

## Section II Proposed Rules

### BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

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

### AGENCY FOR HEALTH CARE ADMINISTRATION

#### Medicaid

RULE TITLES:	RULE NOS.:
Medicaid Provider Reimbursement Schedule	59G-4.002
Advanced Registered Nurse Practitioner Services	59G-4.010
Birth Center Services	59G-4.030
Chiropractic Services	59G-4.040
Hearing Services	59G-4.110
Outpatient Hospital Services	59G-4.160
Independent Laboratory Services	59G-4.190
Optometric Services	59G-4.210
Podiatry Services	59G-4.220
Physician Services	59G-4.230
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Portable X-Ray Services	59G-4.240
Registered Nurse First Assistant Services	59G-4.270
Visual Services	59G-4.340

**PURPOSE AND EFFECT:** Rule 59G-4.002, F.A.C., is a new rule, which will incorporate by reference the Florida Medicaid Provider Reimbursement Schedule, January 2005. The reimbursement schedule is a new publication that contains the procedure codes and maximum fees for the following Medicaid services: advanced registered nurse practitioner, birth center, chiropractic, dental, hearing, independent laboratory, licensed midwife, optometric, outpatient hospital laboratory, physician, physician assistant, podiatry, portable x-ray, registered nurse first assistant, and visual.

Amendments to Rules 59G-4.010, 59G-4.030, 59G-4.040, 59G-4.110, 59G-4.210, 59G-4.220, 59G-4.230, 59G-4.231, 59G-4.240, 59G-4.270, and 59G-4.340, F.A.C., will remove the January 2004 procedure codes and fee schedules from the Florida Medicaid Coverage and Limitations Handbooks that are incorporated by reference in the rules. The amendments to Rule 59G-4.160, F.A.C., will remove the March 2003 fee schedule from the Florida Medicaid Coverage and Limitations Handbook that is incorporated by reference in the rule. The amendment to Rule 59G-4.190, F.A.C., will remove the October 2003 fee schedule from the Florida Medicaid Coverage and Limitations Handbook that is incorporated by reference in the rule. We are removing the fee schedules from the handbooks that are incorporated by reference in the above

listed rules, because they are outdated. We are including the 2005 fee schedules in the Florida Medicaid Provider Reimbursement Schedule, which will be incorporated by reference in Rule 59G-4.002, F.A.C.

The effect will be to incorporate by reference the Florida Medicaid Provider Reimbursement Schedule, January 2005, which includes the procedure codes and maximum fees for advanced registered nurse practitioner, birth center, chiropractic, dental, hearing, independent laboratory, licensed midwife, optometric, outpatient hospital laboratory, physician, physician assistant, podiatry, portable x-ray, registered nurse first assistant, and visual services into Rule 59G-4.002, F.A.C. The procedure codes and fee schedules in the Florida Medicaid Coverage and Limitations Handbooks that are incorporated by reference in Rules 59G-4.010, 59G-4.030, 59G-4.040, 59G-4.110, 59G-4.160, 59G-4.190, 59G-4.210, 59G-4.220, 59G-4.230, 59G-4.231, 59G-4.240, 59G-4.270, and 59G-4.340, F.A.C., will be removed.

**SUMMARY:** Rule 59G-4.002, F.A.C., will incorporate by reference the Florida Medicaid Provider Reimbursement Schedule, January 2005, which includes the procedure codes and maximum fees for advanced registered nurse practitioner, birth center, chiropractic, dental, hearing, independent laboratory, licensed midwife, optometric, outpatient hospital laboratory, physician, physician assistant, podiatry, portable x-ray, registered nurse first assistant, and visual services. The procedure codes and fee schedules in the Florida Medicaid Coverage and Limitations Handbooks that are incorporated by reference in Rules 59G-4.010, 59G-4.030, 59G-4.040, 59G-4.110, 59G-4.160, 59G-4.190, 59G-4.210, 59G-4.220, 59G-4.230, 59G-4.231, 59G-4.240, 59G-4.270, and 59G-4.340, F.A.C., will be removed.

**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST:** No statement of regulatory costs has been prepared.

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

**SPECIFIC AUTHORITY:** 409.919 FS.

**LAW IMPLEMENTED:** 383.335, 409.905, 409.906, 409.907, 409.908, 409.9081 FS.

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

**DATE AND TIME:** 2:00 p.m., Tuesday, May 17, 2005

**PLACE:** Agency for Health Care Administration, 2727 Mahan Drive, Building #3, Mail Stop 20, Conference Room D, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Karen Girard, Bureau of Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308, (850)488-9711

THE FULL TEXT OF THE PROPOSED RULES IS:

59G-4.002 Medicaid Provider Reimbursement Schedule.

Medicaid providers who provide the following services and their billing agents who submit claims on behalf of an enrolled Medicaid provider must be in compliance with the provisions of the Florida Medicaid Provider Reimbursement Schedule, January 2005: advanced registered nurse practitioner, birth center, chiropractic, dental, hearing, independent laboratory, licensed midwife, optometric, outpatient hospital laboratory, physician, physician assistant, podiatry, portable x-ray, registered nurse first assistant, and visual.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.906, 409.908 FS. History–New \_\_\_\_\_.

59G-4.010 Advanced Registered Nurse Practitioner Services.

(1) No change.

(2) All advanced registered nurse practitioner services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Advanced Registered Nurse Practitioner Services Coverage and Limitations Handbook, January 2004, updated January 2005, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which is incorporated by reference in Rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.907, 409.908, 409.9081 FS. History–New 12-21-80, Formerly 10C-7.52, Amended 8-18-92, Formerly 10C-7.052, Amended 8-22-96, 3-11-98, 10-13-98, 6-8-99, 4-23-00, 8-5-01, 2-20-03, 8-5-03, 8-3-04, \_\_\_\_\_.

59G-4.030 Birth Center Services.

(1) No change.

(2) All birth center services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Birth Center and Licensed Midwife Services Coverage and Limitations Handbook, January 2004, updated January 2005, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which is incorporated by reference in Rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 383.335, 409.906, 409.907, 409.908, 409.9081 FS. History–New 4-18-85, Formerly 10C-7.532, Amended 8-18-92, Formerly 10C-7.0532, Amended 4-22-96, 3-11-98, 10-13-98, 5-24-99, 4-23-00, 8-5-01, 2-20-03, 8-5-03, 7-27-04, \_\_\_\_\_.

59G-4.040 Chiropractic Services.

(1) No change.

(2) All chiropractic services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Chiropractic Services Coverage and Limitations Handbook, January 2004, updated January 2005, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which is incorporated by reference in Rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.907, 409.908, 409.9081 FS. History–New 6-1-89, Amended 7-1-91, 12-31-91, 3-17-92, 4-21-92, 11-9-92, 7-5-93, 1-19-94, Formerly 10C-7.066, Amended 10-10-94, 5-25-95, 1-9-96, 10-21-97, 5-24-99, 4-23-00, 7-5-01, 2-20-03, 8-5-03, 8-3-04, \_\_\_\_\_.

59G-4.110 Hearing Services.

(1) No change.

(2) All physicians, audiologists and hearing aid specialists enrolled in the Medicaid program must be in compliance with the provisions of the Florida Medicaid Hearing Services Coverage and Limitations Handbook, January 2004, updated January 2005-1 and January 2005-2, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which is incorporated by reference in Rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.907, 409.908 FS. History–New 8-3-80, Amended 7-21-83, Formerly 10C-7.522, Amended 4-13-93, Formerly 10C-7.0522, Amended 12-21-97, 10-13-98, 5-7-00, 7-5-01, 2-20-03, 8-5-03, 7-27-04, \_\_\_\_\_.

59G-4.160 Outpatient Hospital Services.

(1) No change.

(2) All hospital providers enrolled in the Medicaid program must comply with the provisions of the Florida Medicaid Hospital Services Coverage and Limitations Handbook, March 2003, updated January 2005, and the Florida Medicaid Provider Reimbursement Handbook, UB-92, April 2004, both incorporated by reference in this rule. Both handbooks are available from the Medicaid fiscal agent contractor.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History–New 1-1-77, Revised 12-7-78, 1-18-82, Amended 7-1-83, 7-16-84, 7-1-85, 10-31-85, Formerly 10C-7.40, Amended 9-16-86, 2-28-89, 5-21-91, 5-13-92, 7-12-92, 1-5-93, 6-30-93, 7-20-93, 12-21-93, Formerly 10C-7.040, Amended 6-13-94, 12-27-94, 2-21-95, 9-11-95, 11-12-95, 2-20-96, 10-27-98, 5-12-99, 10-18-99, 3-22-01, 8-12-01, 2-25-03, 8-14-03, 11-28-04, \_\_\_\_\_.

59G-4.190 Independent Laboratory Services.

(1) No change.

(2) All independent laboratory providers enrolled in the Medicaid program must be in compliance with the provisions of the Florida Medicaid Independent Laboratory Coverage and Limitations Handbook, October 2003, updated January 2005-1, incorporated by reference, and the Florida Medicaid Provider

Reimbursement Handbook, CMS-1500, which is incorporated by reference in Rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History—New 1-1-77, Amended 10-11-81, Formerly 10C-7.41, Amended 6-30-92, Formerly 10C-7.041, Amended 9-28-94, 1-9-96, 10-20-96, 9-14-97, 3-22-00, 5-16-01, 2-14-02, 8-25-03, 9-3-03, 10-27-03,\_\_\_\_\_.

#### 59G-4.210 Optometric Services.

(1) No change.

(2) All optometric practitioners enrolled in the Medicaid program must be in compliance with the provisions of the Florida Medicaid Optometric Services Coverage and Limitations Handbook, January 2005, updated January 2005, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, HCFA-1500 and Child Health Check-Up 221, which is incorporated by reference in Rule 59G-5.020, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908, 409.9081 FS. History—New 4-13-93, Amended 7-1-93, Formerly 10C-7.069, Amended 12-21-97, 10-13-98, 5-24-99, 4-23-00, 7-5-01, 2-20-03, 8-5-03,\_\_\_\_\_.

#### 59G-4.220 Podiatry Services.

(1) No change.

(2) All podiatry services providers enrolled in the Medicaid program must be in compliance with the provisions of the Florida Medicaid Podiatry Services Coverage and Limitations Handbook, January 2004, updated January 2005, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which is incorporated by reference in Rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.907, 409.908, 409.9081 FS. History—New 1-23-84, Amended 10-25-84, Formerly 10C-7.529, Amended 4-21-92, 11-9-92, 7-1-93, Formerly 10C-7.0529, 10P-4.220, Amended 1-7-96, 3-11-98, 10-13-98, 5-24-99, 4-23-00, 7-5-01, 2-20-03, 8-5-03, 6-27-04,\_\_\_\_\_.

#### 59G-4.230 Physician Services.

(1) No change.

(2) All physician services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Physician Services Coverage and Limitations Handbook, January 2004, updated January 2005-1, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which is incorporated by reference in Rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.907, 409.908, 409.9081 FS. History—New 1-1-77, Revised 2-1-78, 4-1-78, 1-2-79, 1-1-80, Amended 2-8-82, 3-11-84, Formerly 10C-7.38, Amended 1-10-91, 11-5-92, 1-7-93, Formerly 10C-7.038, Amended 6-29-93, 9-6-93, Formerly 10P-4.230, Amended 6-13-94, 2-9-95, 3-10-96, 5-28-96, 3-18-98, 9-22-98, 8-25-99, 4-23-00, 8-5-01, 2-20-03, 8-5-03, 6-27-04, 8-3-04,\_\_\_\_\_.

#### 59G-4.231 Physician Assistant Services.

(1) No change.

(2) All physician assistant services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Physician Assistant Services Coverage and Limitations Handbook, January 2004, updated January 2005, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which is incorporated by reference in Rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.907, 409.908, 409.9081 FS. History—New 8-21-95, Amended 5-28-96, 3-11-98, 10-13-98, 8-9-99, 4-23-00, 8-5-01, 2-20-03, 8-5-03, 8-3-04,\_\_\_\_\_.

#### 59G-4.240 Portable X-Ray Services.

(1) No change.

(2) All portable x-ray providers enrolled in the Medicaid program must comply with the provisions of the Florida Medicaid Portable X-ray Services Coverage and Limitations Handbook, October 2003, updated January 2005, incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which is incorporated by reference in Rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.905, 409.908, 409.9081 FS. History—New 10-11-81, Formerly 10C-7.411, Amended 7-1-92, Formerly 10C-7.0411, Amended 5-16-94, 1-9-96, 10-20-96, 8-27-97, 3-22-00, 2-14-02, 6-1-03, 8-5-03, 3-15-04,\_\_\_\_\_.

#### 59G-4.270 Registered Nurse First Assistant Services.

(1) No change.

(2) All registered nurse first assistant services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Registered Nurse First Assistant Services Coverage and Limitations Handbook, January 2004, updated January 2005, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, CMS1500, which is incorporated by reference in Rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.902, 409.906 ~~409.905~~, 409.908, 409.9081 FS. History—New 3-11-98, Amended 10-13-98, 5-24-99, 4-23-00, 7-5-01, 2-20-03, 8-5-03, 8-4-04,\_\_\_\_\_.

#### 59G-4.340 Visual Services.

(1) No change.

(2) All visual services practitioners enrolled in the Medicaid program must be in compliance with the provisions of the Florida Medicaid Visual Services Coverage and Limitations Handbook, January 2004, updated January 2005, which is incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which is incorporated by reference in Rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent.

Specific Authority 409.919 FS. Law Implemented 409.906, 409.908 FS. History—New 7-30-80, Formerly 10C-7.521, Amended 4-20-93, 8-25-93, Formerly 10C-7.0521, Amended 12-21-97, 10-13-98, 6-10-99, 4-23-00, 1-23-02, 2-20-03, 8-5-03, 10-12-04, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
 Karen Girard  
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Alan Levine, Secretary  
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 8, 2005  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 30, 2004

**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 Nursing**

RULE TITLE: Effective Date  
 RULE NO.: 64B9-17.004

PURPOSE AND EFFECT: To set 180 days from the date this rule chapter is filed as the time the provisions of this rule chapter shall become effective.

SUMMARY: 180 days are set from the date this rule chapter is filed as the time the provisions of this rule chapter shall become effective.

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

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

SPECIFIC AUTHORITY: 464.003(3)(a), 464.006 FS.

LAW IMPLEMENTED: 464.003(3)(a), 464.012(3), 464.015(1),(5), 464.019(1)(j),(n) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Dan Coble, Executive Director, Board of Nursing, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3259

THE FULL TEXT OF THE PROPOSED RULE IS:

64B9-17.004 Effective Date.

To allow institutions time to evaluate the competency and knowledge of or to train the registered nurse who may want to administer conscious or deep sedation, the provisions of this rule chapter shall become effective 180 days from the date this rule chapter is filed. Nothing shall prohibit those individuals who meet the requirements specified in this rule chapter at the time of its adoption from engaging in the administration of conscious or deep sedation as delineated in this rule chapter.

Specific Authority 464.003(3)(a), 464.006 FS. Law Implemented 464.003(3)(a), 464.012(3), 464.015(1),(5), 464.019(1)(j),(n) FS. History—New \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
 Board of Nursing  
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Nursing  
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 13, 2003  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 18, 2005

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Economic Self Sufficiency Program**

RULE TITLE: Eligibility Determination Process  
 RULE NO.: 65A-1.205

PURPOSE AND EFFECT: The proposed rule amendment clarifies the department’s eligibility processing procedures applicable to all public assistance programs. It also provides for the use of a paper or electronic/web based application form to apply for public assistance.

SUMMARY: The proposed rule amendment provides for the use of a paper or electronic/web based application form to apply for public assistance. It also provides clarification on the department’s eligibility determination process applicable to all public assistance programs.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None.

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

SPECIFIC AUTHORITY: 409.919, 414.45 FS.

LAW IMPLEMENTED: 414.095, 414.31, 409.903, 409.904, 409.919, 410.033 FS.

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

TIME AND DATE: 10:30 a.m., May 16, 2005

PLACE: 1317 Winewood Boulevard, Building 3, Room 439, Tallahassee, Florida 32399-0700

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jennifer Lange, Policy Chief, 1317 Winewood Boulevard, Building 3, Room 450, Tallahassee, Florida 32399-0700, (850)921-0253

THE FULL TEXT OF THE PROPOSED RULE IS:

65A-1.205 Eligibility Determination Process.

(1) Eligibility is determined in accordance with federal regulations, federal statutes, Florida Statutes, and Florida Administrative Code for the applicable program. The individual receives a Request for Assistance and completes a paper or electronic/web-based application for assistance # to the best of the individual's ability and submits it to Economic Self-Sufficiency (ESS) office or authorized agent. An The eligibility specialist determines the potential eligibility of each household member for public assistance and prints out the data on the Common Application Form (CAF) or alternately, Form CF-ES 2327, Common Application Form and Eligibility Questionnaire, May 04, incorporated by reference, can substitute for the CAF. The individual then decides whether or not to apply for assistance. The Common Application Form CF-ES 2327 is signed and dated by the individual to complete the process of applying. The applicant must be informed of the department's standards of assistance, penalties for fraud, right to appeal and to have a fair hearing, the civil rights provisions and other rights and responsibilities. An applicant may withdraw the application at any time without affecting their right to reapply at any time. The paper or electronic/web-based Application for Assistance, CF-ES 2066, is incorporated by reference in Administrative Rule 65A-1.400, F.A.C.

(a) No change.

~~(b) The eligibility specialist determines eligibility and provides services and benefits using the Florida On-Line Recipient Integrated Data Access (FLORIDA) computer system. When the system is unavailable for a 20 minute or for a longer period of time or unresponsive to the point of rendering the system ineffectual and causes a serious backlog of clients, the eligibility specialist will initiate manual procedures to continue unit operations.~~

~~(b)(e) Time standards for processing applications vary by public assistance program and must be done in accordance with federal regulations 7 CFR 273.2(g) (food stamps, 45 CFR 233.10(a)(3)(i) (temporary cash assistance), and 42 CFR 435.911 (Medicaid). The Time standards begins on with the date on which the department or an outpost site receives a signed and dated of application and ends on with the date on~~

~~which benefits are made available or a notice determination of ineligibility is mailed made. For the Medicaid program, the time standard ends on the date an eligibility notice is mailed. Applications must be processed and determinations of eligibility made within the following time frames:~~

Program	Application Processing Time Standards
Expedited Food Stamps	7 days
Food Stamps	30 days
Temporary Cash Assistance, Refugee Assistance and Child In-Care Medical Assistance and State Funded Programs for individuals who apply on the basis of disability	45 days
For all other Medical Assistance and State Funded Programs for applicants on the basis Eligibility, including OSS, QMB, SLMB, and QI	90 days
	45 days

~~All days counted after the date of application are calendar days. Applicant delay days do not count in determining non-compliance with the time standard. See paragraph (e) of this rule. Information provided on form CF-ES 2930, Screening for Expedited Medicaid Appointments, 7/00, incorporated by reference) will be used in determining expedited processing of Medicaid disability-related applications.~~

~~(c)(d) If the eligibility specialist determines at the interview or at any time during the application process that additional information or verification is required, or that an assistance group member is required to register for employment services, the specialist must grant the assistance group 10 calendar days to furnish the required documentation or to comply with the requirements. For all programs, the verifications are due 10 calendar days from the date of written request (i.e., the date the verification checklist is generated) or 30 days from the date of application, whichever is later. In cases where medical information is requested, the return due date is 30 calendar days following the request or 30 days from the date of application whichever is later. If the verification due date falls on a holiday or a weekend, the deadline for the requested information is the next working day. If the verification or information is difficult for the person to obtain, the eligibility specialist must provide assistance in obtaining the verification or information when requested or when it appears necessary. If the required verifications and information are not provided by the deadline date, the application is denied, unless a request for extension is made by the applicant or there are extenuating circumstances justifying an additional extension. The eligibility specialist makes the decision of whether to grant the request for extension based on extenuating circumstances beyond the control of the individual, such as sickness, lack of transportation, etc. When all required~~

information is obtained, the eligibility specialist determines eligibility for the public assistance programs. If the eligibility criteria are met, benefits are authorized.

~~(d)(e)~~ No change.

~~(f) Copies of brochure CF/PI 165-107 and the form CF-ES 2930 may be obtained from the Economic Self-Sufficiency Program Office, 1317 Winewood Boulevard, Building 3, Room 406, Tallahassee, Florida 32399-0700.~~

(2) Eligibility must be redetermined at periodic intervals in accordance with federal regulations for each applicable program ~~7 CFR 273.14 (food stamps), 42 CFR 435.916 (Medicaid), 45 CFR 206.10(a)(9)(iii) (temporary cash assistance), and Section 414.095, F.S.~~

~~(a) A complete eligibility review is the process in which the eligibility specialist reviews all factors related to continued eligibility of the assistance group.~~

~~(b) A partial eligibility review entails review of one or more, but not all factors of eligibility. Partial reviews are scheduled based on known facts or anticipated changes or when an unanticipated change occurs. A face-to-face interview is not usually required, unless the necessary information cannot be obtained without this exchange.~~

~~(3) Face-to-face interviews with the applicant/recipient or their designated representative must be held at each application unless waived due to hardship as described in 7 CFR 273.2(e)(2). Complete redeterminations of eligibility and recipient interviews are conducted in accordance with federal regulations governing the benefit type. These interviews are held at the CF local office, the recipient's home, or other location upon which the recipient and eligibility specialist mutually agree. The recipient is required to keep the interview appointment or make arrangements with the eligibility specialist prior to the appointment time to reschedule the appointment if necessary.~~

~~(4) An applicant or recipient who fails to keep an appointment without arranging another time with the eligibility specialist; fails or refuses to sign and date the application form(s) described in subsection (1); fails or refuses to submit a periodic report; or fails or refuses to submit required documentation or verification will be denied benefits as eligibility cannot be established.~~

(5) through (6) renumbered (3) through (4) No change.

~~(7) The Notice of Case Action (denial) (automated notice), Request for Assistance Withdrawal (automated notice), and Appointment Letter (automated notice) used in the eligibility determination process are hereby incorporated by reference. Referral to the Family Safety Program for the caregiver home study as to adequacy and readiness of the caregiver to provide permanent care will be on the Relative Caregiver program Request for Eligibility Consideration, CF-ES 2305, Apr 01 (incorporated by reference). Copies of these forms may be~~

~~obtained from the Economic Self-Sufficiency Program Office, 1317 Winewood Boulevard, Building 3, Room 427, Tallahassee, Florida 32399-0700.~~

Specific Authority 409.919, 414.45 FS. Law Implemented 409.903, 409.904, 409.919, 410.033, 414.045, 414.095, 414.31 FS. History-New 4-9-92, Amended 11-22-93, 8-3-94, Formerly 10C-1.205, Amended 11-30-98, 9-27-00, 7-29-01, 9-12-04, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Lonna Cichon

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Jennifer Lange

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 15, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 24, 2004

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Workers' Compensation**

RULE TITLE: Florida Workers' Compensation

RULE NO.:

Reimbursement Manual for Ambulatory Surgical Centers (ASCs) 69L-7.100

PURPOSE AND EFFECT: To amend Rule 69L-7.100, F.A.C., and to adopt the 2005 reimbursement manual for this rule.

SUMMARY: The rule adopts a 2005 edition of the Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers in order to implement the statewide schedules of maximum medical reimbursement allowances determined by the Three-Member Panel, pursuant to Section 440.13(12), Florida Statutes, at its meeting on November 19, 2004, and otherwise address issues raised by the Three-Member Panel.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: The Department has considered the regulatory costs of the rule. It is believed that the costs involved are out-weighed by the cost savings and other benefits of the rule.

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

SPECIFIC AUTHORITY: 440.13(14), 440.591 FS.

LAW IMPLEMENTED: 440.13(7),(12),(14) FS.

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

TIME AND DATE: 2:00 p.m., May 17, 2005

PLACE: Room 104J, Hartman Building, 2012 Capital Circle, Southeast, Tallahassee, Florida

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Don Davis, Division of Workers' Compensation, Office of Data Quality and Collection, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4226, (850)413-1711

THE FULL TEXT OF THE PROPOSED RULE IS:

69L-7.100 Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers (ASCs).

(1) The Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers, 2005 ~~1992~~ Edition, is adopted by reference as part of this rule. The manual contains reimbursement policies and maximum reimbursement allowances for ambulatory surgical facility services, which are items and services provided in connection with a surgical procedure. The manual contains basic instructions and information for all ambulatory surgical centers and insurers concerning carriers in the preparation and reimbursement of claims for ambulatory surgical facility services.

(2) The Division has incorporated in the Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers, 2005 Edition, procedure codes consistent with the Physicians' Current Procedural Terminology (CPT®), 2005 Professional Edition, Copyright 2004, American Medical Association; American Medical Association's Current Procedural Terminology (1992 CPT). This publication is adopted by reference as part of this rule. When a procedure is performed which is not listed in the manual, the ambulatory surgical center must use the appropriate code and descriptor contained in the Physicians' Current Procedural Terminology (CPT®), 2005 Professional Edition, Copyright 2004, American Medical Association most current copy of the American Medical Association's Current Procedural Terminology. ~~In such instances, carriers must reimburse ambulatory surgical centers 70% of the ambulatory surgical centers' usual and customary charge.~~

~~(3) All medical services, which include ambulatory surgical facility services, must be "medically necessary" as defined in Section 440.13, Florida Statutes. Medical services which are of an experimental, investigative or research nature must be approved by the Division of Workers' Compensation prior to authorization by the carrier.~~

(3)(4) The Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers, 2005 1992 Edition, incorporated above, is available for inspection during normal business hours at the Florida Department of Financial Services, Document Processing

Section, 200 East Gaines Street, Tallahassee, Florida 32399-0311, or via the Department's web sit at <http://www.fldfs.com> which contains the reimbursement policies and maximum reimbursement allowances for ambulatory surgical facilities, is distributed by the Division of Workers' Compensation, Document Processing Center, 200 East Gaines Street, Tallahassee, Florida 32399-4230.

Specific Authority 440.13(14), 440.591 FS. Law Implemented 440.13(7),(12),(14) 440.09(1),(2), 440.13(1)(a),(b),(d),(g),(h),(2)(a),(d),(e),(h),(j),(3),(4)(a),(b),(f),(g),(h),(i)5., 440.37(2)(a) FS. History--New 8-7-91, Amended 12-31-92, Formerly 38F-7.100, 4L-7.100, Amended \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Dan Sumner, Deputy Director of Workers' Compensation, Division of Workers' Compensation, Department of Financial Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Tanner Holloman, Director of Workers' Compensation, Division of Workers' Compensation, Department of Financial Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 11, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 24, 2004

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Workers' Compensation**

RULE TITLE: Florida Workers' Compensation

RULE NO.:

Reimbursement Manual for Hospitals 69L-7.501

PURPOSE AND EFFECT: To amend Rule 69L-7.501, F.A.C., and to adopt the 2005 reimbursement manual for this rule.

SUMMARY: The rule adopts a 2005 edition of the Florida Workers' Compensation Reimbursement Manual for Hospitals in order to implement the statewide schedules of maximum medical reimbursement allowances determined by the Three-Member Panel, pursuant to Section 440.13(12), Florida Statutes, at its meeting on November 19, 2004, and otherwise address issues raised by the Three-Member Panel.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: The Department has considered the regulatory costs of the rule. It is believed that the costs involved are out-weighed by the cost savings and other benefits of the rule.

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

SPECIFIC AUTHORITY: 440.13(14), 440.591 FS.

LAW IMPLEMENTED: 440.13(7),(12),(14) FS.

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

TIME AND DATE: 9:00 a.m., May 17, 2005  
 PLACE: Room 104J, Hartman Building, 2012 Capital Circle, Southeast, Tallahassee, Florida  
 Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Department at least 5 calendar days before the program by contacting the person listed below.  
 THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Don Davis, Division of Workers' Compensation, Office of Data Quality and Collection, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4226, (850)413-1711

THE FULL TEXT OF THE PROPOSED RULE IS:  
 69L-7.501 Florida Workers' Compensation Reimbursement Manual for Hospitals.  
 (1) The Florida Workers' Compensation Reimbursement Manual for Hospitals, 2005 2004 Second Edition is adopted by reference as part of this rule. The manual contains reimbursement policies and per diem rates for hospital services and supplies.

(2) Form DFS-F5-DWC-90, (UB-92 HCFA-1450 Uniform Bill, rev. 1992) Uniform Bill (rev. 1992), also known as the UB-92, or HCFA-1450, is hereby incorporated by reference as part of this rule. In addition, (The Florida Workers' Compensation Health Care Provider Reimbursement Manual, 2005 2004, Second Edition is incorporated by reference as part of this rule also. The manual contains reimbursement policies, guidelines, billing codes and maximum reimbursement allowances for physical therapy, occupational therapy, speech therapy, radiology and clinical laboratory services which contained in the manual shall be applied to hospital services provided on an outpatient basis only.

(3) The Florida Workers' Compensation Reimbursement Manual for Hospitals, 2005 Edition incorporated in subsection (1) above, and Form DFS-F5-DWC-90, incorporated above, are available for inspection during normal business hours; at the State of Florida Department of Financial Services, Document Processing Section, 200 East Gaines Street, Tallahassee, Florida 32399-0311, or via the Department's website at <http://www.fldfs.com>.

Specific Authority 440.13(14), 440.591 FS. Law Implemented 440.13(7),(12),(14) FS. History--New 6-9-87, Amended 6-1-92, 10-27-99, 7-3-01, Formerly 38F-7.501, 4L-7.501, Amended 12-4-03, 1-1-04, 7-4-04, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
 Dan Sumner, Deputy Director of Workers' Compensation, Division of Workers' Compensation, Department of Financial Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Tanner Holloman, Director of Workers' Compensation, Division of Workers' Compensation, Department of Financial Services  
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 30, 2005  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 24, 2004

**DEPARTMENT OF FINANCIAL SERVICES**

**OIR Insurance Regulation**

RULE TITLE: Annual and Quarterly Reporting Requirements  
 RULE NO.: 69O-137.001

PURPOSE, EFFECT AND SUMMARY: To adopt the 2005 NAIC Quarterly and Annual Statement Instructions and NAIC's Accounting Practices and Procedures Manual, as required by Section 624.424, Florida Statutes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: None.

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

SPECIFIC AUTHORITY: 624.307, 624.308(1) FS.

LAW IMPLEMENTED: 624.307(1), 624.424(1) FS.

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

TIME AND DATE: 9:30 a.m., May 18, 2005

PLACE: Room 143, Larson Building, 200 East Gaines Street, Tallahassee, Florida

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kerry Krantz, Life and Health Financial Oversight, Office of Insurance Regulation, e-mail: [kerry.krantz@fldfs.com](mailto:kerry.krantz@fldfs.com)

THE FULL TEXT OF THE PROPOSED RULE IS:

69O-137.001 Annual and Quarterly Reporting Requirements.

(1) through (3) No change.

(4) Manuals Adopted.

(a) Annual and quarterly statements shall be prepared in accordance with the following manuals, which are hereby adopted and incorporated by reference:



1. The NAIC's Quarterly and Annual Statement Instructions, Property and Casualty, 2005 2004;
2. The NAIC's Quarterly and Annual Statement Instructions/Life, Accident and Health, 2005 2004;
3. The NAIC's Quarterly and Annual Statement Instructions/Health, 2005 2004; and
4. The NAIC's Accounting Practices and Procedures Manual, as of March 2005 2004.

(b) No change.

1. No change.

2. For inspection at the Office at its headquarters in Tallahassee, Florida, during regular business hours ~~at the Bureau of Life and Health Insurer Solvency or the Bureau of Property and Casualty Insurer Solvency, as appropriate, Division of Insurer Services, Office of Insurance Regulation, Larson Building, Tallahassee, FL 32399-0300.~~

Specific Authority 624.307, 624.308(1) FS. Law Implemented 624.307(1), 624.424(1) FS. History—New 3-31-92, Amended 8-24-93, 4-9-95, 4-9-97, 4-4-99, 11-30-99, 2-11-01, 4-5-01, 12-4-01, 12-25-01, 8-18-02, 7-27-03, Formerly 4-137.001, Amended 1-6-05, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Kerry Krantz, Life and Health Financial Oversight, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Richard Robleto, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 21, 2005

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

**DEPARTMENT OF FINANCIAL SERVICES**

**OIR Insurance Regulation**

RULE TITLE: NAIC Financial Examiners

RULE NO.:

Handbook Adopted 690-138.001

PURPOSE, EFFECT AND SUMMARY: To adopt the 2005 NAIC Financial Condition Examiners Handbook Adopted, as required by Section 624.424, Florida Statutes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: None.

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

SPECIFIC AUTHORITY: 624.308(1) FS.

LAW IMPLEMENTED: 624.307(1), 624.316(1)(c) FS.

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

TIME AND DATE: 9:30 a.m., May 18, 2005

PLACE: Room 143, Larson Building, 200 East Gaines Street, Tallahassee, Florida

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kerry Krantz, Life and Health Financial Oversight, Office of Insurance Regulation, e-mail: kerry.krantz@fldfs.com

THE FULL TEXT OF THE PROPOSED RULE IS:

690-138.001 NAIC Financial Examiners Handbook Adopted.

(1) The National Association of Insurance Commissioners Financial Condition Examiners Handbook, ~~Volume 1 (2005 2004)~~ is hereby adopted and incorporated by reference.

(2) through (3) No change.

Specific Authority 624.308(1) FS. Law Implemented 624.307(1), 624.316(1)(c) FS. History—New 3-30-92, Amended 4-9-97, 4-4-99, 11-30-99, 2-11-01, 12-25-01, 8-18-02, 7-27-03, Formerly 4-138.001, Amended 1-6-05, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Kerry Krantz, Life and Health Financial Oversight, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Richard Robleto, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 21, 2005

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

**Section III  
Notices of Changes, Corrections and  
Withdrawals**

**DEPARTMENT OF STATE**

**Division of Cultural Affairs**

RULE NO.: IT-1.001

RULE TITLE: Division of Cultural Affairs

**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. in response to comments received from the Joint Administrative Procedures Committee. The rule was originally published in Vol. 31, No. 7 of the February 18, 2005 issue of the Florida Administrative Weekly.