.C.

~~(7)~~(8) If the employee's benefits have been suspended due to the employee's ~~willful failure or~~ refusal to furnish a signed release, the claims-handling entity carrier shall send to the Division Form DFS-F2-DWC-4 indicating the effective date and reason code for suspension of the benefits in accordance with the provisions of Rule 69L-3.0091, F.A.C.

~~(9) When submitting Form DWC-14 to the Social Security Administration, or Form DWC-30 to the Division of Unemployment Compensation, the requestor may want to include with the form a self-addressed stamped return envelope or the requestor's return address printed on a peel-off adhesive label in order to expedite processing.~~

Specific Authority 440.591, 440.15(1)(f)2.a.,b.,(2)(d) FS. Law Implemented 440.15(1),(2),(4), 440.185, 440.20(3) FS. History--New 10-30-79, Amended 11-5-81, Formerly 38F-3.21, Amended 4-11-90, 1-30-91, 6-10-92, 11-8-94. Formerly 38F-3.021, 4L-3.021, Amended.

69L-3.0212 Monthly Risk Class/SIC Code Report.

Specific Authority 440.591 FS. Law Implemented 440.59 FS. History--New 11-8-94, Formerly 38F-3.0212, Repealed.

69L-3.0213 Aggregate Claims Administration Change Report.

(1) If the responsibility for handling claims files has changed due to a claims-handling entity carrier or servicing agent taking over the claims from another a claims-handling entity carrier or servicing agent, the new claims-handling entity shall report this change carrier or servicing agent may send Form DWC-49 to the Division. They may send Form DFS-F2-DWC-49 to report an aggregate listing of claims affected by the change in administration rather than sending an individual Form DFS-F2-DWC-4 on each claims file in accordance with the provisions of Rule 69L-3.0091, F.A.C.

(2) If the claims-handling entity carrier chooses to send Form DFS-F2-DWC-49 in place of separate Forms DFS-F2-DWC-4 to report a claims administration change, the claims-handling entity carrier shall send Form DFS-F2-DWC-49 to the Division within 14 30 days after of the effective date of in the change in the of administration of claim files.

(3) If a claims-handling entity carrier chooses to send Form DFS-F2-DWC-49 in place of separate Forms DWC-4 to report a claims administration change, the claims-handling entity carrier must use a separate Form DFS-F2-DWC-49 for each claims office location handling those claims files.

(4) Any attachment(s) used to report additional information shall be must in a format that contains all of the data fields identified on the identical to Form DFS-F2-DWC-49.

Specific Authority 440.591 FS. Law Implemented 440.59 FS. History--New 11-8-94. Formerly 38F-3.0213, Formerly 4L-3.0213, Amended.

69L-3.0214 Aggregate Defense Attorney Fee Report.

Specific Authority 440.345 FS. Law Implemented 440.345 FS. History--New 11-25-96, Formerly 38F-3.0214, Repealed.

69L-3.025 Forms.

(1) The following forms are to be used with this rule chapter and are hereby incorporated by reference:

- (a) Form DFS-F2-DWC-1 ~~2-25-04~~ ~~11-8-94~~ First Report of Injury or Illness
- (b) ~~ACORD 4~~ or Form IA-1 ~~1-1-02~~ ~~11-8-94~~ Workers' Compensation - First report of Injury or Illness -
For use only by entities ~~those~~ approved to transmit electronic First Reports of injury to the Division
- (c) Form DFS-F2-DWC-1a ~~2-25-04~~ ~~11-8-94~~ Wage Statement
- (d) Form DFS-F2-DWC-3 ~~2-25-04~~ ~~1-30-91~~ Request for Wage Loss/Temporary Partial Benefits
- (e) Form DFS-F2-DWC-4 ~~2-25-04~~ ~~11-8-94~~ Notice of Action/Change
- (f) Form DFS-F2-DWC-12 ~~2-25-04~~ ~~11-8-94~~ Notice of Denial
- (g) Form DFS-F2-DWC-13 ~~2-25-04~~ ~~11-8-94~~ Claim Cost Report
- (h) Form DFS-F2-DWC-14 ~~2-25-04~~ ~~11-8-94~~ Request for Social Security Disability Benefit Information
- (i) Form DFS-F2-DWC-19 ~~2-25-04~~ ~~11-8-94~~ Employee Earning Report
- (j) Form DFS-F2-DWC-30 ~~2-25-04~~ ~~11-8-94~~ Authorization and Request for Unemployment Compensation Information
- (k) Form DFS-F2-DWC-33 ~~2-25-04~~ ~~10-2-94~~ Permanent Total Offset Worksheet
- (l) Form DFS-F2-DWC-35 ~~2-25-04~~ ~~10-2-94~~ Permanent Total Supplemental Worksheet
- (m) Form DFS-F2-DWC-40 ~~2-25-04~~ ~~11-8-94~~ Statement of Quarterly Earnings for Supplemental Income Benefits
- (n) ~~Form DWC-48~~ ~~11-8-94~~ Monthly Risk Class/SIC Code Report
- (n) ~~(o)~~ Form DFS-F2-DWC-49 ~~2-25-04~~ ~~11-8-94~~ Aggregate Claims Administration Change Report
- (p) ~~Form DWC-51~~ ~~11-25-96~~ Aggregate Defense Attorney Fee Report

(2) ~~An individual or entity requiring any form promulgated under this rule can obtain the form(s) from printers throughout the state. The Division will not supply the forms promulgated under this chapter, but will make and provide sample copies. Forms are available on the Division's web site: <http://www.flDFS.com/wc>.~~

Specific Authority 440.15, 440.185, 440.20, 440.345 FS. Law Implemented 440.14(3), 440.15(1),(4),(9),(10), 440.185, 440.185(4),(5),(10), 440.20(2),(3), 440.345, 440.35, 440.51(6),(9) FS. History—New 4-11-90, Amended 1-30-91, 11-8-94, 11-11-96, 11-25-96, Formerly 38F-3.025, 4L-3.025, Amended

DEPARTMENT OF FINANCIAL SERVICES

Division of Workers' Compensation

RULE TITLES: RULE NOS.:

Florida Workers' Compensation Health Care 69L-7.020
 Provider Reimbursement Manual

Florida Workers' Compensation 69L-7.501
 Reimbursement Manual for Hospitals

PURPOSE AND EFFECT: To amend Rule 69L-7.020, F.A.C., to adopt the new versions of the Florida Workers' Compensation Health Care Provider Reimbursement Manual, 2004 Second Edition; the Physicians' Current Procedural Terminology (CPT®), 2004 Professional Edition, Copyright 2003, American Medical Association; and the American Medical Association "Healthcare Common Procedure Coding System, Medicare's National Level II Codes, HCPCS 2004", Sixteenth Edition, Copyright 2003, Ingenix Publishing Group. To amend Rule 69L-7.501, F.A.C., to adopt the Florida Workers' Compensation Reimbursement Manual for Hospitals, 2004 Second Edition, and incorporate the Florida Workers' Compensation Health Care Reimbursement Manual, 2004 Second Edition. These amendments are made to comply with Chapter Law 2003-412 (SB-50A), incorporate 2004 updates to Medicare values, and implement the reimbursement rates adopted by the three-member Panel pursuant to Section 440.13(12), F.S., at its meeting on October 2, 2003.

SUBJECT AREA TO BE ADDRESSED: Reimbursement of health care providers that provide medical services for workers' compensation claimants.

SPECIFIC AUTHORITY: 440.591, 440.13(14)(b) FS.

LAW IMPLEMENTED: 440.13(7),(12),(14) 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 24, 2004

PLACE: 104J Hartman Building, 2012 Capital Circle, Southeast, Tallahassee, Florida

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Don Davis, Division of Workers' Compensation, Office of Data Quality and Collection, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4226, (850)413-1711

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

69L-7.020 Florida Workers' Compensation Health Care Provider Reimbursement Manual.

(1) The Florida Workers' Compensation Health Care Provider Reimbursement Manual, 2004 Second Edition, is adopted by reference as part of this rule. The manual contains reimbursement policies, guidelines, codes and maximum reimbursement allowances for medical services and supplies provided by health care providers. Also, the ~~The~~ manual includes ~~provides~~ reimbursement policies and payment methodologies for pharmacists and medical suppliers. The Florida Workers' Compensation Health Care Provider Reimbursement Manual, incorporated above, is available for inspection during normal business hours at the Florida Department of Financial Services, Document Processing Section, 200 East Gaines Street, Tallahassee, Florida 32399-0311, or via the Department's web site at <http://www.fldfs.com>.

(2) The Physicians' Current Procedural Terminology (CPT®), 2004 ~~2003~~ Professional Edition, Copyright 2003 ~~2002~~, American Medical Association; the Current Dental Terminology (CDT-4), Fourth Edition, Copyright 2002, American Dental Association; and for D codes and for injectable J codes, and for other medical services and supply codes, the American Medical Association "Healthcare Common Procedure Coding System, Medicare's National Level II Codes, HCPCS 2004 ~~2003~~", Sixteenth ~~Fifteenth~~ Edition, Copyright 2003 ~~2002~~, Ingenix Publishing Group, are adopted by reference as part of this rule. When a health care provider performs a procedure or service, which is not listed in the Florida Workers' Compensation Health Care Provider Reimbursement Manual, incorporated in subsection (1) above, the provider must use a code contained in the CPT®, CDT-4 or HCPCS section as specified.

Specific Authority 440.591 FS. Law Implemented 440.13(7), (12), (14) FS. History—New 10-1-82, Amended 3-16-83, 11-6-83, 5-21-85, Formerly 38F-7.020, Amended 4-1-88, 7-20-88, 6-1-91, 4-29-92, 2-18-96, 9-1-97, 12-15-97, 9-17-98, 9-30-01, 7-7-02, Formerly 38F-7.020, 4L-7.020, Amended 12-4-03, 1-1-04, _____.

69L-7.501 Florida Workers' Compensation Reimbursement Manual for Hospitals.

(1) The Florida Workers' Compensation Reimbursement Manual for Hospitals, 2004 Second Edition is adopted by reference as part of this rule. The manual contains reimbursement policies and per diem rates for hospital services and supplies.

(2) Form DWC-90, also known as the UB-92, or HCFA-1450, is hereby incorporated by reference as part of this rule. The Florida Workers' Compensation Health Care Provider Reimbursement Manual 2004, Second Edition is incorporated by reference as part of this rule also. The reimbursement policies, billing codes and maximum reimbursement allowances for physical therapy, ~~radiology~~, occupational therapy, speech therapy, radiology and clinical laboratory services contained in the manual shall be applied to hospital services provided on an outpatient basis only.

(3) The Florida Workers' Compensation Reimbursement Manual for Hospitals, incorporated in subsection (1) above, is available for inspection during normal business hours, at the State of Florida Department of Financial Services, Document Processing Section, 200 East Gaines Street, Tallahassee, Florida 32399-0311, or via the Department's website at <http://www.fldfs.com>.

Specific Authority 440.591, 440.13(14)(b) FS. Law Implemented 440.13(7),(12),(14) FS. History—New 6-9-87, Amended 6-1-92, 10-27-99, 7-3-01, Formerly 38F-7.501, Amended 1-1-04, _____.

Section II Proposed Rules

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

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

PUBLIC SERVICE COMMISSION

DOCKET NO. 040011-EI

RULE TITLE:

RULE NO.:

Records of Interruptions and Commission

Notification of Threats to Bulk Power

Supply Integrity of Major

Interruptions of Service

25-6.018

PURPOSE AND EFFECT: Requiring utilities to file a report on customer interruptions and curtailments on a regular basis will allow the Commission to better monitor the utilities' exercise of non-firm service and to provide up-to-date interruption and curtailment information to outside parties.

Utilities have historically considered customer-specific information to be proprietary confidential business information, and the Commission has granted several confidentiality requests for such data. The staff believes that the names of the customers are not essential to the commission's ability to monitor the utilities' exercise of non-firm service.