

c. Termination Rates. Termination rates used in the computation of reserves shall be on the basis of a mortality table specified in rule subsection 69O-154.204(3), F.A.C., except as follows:

(I) through (III) No change.

(IV) For long-term care individual policies or group certificates issued on or after January 1, 2005, the contract reserve shall be established on the basis of:

(A) Separate mortality as specified in subsection 69O-154.204(3), F.A.C.; and

(B) Terminations other than mortality, where the terminations are not to exceed:

(i) For policy year one, the lesser of 80 percent of the voluntary lapse rate used in the calculation of gross premiums and 6 percent;

(ii) For policy years 2 through 4, the lesser of 80 percent of the voluntary lapse rate used in the calculation of gross premiums and 4 percent; and

(iii) For policy years 5 and later, the lesser of 100 percent of the voluntary lapse rate used in the calculation of gross premiums and 2 percent, except for group long-term care insurance sold to one or more employers, as defined in Section 627.9405(1)(a), Florida Statutes, where the 2 percent shall be 3 percent.

d. through f. No change.

(c) through (d) No change.

Specific Authority 624.308(1), 625.121(14), 625.081 FS. Law Implemented 624.307(1), 625.081, 625.121 FS. History--New 4-14-99, Formerly 4-154.203, Amended 3-1-04, _____.

69O-154.204 Specific Minimum Standards for Morbidity, Mortality and Interest.

(1) through (2) No change.

(3) Mortality.

(a) through (b) No change.

(c) For long-term care insurance individual policies or group certificates issued on or after January 1, 1999, the mortality basis used shall be the 1983 Group Annuity Mortality Table, incorporated by reference in Rule 69O-154.210, F.A.C., without projection.

2. For long-term care insurance individual policies or group certificates issued on or after January 1, 2005, the mortality basis used shall be the 1994 Group Annuity Mortality Table, which is the 1994 GAR Table without projection, qx 1994, incorporated by reference in Rule 69O-162.108, F.A.C.

(d) through (e) No change.

Specific Authority 624.308(1), 625.121(14), 625.081 FS. Law Implemented 624.307(1), 625.081, 625.121 FS. History--New 4-14-99, Formerly 4-154.204, Amended 3-1-04, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Kerry Krantz, Actuary, Bureau of Life and Health Insurer Solvency, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Jovita Ashton, Bureau Chief, Bureau of Life and Health Insurer Solvency, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 25, 2004

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

Section III Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF STATE

Division of Elections

RULE NO.:	RULE TITLE:
1S-5.001	Voting System Equipment Regulations

NOTICE OF CHANGE

Notice is hereby given that proposed Rule 1S-5.001, F.A.C., published in Vol. 30, No. 36, page 3641, September 3, 2004, has been changed to reflect comments received from JAPC and staff. Changes were made to Form DS-DE 101, incorporated by reference to Rule 1S-5.001, F.A.C., as follows:

(1) The standard to be applied when testing for equipment resistance to sand and dust is MIL-STD-810D (eff. 7/83) in lieu of MIL-STD-810F.

Technical changes such as reformatting and page renumbering are also made.

The revised proposed rule language may be obtained from the Division of Elections' website at <http://election.dos.state.fl.us> or by contacting: David Drury, (850)245-6220.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Office of Agricultural Law enforcement

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
5A-16	Agricultural Vehicle Inspection
RULE NOS.:	RULE TITLES:
5A-16.003	Procedure for Conducting Vehicle Inspection
5A-16.005	Commercial Carrier Pre-clearance Program

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 40, October 1, 2004, issue of the Florida Administrative Weekly. These changes are being made in response to comments received from the Joint Administrative Procedures Committee.

5A-16.003 Procedure for Conducting Vehicle Inspection.
 (1)(a) The examination of documents including but not limited to bill of lading, proof of ownership, certificate of inspection, ~~Florida Exempt Cargo Manifest~~ and similar or related documents.

- (b) No change.
- (2) through (6) No change.

Specific Authority 570.07(23), 570.15(1),(2),(5) FS.

5A-16.005 Commercial Carrier Pre-clearance Program.

(1) No change.
 (2) Qualifying trucking concerns and truck lines may apply to the Department requesting approval to participate in the Commercial Carrier Pre-clearance Program by acquiring from and submitting a completed Commercial Carrier Pre-clearance Program application form number DACS-01281 (effective 7/04) to the Office of Agricultural Law Enforcement, Post Office Box 850, Old Town, Florida 32680.

- (3) through (4) No change.

(5) Participants of the Commercial Carrier Pre-clearance Program shall be subject to a modification in the number of compliance spot checks ~~disciplinary action~~ for any of the following causes:

- (a) through (c) No change.

(6) Participants of the Commercial Carrier Pre-clearance Program who are determined to have engaged in those acts prescribed in paragraph (5) above shall be subject to the following conditions ~~penalties~~ :

(a) First time offenders shall be subject to ~~an administrative fine of up to two thousand dollars (\$2,000) and~~ an increase in compliance spot checks of the participating carrier vehicles up to fifty percent (50%);

(b) Second offense shall be subject to ~~an administrative fine of up to five thousand dollars (\$5,000) and~~ suspension of their participation in the program for a period not to exceed one hundred eighty (180) days;

- (7) No change.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Animal Industry

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
5C-21	Pseudorabies
RULE NOS.:	RULE TITLES:
5C-21.002	Definitions
5C-21.010	General Requirements and Limitations
5C-21.011	Vaccination, Approval and Procedures

5C-21.012	Procedures for Control and Eradication of Pseudorabies
5C-21.015	Pseudorabies Quarantine, Release Procedures and Disposition of Swine Movement Requirements
5C-21.018	Commercial Production Swine Herd Requirements

NOTICE OF CHANGE

Notice is hereby given that the proposed Rule 5C-21, F.A.C., published in the Florida Administrative Weekly, Vol. 30, No. 40, October 1, 2004, has been changed to reflect comments received from the Joint Administrative Procedures Committee. When changed, Chapter 5C-21, F.A.C., shall read as follows:

(Substantial rewording of Rule 5C-21.002 follows. See Florida Administrative Code for present text.)

5C-21.002 Definitions.

(1) Accredited Veterinarian. A veterinarian licensed in the state of origin and approved by the Administrator, United States Department of Agriculture, Animal and Plant Health Inspection Service (USDA, APHIS) to perform certain functions of federal and cooperative state-federal programs in accordance with the provisions of Title 9 Code of Federal Regulations (9 CFR) § 160 - § 162 (2004).

(2) Administrator. The Administrator of USDA, APHIS, or any person authorized to act for the Administrator.

(3) Approved Game Reserve. A premises containing game animals intended for hunting which complies with the requirements of a quarantined feedlot under 9 CFR § 85.1 (2004) also meeting the following criteria:

(a) Operates under a written herd health plan, utilizing criteria provided in Initial Approval and Inspection of an Approved Game Reserve for the Acceptance of Feral Swine, DACS-09197 11/04, that is approved by the State Veterinarian;

(b) Is surrounded by fencing adequate to reasonably prevent both the escape of enclosed animals and unsolicited additions of animals outside of the enclosure;

(c) Accepts swine of unknown disease status;

(d) Collects blood and/or tissue samples from swine at the time of kill and submits the samples for testing by the Florida Department of Agriculture and Consumers Services, Division of Animal Industry, Bureau of Diagnostic Laboratories, or USDA.

(e) Allows swine to leave the facility only when they are killed or sold through direct-to-slaughter-only trade channels, or transported to another Approved Game Reserve.

(4) Approved All-Class Market. A livestock market approved by the Administrator pursuant to 9 CFR § 71.20 (2004) where swine are received, handled and released in accordance with Federal interstate regulations and applicable state regulations and 9 CFR § 71 (2004), § 78 (2004), and § 85 (2004).

(5) Approved Differential Pseudorabies Test. Any test for the diagnosis of pseudorabies that:

(a) Can distinguish vaccinated swine from infected swine;

(b) Is produced under license from the Secretary of Agriculture with indications for use in the Cooperative State-Federal-Industry Pseudorabies Eradication Program; and

(c) Is conducted by the Florida Department of Agriculture and Consumers Services, Division of Animal Industry, Bureau of Diagnostic Laboratories, or USDA.

(6) Approved Feral Swine Holding Facility. A temporary holding facility for captured feral swine prior to being slaughtered, moved directly to slaughter, or moved to an Approved Game Reserve. Such facility must be inspected and approved annually by the Department, utilizing criteria provided in Application/Inspection for Approved Feral Swine Holding Facility and/or Registration as a Feral Swine Dealer, DACS-09188 11/04.

(7) Approved Pseudorabies Vaccine. A pseudorabies vaccine licensed by USDA as provided in 9 CFR § 102 (2004), and the State Veterinarian for use in the state as provided in § 585.21, Florida Statutes.

(8) Approved Slaughter Market. A livestock market approved by the Administrator pursuant to 9 CFR § 71.20 (2004) where slaughter swine are received, handled, and released in accordance with applicable state regulations and 9 CFR § 71 (2004), § 78 (2004), and § 85 (2004).

(9) Area Veterinarian-in-Charge (AVIC). The veterinary official of USDA, APHIS who is assigned by the Administrator to supervise and perform animal health work in the state/area.

(10) Brucellosis. An infectious disease of animals and humans caused by bacteria of the genus *Brucella*.

(11) Commercial Production Swine Herd. A swine herd approved and recognized by the Division that has been continuously managed with adequate facilities and practices to prevent exposure to either transitional or feral swine. These herds meet or exceed the requirements of a Pseudorabies Monitored Feeder Pig Herd, a Validated Brucellosis Herd, and a Qualified Pseudorabies Negative Herd, provided that after the initial qualifying test, an appropriate percentage of the herd is tested monthly or quarterly as specified in The Pseudorabies Eradication Program Standards, APHIS 91-55-071, November 1, 2003, The Swine Brucellosis Control/Eradication Uniform Methods & Rules, APHIS 91-55-042, April 1998, and 9 CFR § 78.1 & § 85.1 (2004).

(12) Commercial Production Swine Herd Management Plan. A written herd management and testing agreement between the Division and the herd owner which must be renewed annually.

(13) Common Ground. The ground, area, building, and equipment commonly shared by any specific group of livestock.

(14) Dealer. Any person who engages in the business of buying or selling swine in commerce, either for their own account or as an employee or agent of the seller or buyer or any person who engages in the business of buying or selling swine in commerce on a commission basis. The term shall not include persons who buy or sell swine only as part of their own breeding and feeding operation or who receive swine exclusively for immediate slaughter on their own premises and who are not otherwise engaged in the business of buying, selling, trading, or negotiating transfer of swine.

(15) Department. The Florida Department of Agriculture and Consumer Services.

(16) Direct Shipment of Feral or Transitional Swine. Movement of feral or transitional swine without unloading en route, and without contact with infected or exposed livestock.

(17) Division. The Division of Animal Industry of the Department.

(18) Exposed Livestock. All susceptible livestock that have been in contact with an animal infected with pseudorabies, including all susceptible livestock in a known infected herd. Susceptible livestock other than swine that have not been exposed to a clinical case of pseudorabies for the last ten consecutive days shall no longer be considered to be exposed.

(19) Feral Swine. Swine that are free-roaming.

(20) Feral Swine Dealer. Any person that traps, buys, sells, or trades feral swine and is registered with the Division by submitting the Application/Inspection for Approved Feral Swine Holding Facility and/or Registration as a Feral Swine Dealer, DACS-09188 10/04.

(21) Herd. Any group of livestock maintained on common ground for any purpose or two or more groups of livestock under common ownership or supervision geographically separated but which have an interchange of animals.

(22) Herd Cleanup Plan. A written, mandatory plan to eliminate or control pseudorabies from a swine herd which is developed by a pseudorabies epidemiologist and other designated state and federal representatives in consultation with the herd owner and, when requested by the owner, the owner's veterinary practitioner, utilizing criteria provided in Herd Cleanup Plan – Swine, DACS-09209 11/04, and as provided in Pseudorabies Eradication, State-Federal-Industry Program Standards, APHIS 91-55-071, November 1, 2003 and is approved by the Division.

(23) Isolation. Separation of individual swine by a physical barrier in a manner that assures one pig does not have access to the body, excrement, or discharges of another pig; does not share a building with a common ventilation system; and is not within ten feet of another pig.

(24) Official Individual Identification. A unique individual identification that is secure, traceable, and capable of carrying unique numbers from a central repository; including, but not limited to: official USDA eartags that conform to the

alphanumeric National Uniform Eartagging System, ear tattoo, using the National Uniform Tag code number assigned by USDA to the state of origin, or any electronic identification device with a unique number that is recorded in a single central database, or other USDA-approved identification device that conforms to the alphanumeric National Uniform Eartagging System. It may bear the valid premises identification used in conjunction with the producer's livestock production numbering system to provide a unique identification number. An owner's private brand or tattoo, even though permanent and registered in the state of origin, is not an acceptable individual animal identification for the purposes of entry into Florida.

(25) Official Random-Sample Test. A sampling procedure utilizing a pseudorabies test or an approved differential pseudorabies test, which provides a 95 percent probability of detecting infection in a herd in which at least 5 percent of the swine are positive for pseudorabies. Each segregated group of swine on an individual premises is considered to be a herd and must be sampled as provided in the Program Standards.

(26) Owner. The owner of the animal or herd or the owner's authorized representative or agent.

(27) Program Standards. The requirements for the pseudorabies eradication program as provided in USDA APHIS publication, Pseudorabies Eradication, State-Federal-Industry Program Standards, APHIS 91-55-071, November 1, 2003.

(28) Pseudorabies. The contagious, infectious, and communicable disease of livestock and other animals also known as Aujeszky's disease, mad itch, or infectious bulbar paralysis.

(29) Pseudorabies Epidemiologist. A state or federal veterinarian designated by the State Veterinarian and the USDA, APHIS AVIC to investigate and diagnose pseudorabies in livestock.

(30) Pseudorabies Test. Any official test used for the diagnosis of pseudorabies approved by the Division and conducted in an approved laboratory. Approved tests are listed in 9 CFR § 85.1 (2004).

(31) Quarantine. A legally directed isolation of animals or defined geographic area to prevent the spread of disease or pests.

(32) Recognized Slaughtering Establishment. A slaughtering establishment operating under the provisions of the Federal Meat Inspection Act (21 U.S.C. 601 et seq.).

(33) Risk Assessment. An epidemiologic analysis completed by a state or federal representative, and approved by the Division, as provided in Epidemiological Analysis Herd Risk Assessment, DACS-09156 11/04, that evaluates the probability for exposure to swine of unknown disease status.

(34) Segregate. To maintain a group of swine separate from another group of swine in such a manner as to prevent physical contact between swine of the two groups.

(35) State or Federal Representative. A full-time employee of USDA, APHIS approved by the Area Veterinarian-in-Charge; or a full-time employee of the Department approved by the State Veterinarian.

(36) State Swine Health Advisory Committee. An advisory committee appointed by the State Veterinarian which is composed of representatives of swine producers and swine organizations within the state, licensed accredited veterinarians, general farm organizations, livestock markets, recognized slaughtering establishments, animal scientists, and state and federal regulatory officials.

(37) State Veterinarian. The Director of the Division of Animal Industry, Florida Department of Agriculture and Consumer Services.

(38) Susceptible Livestock. Swine, cattle, sheep, and goats.

(39) Commercial Production Swine Herd Management Plan. A written herd management and testing agreement between the Division and the herd owner which must be renewed annually.

(40) Transitional Swine. Swine that have been, or have had the potential to be, exposed to swine of unknown status, including feral swine.

(41) Forms and Materials. Herd Cleanup Plan – Swine, DACS-09209 11/04 and Application/Inspection for Approved Feral Swine Holding Facility and/or Registration as a Feral Swine Dealer, DACS-09188 11/04 are hereby incorporated by reference. Pseudorabies Eradication, State-Federal-Industry Program Standards, APHIS 91-55-071, November 1, 2003, The Swine Brucellosis Control/Eradication Uniform Methods & Rules, APHIS 91-55-042, April 1998, Federal Meat Inspection Act (21 U.S.C. 601 et seq.), 9 CFR § 71 (2004), 9 CFR § 78 (2004), 9 CFR § 85 (2004), 9 CFR § 102 (2004), and 9 CFR § 160 - § 162 (2004), are hereby incorporated by reference. Copies of Department forms may be obtained from the Division of Animal Industry, 407 S. Calhoun St., Tallahassee, FL 32399-0800; (850)410-0900. Copies of USDA forms and materials may be obtained from the United States Government Printing Office, Superintendent of Documents, Mail Stop SSOP, Washington, D.C. 20402-9328.

Specific Authority 585.002(4), 585.08(2) FS. Law Implemented 570.0705, 585.01, 585.08(1), 585.11, 585.145(1) FS. History—New 5-17-87, Amended 10-23-94, 9-2-99, _____.

(Substantial rewording of Rule 5C-21.010 follows. See Florida Administrative Code for present text.)

5C-21.010 General Requirements and Limitations.

(1) Owner Cooperation Required. With notice from the Department, the owner of any swine must present the swine for testing and other procedures required in this chapter, and provide the necessary facilities and personnel to assist the state or federal representative in conducting these tests and procedures.

(2) Official Individual Identification. All swine presented for testing must have official individual identification.

(3) Cooperation with USDA, APHIS. The Department shall cooperate with the USDA, APHIS in implementing the Pseudorabies Eradication, State-Federal-Industry, Program Standards as specified in APHIS 91-55-071, November 1, 2003.

(4) State Swine Health Advisory Committee. The State Veterinarian is authorized to establish the State Swine Health Advisory Committee. The committee shall act in an advisory capacity to the State Veterinarian regarding the control and eradication of swine diseases.

(5) Natural Habitat Removals. Any person who removed feral swine from their natural habitat is responsible for satisfying the movement requirements contained in this section.

(6) Feral Swine Dealers Registration. Feral Swine Dealers are required to be registered with the division and must keep records of all transactions, dealing with feral swine, listing names, addresses, telephone numbers (when available), dates, and the total number of animals.

(7) Materials. Pseudorabies Eradication, State-Federal-Industry, Program Standards as specified in APHIS 91-55-071, November 1, 2003, are hereby incorporated by reference. Copies of the Program Standards may be obtained from the United States Government Printing Office, Superintendent of Documents, Mail Stop SSOP, Washington, D.C. 20402-9328.

Specific Authority 585.002(4), 585.08(2) FS. Law Implemented 570.0705, 585.002(5), 585.08(1), 585.11, 585.145(1),(2), 585.23, 585.40, 585.17 FS. History—New 10-23-94, Amended 9-2-99, _____.

(Substantial rewording of Rule 5C-21.011 follows. See Florida Administrative Code for present text.)

5C-21.011 Vaccination, Approval and Procedures.

(1) Approval. No person shall produce, distribute, sell, or use any pseudorabies vaccine for the immunization of any swine in the state unless such vaccine is a USDA-licensed pseudorabies vaccine.

(2) Vaccination of swine for pseudorabies shall be authorized provided:

(a) Prior approval is given by the State Veterinarian based on the results of an epidemiological analysis herd risk assessment as provided in Epidemiological Analysis Herd Risk Assessment, DACS-09156 11/04, evidence of recurrent exposure or infection, and completion of a swine herd cleanup plan as provided in Herd Cleanup Plan – Swine, DACS-09209 11/04;

(b) Only an approved pseudorabies vaccine is used;

(c) Vaccination is performed by or under the direct supervision of an accredited veterinarian or a state or federally employed veterinarian;

(d) Vaccinated animals are permanently identified by an official individual identification; and

(e) Vaccine is used only in pseudorabies infected, exposed, or high-risk herds as determined and recommended by a pseudorabies epidemiologist.

(3) Forms. Epidemiological Analysis Herd Risk Assessment, DACS-09156 11/04 and Herd Cleanup Plan – Swine DACS-09209 11/04 are hereby incorporated by reference. Copies may be obtained from the Division of Animal Industry, 407 S. Calhoun St., Rm. 333, Tallahassee, FL 32399-0800, (850)410-0900.

Specific Authority 585.002(4), 585.08(2) FS. Law Implemented 585.11(1),(2), 585.20, 585.21, 585.145 FS. History—New 10-23-94, Amended 9-2-99, _____.

(Substantial rewording of Rule 5C-21.012 follows. See Florida Administrative Code for present text.)

5C-21.012 Procedures for Control and Eradication of Pseudorabies.

(1) Pseudorabies Testing.

(a) Herd Testing.

1. All swine herds in the state are subject to test as required by the Division.

2. Subject to availability of funds, initial testing required for establishing a Commercial Production Swine Herd shall be conducted at state expense.

(b) Circle Testing. An official random-sample test, is required of all swine herds within a 2 mile radius of positive herds.

(c) Surveillance Testing. All sows and boars slaughtered at a recognized slaughtering establishment shall be tested for pseudorabies and shall be identified back to the person consigning the swine to the slaughtering establishment. Any herd to which pseudorabies positive swine are traced shall be placed under quarantine.

(2) Disposition of Swine.

(a) All positive animals must be isolated immediately.

(b) Subject to the availability of funds, the Division shall indemnify and reimburse the owner of pseudorabies positive swine, not to exceed the sum of \$35.00 per animal, if it is shown that:

1. The swine were positive to a pseudorabies test;

2. The swine were maintained in strict isolation from the date of the positive test until slaughtered;

3. The swine were slaughtered within 15 days of the date of the positive test;

4. The premises were cleaned and disinfected within 15 days of the date of the removal of all positive animals.

(c) All sows in infected breeding herds must be tested prior to or at farrowing and all positive sows removed from the herd for slaughter or isolation for slaughter within 15 days after

weaning. All boars must be tested quarterly and all positives removed from the herd for slaughter or isolation for slaughter within 15 days after test results are reported.

(3) Herd Cleanup Plan, mandatory.

(a) When pseudorabies has been discovered in a swine herd, the owner shall enter into a Herd Cleanup Plan as provided in Herd Cleanup Plan – Swine, DACS-09209 11/04, with the Department within 90 days of receiving Notice of Quarantine, DACS-09030 Rev. 08/04.

(b) The Department and the pseudorabies epidemiologist shall monitor the progress of the herd and coordinate testing and surveillance activities in the surrounding area as determined by epidemiological evidence to detect and prevent the spread of the disease.

(c) All sows in infected breeding herds must be tested prior to or at farrowing and all positive sows removed from the herd for slaughter or isolation for slaughter within 15 days after weaning. All boars must be tested quarterly and all positives removed from the herd for slaughter or isolation for slaughter within 15 days after test results are reported.

(d) Modifications to the original Herd Cleanup Plan are accepted with full agreement of the pseudorabies epidemiologist or his designee, the herd owner, and the owner's veterinary practitioner when requested by the owner and upon approval by the Division.

(e) If the herd owner fails or refuses to enter into an agreement to establish a Herd Cleanup Plan, the Department shall immediately initiate enforcement action against the owner as provided in § 585.007, F.S.

(4) Forms. Herd Cleanup Plan – Swine, DACS-09209 11/04 and Notice of Quarantine, DACS-09030 Rev. 08/04 are hereby incorporated by reference. Copies of the form may be obtained from the Division of Animal Industry, 407 S. Calhoun St., Rm. 333, Tallahassee, FL 32399-0800, (850)410-0900.

Specific Authority 585.002(4), 585.08(2) FS. Law Implemented 585.08(3), 585.09, 585.145(1),(2), 585.11(1),(2), 585.20 FS. History–New 10-23-94, Amended 9-2-99, _____.

(Substantial rewording of Rule 5C-21.015 follows. See Florida Administrative Code for present text.)

5C-21.015 Swine Movement Requirements.

(1) Commercial Production Swine. Swine from Commercial Production Swine Herds may be moved without testing. Swine moved to a Commercial Production Swine Herd must be moved directly from another Commercial Production Swine Herd or must be segregated from all other swine and be tested negative for pseudorabies on two consecutive tests conducted at least 60 days apart.

(2) Transitional Swine. Transitional swine moved from Florida to another State for purposes other than immediate slaughter must be negative to a pseudorabies test conducted

within 30 days prior to movement and must be segregated from other swine between the time of testing and movement out of Florida.

(3) Feral Swine. Feral swine may be moved directly to a recognized slaughtering establishment, an Approved Game Reserve (Initial Approval and Inspection of an Approved Game Reserve for the Acceptance of Feral Swine, DACS-09197 11/04), or to an Approved Feral Swine Holding Facility (Application/Inspection for Approved Feral; Swine Holding Facility and/or Registration as a Feral Swine Dealer, DACS-09188 11/04) without testing. Feral swine moved to other locations must be segregated from all other swine and be tested negative for pseudorabies on two consecutive tests conducted at least 60 days apart.

(4) Forms. Initial Approval and Inspection of an Approved Game Reserve for the Acceptance of Feral Swine, DACS-09197 11/04 and Application/Inspection for Approved Feral; Swine Holding Facility and/or Registration as a Feral Swine Dealer, DACS-09188 11/04 are hereby incorporated by reference. Copies may be obtained from the Division of Animal Industry, 407 S. Calhoun St., Tallahassee, FL 32399-0800; (850)410-0900.

Specific Authority 585.002(4), 585.08(2) FS. Law Implemented 585.11(1),(2), 585.145(1),(2), 585.16 FS. History–New 10-23-94, Amended 9-2-99, _____.

(Substantial rewording of Rule 5C-21.018 follows. See Florida Administrative Code for present text.)

5C-21.018 Commercial Production Swine Herd Requirements.

A swine herd may be approved and recognized as a Commercial Production Swine herd by fulfilling the following requirements:

(1) Submission of a written request by a swine herd owner to the Division for a herd to be considered for recognition as a Commercial Production Swine herd;

(2) Completion of an epidemiological analysis herd risk assessment that results in a determination of low risk as scored on Epidemiological Analysis Herd Risk Assessment, DACS-09188 11/04;

(3) Completion of negative herd test for pseudorabies and brucellosis, as specified in the Pseudorabies Eradication Program Standards, APHIS 91-55-071, November 1, 2003, and The Swine Brucellosis Control/Eradication, Uniform Methods & Rules, APHIS 91-55-042, April 1998, with subsequent annual negative herd tests (An owner may elect to substitute monthly or quarterly testing in lieu of annual testing to meet this requirement);

(4) Completion of a Commercial Production Swine Herd Management Plan; and

(5) Periodic inspections of swine, facilities, practices and records, as determined necessary by State or Federal representatives.

(6) Forms and Materials. Epidemiological Analysis Herd Risk Assessment, DACS-09188 11/04 is hereby incorporated by reference. Pseudorabies Eradication Program Standards, APHIS 91-55-071, November 1, 2003, and The Swine Brucellosis Control/Eradication, Uniform Methods & Rules, APHIS 91-55-042, April 1998, are hereby incorporated by reference. Copies of DACS-09188 may be obtained form the Division of Animal Industry 407 S. Calhoun St., Rm. 333, Tallahassee, FL 32399-0800, (850)410-0900. Copies of APHIS 91-55-071 and 91-55-042 may be obtained from the United States Government Printing Office, Superintendent of Documents, Mail Stop SSOP, Washington, D.C. 20402-9328.

Specific Authority 585.002, 585.08 FS. Law Implemented 585.11, 585.145, 585.16 FS. History—New _____.

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Dr. Wm. C. Jeter, Chief, Bureau of Animal Disease Control, Division of Animal Industry, Rm. 332, 407 S. Calhoun St. Tallahassee, FL 32399-0800, (850)410-0900, Fax (850)410-0957

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

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 17, 2004

DEPARTMENT OF COMMUNITY AFFAIRS

Florida Building Commission

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
9B-72	Product Approval
RULE NOS.:	RULE TITLES:
9B-72.005	Scope
9B-72.010	Definitions
9B-72.030	Local Product Approval Generally
9B-72.040	Product Performance Evaluation and Quality Assurance for Local Approval
9B-72.045	Validation of Performance Evaluation for Local Approval
9B-72.050	Approval and Acceptance by Local Jurisdictions of Products with Performance Criteria and Products with Standard Specifications
9B-72.060	State Approval Generally
9B-72.070	Product Evaluation and Quality Assurance for State Approval
9B-72.080	Product Validation by Approved Validation Entity for State Approval
9B-72.090	Product Approval by Building Commission

9B-72.100	Approval of Product Evaluation Entities, Product Validation Entities, Testing Laboratories, Certification Agencies, Quality Assurance Agencies and Accreditation Bodies
9B-72.110	Criteria for Certification of Independence
9B-72.120	List of Approved Product Evaluation Entities, Validation Entities, Testing Laboratories, Certification Agencies, Quality Assurance Agencies and Accreditation Bodies
9B-72.130	Forms
9B-72.135	Revisions to Submittals for Statewide Approval
9B-72.160	Revocation or Modification of Product Approvals and Entity Certifications
9B-72.170	Investigation
9B-72.180	Equivalence of Standards
9B-72.190	Reference Standards

NOTICE OF ADDITIONAL HEARING

The Florida Building Commission hereby gives notice that there will be an additional hearing on the proposed rules published in Vol. 30, No. 26, June 25, 2004 issue of the Florida Administrative Code.

TIME AND DATE: 2:30 p.m., January 25, 2005

PLACE: Rosen Plaza Hotel, 9700 International Drive, Orlando, Florida 32819-8114

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose of the additional hearing is to take comments from the Product Approval Workgroup and the public.

Any person requiring special accommodation at the hearing because of a disability or physical impairment should contact Ila Jones, Community Program Administrator, Department of Community Affairs, 2555 Shumard Oak Boulevard, Sadowski Building, Tallahassee, Florida 32399-2100, (850)487-1824, at least seven days before the date of the hearing. If you are hearing or speech impaired, please contact the Department of Community Affairs using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) or 1(800)955-9771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE AND ADDITIONAL HEARING IS: Ila Jones, Community Program Administrator, Department of Community Affairs, 2555 Shumard Oak Boulevard, Sadowski Building, Tallahassee, Florida 32399-2100, (850)487-1824

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

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

DEPARTMENT OF CORRECTIONS

RULE NO.: RULE TITLE:
33-601.800 Close Management

SECOND NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 39, (September 24, 2004), and Vol. 30, No. 44, (October 29, 2004) issue of the Florida Administrative Weekly:

33-601.800 Close Management.

- (1) No change.
- (2) Levels of Close Management.
 - (a) Close Management I (CMI).
 - 1. No change.

2. An inmate assigned to CMI will be ineligible for a work assignment. An inmate may be placed in CMI without having previously been in CMII or III. Any of the following factors constitutes a basis for placement of an inmate in CMI status:

a. through b. No change.

c. Any physical assault on staff shall result in a mandatory referral for review for placement in CMI status. If convicted of felony assault, the CM release provisions specified in paragraph (16)(g) shall be effective.

c. through m. renumbered d. through n. No change.

- (b) through (c) No change.
- (3) through (15) No change.
- (16) Review of Close Management.
 - (a) through (f) No change.

(g) Before an inmate who has been convicted of felony battery on a staff member is released from CM, written authorization must be obtained by the SCO from the Secretary, Deputy Secretary, or Assistant Secretary for Institutions.

(17) through (19) No change.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE:
59G-4.050 Community Behavioral Health Services

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 40, October 1, 2004, issue of the Florida Administrative Weekly. These

changes are in response to written comments received prior to the public hearing and at the public hearing held on October 25, 2004.

The following language was added to the end of paragraph (3) These forms are available by photocopying them from the Florida Medicaid Community Behavioral Health Coverage and Limitations Handbook. The handbook is available from the Medicaid fiscal agent.

The rule incorporates by reference the Florida Medicaid Community Behavioral Health Coverage and Limitations Handbook, October 2004. The following changes were made to the handbook:

Page 1-6, Staff Qualifications, Behavioral Health Technician, first bullet, was changed to read, "Has a high school diploma or equivalent and in-service training in the treatment of mental health disorders, abuse regulations, and confidentiality; or"

Page 2-1-2, Service Requirements, Recipient Clinical Record, sixth bullet, "licensed practitioner of the healing arts" was added to list of providers who conduct the interview and sign and date the written description.

Page 2-1-27, Behavioral Health Therapy Services, Reimbursement Limitations, the following paragraph was added, "Medicaid will not reimburse for behavioral health day services the same day as psychosocial rehabilitation services."

Page 2-1-31, Psychosocial Rehabilitation Services, Reimbursement Limitations, the following sentence was added, "Medicaid will not reimburse for psychosocial rehabilitation the same day as services behavioral health day services."

Page 2-1-32, Clubhouse Services, Who Must Provide, was changed to read, "Clubhouse services must be provided, at a minimum, by a bachelor's level practitioner under the supervision of a master's level practitioner."

Page 2-1-33, Clubhouse Services, Specific Documentation Requirements, 2. was changed to read, "A referral from a psychiatrist, psychiatric ARNP, certified addictions professional, or licensed practitioner of the healing arts;"

Page 2-6-2, Provider Requirements for Therapeutic Group Care Services, Provider Agency Eligibility Requirements, second bullet, we deleted the reference to 64C-13, F.A.C.

Page 2-6-4, Certification Criteria for Therapeutic Group Care Providers, Required Provider Capabilities of Therapeutic Group Care Services, in paragraph 6, the F.A.C. cite was corrected to read, "6A-15, F.A.C."

Page 2-6-17, Focus and Intensity of Service Requirement, Hospital and Crisis Stabilization Unit Placements, in paragraph 2, the F.A.C. cite was corrected to read, "65C-14, F.A.C."

Page 2-7-2, Provider Requirements for Behavioral Health Overlay Services – Child Welfare, Provider Agency Requirements, in paragraph 3, the F.A.C. cite was corrected to read, "65C-14, F.A.C."

Page 2-7-3, Provider Requirements for Behavioral Health Overlay Services – Child Welfare, Provider Agency Certification Process, the third paragraph was revised to read, “If the program is found to be non-compliant, the provider must complete a corrective action plan within 60 days. If a provider does not earn a score of 70 percent or above, the site will be re-reviewed. The provider’s certification will be withdrawn if a program continues to be non-compliant with the certification criteria.”

Page 3-2, Units of Service, second paragraph, second sentence was corrected to read, “If multiple units are provided on the same day, the actual time spent must be totaled. If the minutes total ends in a 7 or less, round down to the nearest 15-minute increment. If the minutes total ends in 8 or more, round up to the nearest 15-minute increment. For example, 37 minutes is billed as two units of service; 38 minutes is billed as three units of services.”

Page 3-2, Copayment, second paragraph, the last sentence, “Recipients under the age of 18 are exempt from the copayment”, was deleted. Recipients under the age of 21 are exempt from the copayment.

Appendix O, page O-1, second bullet, the F.A.C. cite was corrected to read, “65C-14, F.A.C.”

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: 59G-4.170
 RULE TITLE: Intermediate Care Facility for the Developmentally Disabled Services, ICF/DD

NOTICE OF CHANGE

Notice is hereby given that substantial changes have been made to the proposed Rule 59G-4.170, F.A.C. In accordance with subparagraph 120.54(3)(d)1., F.S., publication of this change in the proposed rule is requested for the next volume of the Florida Administrative Weekly.

These changes are pursuant to comments and recommendations presented at the public hearing held September 27, 2004.

Following is the summary of changes made:

Handbook, page 1-2: Introduction – References to the Department of Children and Families have been changed to the Agency for Persons with Disabilities.

Handbook, page 2-1: Introduction – References to the Department of Children and Families have been changed to the Agency for Persons with Disabilities.

Handbook, page 2-2: Retroactive Eligibility – The reference to the Department of Children and Families has been changed to the Agency for Persons with Disabilities.

Handbook, page 2-3: Developmental Services Criteria – Reference to the Department of Children and Families has been changed to the Agency for Persons with Disabilities. The reference to the Department-approved assessment has been changed to the Agency-approved assessment.

Handbook, page 2-17: Admission to an ICF/DD under a Moratorium on Admissions – Reference to the Department of Children and Families has been changed to the Agency for Persons with Disabilities.

Handbook, page 2-20: Reserving an ICF/DD Bed – Since infirmary beds and ICF/DD beds are the same, references to infirmary beds and infirmary stays are being removed from the handbook.

Handbook, page 2-21: Infirmary Stays – Since infirmary stays are the same as ICF/DD beds, this entire section is being removed from the handbook.

Handbook, page 2-21: Hospitalization After an Infirmary Stay – This section title is now “Hospitalization”. Since infirmary stays and ICF/DD beds are the same, references to infirmary beds and infirmary stays are being removed from the handbook.

Handbook, page 2-22: Paid Bed-Hold Reservation – The marks indicating new text, were incorrectly placed at the second paragraph of this section. The new text is the “note” information; Note: Please refer to Title 42, CFR, Part 483.12 and Section 400.0255, F.S., for valid reasons for discharge.

The Florida Status Tracking Survey (FSTS) is being placed in the handbook following the “Medicaid Services Nursing Facility/ICF-DD Contribution Notice” form.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: 59G-5.020
 RULE TITLE: Provider Requirements

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 41, October 8, 2004, issue of the Florida Administrative Weekly. These changes are in response to written comments received prior to the public hearing.

Paragraph 2 of the rule text has been changed as follows: The form number for the State of Florida, Provider Inquiry Form, was corrected to read ISO5. The date of the Temporary Emergency Medicaid Card was corrected to read January 2004. The form number for the Notice and Proof of Presumptive Eligibility for Medicaid for Pregnant Women was corrected to read CF-ES 2681. We added the revision date of 03/2003 to the CTEC-07 in place of March 2003. We corrected the title of the ACS Florida Medicaid Claims Order Form.

The rule incorporates by reference the Florida Medicaid Provider General Handbook, January 2004. The following changes were made to the handbook:

Page 2-14, Multiple Categories of Service: The policy stated applies to a provider who has multiple provider types, not multiple categories of service. The policy was corrected to read, "Multiple Provider Types: Providers who have more than one provider type are assigned separate location codes for each different provider type. Providers must use the location code assigned to the provider type when billing for that provider type's services."

Page 2-16, Who Can Be in the Same Group: Early intervention professionals and paraprofessionals and therapists were removed from the list of provider types who may enroll together in the same group.

Page 2-18, Payment for Criminal History Check: The fee to be submitted with fingerprint cards was corrected to read, "\$47.00."

Page 2-47, Counterfeit-Proof Prescription Blanks, Requirements, first sentence: We corrected the cite to read, "409.912(39)(a)5, Florida Statutes."

Page 3-11, Illustration 3-4. Temporary Emergency Medicaid Identification Card: We inserted a copy of the revised Temporary Emergency Medicaid Identification Card.

Page 3-13, HMOs and Their Limitations, first paragraph: Temporary Emergency Medicaid Identification Cards do not provide information about Medicaid services the HMO covers, so we revised the first paragraph to read, "Managed care information is not provided on the Emergency Medicaid Identification Card. Providers must verify managed care enrollment through the Automated Voice Response system (800-925-1955) or a Medicaid Eligibility Verification System (MEVS) vendor. If the temporary card is not for a newborn and Medicaid coverage is not yet on the system, the recipient will not be enrolled in managed care. For information regarding newborns, please see Presumptively Eligible Newborns, Mother is in an HMO."

Page 3-18, Proof of Eligibility, Billing County, was corrected to read, "This county is the county in which the recipient currently resides, except when an institutionalized recipient lived in another county before going into the institution. For institutionalized recipients, the billing county is the county where the recipient resided in the community prior to entering the institution."

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: 59G-8.100
 RULE TITLE: Medicaid Contracts for Prepaid Health Plans

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in the Florida Administrative Weekly, Pages 3631 and 3632, Vol. 30, No. 36, on September 3, 2004. This change is made to address oral and written

comments submitted at the public hearing held on September 28, 2004. Rule 59G-8.100, F.A.C., incorporates by reference the Agency for Health Care Administration Payment Methodology for Participating Medicaid Managed Health Care Plans.

1. A. General Provisions

Addition of the phrase "of claims, eligibility and enrollment information" to the first sentence of the second paragraph.

2. B.6. Definitions

42 CFR 447.361 is stricken and 42 CFR 438.6 has been added. Language clarifying the use of this reference has also been added.

3. C. Payment Limit Calculation 1., CM

Addition to the definition of case months: CM – means the total number of months of eligibility for all HMO eligible Medicaid recipients in the fee-for-service system corresponding to the HMO covered services in the fee-for-service system during the applicable base years (SFY 1 + SFY 2).

4. C. 1., IF, Payment Limit Calculation

Addition of the word "or" after the words "which are not reasonable."

5. E. Capitation Payment Rate Calculation: Removal of 1% reduction to discount factors by service area and eligibility category. This change will leave the discount factors by area unchanged and is consistent with the existing rule.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Robert Butler, Medicaid Program Analysis, 2727 Mahan Drive, Mail Stop 21, Tallahassee, Florida 32308, (850)414-2759

DEPARTMENT OF MANAGEMENT SERVICES

Division of Purchasing

RULE NO.: 60A-1.011
 RULE TITLE: Identical Evaluations of Responses
NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., originally published in Vol. 30, No. 37, September 10, 2004 issue of the Florida Administrative Weekly:

PROPOSED RULE 60A-1.011 IS CHANGED TO READ AS FOLLOWS:

60A-1.011 Identical Evaluations of Responses.

(1) ~~Criteria~~: When evaluating vendor responses to solicitations, if the agency is confronted with identical pricing or scoring from multiple vendors, the agency shall determine the order of award using the following criteria, in the order of preference listed below (from highest priority to lowest priority):

- (a) through (d) No change.

(2) Section 287.057(12), F.S. states that "if two equal responses to a solicitation or a request for quote are received and one response is from a certified minority business enterprise, the agency shall enter into a contract with the certified minority business enterprise." ~~No Applicable Criteria. If none of the criteria in subsection (1) are applicable, the agency may determine the order of award by using the number of valid vendor complaints of file or by a means of random selection (e.g., a coin toss or drawing of numbers).~~

(3) If (1) and (2) fail to resolve the identical evaluations, the agency shall award the contract to the respondent whose response is deemed by the agency to be in the best interests of the State, considering factors such as prior performance on state contracts or other governmental contracts.

(4) In the event that the application of (1), (2), and (3) fails to resolve the identical evaluations, the agency shall determine the award by a means of random selection (e.g., a coin toss or drawing of numbers).

Specific Authority 287.042(12) FS. Law Implemented 287.082, 287.084, 287.087, 287.092 FS. History—New 2-6-68, Revised 5-20-71, Amended 7-31-75, 10-1-78, 8-6-81, 2-13-83, 10-13-83, 3-1-84, Formerly 13A-1.11, Amended 11-3-88, 4-10-91, Formerly 13A-1.011, Amended _____.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Richard Brown, State Purchasing, 4050 Esplanade Way, Tallahassee, FL 32399, (850)488-3049, Fax (850)414-6122, e-mail: brownr2@dms.state.fl.us

DEPARTMENT OF MANAGEMENT SERVICES

Personnel Management System

RULE CHAPTER NO.: 60L-39
RULE CHAPTER TITLE: Florida State Employees' Charitable Campaign

RULE NO.: 60L-39.005
RULE TITLE: Application Procedures

NOTICE OF CHANGE

Notice is hereby given that the following amendments have been made to the proposed rules in accordance in subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 39, of the September 24, 2004, issue of the Florida Administrative Weekly.

THE FULL TEXT OF THE PROPOSED RULE IS:

60L-39.005 Application Procedures.

(1) Annual applications for participation in the FSECC (Form DMS-ADM-100, Application for Participation in the Florida State Employees' Charitable Campaign, effective _____, and Form DMS-ADM-101, Renewing Organization Application for Participation in the Florida State Employees' Charitable Campaign, effective _____, which are hereby incorporated by reference) shall be submitted as set forth in rule subsection 60L-39.005(2), F.A.C., to the Steering Committee Chair at the following address:

Florida State Employees' Charitable Campaign
Department of Management Services
4050 Esplanade Way, Suite 280
Tallahassee, Florida 32399-0950

Applications must be postmarked by April 1 of each year for a charitable organization to be considered eligible for that year's Campaign. A federated fundraising organization, as defined in subsection 496.404(10), F.S., ~~federation~~ shall submit applications on behalf of its members ~~organizations~~. Form DMS-ADM-100 and Form DMS-ADM-101 can be obtained by writing to:

Florida State Employees' Charitable Campaign
Department of Management Services
4050 Esplanade Way, Suite 280
Tallahassee, Florida 32399-0950

(2) Applicants ~~Any organizations~~ that did not participate in the FSECC during the previous year shall submit a complete Form DMS-ADM-100, incorporated by reference at subsection 60L-39.005(1), F.A.C. All other applicants shall submit a complete Form DMS-ADM-101, incorporated by reference at subsection 60L-39.005(1), F.A.C.

(3) The Steering Committee shall request additional information from an applicant if necessary for purposes of clarifying eligibility. Requested information must be supplied within five working days of the receipt of the Committee's request.

Specific Authority 110.181(3) FS. Law Implemented 110.181 FS. History—New 1-1-02, Amended 3-5-04, _____.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John Kuczanski, Chairman, Florida State Employees' Charitable Campaign, Department of Management Services, 4050 Esplanade Way, Suite 280L, Tallahassee, Florida 32399-0950, (850)414-6736

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Commission

RULE NO.: 61J2-2.027
RULE TITLE: Applications by Individuals

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 35, August 27, 2004, issue of the Florida Administrative Weekly. The Board voted to revise subsection (3) at its duly noticed meeting held on October 19-20, 2004.

That subsection now reads:

(3) Each application shall be made on an application form approved by the Department and available from the Florida Real Estate Commission, 400 West Robinson Street, Suite N801, Orlando, Florida 32801 ~~accompanied by a completed FBI fingerprint card for processing,~~ and

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Lori Crawford, Deputy Clerk, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N801, Orlando, Florida 32801

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

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE NOS.:	RULE TITLES:
64B16-26.1001	Examination and Application Fees
64B16-26.1004	Inactive License Renewal Fees
64B16-26.1012	Approved Continuing Education Provider Renewal Fees
64B16-26.1021	Delinquent License Renewal Fees
64B16-26.1022	Permit Fees

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 33, August 13, 2004, issue of the Florida Administrative Weekly.

The changes are being made in response to comments from the Joint Administrative Procedures Committee.

The changes are as follows:

1. The title of Rule 64B16-26.1001, F.A.C., shall read as follows: Examination and Application Fees.
2. Subsection 64B16-26.1001(1), F.A.C., shall read as follows: The non-refundable examination fee for licensure by examination shall be \$100, payable to the Board. Examination fees for the National Practice Examination and jurisprudence examination are payable to the examination vendor.
3. Subsection 64B16-26.1001(4), F.A.C., shall read as follows: The non-refundable application fee for a continuing education course approval shall be \$50 for each course submitted for approval, payable to the Board.
4. Subsection 64B16-26.1003(2), F.A.C., shall read as follows: The biennial license renewal fee for a consultant pharmacist active license shall be \$50 plus a \$5 unlicensed activity fee pursuant to Section 456.065(3), F.S.
5. Subsection 64B16-26.1003(3), F.A.C., shall read as follows: The biennial license renewal fee for a nuclear pharmacist active license shall be \$100 plus a \$5 unlicensed activity fee pursuant to Section 456.065(3), F.S.
6. The title of Rule 64B16-26.1004, F.A.C., shall read as follows: Inactive License Election; Renewal; Fees.
7. Paragraph 64B16-26.1004(1)(a), F.A.C., shall read as follows: At the time of license renewal to place the license on inactive status by submitting a written request with the board

for inactive status and submitting the inactive status renewal fee of \$245 plus a \$5 unlicensed activity fee pursuant to Section 456.065(3), F.S.

8. Paragraph 64B16-1.004(1)(d), F.A.C., shall read as follows: At a time other than license renewal to change the inactive status license to active status, provided the licensee meets the continuing education requirements of Rule 64B16-26.103, F.A.C., for each biennium the license was on inactive status and submits the reactivation fee of \$70, a change of status fee of \$25 and the current renewal fee set forth in Rule 64B16-26.1003, F.A.C., or the difference between the inactive status renewal fee and the active status renew fee, if any exists.

9. Paragraph 64B16-26.1004(2)(a), F.A.C., shall read as follows: At the time of license renewal to place the license on inactive status by submitting a written request with the board for inactive status and submitting the inactive status renewal fee of \$50 plus a \$5 unlicensed activity fee pursuant to Section 456.065(3), F.S.

10. Paragraph 64B16-1.004(2)(d), F.A.C., shall read as follows: At a time other than license renewal to change the inactive status license to active status, provided the licensee meets the continuing education requirements of Rule 64B16-26.103, F.A.C., for each biennium the license was on inactive status, and submits the reactivation fee of \$25, a change of status fee of \$25 and the active consultant pharmacist renewal fee set forth in Rule 64B16-26.1003, F.A.C.

11. Paragraph 64B16-26.1004(3)(a), F.A.C., shall read as follows: At the time of license renewal to place the nuclear pharmacist license on inactive status by submitting a written request with the board for inactive status and submitting the inactive status renewal fee of \$100 plus a \$5 unlicensed activity fee pursuant to Section 456.065(3), F.S.

12. Paragraph 64B16-26.1004(3)(c), F.A.C., shall read as follows: At the time of license renewal to change the inactive status license to active status, provided the nuclear pharmacist meets the continuing education requirements of Rule 64B16-28.904, F.A.C., for each biennium the license was on inactive status, and by submitting a reactivation fee of \$50, and the active nuclear pharmacist license renewal fee set forth in Rule 64B16-26.1003, F.A.C.

13. Paragraph 64B16-26.1004(3)(d), F.A.C., shall read as follows: At a time other than license renewal to change the inactive status license to active status, provided the nuclear pharmacist meets the continuing education requirements of Rule 64B16-28.904, F.A.C., for each biennium the license was on inactive status and by submitting a reactivation fee of \$50, a change of status fee of \$25 and the active nuclear pharmacist license renewal fee set forth in Rule 64B16-26.1003, F.A.C., or the difference between the inactive status renewal fee and the active status renew fee, if any exists.

14. The Title of Rule 64B16-26.1021, F.A.C., shall read as follows: Delinquent License Reversion; Reinstatement; Fees.

15. Subsection 64B16-26.1021(2), F.A.C., shall read as follows: A licensee may request that a delinquent license be reinstated to active or inactive status, provided the licensee meets the continuing education requirements of Rule 64B16-26.103, F.A.C., for each biennium the license was on inactive status, and by submitting a reactivation fee of \$50, and the active nuclear pharmacist license renewal fee set forth in Rule 64B16-26.1003, F.A.C.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Danna Droz, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE NO.: 64B16-26.104
RULE TITLE: Exemptions for Members of the Armed Forces; Spouses

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 34, August 20, 2004, issue of the Florida Administrative Weekly.

The changes are being made in response to comments from the Joint Administrative Procedures Committee.

The changes are as follows:

1. Subsection (1) shall read as follows: Any licensed pharmacist on active duty with the Armed Forces of the United States who at the time of becoming a member of the Armed Forces of the United States was in good standing with the Board and was entitled to practice the profession of pharmacy in Florida shall be exempt from all license renewal provisions so long as the licensee is on active duty with the Armed Forces and for a period of six months after discharge so long as the licensee is not engaged in the practice of pharmacy in the private sector for profit.

2. Subsection (2) shall read as follows: A licensee who is a spouse of a member of the Armed Forces of the United States and who was caused to be absent from the State of Florida because of the spouse's duties with the Armed Forces shall be exempt from all license renewal provisions.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Danna Droz, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE NO.: 64B16-26.203
RULE TITLE: Manner of Application – Examination

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 34, August 20, 2004, issue of the Florida Administrative Weekly.

The changes are being made in response to comments from the Joint Administrative Procedures Committee.

The changes are as follows:

1. Subsection (1) shall read as follows: All applications for licensure by examination must be made on board approved form DOH/MQA/PH101 (Rev 1/8/03), Application for Pharmacist Examination, which is hereby incorporated by reference, and which can be obtained from the Board of Pharmacy, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254, and must be accompanied with a non-refundable examination fee and an initial license fee set forth in Rules 64B16-26.1001 and 64B16-26.1002, F.A.C.

2. Subsection (3)(b) shall read as follows: For candidates applying prior to the effective date of this subsection, if all requirements for licensure are not met within one year after initial filing.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Danna Droz, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE NOS.: 64B16-26.2031
64B16-26.204
RULE TITLES: Licensure by Examination; Foreign Pharmacy Graduates
Manner of Application – Endorsement

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 34, August 20, 2004, issue of the Florida Administrative Weekly.

The changes are being made in response to comments from the Joint Administrative Procedures Committee.

The changes are as follows:

1. Proposed subsection 64B16-26.2031(1), F.A.C., shall read as follows: Be a graduate of a four year undergraduate pharmacy program at a school or college outside the United States and have completed an internship program approved by the board.

2. Proposed paragraphs 64B16-26.204(2)(a) and (b) subsections shall be deleted in their entirety.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Danna Droz, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE NO.: 64B16-26.303
 RULE TITLE: Nuclear Pharmacist Licensure
 NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 34, August 20, 2004, issue of the Florida Administrative Weekly.

The changes are being made in response to comments from the Joint Administrative Procedures Committee.

The changes are as follows:

1. Subsection (5) shall be deleted in its entirety.
2. Subsection (6) shall be designated as subsection (5).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Danna Droz, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE NO.: 64B16-26.400
 RULE TITLE: Pharmacy Interns; Registration; Employment
 NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 34, August 20, 2004, issue of the Florida Administrative Weekly.

The changes are being made in response to comments from the Joint Administrative Procedures Committee.

The changes are as follows:

1. Subsection (1) shall read as follows: A pharmacy intern is required to be registered with the Department of Health as an intern before being employed as an intern in a pharmacy in Florida.
2. Subsection (2) shall read as follows: An applicant for pharmacy intern registration must submit proof of:
3. Subsection (2)(a) shall read as follows: Enrollment in an intern program at an accredited college or school pharmacy or;
4. The first sentence of Subsection (2)(b) shall read as follows: Graduation from an accredited college or school of pharmacy and not yet licensed in the state.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Danna Droz, Executive Director, Board of Pharmacy/MQA, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254

DEPARTMENT OF FINANCIAL SERVICES

Division of Workers' Compensation

RULE CHAPTER NO.: 69L-3
 RULE CHAPTER TITLE: Workers' Compensation Claims
 RULE NOS.: 69L-3.002
 RULE TITLES: Definitions

69L-3.003 Procedures for Filing Documents
 69L-3.0035 Injured Worker Informational Brochure

69L-3.0036 Employer Informational Brochure
 69L-3.004 First Report of Injury or Illness: Employer's Responsibility to Record And Report Accidents

69L-3.0045 First Report of Injury or Illness: Claims-Handling Entity's Responsibility to Record and Report Accidents

69L-3.0046 Wage Statement: Employer's and Claims-Handling Entity's Responsibility to Record and Report Wages

69L-3.0091 Notice of Action/Change
 69L-3.012 Notice of Denial
 69L-3.016 Claim Cost Report
 69L-3.018 Wage Loss Benefits Due to Permanent Impairment (Dates of Accident August 1, 1979 Through December 31, 1993)

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

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

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

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

69L-3.025 Forms

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to proposed Rules 69L-3.002, 69L-3.003, 69L-3.0035, 69L-3.0036, 69L-3.004, 69L-3.0045, 69L-3.0046, 69L-3.0091, 69L-3.012, 69L-3.016, 69L-3.018, 69L-3.019, 69L-3.0191, 69L-3.01915, 69L-3.0193, and 69L-3.025, F.A.C., in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 37, on September 10, 2004, of the Florida

Administrative Weekly. These changes are being made to address concerns expressed at the public hearing and comments by the Joint Administrative Procedures Committee. The rule sections enumerated above are changed to read:

69L-3.002 Definitions.

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

(1) No change.

(2) “Biweekly work week” means two consecutive 7-day periods coinciding with the post injury employer’s work week. For the purposes of calculating Temporary Partial Benefits pursuant to Section 440.15(4), F.S., the first biweekly work week includes the week the employee returned to work. ~~“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 or pay or allows a specified amount or a determinable benefit upon determinable contingencies.~~

(3) “Claims-handling Entity” means any insurer, service company/third-party administrator (Service Co/TPA), self-serviced self-insured employer or fund, or managing general agent and includes all claims office locations that will be responsible for adjusting and submitting workers’ compensation claims to the Division. ~~“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) No change.

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

(6) “Date Payment Mailed” means the date payment of a benefit left the control of the claims-handling entity (or the claims-handling entity’s legal representative if delivery is made by the legal representative) for delivery to the employee

or the employee’s representative, whether by U.S. Postal Service or other delivery service, hand delivery, or deposit by electronic funds transfer.

(7) through (11) No change.

(12)(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 440.15(3)(b)7., F.S. (1994), which is incorporated herein by reference, 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.

(13) through (16) No change.

(17)(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), which is incorporated herein by reference.

(18) No change.

(19)(17) “Lost Time Case” means a work-related 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 also 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 the disability loss of more than 7 calendar seven days for which the employer is continuing to pay full 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.

(20)(18) “Medical Only Case” means a work-related injury or illness, 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.

(21)(19) “Medical Only to Lost Time Case” means a work-related 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 previous 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.

(22) "NAICS Code" means the 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.

(23) through (28) No change.

69L-3.003 Procedures for Filing Documents.

(1) Instructions on or pertaining to forms 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. 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 Florida Department of Financial Services, 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 and accepted by the Division.

(2) Claims-handling entities 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 Rule Title 69L-3, F.A.C.

(3) 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) through (h) No change.

(4)(5) The insurer or the claims-handling entity An carrier shall provide a supply of Forms DFS-F2-DWC-1 and DFS-F2-DWC-1a, as adopted in Rule 69L-3.025, F.A.C., 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 and Form DWC-1a, Wage

Statement. 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)(6) All submissions of Computer generated versions of any forms promulgated under this rule shall must appear in substantial conformity with the promulgated printed form in design, layout, field size, and content and shall 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 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 and is accepted. 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.

(6)(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.

69L-3.0035 Injured Worker Informational Brochure.

In accordance with Section 440.185(4), F.S., the carrier or its claims-handling entity on behalf of the carrier shall mail to the injured worker an informational brochure, Form DFS-F2-DWC-60, "Important Workers' Compensation Information For Florida's Workers" or Form DFS-F2-DWC-61, "Informacion Importante De Seguro De Indemnizacion Por Accidentes De Trabajo Para Los

Trabajadores De La Florida”, as adopted in Rule 69L-3.025, F.A.C., as applicable within 3 business days after notification of the injury or illness.

69L-3.0036 Employer Informational Brochure.

In accordance with Section 440.185(4), F.S., the carrier or its claims-handling entity on behalf of the carrier shall annually mail to the employer an informational brochure, Form DFS-F2-DWC-65, “Important Workers’ Compensation Information For Florida’s Employers” or Form DFS-F2-DWC-66, “Informacion Importante Del Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Empleadores De La Florida”, as adopted in Rule 69L-3.025, F.A.C., as applicable.

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. Social security number or other identifying number pursuant to paragraph 69L-3.003(3)(b), F.A.C. A form which the Division has previously approved in writing.
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. ~~40.~~ Location address of the injury if different than the employer’s address.

(b) No change.

(1) No change.

(2) An employer shall report on Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., information concerning an industrial injury or disease to its claims-handling entity carrier as follows:

(a) ~~First Reports of Injury:~~

~~(a)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.~~

~~(b)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 7 ~~seven~~ days after the employer’s 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.~~

~~(c)3-~~ When an employer submits to its claims-handling entity carrier Form DFS-F2-DWC-1, ~~the employer #~~ 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, as adopted in Rule 69L-3.025, F.A.C., 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 of the claims-handling entity’s notification of the injury or illness. Form IA-1 may be sent to the employee and employer, if the claims-handling entity is electronically sending the first report of injury information required in Rule 69L-3.0045, F.A.C., to the Division. 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.

~~(d)4-~~ In addition to the reporting requirements pursuant to paragraph 69L-3.004(2)(a), 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) No change.

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) No change.

(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, as adopted in Rule 69L-3.025, F.A.C., within 3 business days of the claims-handling entity's knowledge of the injury. However, if the claims-handling is electronically sending 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 make reasonable efforts to confirm that the following information on Form DFS-F2-DWC-1 is correct:

1. through 8. No change.

(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. through 4. No change.

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

a. through b. No change.

c. "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 "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.f., F.A.C.

ii. IB Only Cases: The "Date First Payment Mailed", "AWW", "Comp Rate", the type of initial benefit paid identified as "I.B.".

iii. No change.

e. No change.

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

i. No change.

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

iii. No change.

(e) through (f) No change.

(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 a completed Form DFS-F2-DWC-1 within 14 days after the claims-handling entity's knowledge of the injury or illness for the following cases:

1. through 3. No change.

4. Lost time cases for a compensable 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. through 3. No change.

4. Lost time cases for a compensable volunteer.

(c) through (h) No change.

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

(1) No change.

(2) Claims-handling entity's responsibility:

The claims-handling entity shall compare Forms DFS-F2-DWC-1 and DFS-F2-DWC-1a, as adopted in Rule 69L-3.025, F.A.C., to confirm that the employee name, social security number or other identifying information, and the date of injury on the two forms are consistent.

69L-3.0091 Notice of Action/Change.

The claims-handling entity shall send Form DFS-F2-DWC-4, as adopted in Rule 69L-3.025, F.A.C., 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 the claims-handling entity's knowledge of the action or change which it is reporting. The claims-handling entity shall complete the applicable fields for each required Form DFS-F2-DWC-4; the "Remarks" section may only be used to supplement the information reported. The claims-handling entity shall send to the employee and the employer copies of Form DFS-F2-DWC-4, for each action or change required by this section within 14 days of the claims-handling entity's knowledge of the action or change which it is reporting to the Division.

(1) The claims-handling entity shall use the following codes to identify the “Disability Type” or the “Disability Type Adjusted” on Form DFS-F2-DWC-4. 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.

“Disability Types”:

(a) No change.

(b) No change.

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

(d) through (e) No change.

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

(g) through (j) No change.

~~(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, as adopted in Rule 69L-3.025, F.A.C. The claims-handling entity carrier shall must state the “Effective Date” effective date of the suspension and the applicable suspension “Reason Code” in the applicable fields reason code. The “Effective Date” of the suspension shall be the last date through which benefits were paid. The following “Suspension Reason Codes” codes shall be used to identify the reason for which all indemnity benefits have been suspended:~~

~~(a) through (b) No change.~~

~~(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), which is incorporated herein by reference – employee in PT status failed to attend vocational evaluation or testing.~~

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

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

~~4. Section 440.15(7), F.S. (1994), which is incorporated herein by reference – employee in TP status failed or refused to complete and return the Form DFS-F2-DWC-19.~~

~~5.4. Section s. 440.15(6), (7), F.S. (2003 1994), which is incorporated herein by reference – employee refused suitable employment.~~

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

~~6. Section s. 440.15 (9)(10), F.S. (2003 1994), which is incorporated herein by reference – employee failed or refused to sign and return the release for social security benefits earnings on Form DFS-F2-DWC-14, or unemployment compensation earnings on Form DFS-F2-DWC-30, as adopted in Rule 69L-3.025, F.A.C.~~

~~7. Section 440.491(6)(b), F.S. (2003), which is incorporated herein by reference – employee failed or refused to accept vocational training or education.~~

~~8. Section 440.15(4)(d), F.S. (2003), which is incorporated herein by reference – 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.~~

~~9. Section 440.15(4)(e), F.S. (1994), which is incorporated herein by reference – employee in TP status terminated from post-injury employment due to the employee’s misconduct.~~

~~10. Section 440.105(7), F.S., (2003), which is incorporated herein by reference – employee refused to sign and return the fraud statement.~~

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

~~(3) No change.~~

~~(4)(7) The claims-handling entity carrier shall send Form DFS-F2-DWC-4 when the employee has resumed work, or has been medically released to return to work, or to report the assignment of physical restrictions or the removal of all physical restrictions. The date the employee resumed work is the employee’s actual return to work date and is to be reported in the “Actual Return To Work Date” field. The date the employee’s medical release states that the employee may resume work is the employee’s released to return to work date and is to be reported in the “Released To Return To Work Date” field. The claims-handling entity carrier must indicate whether the employee was given any physical restrictions in the “Restrictions?” fields identified as either “Yes” or “No”.~~

~~(5)(8) The claims-handling entity shall send Form DFS-F2-DWC-4 reporting the date payment mailed resulting from a final order for indemnity benefits pursuant to Section 440.20(11), F.S. This date is to be placed in the “Date Final Settlement Mailed” field and shall not be reported as earlier than the date the settlement was actually approved. The carrier shall send Form DWC-4 when a final indemnity settlement has been approved signed pursuant to Section 440.20(11), F.S. It must state the date the final indemnity settlement was paid. The date the settlement was paid shall not be reported as earlier than the date the settlement was actually approved.~~

~~(6) through (7) No change.~~

~~(8)(12) The claims-handling entity carrier shall send Form DFS-F2-DWC-4 when it begins payment of impairment income benefits for dates of injury on and after January 1, 1994 1/1/94. It shall must state the date the impairment income benefits were started in the “Start Date” field, the initial weekly rate at which the benefits will be paid in the “Weekly Rate”~~

field, and the total number of weeks the employee is entitled to the benefits in the "Total Number Of Weeks Of Entitlement" field.

(9) No change.

(10)(a)(14) 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. No change.

2. The claims-handling entity shall report any changes to the weekly rate at which the permanent total supplemental benefits will be paid, corresponding to the rate change in PT Supplemental Benefits, including the annual rate increases in the "Weekly PT Supplemental Rate" field. The effective date of the permanent total supplemental payment rate, as well as to report annual changes in this rate.

3. No change.

(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 in the "Weekly PT Supplemental Rate" field. The effective date is the date on which permanent total supplemental benefits will no longer be paid and is to be reported in the "PT Supp Effective Date" field.

(11)(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 in the "Benefit Adjustment Code" section, the "Disability Type" in the "Disability Type Adjusted" field, the weekly amount by which the employee's payment is being reduced in the "Weekly Adj Amount" field, and the date the offset or adjustment is effective in the "Effective Date" field. 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 in the "Adjustment End Date" field.

(a) through (b) No change.

(12)(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 in the "Social Security Number/Correct #" field, date of accident in the "Date of Accident/Correct Date" field, employee's name in the "Employee's Name/Correct Name" field, or the claims-handling entity carrier or servicing company handling the case in the "Claims-handling Entity" field. 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 applicable field in the "Corrections Of" 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(19), F.A.C.~~

(13) No change.

69L-3.012 Notice of Denial.

(1) No change.

(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 claims-handling entity receives notification carrier receives notice of the injury, illness or death. The claims-handling entity carrier shall also mark the "Denied Case" box "Box 12" on Form DFS-F2-DWC-1 and send it with Form DWC-12, pursuant to sub-subparagraph Rule 69L-3.0045(1)(d)5.a.(e)1-, F.A.C.

(3) through (8) No change.

Specific Authority 440.591, 440.20(3), 440.185(5) 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, as adopted in Rule 69L-3.025, F.A.C., to the Division for only in the following cases:

(a) Lost time cases as defined in subsection 69L-3.002(19), F.A.C., which include lost time cases in which no indemnity benefits have been paid for compensable volunteers pursuant to Section 440.02(15), F.S., and compensable death cases with no dependents. Cases in which the carrier has paid indemnity benefits, including benefits pursuant to a lump sum settlement,

(b) through (c) No change.

(d) Denied cases in which indemnity benefits were paid.

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

(a) No change.

(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". The annual DFS-F2-DWC-13 filing shall not occur prior to the anniversary date of the date of accident unless the case is closed.

(c) Final Claim Cost Report: Within 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

1. No change.

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 another Final Form DFS-F2-DWC-13 in accordance with subparagraph 69L-3.016(2)(c)1., F.A.C.

(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) No change.

(b) The exact "Average Weekly Wage" average weekly wage and "Compensation Rate" compensation rate as of the date the report is sent, in dollars and cents.

(c) through (f) No change.

(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 payment mailed is to be reported in the "Date Payment Mailed Paid" field for either settlement type as applicable. 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 date payment mailed shall be reported. Medical benefits may be the subject of a lump sum settlement regardless of the employee's date of injury.

(h) No change.

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

(1) through (3) No change.

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) through (3) No change.

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), 440.185(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) through (3) No change.

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

Temporary partial disability benefits shall be calculated 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 investigate an employee's post-injury earnings, to determine the amount of temporary partial disability benefits for which the employee is entitled, and to ensure the timely payment of those benefits. The 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.

(a) No change.

(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 as defined in subsection 69L-3.002(2), F.A.C. 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. No change.

(c) No change.

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

(1) No change.

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

Temporary partial disability benefits shall be calculated 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 investigate an employee's

