

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Kaye Howerton, Executive Director, Board of Respiratory Care, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3259

THE FULL TEXT OF THE PROPOSED RULES IS:

64B32-6.001 Continuing Education Requirement.

(1) The Legislature and the Board have determined that competency in delivery of respiratory care services is enhanced by continuous updating of knowledge and skills. To this end, continuing education is required as a condition for renewal of licensure ~~certification and registration~~ of all respiratory care personnel without regard to the avenue taken to licensure.

(2) Each licensee ~~licensed respiratory care therapist~~ shall submit proof satisfactory to the Board of participation in appropriate continuing education. During each biennium, as established by the Department, each licensee must earn 24 contact hours of continuing education except as provided in Rule 64B32-6.001, Florida Administrative Code.

(3) Those persons initially licensed ~~certified for licensure~~ during the second year of a biennium who do not currently hold a respiratory care license are exempt from the continuing education requirements for their first renewal. Continuing education requirements must be met for each biennium thereafter.

(4) A licensee ~~licensed respiratory care therapist~~ who also holds current license in another health care profession may satisfy the continuing education requirement for a renewal of this license with hours counted toward renewal of another license as long as the hours meet all the requirements of this rule chapter.

Specific Authority 456.013(8), 468.361(2) FS. Law Implemented 468.361 FS. History—New 4-29-85, Formerly 21M-38.01, Amended 9-29-86, Formerly 21M-38.001, Amended 1-2-94, Formerly 61F6-38.001, Amended 11-1-94, Formerly 59R-75.001, Amended 6-9-99, Formerly 64B8-75.001, Amended

64B32-6.005 Provider Approval and Renewal Procedures.

(1) through (8) No change.

(9) The provider seeking approval for home study courses also shall understand and agree:

(a) In addition to the credit exclusion for recertification, review, refresher or preparatory courses as provided in Rule 64B32-6.004 ~~64B8-75.004~~, Florida Administrative Code, a home study course submission shall not include reprints from textbooks.

(b) through (c) No change.

(c)1. through 6. No change.

(10) No change.

Specific Authority 456.025(4), 468.361(3) FS. Law Implemented 456.025(7), 468.361(3) FS. History—New 4-24-96, Amended 5-7-97, Formerly 59R-75.0041, Amended 4-23-98, 6-9-99, Formerly 64B8-75.0041, Amended 7-4-02, 10-22-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Respiratory Care

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Respiratory Care

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 28, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 25, 2005

Section III Notices of Changes, Corrections and Withdrawals

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 BUSINESS AND PROFESSIONAL REGULATION

Board of Professional Surveyors and Mappers

RULE NOS.:	RULE TITLES:
61G17-6.002	Definitions
61G17-6.003	General Survey, Map, and Report Requirements
61G17-6.004	Specific Survey, Map, and Report Requirements

NOTICE OF PUBLIC RULE HEARING

The Board of Professional Surveyors and Mappers hereby gives notice of a public hearing on the above-referenced rules, pursuant to subparagraph 120.54(3)(d)1., F.S., to be held on April 13-14, 2005 at 8:30 a.m., at the Department of Business and Professional Regulation, Board Conference Room, 1940 North Monroe Street, Tallahassee, Florida. The rules were originally published in Vol. 30, No. 52, of the January 23, 2005, Florida Administrative Weekly.

Any person requiring a special accommodation at this hearing because of a disability or physical impairment should contact the Board's Executive Director at least five calendar days prior to the hearing. If you are hearing or speech impaired, please contact the Board office using the Florida Dual Party Relay System, 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John Knap, Executive Director, Board of Professional Surveyors and Mappers, 1940 North Monroe Street, Tallahassee, Florida 32399-0767

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 Osteopathic Medicine**

RULE NO.: RULE TITLE:

64B15-19.007 Citations

NOTICE OF CHANGE

Notice is hereby given that the following changes has been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 50, of the December 10, 2004, issue of the Florida Administrative Weekly. The Board, at its meeting held on February 25, 2005, in Ft. Lauderdale, Florida, voted to make a change to the rule to address written comments submitted by the staff of the Joint Administrative Procedures Committee. The change is as follows:

The proposed new subsection (3)(n), shall be reworded to read as follows:

(n) Allowing a physician in training who has failed to register as required in Section 459.021, F.S., to practice medicine. The director of medical education in the training program shall be fined \$500 for violating Section 459.072(1)(j), F.S.

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

DEPARTMENT OF HEALTH**Board of Pharmacy**

RULE NO.: RULE TITLE:

64B16-26.302 Subject Matter for Consultant
Pharmacist Licensure Renewal
Continuing Education

NOTICE OF CHANGE

Pursuant to subparagraph 120.54(3)(d)1., F.S., notice is hereby given that the following changes have been made to the proposed rule published in Vol. 31, No. 1, January 7, 2005, issue of the Florida Administrative Weekly. These changes are being made in response to comments received from the Joint Administrative Procedures Committee.

The introductory paragraph of the Rule 64B16-26.302, F.A.C., now reads as follows:

64B16-26.302 Subject Matter for Consultant Pharmacist
Licensure Renewal Continuing Education Recertification
Programs.

A License Renewal Continuing Education Program must consist of at least twelve (12) self contained hours of training in subjects specified below with a block of at least three (3) hours in any subject category. Duplicated courses are not acceptable.

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

DEPARTMENT OF HEALTH**Division of Environmental Health**

RULE NO.: RULE TITLE:

64E-17.004 Operation and Training

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made in the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 31, No. 2, January 14, 2005 of the Florida Administrative Weekly.

The changes were made in response to comments received from the Florida Legislature Joint Administrative Procedures Committee.

Paragraph 64E-17.004(2)(b), F.A.C., will read as follow, when adopted: "Statute 381.89, FDA Title 21 C.F.R. Part 1040 and State regulations Chapter 64E-17, F.A.C."

Subsection 64E-17.004(7), F.A.C., will read as follow when adopted: "A written and/or electronic record shall be kept for a period of four years by the facility operator of each customer's signature, age, date of tanning visits, total number of tanning visits, tanning time exposures, and the name of the operator or employee assisted the customer."

DEPARTMENT OF CHILDREN AND FAMILY SERVICES**Economic Self Sufficiency Program**

RULE NO.: RULE TITLE:

65A-1.7141 SSI-Related Medicaid Post

Eligibility Treatment of Income

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. 48, November 24, 2004, issue of the Florida Administrative Weekly.

THE FULL TEXT OF THE PROPOSED RULE IS:

65A-1.7141 SSI-Related Medicaid Post Eligibility Treatment of Income.

After an individual satisfies all non-financial and financial eligibility criteria for Hospice, institutional care services or Assisted Living waiver (ALW/HCBS), the department determines the amount of the individual's patient responsibility. This process is called "post eligibility treatment of income".

(1) For Hospice and institutional care services, the following deductions are applied to the individual's income to determine patient responsibility:

(a) Individuals residing in medical institutions shall have \$35 of their monthly income protected for their personal need allowance.

(b) If the individual earns therapeutic wages, an additional amount of income equal to one-half of the monthly therapeutic wages up to \$111 shall be protected for personal need. This protection is in addition to the \$35 personal need allowance.

(c) Individuals who elect Hospice service have an amount of their monthly income equal to the federal poverty level protected as their personal need allowance unless they are a resident of a medical institution, in which case \$35 of their income is protected for their personal need allowance.

(d) The department applies the formula and policies in 42 U.S.C. section 1396r-5 to compute the community spouse income allowance after the institutionalized spouse is determined eligible for institutional care benefits. The standards used are found in subsection 65A-1.716(5), F.A.C. The current standard Food Stamp utility allowance is used to determine the community spouse's excess utility expenses.

(e) For community Hospice cases, a spousal allowance equal to the SSI Federal Benefit Rate (FBR) minus the spouse's own monthly income shall be deducted from the individual's income. If the individual has a spouse and a dependent child(ren) they are entitled to a portion of the individual's income equal to the Temporary Cash Assistance consolidated need standard (CNS) minus the spouse and dependent's income. For CNS criteria, refer to subsection 65A-1.716(1), F.A.C.

(f) For ICP or institutionalized Hospice, income is protected for the month of admission and discharge, if the individual's income for that month is obligated to directly pay for their cost of food or shelter outside of the facility.

(g) Effective January 1, 2004, the department allows a deduction for the actual amount of health insurance premiums, deductibles, coinsurance charges and medical expenses, not subject to payment by a third party, incurred by a Medicaid recipient for programs involving post eligibility calculation of a patient responsibility, as authorized by the Medicaid State Plan and in accordance with 42 CFR 435.725.

1. The medical/remedial care service or item must meet all the following criteria:

- a. Be recognized under state law;
- b. Be medically necessary;
- c. Not be a Medicaid compensable expense; and
- d. Not be covered by the facility or provider per diem.

2. For services or items not covered by the Medicaid State Plan, the amount of the deduction will be the actual amount for services or items incurred not to exceed the highest of a payment or fee recognized by Medicare, commercial payers, or any other contractually liable third party payer for the same or similar service or item.

3. Expenses for services or items received prior to the first month of Medicaid eligibility can only be used in the initial projection of medical expenses if the service or item was provided during the three month period prior to the month of application and it is anticipated that the expense for the service or item will recur in the initial projection period.

4. For the initial projection period, the department will allow a deduction for the anticipated amount of uncovered medical expenses incurred during the three month period prior to the date of application, and that are recurring (reasonably anticipated to occur) expenses in the initial projection period.

5. Actual incurred and recognized expenses will be deducted in each of the three months prior to the Medicaid application month when an applicant requests three months prior Medicaid coverage and is eligible in the prior month(s).

6. The initial projection period is the first day of the first month of Medicaid eligibility beginning no earlier than the application month through the last day of the sixth month following the month of approval. A semi-annual review is scheduled for the fifth month after the month approved to evaluate the recipient's actual incurred medical expenses for the prior six months.

7. For the semi-annual review, the department will request documentation of the recipient's actual incurred medical expenses for the prior six months.

a. If the recipient documents their actual expenses, staff must compare the total projected expenses budgeted with the total actual recurring expenses to determine if the projection was accurate. If the projection was overstated or understated by more than \$120, the department must use the amount overstated or understated by more than \$120 combined with the total expenses anticipated to recur and any non-recurring expenses incurred during the period to compute an average amount to deduct from patient responsibility for the next projection period, if possible. If an adjustment is not possible, the department must adjust the patient responsibility for each past month in which an expense was overstated.

b. If a recipient fails to document their actual expenses for the last projection period at the time of their semi-annual review, the department must assume the recipient did not incur the expense(s) which was projected. The department will

remove the deduction for the next projection period and calculate the total amount of deductions incorrectly credited in the prior projection period to adjust the recipient's future patient responsibility. If an adjustment is not possible, the department must adjust the patient responsibility for each past month in which an expense was overstated.

8. The steps in subparagraph (g)7. above must be repeated for each semi-annual review.

9. Recipients must report their uncovered medical expenses timely.

a. New, recurring uncovered medical expenses must be reported no later than the tenth day of the month in which the next semi-annual review is due. If the due date falls on a weekend or holiday, the recipient must report by the end of the next regularly scheduled business day. Recurring expenses reported timely will be included in the calculation of patient responsibility beginning with the month the expense was incurred. Recurring expenses not reported timely will be included in the calculation of patient responsibility beginning the month reported and will be prorated for the remaining months of the projection period, but no adjustments in patient responsibility will be made for past months in which expenses went unreported.

b. Non-recurring uncovered medical expenses must be reported no later than the tenth day of the month in which the next semi-annual review is due. If the due date is a weekend or holiday, the recipient must report by the end of the next regularly scheduled business day. Non-recurring expenses reported timely will be held until the semi-annual review month and prorated over the next six-month period. Non-recurring expenses not reported timely will not be included as a deduction in the patient responsibility calculation.

(2) For ALW/HCBS, the following deductions shall apply in computing patient responsibility:

(a) An allowance for personal needs in the amount equal to the Optional State Supplementation (OSS) (as defined in Chapter 65A-2, F.A.C.) cost of care plus the OSS personal need allowance.

(b) An amount equal to the cash assistance consolidated need standard minus the dependent's income for the client's dependent unmarried child under age 21 or their disabled adult child living at home, when there is no community spouse.

(c) Deductions in paragraphs (1)(b), (d), (f) and (g) as applicable.

Specific Authority 409.919 FS. Law Implemented 409.902, 409.903, 409.904, 409.906, 409.919 FS. History--New _____.

FISH AND WILDLIFE CONSERVATION COMMISSION

Freshwater Fish and Wildlife

RULE CHAPTER NO.: RULE CHAPTER TITLE:

68A-15

Type I Wildlife Management Areas

RULE NO.:

RULE TITLE:

68A-15.004

General Regulations Relating to Wildlife Management Areas

NOTICE OF ADDITIONAL CHANGES

The Fish and Wildlife Conservation Commission announces additional changes to the above-referenced proposed rule amendment in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 53, December 30, 2004 issue of the Florida Administrative Weekly, as a result of comments concerning the proposed rule amendment by the staff of the Joint Administrative Procedures Committee. Previous changes were published in Vol. 31, No. 8, February 25, 2005 issue of the Florida Administrative Weekly.

The rule will now read as follows:

68A-15.004 General Regulations Relating to Wildlife Management Areas.

(1) No change.

(2) Permits required:

(a) through (d) No change.

(e) The lead managing agency or landowner of a wildlife management area may authorize persons to engage in otherwise prohibited activities not relating to the taking of fish or wildlife, to allow for access, vehicles, vessels, camping, or horses, valid only during periods closed to hunting. The landowner of a wildlife management area that requires a Recreational Use Permit (RUP) may only give such authorization to persons holding a RUP for that area. Persons so authorized must possess a copy of the authorization when engaged in such activities.

(3) through (15) No change.

PROPOSED EFFECTIVE DATE: July 1, 2005.

Specific Authority Art. IV, Sec. 9, Fla. Const. Law Implemented Art. IV, Sec. 9, Fla. Const., 372.121, 372.57 FS. History--New 8-1-79, Amended 6-4-81, 6-21-82, 6-9-83, 9-27-83, 7-5-84, 7-1-85, Formerly 39-15.04, Amended 5-7-86, 5-10-87, 4-13-88, 8-18-88, 4-19-90, 4-4-91, 4-14-92, 10-22-92, 7-26-94, 11-6-94, 3-30-95, 10-23-95, 9-15-96, 6-1-97, 7-1-98, 12-28-98, 4-15-99, Formerly 39-15.004, Amended 7-1-00, 6-2-02, 5-1-03, 7-1-04, 7-1-05.

DEPARTMENT OF FINANCIAL SERVICES

Division of Workers' Compensation

RULE NO.:

RULE TITLE:

69L-7.020

Florida Workers' Compensation Health Care Provider Reimbursement Manual

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. 31, No. 4, January 28, 2005, of the Florida Administrative Weekly. These changes are being made to address concerns expressed by the Joint Administrative Procedure Committee.

The following amendment has been made to page 3 in section 4.b. of the Florida Workers' Compensation Health Care Provider Reimbursement Manual, 2005 Edition to clarify the applicable copying charge allowance to read:

4. Copies of medical records.

a. Injured Employee.

(1) A health care provider, upon request, shall furnish an injured employee or the employee's attorney a copy of the employee's office chart, records and reports. Reimbursement for medical records shall be made to a health care provider by the employee or employee's representative at \$.50 per page.

(2) A health care provider, upon request, shall furnish the injured employee or the employee's representative, non-written medical records. Reimbursement shall be made to a health care provider by the requesting party at the provider's actual cost for x-rays, microfilm, or other non-written records.

b. Employer/Insurer.

(1) A health care provider shall also furnish to the employer or insurer or its attorney, on demand, a copy of his or her office chart, records and reports.

(2) A health care provider, upon request, shall furnish the employer or insurer or its attorney non-written medical records. Reimbursement shall be made to a health care provider by the requesting party at the provider's actual direct cost for x-rays, microfilm or other non-written records.

(3) Reimbursement for copying charges incurred shall be as specified pursuant to Rule Chapter 64B, F.A.C., and Section 440.13 or 456.057, F.S.

c. Division or Agency for Health Care Administration.

A health care provider, upon request shall provide medical records to the Division or Agency without charge. Failure to forward the requested information shall result in administrative action pursuant to the provisions in Section 440.13, F.S. The remainder of the reads as previously published.

Section IV Emergency Rules

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

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

DEPARTMENT OF THE LOTTERY

RULE TITLE:

RULE NO.:

Instant Game Number 584, DOUBLE DOWN 53ER05-38

SUMMARY OF THE RULE: This emergency rule describes Instant Game Number 584, "DOUBLE DOWN," for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning, value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Faith L. Schneider, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER05-38 Instant Game Number 584, DOUBLE DOWN.

(1) Name of Game. Instant Game Number 584, "DOUBLE DOWN."

(2) Price. DOUBLE DOWN lottery tickets sell for \$2.00 per ticket.

(3) DOUBLE DOWN lottery tickets shall have a series of numbers in Machine Readable Code (or bar code) on the back of the ticket, along with a Void If Removed Number under the latex area on the ticket. To be a valid winning DOUBLE DOWN lottery ticket, the ticket must meet the requirements of subsection 53ER05-27(11), Florida Administrative Code. In the event a dispute arises as to the validity of any DOUBLE DOWN lottery ticket, or as to the prize amount, the Void If Removed Number under the latex shall prevail over the bar code.

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

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX
7 SEVEN	8 EIGHT	9 NINE	10 TEN	11 ELEVEN	12 TWELVE
13 THIRTEEN	14 FOURTEEN	15 FIFTEEN	16 SIXTEEN	17 SEVENTEEN	18 EIGHTEEN
19 NINETEEN	20 TWENTY				



DOUBLE