the Florida Division of Health Access and Tobacco using the Florida Dual Party Relay System which can be reached at 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Carlos Martinez; telephone: (850)245-4144, ext. 2473; e-mail: carlos_martinez@doh.state.fl.us

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

Section II
Proposed Rules

DEPARTMENT OF LAW ENFORCEMENT

Criminal Justice Standards and Training Commission

RULE NO.:	RULE TITLE:
11B-27.014	Implementation of the Federal Law Enforcement Officers Safety Act of 2004

PURPOSE AND EFFECT: To develop rules for retired law enforcement officers to carry a concealed firearm in Florida under the federal Law Enforcement Officers Safety Act of 2004, as defined in 18 U.S.C.A., §926C.

SUMMARY: This rule implements the Federal Law Enforcement Officers Safety Act of 2004: To require a retiree to demonstrate firearms proficiency on the Commission's approved course of fire prior to carrying a concealed firearm in Florida, to create requirements for range masters to administer the Commission's approved course of fire; to list firearms range requirements; and to create the Firearms Proficiency Verification Card form CJSTC-600.

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

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

SPECIFIC AUTHORITY: 943.03(4), 943.12(1) FS.

LAW IMPLEMENTED: 943.12, 943.132 FS.

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

DATE AND TIME: January 3, 2008, 1:00 p.m.

PLACE: Florida Department of Law Enforcement, 2331 Phillips Road, Tallahassee, Florida 32308

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Donna Hunt at (850)410-8615. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Donna Hunt, Florida Department of Law Enforcement, Criminal Justice Professionalism Program, 2331 Phillips Road, Tallahassee, Florida 32308, (850)410-8516

THE FULL TEXT OF THE PROPOSED RULE IS:

11B-27.014 Implementation of the Federal Law Enforcement Officers Safety Act of 2004.

(1) Requirements to demonstrate the firearms proficiency requirements under the Federal Law Enforcement Officers Safety Act of 2004 (18 U.S.C.A. § 926C) in Florida.

(a) To carry a concealed firearm under the Federal Law Enforcement Officers Safety Act of 2004 ("Act"), a qualified retired law enforcement officer ("retiree"), as defined in 18 U.S.C.A. § 926C, shall show that he or she has demonstrated the firearms proficiency required by the Act within the past twelve months of the time he or she possesses a concealed firearm.

(b) The Act provides the following two methods for a retiree to demonstrate firearms proficiency:

1. One method allows the retiree to return to the agency from which he or she retired to meet the agency's firearms proficiency standards as applied to the agency's active officers. Under the Act, an agency has the option to offer this alternative.

2. The second method allows the retiree to meet the minimum firearms standards applied to active law enforcement officers by the state of the retiree's residence.

(c) For retirees who reside in Florida, the option to meet the state's minimum firearms standards shall be demonstrated using the Commission's approved minimum firearms proficiency course of fire ("course of fire"), conducted in a manner specified in subsection (2) of this rule section, pursuant to the Law Enforcement Officer Firearms Qualification Standard on form CJSTC-86A, incorporated by reference in subsection 11B-27.00212(14), F.A.C.

(2) Requirements for administering the course of fire are as follows:

(a) The range master conducting the course of fire shall be an active Commission-certified firearms instructor pursuant to subsection 11B-20.0014(2), F.A.C.

(b) The range master shall issue a Commission-approved Firearms Proficiency Verification Card, form CJSTC-600, created on July 9, 2007, hereby incorporated by reference, to each retiree who successfully completes the course of fire as required on form CJSTC-86A.

(c) The range master shall maintain the following documentation that is related to the completion of the course of fire for each retiree who successfully completes the course, and the retained documentation shall be subject to audit during regular business hours upon a two-day written notice by Commission staff:

1. Full name of the retiree completing the course of fire.

2. Address of the retiree completing the course of fire.

3. The Course of Fire Proficiency Score. A passing score is a minimum score of 80%, which is 32 of 40 rounds in the scoring area. The scoring area shall be any hit that is inside or touches the exterior scoring line of the four and five zone of the B-21E target. The B-21E target is commercially available through retailers.

4. Date the course of fire was completed.

5. Location where the course of fire was conducted.

6. The specific number imprinted on the CJSTC-600 form issued to the retiree who completed the course of fire.

7. Type(s) of firearm(s).

(3) Firearms Range Requirements.

(a) The course of fire is authorized to be conducted on any public or private range that meets the shooting distance requirements on form CJSTC-86A.

(b) The owner of a firearms range is not required to administer the course of fire on the owner's firearms range.

(c) The retiree shall be responsible for any fee associated with the course of fire.

(4) Issuance and Maintenance of form CJSTC-600.

(a) A request for form CJSTC-600 shall be made in writing to the Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302, Attention: Officer Records Section.

1. A Commission-certified firearms instructor is allowed to receive up to 50 each of the CJSTC-600 form with each written request, and the request shall include the firearm instructor's full name, mailing address and physical address if different from the mailing address, telephone number, and the name of the Commission-certified training school, defined as "training school" in subsection 11B-18.003(23), F.A.C., affiliation or criminal justice agency affiliation.

2. A training school is allowed to receive up to 200 each of the CJSTC-600 form with each written request, and the request shall be made on the training school's letterhead signed by the training center director.

3. If a retiree loses form CJSTC-600, a replacement card shall not be reissued. The retiree shall be required to complete the course of fire, again, prior to issuing a new CJSTC-600 form.

(b) A Commission-certified firearms instructor shall only issue a CJSTC-600 form for successful completion of the course of fire. Each CJSTC-600 form shall be issued with a specific number imprinted on the form and the firearms instructor shall maintain documentation for a period of two years indicating to whom the CJSTC-600 was issued, which shall be subject to audit by Commission staff during regular business hours upon a two-day written notice by Commission staff.

(c) The CJSTC-600 form shall expire one year from the date the retiree completed the course of fire.

(5) Admission to a range to attempt to complete the course of fire shall be under the terms and conditions of the range master, and solely at the range master's discretion. Neither state law nor the Act provide a retiree with a right to demand access to a range or an opportunity to attempt the course of fire.

(6) It is not the responsibility of the Commission, any Commission certified firearms instructor, a training school, or any other entity operating a firearms range, at the time of the firearms qualification, to verify or certify that a retiree meets any of the additional requirements of a "qualified retired law enforcement officer" under the Act. Meeting the Act's qualifications is solely the responsibility of the retiree. The range master is not required to otherwise verify a retiree's status under the Act at the time of the firearms qualification.

Specific Authority 943.03(4), 943.12(1) FS. Law Implemented 943.12, 943.132 FS. History–New_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Donna Hunt at (850)410-8516

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Vickie Marsey at (850)410-8660

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 14, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 21, 2007

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to http://www.dep.state.fl.us/ under the link or button titled "Official Notices."

DEPARTMENT OF CORRECTIONS

RULE NO.:	RULE TITLE:
33-602.207	Conducting a Business While Incarcerated

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to clarify what constitutes conducting business and how inmates may submit manuscripts for publication without violating this rule.

SUMMARY: The proposed rule prohibits activity in which the inmate engages with the objective of generating revenue or profit, and specifically prohibits publication for compensation and entering into marketing agreements for such purpose.

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

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

SPECIFIC AUTHORITY: 944.09 FS.

LAW IMPLEMENTED: 944.09 FS.

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

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

THE FULL TEXT OF THE PROPOSED RULE IS:

33-602.207 Conducting a Business While Incarcerated.

(1) No change.

(2) For the purposes of this rule, a business or profession is defined as any activity in which the inmate engages with the objective of generating revenue ~~generating~~ or profit ~~making activity or any activity having the potential to generate revenue or profit for the inmate~~ while incarcerated. Activity so defined is prohibited due to the fact that profit or revenue potential creates the opportunity for fraud and increases inmate interest in participation in business activity, resulting in an increase in the volume of mail and telephone activity. This increased volume places an undue burden on staff to monitor the additional mail and telephone calls to ensure the security and order of the institution and the safety of staff, inmates and the general public. Engaging in a business or profession also includes individual activities with profit or revenue potential, such as ~~one-time~~ submission of a ~~single~~ manuscript for publication when one of the objectives of such publication is ~~will result or has the potential to result in~~ the generation of revenue ~~for the inmate, unless the inmate obtains approval from the warden for the individual transaction~~. Inmates are prohibited from entering into marketing agreements with literary agents for the marketing of literary works in exchange for a portion of any commissions received. ~~The warden shall base the decision to approve or disapprove the request on whether the transaction presents a threat to the security, order or effective management of the institution, to the rehabilitative objectives of the correctional system, or to the safety of any person. Inmates shall not be permitted to circumvent the purpose of this rule by making repetitive or serial single transaction requests. Such requests shall not be approved by the warden.~~ An inmate who wishes to submit writings for publication shall provide a written statement to mailroom staff verifying that the inmate is not seeking compensation, nor will he accept compensation for the writings.

(3) through (6) No change.

Specific Authority 944.09 FS. Law Implemented 944.09 FS. History–New 8-10-03, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: George Sapp, Assistant Secretary of Institutions

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Laura E. Bedard, Ph.D., Deputy Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 8, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 2, 2007

DEPARTMENT OF ELDER AFFAIRS

Federal Aging Programs

RULE NOS.:	RULE TITLES:
58A-2.002	Definitions
58A-2.003	License Requirements
58A-2.005	Administration of the Hospice
58A-2.010	Quality Assurance and Utilization Review (QUAR)/Quality Assessment and Performance Improvement (QAPI) Committee and Plan
58A-2.012	Program Reporting Requirements
58A-2.014	Medical Direction
58A-2.0232	Advance Directives

PURPOSE AND EFFECT: The purpose of the proposed rule amendments is to incorporate additional definitions; changes in licensure requirements; specific definitions regarding reporting requirements; changes to the reporting requirements pursuant to Chapter 2006-155, Section 7, Laws of Florida, including a reporting form incorporated by reference in Rules 58A-2.005 and 58A-2.012, F.A.C; changes in accordance with Chapter 2006-155, Section 7, Laws of Florida, requiring development of outcome measures and adoption of national initiatives such as those developed by the National Hospice and Palliative Care Organization; and additional language, clarification of terms and update of the Health Care Advance Directives form incorporated by reference in Rule 58A-2.0232, F.A.C.

SUMMARY: The proposed rule amendments add definitions; change licensure requirements; specific definitions regarding reporting requirements; changes in reporting requirements including a new reporting form incorporated by reference; development of outcome measures; adoption of national initiatives developed by the National Hospice and Palliative Care Organization; and additional language, clarification of terms, and updating the Health Care Advance Directives form incorporated by reference.

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

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

SPECIFIC AUTHORITY: 400.605, 400.60501 FS.

LAW IMPLEMENTED: 400.602, 400.605, 400.60501, Ch. 765 FS.

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

DATE AND TIME: Thursday, January 3, 2008, 9:30 a.m. – 12:00 p.m. EST.

PLACE: Department of Elder Affairs, 4040 Esplanade Way, Conference Room 225F, Tallahassee, Florida 32399-7000

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 72 hours before the workshop/meeting by contacting: Jim Crochet, Department of Elder Affairs, 4040 Esplanade Way, Suite 315, Tallahassee, Florida 32399-7000; telephone number: (850)414-2000, SunCom 994-2000; E-mail address: crochethj@elderaffairs.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Jim Crochet, Department of Elder Affairs, 4040 Esplanade Way, Suite 315, Tallahassee, Florida 32399-7000; telephone number: (850)414-2000, SunCom 994-2000; E-mail address: crochethj@elderaffairs.org. COPIES OF THE PROPOSED RULE AND FORMS INCORPORATED BY REFERENCE MAY BE OBTAINED FROM THE DEPARMENT'S WEB SITE AT: http://elderaffairs.state.fl.us, under the heading "DOEA Rulemaking" and click on "Hospice."

THE FULL TEXT OF THE PROPOSED RULES IS:

58A-2.002 Definitions.

In addition to definitions contained in Chapter 400, Part IV ~~VI~~, F.S., the following terms shall apply:

(1) Advertising: The delivery, distribution, publication or display of an item, document, or medium initiated by the hospice that is intended to offer, describe, or advertise hospice or hospice-like services to the general public. A type of listing, which is formatted to only include a licensed hospice provider's name, address, and telephone number in the telephone directory, shall not be considered advertising.

(2) Agency: Agency for Health Care Administration.

(3) AHCA: Agency for Health Care Administration.

(4)~~(1)~~ Autonomous: A ~~means a~~ separate and distinct operational entity, which functions under its own administration and bylaws, either within or independently of a parent organization.

~~(2) Branch office means an office or other physical location which is remote from the principal office of the provider, but is not separately licensed, and which shares administration with the principal office which serves as a contact point for patients.~~

(5) Department: Department of Elder Affairs.

(6)~~(3)~~ Employ: ~~means~~ To engage the services of an individual, on either a salary or volunteer basis.

(7)~~(4)~~ Home: ~~means~~ The patient's current primary place of residence, including a private residence, assisted living facility, nursing home, hospice residential unit, or other place of permanent or temporary residence.

(8)~~(5)~~ Home Health Aide: ~~means~~ An individual who provides personal health care services for a patient in the patient's home or place of residence under the supervision of a registered nurse.

(9)~~(6)~~ Licensed Practical Nurse: ~~means~~ An individual licensed pursuant to Chapter 464, F.S., to practice practical nursing.

(10)~~(7)~~ Patient Care Staff: ~~means those~~ Persons involved in direct care of the patient, including registered nurses, practical nurses and home health aides, social workers and other mental health professionals, and clergy or pastoral counselors.

(11)~~(8)~~ Patient's Family: The ~~means that~~ person or those persons designated by the patient as having primary responsibility for care, or persons who are closely linked with the patient and are involved in the health and supportive care of the patient.

(12)~~(9)~~ Patient and Family Unit: ~~means~~ The patient and the patient's family.

(13)~~(10)~~ Registered Nurse: ~~means~~ An individual who is licensed pursuant to Chapter 464, F.S., to practice professional nursing.

(14) Satellite Office: An office or other physical location serving as a contact point for patients, which is remote from the provider's principal office, but is not separately licensed, and shares administration with the principal office.

Specific Authority 400.605 FS. Law Implemented 400.602, 400.605 ~~Ch. 400, Part VI~~ FS. History–New 5-6-82, Formerly 10A-12.02, 10A-12.002, Amended 4-27-94, Formerly 59A-2.002, Amended 6-5-97,_____.

58A-2.003 License Requirements ~~Required~~.

(1) The face of the license must ~~shall~~ contain the following information:

(a) The name and address of the provider, including the principal office and all satellite offices;

(b) All freestanding hospice inpatient facilities and residential units;

(c) All counties served by the hospice;

(d) The name of the owner; and

(e) The effective and expiration dates of the license.

(2) The hospice must notify the department and the agency in writing at least sixty (60) days before making a change in name or address of the provider's principal or satellite offices. ~~the name and address of the provider, including the principal office and all branch offices, all hospice residences and inpatient facilities, all counties served by the hospice, the name of the owner, and the effective and expiration dates of the license. The hospice shall notify AHCA and the Department in writing at least sixty (60) days before making a change in name or address of the provider.~~

(3)~~(2)~~ If a change of ownership as defined in Section 408.803(5), F.S., is contemplated, the new owner must ~~shall~~ submit~~, or cause to be submitted,~~ a ~~an~~ license application ~~for license~~ and must receive a license prior to commencement of operation of the hospice. The following materials must accompany the license application:

(a) A signed agreement to correct any existing licensure deficiencies;

(b) Documented evidence that the change of ownership has taken place or will take place upon approval of the license; and

(c) A statement that records pertaining to the administrative operation of the provider must be retained and made available for official inspection by the agency.

~~A signed agreement to correct any existing licensure deficiencies shall accompany the license application, together with documentation to evidence that the ownership change has taken place, and a statement that records pertaining to the administrative operation of the provider will be retained and available for official inspection by the AHCA.~~

(4)~~(3)~~ If a merger of two or more hospice providers is contemplated, the legal and incorporated entity that will be responsible for the operational function of the hospice after the merger must ~~shall~~ notify the agency ~~AHCA~~ prior to the merger. Notification must ~~will~~ include the anticipated date for the merger and the reason for the merger. The agency ~~AHCA~~ shall require the legal entity to submit a license ~~an~~ application ~~for license~~, including a revised plan for the delivery of hospice care to terminally ill patients and their families ~~who will be affected by the merger~~.

Specific Authority 400.605 FS. Law Implemented 400.602, 400.605 ~~Ch. 400, Part VI~~ FS. History–New 5-6-82, Formerly 10A-12.03, 10A-12.002, Amended 4-27-94, Formerly 10A-12.03, 10A-12.003, Amended 4-27-94, Formerly 59A-2.003, Amended 6-5-97,_____.

58A-2.005 Administration of the Hospice.

(1) Governing Body. – The hospice must establish written bylaws for ~~There shall be~~ a governing body ~~established by written bylaws of the hospice~~ with autonomous authority for the conduct of the hospice program. The governing body must ~~and which shall~~ satisfy the following requirements:

(a) Members must ~~of the governing body shall~~ reside or work in the hospice's service area as defined in paragraph 59C-1.0355(2)(k), F.A.C.

(b) No change.

(c) Duties of the governing body must ~~shall~~ include:

1. Adoption in writing~~, with updates as necessary,~~ of the following documents which must ~~shall~~ be in compliance with provisions of Chapter 400, Part IV ~~VI~~, F.S., and these rules, with updates as necessary:

a. through c. No change.

d. A comprehensive emergency management plan for all administrative, residential, free-standing inpatient facilities, and hospice services designed to protect the safety of patients and their families and hospice staff; and

e. No change.

2. Promulgation of rules and bylaws which include at least the following:

a. through c. No change.

d. The qualifications, method of selection and terms of office of members and chairpersons of the governing body and committees; and

e. A mechanism for the administrator's appointment ~~by the administrator~~ of the medical director and other professional and ancillary personnel.

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

(a) No change.

(b) The administrator must ~~shall~~ be responsible for maintaining an administrative office ~~facility~~ for the purpose of the operations of the hospice.

(3) Administrative Policies and Practices.

(a) The administrator must ~~shall~~ be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, ~~and~~ the bylaws ~~by-laws~~, and the plans and decisions adopted by the governing body.~~,~~ These policies and practices must ~~and which~~ ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must ~~shall~~ include:

1. through 2. No change.

3. A plan for orientation and training of all staff, including volunteers, which must ~~shall~~ ensure that ~~all~~ staff receive ~~this~~ training prior to the delivery of ~~their delivering~~ services ~~of any~~

~~kind to patients and their families~~. This plan must ~~shall~~ describe the method of assessing training needs and designing training to meet those needs, and must ~~shall~~ include a curriculum outline with specific objectives.

4. No change.

5. Policies for administering drugs and biologicals in the home which must ~~shall~~ include:

a. through b. No change.

c. All verbal orders for medication or treatments, or changes in medication or treatment must ~~orders shall~~ be taken by a licensed health professional and recorded in the patient's record ~~reduced to writing.~~ Verbal orders must be ~~and~~ signed by the physician within thirty (30) calendar days from the date of the order.

d. ~~The use of~~ Experimental drugs ~~or any FDA or Chapter 500, F.S., approved drug in a non-approved manner~~ shall not be administered ~~given~~ without the written consent of the patient or the patient's legal representative, surrogate or proxy. The program administering such drugs must ~~shall be~~ fully inform~~ed~~ the patient or the patient's legal representative, surrogate or proxy of any risks, and be prepared to invoke remedial action should an adverse reaction occur. A copy of the signed consent must be kept in the patient's record.

6. No change.

7. Policies and procedures approved by the medical director and governing body pertaining to the drug control system in the hospice including ~~which shall include~~ specific policies and procedures for disposal of Class II drugs upon the death of a patient.

8. No change.

9. Policies and procedures for m~~M~~aintenance, confidentiality, and retention of clinical records for a minimum five-year period following the patient's death.

10. through 11. No change.

12. Notice to the public that the hospice provides services regardless of ability to pay.

13. through 14. No change.

15. Policies and procedures for c~~C~~ompletion, retention, and submission of reports and records as required by the d~~D~~epartment, ~~the~~ agency, ~~AHCA~~ and other authorized agencies.

16. No change.

(b) Equipment and personnel, under medical supervision, must ~~shall~~ be provided for diagnostic procedures to meet the needs of the hospice inpatient, residential and home-care programs. This must ~~shall~~ include the services of a clinical laboratory and radiological services, which must ~~shall~~ meet all standards of the State of Florida. There must be written agreements or contracts for such services u~~U~~nless provided on the premises of the hospice~~, there shall be written agreements or contracts for such services~~. The hospice program must ~~shall~~ ensure that ~~the sum of~~ services are available ~~under contract and services provided directly by the hospice shall assure~~ twenty-four (24) hours a day, seven (7) days a week, either through contractual agreement, written agreement, or direct service provision by the hospice ~~availability~~.

(c) No change.

(4) Outcome Measures.

(a) Effective 2009, hospices must annually report the outcome measures outlined in this subsection on DOEA Form H-002, State of Florida Department of Elder Affairs Hospice Demographic and Outcome Measures Report, January 2008.

1. The form is hereby incorporated by reference and may be obtained from the following address: Department of Elder Affairs, Planning and Evaluation Unit, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. The form may be also obtained from the department's Web site at: http://elderaffairs.state.fl.us/english/forms/DOEAformH002.pdf.

2. The reporting time frame is January 1 through December 31.

3. The report must be submitted to the following e-mail address no later than March 31 of the following year: hospicereport@elderaffairs.org. The report may alternately be submitted to the following address: Department of Elder Affairs, Planning and Evaluation Unit, 4040 Esplanade Way, Tallahassee, FL 32399-7000.

(b) In addition to the outcome measure regarding pain management pursuant to Section 400.60501, F.S., each hospice must conduct the National Hospice and Palliative Care Organization (NHPCO) Patient/Family Satisfaction Survey, or a similar survey, with its patients and families.

1. Each hospice must report results from survey questions that inquire about the following areas of concern:

a. Did the patient receive the right amount of medicine for his or her pain?

b. Based on the care the patient received, would the patient and/or family member/caregiver/legal representative/surrogate/proxy recommend hospice services to others?

2. The acceptable standard for this measure must be an affirmative response on at least fifty (50) percent of the survey responses received by the hospice.

(5) National Initiatives.

(a) In accordance with Section 400.60501, F.S., and as referenced in subsection (4) of this rule, the department adopts the national initiative of utilizing patient/family surveys as a tool to set benchmarks for measuring quality of hospice care in the State of Florida.

(b) The department has also considered the national initiatives that are under evaluation and development by the Centers for Medicare and Medicaid Services (CMS) in consultation with the NHPCO. These initiatives include patient-centered outcome measures, quality assessment and performance improvement (QAPI), and infection control.

Upon adoption of these initiatives by CMS in final regulation, all hospices shall be required to implement the initiatives consistent with this regulation.

(c) Hospices must maintain documentary evidence of their compliance with these national initiatives and demonstrate their operations to the department or the agency during the survey process.

Specific Authority 400.605, 400.60501 FS. Law Implemented 400.605(1)(c), 400.60501 FS. History–New 5-6-82, Formerly 10A-12.05, 10A-12.005, Amended 4-27-94, Formerly 59A-2.005, Amended 6-5-97, 8-6-02, 8-10-03, _____.

58A-2.010 Quality Assurance and Utilization Review (QUAR)/Quality Assessment and Performance Improvement (QAPI) Committee and Plan.

Pursuant to Section 400.610(2), F.S. e~~E~~ach hospice must ~~shall~~ appoint a committee which must ~~shall~~ develop, document and implement a comprehensive quality assurance and utilization review plan ~~pursuant to Section 400.610(2), F.S~~. The QAUR plan must be in accordance with quality assessment and performance improvement (or QAPI) standards incorporated within the Medicare Conditions for Participation and must ~~shall~~ include goals and objectives, provisions for identifying and resolving problems, methods for evaluating the quality and appropriateness of care, and the effectiveness of actions taken to resolve identified problems. The ~~QAUR~~ plan must ~~shall~~ establish a process for revising policies, procedures and practices when reviews have identified problems. The ~~QAUR~~ committee must ~~shall~~ review the ~~QAUR~~ plan and report findings and recommendations to the governing body annually. Dated and signed minutes of those meetings of the governing body at which ~~QAUR~~ findings and recommendations are presented must ~~shall~~ be kept in an administrative file.

(1) The ~~QAUR~~ committee must ~~shall~~ be composed of individuals who are trained, qualified, supervised and supported by review procedures and written criteria related to treatment outcomes. These review procedures and written criteria must ~~shall~~ be established with involvement from physicians, and shall be evaluated and updated annually by the ~~QAUR~~ committee.

(2) An incident or accident report shall be required in every instance of error in treatment, adverse reaction to treatment or medication, or injury to the patient. All of these incident or accident reports shall be reviewed by the ~~QAUR~~ committee.

(3) The ~~QAUR~~ committee must ~~shall~~ audit patient records, including interdisciplinary care records, on a regular and periodic basis. All records must ~~shall~~ be stored in secured areas to protect patient confidentiality.

(a) Active patient records shall be kept at the main office, a satellite ~~branch~~ office, a hospice residential facility or a hospice inpatient facility.

(b) ~~After the patient's death and the end of the bereavement period,~~ T~~t~~he master record may be moved to storage ~~shall be stored~~ in a secure and accessible location after termination of bereavement services or a minimum of one year after the patient's death.

(4) The ~~QAUR~~ committee shall assist the administrator in developing, documenting and implementing a formal training and orientation program for individuals conducting utilization review activities.

(5) Activities undertaken by the committee must ~~in the QUAR process shall~~ demonstrate a systematic collection, review, and evaluation of information and must ~~shall~~ result in proposed actions to correct any identified problems. The information used by the ~~QAUR~~ committee must ~~shall~~ include:

(a) through (e) No change.

(f) High-risk, high-volume and problem-prone activities that would have a significant impact on patients, staff or the organization, even if adverse incidents occur infrequently. For example, high-risk activities may include review and evaluation of protocols for containment of communicable diseases, emergency evacuations and continuity of operations; high-volume activates might include collection of information regarding administration of medications; lastly, identifying problem-prone activities might be deterioration or malfunction of equipment, including security of information systems, disposal of contaminated materials or other bio-medical waste; and

(g) Appropriateness of team services and levels of care measured by whether:~~.~~

1. ~~If~~ T~~t~~he plan of care was directly related to the identified physical and psychosocial needs of the patient and the patient's family;

2. ~~If the~~ S~~s~~ervices, medications and treatments prescribed were in accordance with the current hospice plan of care; and

3. ~~If~~ T~~t~~he hospice ~~program of~~ care was primarily a home-care program that utilized inpatient hospice care on a short-term or respite basis only.

(6) The ~~QAUR~~ committee shall periodically review the accessibility of hospice services and the quality of those services.

(7) The ~~QAUR~~ committee shall make recommendations to the administrator and the governing body for resolving identified problems and for improving patient and family care.

Specific Authority 400.605 FS. Law Implemented 400.605 FS. History–New 5-6-82, Formerly 10A-12.10, 10A-12.010, Amended 4-27-94, Formerly 59A-2.010, Amended 6-5-97, _____.

58A-2.012 Program Reporting Requirements.

(1) With the exception of the report referenced in subsection (3) of this rule, each ~~The~~ hospice shall complete a~~n annual~~ report annually for the period January 1 through

December 31 and shall submit the report to the dDepartment no later than March 31 ~~February 28~~ of the following year. ~~The annual report shall include the following information:~~

(2) The report shall include the information outlined on DOEA Form H-002, State of Florida Department of Elder Affairs Hospice Demographic and Outcome Measures Report, January 2008, incorporated by reference in Rule 58A-2.005, F.A.C.

(3) The 2008 report due by March 31, 2009 need only include the collection of data from July 1, 2008 through December 31, 2008.

(4) The report must be submitted electronically to the following e-mail address: hospicereport@elderaffairs.org. The report may alternately be submitted to the following address: Department of Elder Affairs, Planning and Evaluation Unit, 4040 Esplanade Way, Tallahassee, FL 32399-7000.

~~(a) Total number of patients served by the hospice during the reporting period by:~~

~~1. Age.~~

~~a. 0-18 years of age;~~

~~b. 19-64 years of age;~~

~~c. 65 years of age and older;~~

~~2. Diagnosis.~~

~~a. Cancer;~~

~~b. Illness due to Acquired Immune Deficiency Syndrome (AIDS);~~

~~c. Chronic Obstructive Pulmonary Disease (COPD);~~

~~d. End Stage Renal Disease (ESRD);~~

~~e. Congestive heart failure;~~

~~f. Other;~~

~~(b) Percent reimbursement by;~~

~~1. Medicare.~~

~~2. Medicaid.~~

~~3. Third party insurance.~~

~~4. Sliding fee scale.~~

~~5. Self-pay.~~

~~6. Uncompensated.~~

~~a. Charitable;~~

~~b. Non-billable;~~

~~7. Other.~~

~~(c) Total number of patient-days in:~~

~~1. Private residence.~~

~~2. Assisted living facility.~~

~~3. Adult family care home.~~

~~4. Hospice residential unit.~~

~~5. Nursing home.~~

~~6. Inpatient facility.~~

~~a. Hospital or nursing home.~~

~~b. Free-standing.~~

(2) A copy of the annual report shall at all times be available to any member of the public.

Specific Authority 400.605 FS. Law Implemented 400.605 ~~Ch. 400, Part VI~~ FS. History–New 5-6-82, Formerly 10A-12.12, 10A-12.012, Amended 4-27-94, Formerly 59A-2.012, Amended 6-5-97,_____.

58A-2.014 Medical Direction.

(1) No change.

(2)(a) The medical director or his or her designee, a physician licensed under Chapter 458 or 459, F.S., must ~~shall~~ be a member of the hospice care team and must ~~shall~~ be responsible for the direction and quality of the medical component of the care rendered to the patient by the hospice care team. The patient's attending physician(s) may remain the primary physician(s) to the patient, depending upon the preferences of the patient and the patient's family. The patient and the patient's family may elect to have the hospice medical director assume all or part of the primary medical care functions, or act as a consultant to the patient's attending physician(s). In either case, the hospice care team must ~~shall~~ maintain ~~liaison and~~ a reporting relationship with the patient's attending physician(s).

(b) No change.

(3) through (4) No change.

Specific Authority 400.605 FS. Law Implemented 400.605 FS. History–New 5-6-82, Formerly 10A-12.14, 10A-12.014, Amended 4-27-94, Formerly 59A-2.014, Amended 6-5-97,_____.

58A-2.0232 Advance Directives.

(1) The administrator must ~~shall~~ ensure the development, documentation and implementation of policies and procedures which delineate the hospice's compliance with the state law and rules relative to advance directives. The hospice must ~~shall~~ not base or condition treatment or admission upon whether or not the patient has executed or waived an advance directive. In the event of a conflict between the hospice's policies and procedures and the patient's advance directive, resolution must ~~provision shall~~ be made in accordance with Chapter 765, F.S.

(2) The hospice's policies and procedures must ~~shall~~ include:

(a) At the time of admission ~~to a hospice program~~, providing each patient, or the patient's surrogate or proxy, with a copy of Form SCHS-4-2006, "Health Care Advance Directives – The Patient's Right to Decide," ~~as prepared by the Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, FL 32308,~~ effective 4-2006 (April 2006) ~~1-11-93~~, ~~which is hereby incorporated by~~ ~~reference,~~ or with a copy of some other substantially similar document which incorporates information regarding advance directives included in ~~is a written~~ ~~description of~~ Chapter 765, F.S.~~, regarding advance directives~~. The form is hereby incorporated by reference and is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or

the agency's Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf.

(b) through (c) No change.

Specific Authority 765.110, 400.605, 400.6095(8) FS. Law Implemented 400.605, 400.6095(8), Ch. 765 FS. History–New 1-11-93, Formerly 59A-2.025, Amended 4-27-94, Formerly 58A-2.0232, Amended 6-5-97, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jim Crochet

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: E. Douglas Beach, Ph.D., Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 16, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 19, 2007

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Landscape Architecture

RULE NOS.:	RULE TITLES:
61G10-13.003	Continuing Education Requirements
61G10-13.007	Reactivation of Inactive License

PURPOSE AND EFFECT: The Board proposes to amend the rules for clarification of reactivation of license requirements.

SUMMARY: The requirements for the reactivation of a license will be clarified.

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

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

SPECIFIC AUTHORITY: 455.271(4), (9), (11), 481.306, 481.315 FS.

LAW IMPLEMENTED: 455.271(4), (9), (11), 481.315 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: Juanita Chastain, Executive Director, Board of Landscape Architecture, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

THE FULL TEXT OF THE PROPOSED RULE IS:

61G10-13.003 Continuing Education Requirements.

(1) The continuing education requirements for reactivating an inactive license are eight ~~twelve~~ (8 ~~12~~) instructional hours for each year the license was inactive but ~~in no event~~ shall not exceed sixteen ~~forty-eight~~ (16 ~~48~~) instructional hours.

(2) No change.

Specific Authority 481.315(2) FS. Law Implemented 481.315(2) FS. History-New 2-4-80, Formerly 21K-13.03, 21K-13.003, Amended 9-20-01, _____.

61G10-13.007 Reactivation of Inactive License.

(1) An inactive licensee may change to active status at any time, provided the licensee meets all the requirements for active status, ~~pays any additional licensure fees necessary to equal those imposed on an active status licensee and pays the additional reactivation fee specified in Rule 61G10-12.002, F.A.C. Any inactive licensee which is not reactivated within the four (4) year period shall automatically expire. One year prior to the expiration of this four (4) year period, the Department shall give notice to the licensee at the licensee's last address of record.~~

(2) A license which has become inactive ~~for less than two consecutive bienniums~~ may be reactivated upon application to the Department and demonstration of compliance with the following conditions:

(a) Payment of the reactivation fee specified in Rule 61G10-12.002, F.A.C.

(b) Proof of completion of ~~12 classroom hours~~ of continuing education which fulfills the requirements of Rule ~~subsection~~ 61G10-13.003~~(2)~~, F.A.C., ~~for each year or part of the year the license was inactive. However, a license which has been inactive for less than one (1) year is not required to satisfy this requirement.~~

~~(3) A licensee whose license has become null and void may reapply for licensure.~~

(3)~~(4)~~ The Department shall not reactivate a license unless the inactive licensee has paid all ~~an inactive application fee, any~~ biennial renewal fees ~~for reactive status not previously paid,~~ and the change of status reactivation of license fee.

(4)~~(5)~~ No change.

Specific Authority 455.271(4), (9), (11), 481.306, 481.315 FS. Law Implemented 455.271(4), (9), (11), 481.315 FS. History-New 3-13-89, Formerly 21K-13.007, Amended 11-19-00, 9-20-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Landscape Architecture

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Landscape Architecture

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 26, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 31, 2007

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to http://www.dep.state.fl.us/ under the link or button titled "Official Notices."

DEPARTMENT OF HEALTH

Board of Massage

RULE NO.: RULE TITLE:
64B7-25.001 Examination Requirements

PURPOSE AND EFFECT: The Board proposes the rule amendment to add language to clarify the Board approved examinations.

SUMMARY: The rule amendment will add language to clarify the Board approved examinations.

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

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

SPECIFIC AUTHORITY: 456.0137(7), 456.017(1)(c), 456.034, 480.035(7), 480.041(2), 480.042(1) FS.

LAW IMPLEMENTED: 456.0137(7), 456.017(1)(c), 456.034, 480.035(7), 480.041(2), 480.042(1) 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: Pamela King, Executive Director, Board of Massage Therapy/MQA, 4052 Bald Cypress Way, Bin # C06, Tallahassee, Florida 32399-3256

THE FULL TEXT OF THE PROPOSED RULE IS:

64B7-25.001 Examination Requirements.

(1)(a) through (e) No change.

(2) The Board approves the National Certification Board for Therapeutic Massage and Bodywork examination and the National Certification Examination for Therapeutic Massage.

Specific Authority 456.013(7), 456.017(1)(c), 456.034, 480.035(7), 480.041(2), 480.042(1) FS. Law Implemented 456.013(7), 456.017(1)(c), 456.034, 480.041, 480.042 FS. History–New 11-27-79, Amended 9-2-80, 10-9-85, Formerly 21L-25.01, Amended 12-22-92, 3-24-93, 5-20-93, Formerly 21L-25.001, Amended 8-12-93, 6-28-94, 8-18-96, Formerly 61G11-25.001, Amended 5-20-98, 7-30-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Massage Therapy

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Massage Therapy

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 25, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 16, 2007

DEPARTMENT OF HEALTH

Division of Environmental Health

RULE NOS.: RULE TITLES:
64E-2.023 Trauma Center Requirements
64E-2.024 Process for the Approval of Trauma Centers
64E-2.025 Extension of Application Period
64E-2.026 Certificate of Approval
64E-2.027 Process for Renewal of Trauma Centers
64E-2.028 Site Visits and Approval
64E-2.029 Application by Hospital Denied Approval

PURPOSE AND EFFECT: To revise the Florida Trauma Center Standards – DH Pamphlet 150-9. forms, and applicable rules.

SUMMARY: The proposed revisions to Florida Trauma Center Standards – DH Pamphlet 150-9 are pursuant to the December 2006 revisions to the American College of Surgeons Guidelines. The proposed rule revisions change the date of the Trauma Center Standards – DH Pamphlet 150-9 and forms from December 2004 to December 2007. The date of trauma center compliance of the revised standards is changed from July 1, 2000 to January 1, 2009. A copy of the revisions to DH Pamphlet 150-9 and proposed rules can be found on the following website: http://www.doh.state.fl.us/demo/Trauma/notices.htm under "Notices and Upcoming Events."

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

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

SPECIFIC AUTHORITY: 395.405 FS.

LAW IMPLEMENTED: 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS.

A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Monday, December 10, 2007, 2:00 p.m. – 3:00 p.m. EST

PLACE: Department of Health, Division of Emergency Medical Operations, Capital Circle Office Complex, 4025 Esplanade Way, Conference Room 301A, FL 32399-1738; Conference Call Number: (888)808-6959, Conference Code: 2354440

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 24 hours before the workshop/meeting by contacting: susan_mcdevitt@ doh.state.fl.us or by Fax:

(850)488-2512. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

Written Comments may be submitted prior to or on the date of the hearing at the above address, by Email: susan_mcdevitt@doh.state.fl.us or by Fax: (850)488-2512.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Susan McDevitt, Office of Trauma, Department of Health, 4052 Bald Cypress Way, Bin C-18, Tallahassee, Florida 32399-1738, (850)245-4440, ext. 2760

THE FULL TEXT OF THE PROPOSED RULES IS:

64E-2.023 Trauma Center Requirements.

(1) The standards for Level I, Level II and Pediatric trauma centers are published in DH Pamphlet (DHP) 150-9, December 2007 ~~2004~~, which is incorporated by reference and available from the department. Trauma centers must be in full compliance with these standards by January 1, 2009 ~~July 1, 2000.~~

(2) To be a Level I trauma center, a hospital shall be a state licensed general hospital and shall:

(a) Meet and maintain after receiving provisional status and during the 7 year approval period the standards for a Level I trauma center as provided in DHP 150-9, December 2007 ~~2004~~;

(b) through (d) No change.

(3) To be a Level II trauma center, a hospital shall:

(a) Meet and maintain after receiving provisional status and during the 7 year approval period the standards for a Level II trauma center, as provided in DHP 150-9, December 2007 ~~2004~~;

(b) through (d) No change.

(4) To be a pediatric trauma center, a hospital shall:

(a) Meet and maintain after receiving provisional status and during the 7 year approval period the standards for a pediatric trauma center, as provided in DHP 150-9, December 2007 ~~2004~~;

(b) through (d) No change.

(5) The standards published in DHP 150-9, December 20072004, are subject to revision at any time through rule promulgation. Any hospital that has been granted Provisional trauma center status or has been granted a 7 year Certificate of Approval as a trauma center shall comply with all revisions to the standards published in DHP 150-9, beginning on the date the amended rule becomes effective.

Specific Authority 395.405 FS. Law Implemented 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 8-3-88, Amended 12-10-92, 12-10-95, Formerly 10D-66.108, Amended 8-4-98, 2-20-00, 6-3-02, 6-9-05, _____.

64E-2.024 Process for the Approval of Trauma Centers.

(1) through Table VII – Process for Approval of Trauma Centers No change.

(a) The department shall accept a letter of intent, DH Form 1840, December 2007 ~~2004~~, "Trauma Center Letter of Intent", which is incorporated by reference and available from the department, postmarked no earlier than September 1 and no later than midnight, October 1, from any acute care general or pediatric hospital. The letter of intent is non-binding, but preserves the hospital's right to submit an application by the required due date if an available position, as provided in Rule 64E-2.022, F.A.C., exists in the hospital's TSA. If the hospital does not submit an application by April 1 of the following year, the hospital's letter of intent is void;

(b) By October 15, the department shall send to those hospitals submitting a letter of intent an application package which will include, as a minimum, instructions for submitting information to the department for selection as a trauma center, DHP 150-9, December 2007 ~~2004~~, Trauma Center Standards, which is incorporated by reference in Rule 64E-2.023, F.A.C., and the requested application(s);

(c) No change.

1. To apply for approval as a Level I Trauma Center, applicants must submit all forms contained in the Level I Trauma Center Application Manual, December 2007 ~~2004~~. The manual and the forms contained therein are incorporated by reference and available from the department. The manual contains the following forms: DH Form 2032, December 2007 ~~2004~~, General Information for Level I Trauma Center Application; DH Form 2032-A, December 2007 ~~2004~~, Level I Trauma Center Approval Standards Summary Chart; DH Form 2032-B, December 2007 ~~2004~~, Application for Level I Trauma Center Approval Letter of Certification; DH Form 2032-C, December 2007 ~~2004~~, Level I Trauma Center Surgical Specialties Certifications; DH Form 2032-D, December 2007 ~~2004~~, Level I Trauma Center Non-Surgical Specialties Certifications; DH Form 2032-E, December 2007 ~~2004~~, Level I Trauma Center General Surgeons Commitment Statement; DH Form 2032-F, December 2007 ~~2004~~, Level I Trauma Center General Surgeons Available for Trauma Surgical Call; DH Form 2032-G, December 2007 ~~2004~~, Level I Trauma Center Neurosurgeons Available for Trauma Surgical Call; DH Form 2032-H, December 2007 ~~2004~~, Level I Trauma Center Neurological, Pediatric Trauma and Neurological, and Neuroradiology Statements; DH Form 2032-I, December 2007 ~~2004~~, Level I Trauma Center Surgical Specialists On Call and Promptly Available; DH Form 2032-J, December 2007 ~~2004~~, Level I Trauma Center Emergency Department Physicians; DH Form 2032-K, December 2007 ~~2004~~, Level I Trauma Center Anesthesiologists Available for Trauma Call; DH Form 2032-L, December 2007 ~~2004~~, Level I Trauma Center

C.R.N.A.s Available for Trauma Call; and DH Form 2032-M, December 2007 ~~2004~~, Level I Trauma Center Non-Surgical Specialists On Call and Promptly Available.

2. To apply for approval as a Level II Trauma Center, applicants must submit all forms contained in the Level II Trauma Center Application Manual, December 2007 ~~2004~~. The manual and the forms contained therein are incorporated by reference and available from the department. The manual contains the following forms: DH Form 2043, December 2007 ~~2004~~, General Information for Level II Trauma Center Application; DH Form 2043-A, December 2007 ~~2004~~, Level II Trauma Center Approval Standards Summary Chart; DH Form 2043-B, December 2007 ~~2004~~, Application for Level II Trauma Center Approval Letter of Certification; DH Form 2043-C, December 2007 ~~2004~~, Level II Trauma Center Surgical Specialties Certifications; DH Form 2043-D, December 2007 ~~2004~~, Level II Trauma Center Non-Surgical Specialties Certifications; DH Form 2043-E, December 2007 ~~2004~~, Level II Trauma Center General Surgeons Commitment Statement; DH Form 2043-F, December 2007 ~~2004~~, Level II Trauma Center General Surgeons Available for Trauma Surgical Call; DH Form 2043-G, December 2007 ~~2004~~, Level II Trauma Center Neurosurgeons Available for Trauma Surgical Call; DH Form 2043-H, December 2007 ~~2004~~, Level II Trauma Center Neurological, Pediatric Trauma and Neurological, and Neuroradiology Statements; DH Form 2043-I, December 2007 ~~2004~~, Level II Trauma Center Surgical Specialists On Call and Promptly Available; DH Form 2043-J, December 2007 ~~2004~~, Level II Trauma Center Emergency Department Physicians; DH Form 2043-K, December 2007 ~~2004~~, Level II Trauma Center Anesthesiologists Available for Trauma Call; DH Form 2043-L, December 2007 ~~2004~~, Level II Trauma Center C.R.N.A.s Available for Trauma Call; and DH Form 2043-M, December 2007 ~~2004~~, Level II Trauma Center Non-Surgical Specialists On Call and Promptly Available.

3. To apply for approval as a Pediatric Trauma Center, applicants must submit all forms contained in the Pediatric Trauma Center Application Manual, December 2007 ~~2004~~. The manual and the forms contained therein are incorporated by reference and available from the department. The manual contains the following forms: DH Form 1721, December 2007 ~~2004~~, General Information for Pediatric Trauma Center Application; DH Form 1721-A, December 2007 ~~2004~~, Pediatric Trauma Center Approval Standards Summary Chart; DH Form 1721-B, December 2007 ~~2004~~, Application for Pediatric Trauma Center Letter of Certification; DH Form 1721-C, December 2007 ~~2004~~, Pediatric Trauma Center Surgical Specialties Certifications; DH Form 1721-D, December 2007 ~~2004~~, Pediatric Trauma Center Non-Surgical Specialties Certifications; DH Form 1721-E, December 2007 ~~2004~~, Pediatric Center General Surgeons Commitment Statement; DH Form 1721-F, December 2007 ~~2004~~, Pediatric Trauma Center General Surgeons Available for Trauma Surgical Call; DH Form 1721-G, December 2007 ~~2004~~, Pediatric Trauma Center Neurosurgeons Available for Trauma Surgical Call; DH Form 1721-H, December 2007 ~~2004~~, Pediatric Trauma Center Neurological, Pediatric Trauma and Neurological, and Neuroradiology Statements; DH Form 1721-I, December 2007 ~~2004~~, Pediatric Trauma Center Surgical Specialists On Call and Promptly Available; DH Form 1721-J, December 2007 ~~2004~~, Pediatric Trauma Center Emergency Department Physicians; DH Form 1721-K, December 2007 ~~2004~~, Pediatric Trauma Center Anesthesiologists Available for Trauma Call; DH Form 1721-L, December 2007 ~~2004~~, Pediatric Trauma Center C.R.N.A.s Available for Trauma Call; and DH Form 1721-M, December 2007 ~~2004~~, Pediatric Trauma Center Non-Surgical Specialists On Call and Promptly Available.

(d) After considering the results of the local or regional trauma agency's recommendations, the department shall, by April 15, conduct a provisional review to determine completeness of the application and the hospital's compliance with the standards of critical elements for provisional status. The standards of critical elements for provisional review for Level I and Level II trauma center applications are specified in DHP 150-9, December 2007 ~~2004~~, as follows:

Level I

STANDARD

I. through XVIII.; No change

XIX. Trauma Research: B;~~.~~

XX. Disaster Planning and Management.

Level II

STANDARD

I. through XVII. Outreach Programs: B, C, and E; No change

XVIII. Quality Management: A through H;~~.~~

XIX. Disaster Planning and Management.

Pediatric

STANDARD

I. Administrative: A, E, and F; through XVIII. Quality Management: A through H; No change

XIX. Trauma Research: B;~~.~~

XX. Disaster Planning and Management.

(e) through (m) No change.

Specific Authority 395.405 FS. Law Implemented 395.1031, 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 8-3-88, Amended 12-10-92, 12-10-95, Formerly 10D-66.109, Amended 8-4-98, 2-20-00, 6-3-02, 6-9-05, _____.

64E-2.025 Extension of Application Period.

(1) No change.

(2) To be considered for an extension, a hospital must submit an application in accordance with the requirements in Rule 64E-2.024, F.A.C., together with a request for extension. The request for extension must contain the following:

(a) The specific date the hospital desires to have the department begin the provisional review of the hospital's application;

(b) A reference to each standard, or specific part of a standard, in DHP 150-9, December 2007 ~~2004~~, Trauma Center Standards, which is incorporated by reference in Rule 64E-2.023, F.A.C., that the hospital is unable to meet;

(c) through (14) No change.

Specific Authority 395.405 FS. Law Implemented 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 12-10-92, Amended 12-10-95, Formerly 10D-66.1095, Amended 8-4-98, 2-20-00, 6-3-02, 6-9-05, _____.

64E-2.026 Certificate of Approval.

Each hospital approved as a trauma center shall be issued a DH Form 2032-Z, December 2007 ~~2004~~, Level I Trauma Center Certificate of Approval, DH Form 2043-Z, December 2007 ~~2004~~, Level II Trauma Center Certificate of Approval, or DH Form 1721-Z, December 2007 ~~2004~~, Pediatric Trauma Center Certificate of Approval, which are incorporated by reference and available from the department. The certificates shall include:

(1) The date effective and the date of termination;

(2) The hospital's name; and

(3) The approved trauma center level.

Specific Authority 395.4025, 395.405 FS. Law Implemented 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 8-3-88, Amended 12-10-92, Formerly 10D-66.110, Amended 2-20-00, 4-15-01, 6-9-05, _____.

64E-2.027 Process for Renewal of Trauma Centers.

(1) At least 14 months prior to the expiration of the trauma center's certification, the department shall send, to each trauma center that is eligible to renew, a blank DH Form 2032R, December 2007 ~~2004~~, Trauma Center Application to Renew, which is incorporated by reference and available from the department, in accordance with the provisions of this section. Within 15 calendar days after receipt, the trauma center choosing to renew its certification shall submit to the department the completed DH Form 2032R, December 2007 ~~2004~~.

(2) All renewing trauma centers shall receive an on-site survey after the department's receipt of the completed DH Form 2032R, December 2007 ~~2004~~. The department shall notify each trauma center of the results of the site survey within 30 working days from completion of the site survey. If the trauma center desires to provide additional information regarding the results of the site survey to the department to be considered, the information must be provided in writing and be received by the department within 30 calendar days of the hospital's receipt of the department's notice. If the trauma center elects not to respond to the department's notice within 30 calendar days, the department shall make the final determination of approval or denial based solely on information collected during the applicant's site survey.

(3) through (4) No change.

Specific Authority 395.4025, 395.405 FS. Law Implemented 395.401, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 8-3-88, Amended 12-10-92, 1-23-96, Formerly 10D-66.111, Amended 3-15-98, 2-20-00, 6-9-05, _____.

64E-2.028 Site Visits and Approval.

(1) Each Provisional trauma center shall receive an on-site evaluation to determine whether the hospital is in substantial compliance with standards published in DHP 150-9, December 2007 ~~2004~~, Trauma Center Standards, which is incorporated by reference in Rule 64E-2.023, F.A.C., and to determine the quality of trauma care provided by the hospital.

(2) through (3) No change.

(4) The reviewers shall assess each applicant hospital's compliance with the standards published in DHP 150-9, December 2007 ~~2004~~, by means of direct observation, review of call schedules, and review of patient charts. Reviewers also shall assess the quality of trauma patient care and trauma patient management by reviewing facility trauma mortality data, by reviewing patient charts and by reviewing trauma case summaries and minutes of trauma quality management committee meetings pursuant to Standard XVIII of DHP 150-9, December 2007 ~~2004~~.

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

(c) Patient charts to be reviewed shall be selected by the department from cases meeting the criteria listed in Standard XVIII B.2., published in DHP 150-9, December 2007 ~~2004~~. A minimum of 75 cases shall be selected for review in each facility. If the cases total less than 75, then all cases are subject to review.

(d) through (e) No change.

(6) The reviewers shall rate a Provisional trauma center which they have reviewed as either acceptable, acceptable with corrections, or unacceptable. The rating shall be based on each facility's substantial compliance with the standards published in DHP 150-9, December 2007 ~~2004~~, and upon the performance of each Provisional trauma center in providing acceptable trauma patient care and trauma patient management which resulted in acceptable patient outcomes.

(7) through (12) No change.

Specific Authority 395.4025, 395.405 FS. Law Implemented 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 8-3-88, Amended 12-10-92, 10-2-94, 12-10-95, Formerly 10D-66.112, Amended 8-4-98, 2-20-00, 6-3-02, 6-9-05, _____.

64E-2.029 Application by Hospital Denied Approval.

Any hospital that was not approved as a trauma center based on the application of criteria in Rule 64E-2.028, F.A.C., may submit a completed Letter of Intent DH Form 1840, December 2007 ~~2004~~, postmarked no earlier than September 1 and no later than midnight October 1 of the following year.

Specific Authority 395.4025, 395.405 FS. Law Implemented 395.401, 395.4015, 395.402, 395.4025, 395.404, 395.4045, 395.405 FS. History–New 8-3-88, Amended 12-10-92, 12-10-95, Formerly 10D-66.113, Amended 2-20-00, 6-9-05, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Susan McDevitt, Director, Office of Trauma

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Jennifer Bencie Fairburn, M.D., M.S.A., Director, Division of Emergency Medical Operations

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 19, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 10, 2007

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NO.:	RULE TITLE:
69O-204.101	Disclosures to Viator of Disbursement

PURPOSE AND EFFECT: To establish disclosures to viators of reconciliation of funds.

SUMMARY: Disclosures.

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

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

SPECIFIC AUTHORITY: 626.9925 FS.

LAW IMPLEMENTED: 626.9925 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: January 7, 2008, 9:30 a.m.

PLACE: 116 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 workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Bernie Stoffel, Office of Insurance Regulation, E-mail bernie.stoffel@fldfs.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Bernie Stoffel, Office of Insurance Regulation, E-mail bernie.stoffel@fldfs.com.

THE FULL TEXT OF THE PROPOSED RULE IS:

VIATICAL SETTLEMENTS

69O-204.101 Disclosures to Viator of Disbursement

(1) Prior to or concurrently with a viator's execution of a viatical settlement contract, the viatical settlement provider shall provide to the viator, in duplicate, a disclosure statement in legible written form disclosing:

(a) The name of each viatical settlement broker who receives or is to receive compensation and the amount of compensation received by that broker. For the purpose of this section, compensation includes anything of value paid or given by or at the direction of a viatical settlement provider or person acquiring an interest in the life insurance policy to the viatical settlement broker in connection with the viatical settlement contract; and

(b) A complete reconciliation of the gross offer or bid by the viatical settlement provider to the net amount of proceeds or value to be received by the viator. For the purpose of this section, gross offer or bid shall mean the total amount or value offered by the viatical settlement provider for the purchase of one or more life insurance policies, inclusive of commissions, compensation, fees or other expenditures related to the transaction.

(2) The disclosure statement shall be signed and dated by the viator prior to or concurrently with the viator's execution of a viatical settlement contract with the duplicate copy of the disclosure statement to be retained by the viator.

(3) If a viatical settlement contract has been entered into and the contract is subsequently amended or if there is any change in the viatical settlement provider's gross offer or bid amount or change in the information provided in the disclosure statement to the viator the viatical settlement provider shall provide, in duplicate, an amended disclosure statement to the viator, containing the information in paragraphs (1)(a) and (b). The amended disclosure statement shall be signed and dated by the viator with the duplicate copy of the amended disclosure statement to be retained by the viator.

(4) Prior to a viatical settlement provider's execution of a viatical settlement contract, the viatical settlement provider shall obtain the signed and dated disclosure statement and any amended disclosure statement required by this section from each viatical settlement broker receiving compensation or the viator, in transactions where no broker is used.

(5) The documentation required in this section shall be maintained by the viatical settlement provider pursuant to the provisions set forth in Subsection 626.9922(2), Florida Statutes and shall be available to the office at any time for copying and inspection upon reasonable notice to the viatical settlement provider.

Specific Authority 624.308(1), 626.9925 FS. Law Implemented 626.9925 FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jovita Ashton, Director, Office of Insurance Regulation
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Mary Beth Senkewicz, Deputy Commissioner, Office of Insurance Regulation
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 14, 2007
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 24, 2007

Section III
Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF COMMUNITY AFFAIRS

Division of Housing and Community Development

RULE NOS.:	RULE TITLES:
9B-72.010	Definitions
9B-72.070	Product Evaluation and Quality Assurance for State Approval
9B-72.080	Product Validation by Approved Validation Entity for State Approval
9B-72.100	Approval of Product Evaluation Entities, Product Validation Entities, Testing Laboratories, Certification Agencies, Quality Assurance Agencies and Accreditation Bodies
9B-72.130	Forms

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 33, No. 22, June 1, 2007 issue of the Florida Administrative Weekly has been withdrawn.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to http://www.dep.state.fl.us/ under the link or button titled "Official Notices."

DEPARTMENT OF MANAGEMENT SERVICES

Agency for Workforce Innovation

RULE NO.:	RULE TITLE:
60BB-8.700	Low-Performing Provider; Voluntary Prekindergarten Improvement Plan and Implementation

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 33, No. 26, June 29, 2007 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Pari-Mutuel Wagering

RULE NO.:	RULE TITLE:
61D-7.020	Pari-Mutuels

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 33, No. 44, November 2, 2007 issue of the Florida Administrative Weekly.

There was a typographical error in the following new text as published in the November 2, 2007 issue of the FAW.

61D-7.020 Pari-Mutuels.

(1) Win, Place and Show ~~Pari-mutuel~~ wagers may not be sold in ~~not~~ less than $1 denominations, and may be sold only in $1 increments~~, except when a guest track in Florida commingles into the pools of an out-of-state host and the out-of-state host offers a lower incremental minimum~~. A minimum base bet of at least .10 U.S. dollars (ten cents), and any increment greater, may be sold by a Florida permitholder or commingled into a Florida host permitholder's pools by an out-of-state guest for exotic wagers only.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Building Code Administrators and Inspectors Board

RULE NO.:	RULE TITLE:
61G19-6.012	Provisional Certificates

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in the October 12, 2007, issue of the Florida Administrative Code, in Vol. 33, No. 41. When this rule was noticed on October 12, 2007, the word "officials" was inadvertently left out of the text in paragraph (2)(c). The word officials is not new text. Officials has been underlined below to show the completed rule text once the correction has been made.

(2)(c) Three years for building code administrators or building officials.

THE PERSON TO BE CONTACTED REGARDING THE CHANGE IS: Robyn Barineau, Executive Director, Building Code Administrators and Inspectors Board, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to http://www.dep.state.fl.us/ under the link or button titled "Official Notices."