

64B9-2.011 Approval of Nursing Education Programs.

Rulemaking Specific Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History—New 5-2-02, Amended 10-19-06, Repealed _____.

64B9-2.013 Program Changes Requiring Board Approval.

Rulemaking Specific Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History—New 1-28-02, Amended 10-19-06, Repealed _____.

64B9-2.014 Closure of Nursing Education Programs and Storage of Records.

Rulemaking Specific Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History—New 1-28-02, Repealed _____.

64B9-2.015 Standards of Nursing Education.

Rulemaking Specific Authority 464.019(2) FS. Law Implemented 464.019 FS. History—New 1-28-02, Amended 10-19-06, 4-19-09, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Nursing
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Nursing
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 7, 2009

Section III Notices of Changes, Corrections and Withdrawals

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 REVENUE

Division of Child Support Enforcement

RULE NOS.:	RULE TITLES:
12E-1.0052	Unidentifiable Collections
12E-1.014	Internal Revenue Service Tax Refund Offset Program; Passport Denial; Administrative Offset Program; Internal Revenue Service Full Collection Services

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 35, No. 35, September 4, 2009 issue of the Florida Administrative Weekly.

The proposed changes to Rule 12E-1.0052, F.A.C., have been made a part of the record of the public hearing held on September 29, 2009, as noticed in the September 4, 2009, issue of the Florida Administrative Weekly (Vol. 35, No. 35). The proposed change to Rule 12E-1.014, F.A.C., is to correct a revision date referenced in Rule 12E-1.014, F.A.C., to form CS-EF36A.

In response to changes made orally at the public hearing held on September 29, 2009, and having these changes available to the public in print, as provided in the public record, paragraph (b) of subsection (3); subparagraphs 4 and 5 of paragraph (b), in subsection (3); paragraph (c) of subsection (3); paragraphs (a) and (b) of subsection (4); and subparagraph 2 of paragraph (b), in subsection (4); of Rule 12E-1.0052, F.A.C., have been changed.

When adopted, paragraph (b) of subsection (3) will read:

(3)(b) When there is any legible identifying information on the payment instrument, the following steps are taken, sequentially, to try to identify the payment instrument owner, recipient, or source of payment when support collections cannot be identified by the automated remittance processing system. If the manual search identifies the owner of the payment instrument or the recipient, the collection is applied to the correct case.

When adopted, subparagraphs 4. and 5. of subsection (3) will read:

4. If the searches under subparagraphs 1. through 3. do not identify the payment instrument owner, recipient, or employer within 7 business days, further research will be conducted in an attempt to identify the collection and match it to the correct case. Further research includes the following Internet searches.

a. through h. No change.

5. If the searches under subparagraphs 1. through 4. do not identify the collection, repeat the steps described in subparagraphs 1. through 4. twice within 90 calendar days from the original collection receipt date.

When adopted, paragraph (c) of subsection (3) will read:

(3)(c) If the searches under subparagraph (3)(b)5. of this rule do not identify the owner of the payment instrument, recipient or employer, the collection is considered unidentifiable. The Department shall declare the unidentifiable collection as program income, deposit the state share of the collection in the General Revenue Fund and the federal share of the collection in the Grants and Donations Trust Funds. If there is no legible identifying information on the payment instrument a manual search under paragraph (3)(b) is not required. The collection is unidentifiable and must be processed as program income unless the Department has the name and/or address of the remitter of the payment. In those instances the Department will attempt to contact the remitter to identify the recipient of the payment. If the Department is unable to contact the remitter, the collection will be returned to the remitter.

When adopted, paragraph (a), paragraph (b), and subparagraph (c)2, of subsection (4) will read:

(4) Reclaiming Unidentifiable Collections.

(a) The obligor may reclaim unidentifiable collections.

The obligor may contact the local child support office or contact the Department at (850)922-9590 and ask for the Unidentified Collection Unit.

(b) To reclaim a collection, the obligor must complete and send to the Department, Form CS-FM100, Request to Return Collection, dated September 2009, incorporated by reference in this rule. The obligor must prove they are the collection owner by giving his or her name, their mailing address, child support or case number, date and amount of collection, and proof of payment. Examples of acceptable proof include: front and back copy of canceled check; money order receipt; or pay stub showing date and amount of payment.

(c)1. No change.

2. If denied, the Department will mail Form CS-FM101, Request for Collection Return Denied, dated September 2009, incorporated by reference in this rule, to the obligor. Form CS-FM101 states the request is denied, reason for the denial, and the obligor may contest the decision by seeking an administrative hearing under Chapter 120, F.S. The form includes a Notice of Rights.

To correct a revision date referenced in Rule 12E-1.014, F.A.C., to form CS-EF36A, paragraph (b) of subsection (4); has been changed.

When adopted, paragraph (b) of subsection (4) will read:

(b) If the Department cannot resolve the obligor's concerns during the informal review, the Department shall notify the obligor by regular mail at his or her last known address using Department of Revenue Form CS-EF36A, Notice of Outcome of Informal Conference for IRS Offset Certification/Passport Denial. Form CS-EF36A (R. 11/05) is incorporated by reference in this rule. Members of the public may obtain a copy of this form by writing to: Department of Revenue, Child Support Enforcement Program, attn.: Forms Coordinator, P. O. Box 8030, Tallahassee, FL 32314-8030. The notice tells the obligor that the Department will certify the obligor's past-due support for offset, passport denial, or both. The notice also tells the obligor that he or she may ask for an administrative hearing by filling in the backside of the notice and returning it to the Department within 30 days from the date on the notice.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Auctioneers

RULE NO.: 61G2-2.006 RULE TITLE: Reinstate Null & Void Licenses

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 33, No. 47, November 21, 2007 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

RULE NO.: 61G4-15.001 RULE TITLE: Qualification for Certification

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 10, March 7, 2008 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

RULE NO.: 61G4-15.028 RULE TITLE: Precision Tank Testers

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 10, March 7, 2008 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

RULE NO.: 61G4-15.029 RULE TITLE: Tank Lining Applicators

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 10, March 7, 2008 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

RULE NO.: 61G4-15.032 RULE TITLE: Certification of Swimming Pool Specialty Contractors

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 14, April 4, 2008 issue of the Florida Administrative Weekly has been withdrawn.

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 Orthotists and Prosthetists

RULE NO.: 64B14-4.100
 RULE TITLE: Requirements for Prosthetic or Orthotic Residency or Internship
 NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 35, No. 35, September 4, 2009 issue of the Florida Administrative Weekly.

The change updates the revision date on the two forms incorporated by reference. The changes are as follows:

64B14-4.100 Requirements for Prosthetic or Orthotic Residency or Internship.

(1) through (7) No change.

(8) To register for an orthotic or prosthetic internship or residency program. The applicant must submit a completed Registration Form for Orthotic or Prosthetic Internship/Residency Program, Application Form for Internship/Residency form number DH-MQA1126, 11/08, which is available from the Board office or at the Board’s web site:<http://www.doh.state.fl.us/mqa/OrthPros/index.html>.

(9) If a change in supervisor is required, the applicant must submit a completed Update Supervisor Form Registration in an Orthotic or Prosthetic Internship/Residency Program, form number DH-MQA 1133, 11/08, which is available for the Board office or the Board’s web site: <http://www.doh.state.fl.us/mqa/OrthPros/index.html>.

Rulemaking Authority 468.802, 468.803 FS. Law Implemented 468.803 FS. History–New 11-1-99, Amended 7-2-07, 5-28-09,_____.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Executive Director, Board of Orthotists and Prosthetists, 4052 Bald Cypress Way, Bin # C07, Tallahassee, Florida 32399-3258

DEPARTMENT OF FINANCIAL SERVICES

Division of Worker’s Compensation

RULE NOS.: 69L-5.201, 69L-5.203, 69L-5.204, 69L-5.205, 69L-5.206, 69L-5.207, 69L-5.208, 69L-5.210, 69L-5.211
 RULE TITLES: Definitions, Payroll Reporting, Maintenance of Payroll Records, Review and Audit, Loss Data Reporting, Maintenance of Loss Data Records, Review and Audit, Outstanding Liabilities Reporting, Maintenance of Outstanding Liabilities Records, Review and Audit, Actuarial Reports, Changes in Anniversary Rating Date

69L-5.213 Subsidiary, Affiliate and Location Reporting
 69L-5.214 Indemnity Agreements for Affiliated Self-Insurers
 69L-5.215 Parental Guaranty
 69L-5.216 Provision of Benefits and Safe Working Environment by Self-Insurers
 69L-5.217 Civil Penalties and Fines
 69L-5.218 Security Deposits
 69L-5.219 Excess Insurance
 69L-5.220 Drug-Free Workplace Premium Credit Program
 69L-5.221 Safety Program Premium Credit
 69L-5.223 Election Process
 69L-5.225 Requirements
 69L-5.226 Application Process
 69L-5.227 Alien Corporations Additional Requirements
 69L-5.229 Application Process
 69L-5.230 Contracting with a Qualified Servicing Entity
 NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 35, No. 21, May 29, 2009 issue of the Florida Administrative Weekly.

GENERAL REQUIREMENTS

69L-5.201 Definitions.

(1) When used in these rules, the following words or terms shall mean:

(a) No change.

(b) “Affiliated Self-Insurer” – Two or more entities affiliated by common majority ownership, as discussed in Rule 3, R13, D.. of the NCCI Experience Rating Plan Manual for Workers’ Compensation and Employers Liability Insurance, which do not have a parent company to hold the self-insurance authorization, and which are approved by the Department to fund their workers’ co mpensation liabilities as prescribed in Section 440.38(1)(b), F.S. The NCCI Experience Rating Plan Manual for Workers’ Compensation and Employers Liability, 2003 Edition including updates through October 2008, is hereby incorporated by reference. A copy of the Manual may be obtained from the National Council on Compensation Insurance, Inc., Customer Service Center, 901 Peninsula Corporate Circle, Boca Raton, FL 33487, telephone (800)622-4123. A copy of the manual is also available for viewing at the Division of Workers’ Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224.

(c) through (m) No change.

(n) "FSIGA Member" – An individual self-insurer, as defined in Section 440.02(24)(a) and 440.38(1)(b), F.S., other than individual self-insurers which are public utilities or governmental entities, that received authorization from the Department to self-insure pursuant to Section 440.38(1)(b), F.S., including individual self-insurers for which the self-insurance authorization has been revoked or voluntarily surrendered.

(o) through (t) No change.

(u) "Manual Premium" – Premium determined by multiplying the payroll (segregated into the proper workers' compensation job classifications) times the manual rates per \$100 of payroll in effect at the start of the payroll period covered, as further defined in the NCCI Basic Manual for Workers' Compensation and Employers' Liability Insurance. The NCCI Basic Manual for Workers' Compensation and Employers Liability, 2001 Edition including updates through June 1, 2009 is hereby incorporated by reference. A copy of the Manual may be obtained from the National Council on Compensation Insurance, Inc., Customer Service Center, 901 Peninsula Corporate Circle, Boca Raton, FL 33487, telephone (800)622-4123. A copy of the manual is also available for viewing at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224.

(v) through (z) No change.

(aa) "Standard Premium" – As defined in Rule 3, R33, 20., of the NCCI Basic Manual for Workers' Compensation and Employers' Liability Insurance. The NCCI Basic Manual for Workers' Compensation and Employers Liability Insurance, 2001 Edition including updates through June 1, 2009 has been previously incorporated by reference.

(bb) "Successor Entity" – Any person, business entity, or group of persons or business entities, which holds or acquires legal or beneficial title to the majority of the assets or the majority of the shares of a Current Self-Insurer or Former Self-Insurer, pursuant to Sections 440.38(1)(b)3. and 440.385(1)(b), F.S.

69L-5.203 Payroll Reporting.

Self-Insurers shall report payroll data for all entities covered under the self-insurance authorization using Form DFS-F2-SI-5 (Self-Insurer Payroll Report), effective 08/09, as incorporated by reference. Failure to submit the required payroll reports, understatement or concealment of payroll, or the misrepresentation of employee duties so as to avoid proper classification shall constitute good cause for revocation of the self-insurance authorization in addition to civil penalties specified in Rule 69L-5.217, F.A.C. Copies of this form are available at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224.

(1) Current Self-Insurers and Former Self-Insurers shall complete Form DFS-F2-SI-5 (Self-Insurer Payroll Report), effective 08/09, by submitting payroll by classification code for the latest completed period beginning on the Anniversary Rating Date.

(2) Former Self-Insurers shall submit this report until the final payroll period has been reported.

(3) Current Self-Insurers shall submit Form DFS-F2-SI-5 (Self-Insurer Payroll Report), effective 08/09, no later than sixty (60) days after their Anniversary Rating Date. Former Self-Insurers shall submit their final Form DFS-F2-SI-5 (Self-Insurer Payroll Report), effective 08/09, no later than ninety (90) days after the revocation or voluntary termination of the self-insurance authorization.

(a) Governmental Entities and Public Utilities shall submit Form DFS-F2-SI-5 (Self-Insurer Payroll Report), effective 08/09, to the:

Department of Financial Services
Division of Workers' Compensation
Bureau of Monitoring and Audit/Self-Insurance
200 East Gaines Street
Tallahassee, Florida 32399-4224

(b) FSIGA Members shall submit Form DFS-F2-SI-5 (Self-Insurer Payroll Report), effective 08/09, to the:

Florida Self-Insurers Guaranty Association, Inc.
1427 E. Piedmont Dr., 2nd Floor
Tallahassee, Florida 32308

69L-5.204 Maintenance of Payroll Records, Review and Audit.

(1) The payroll records of all Current Self-Insurers and Former Self-Insurers shall be open for inspection and audit by the Department, or its Authorized Representative, during regular business hours. Self-insurers are required to maintain payroll records that reflect a true and accurate division by the classification codes contained in the SCOPES of Basic Manual Classifications and the NCCI Basic Manual for Workers' Compensation and Employers Liability Insurance so the proper classification code for each employee may be determined. The SCOPES of Basic Manual Classifications effective June 1, 2008 is hereby incorporated by reference. A copy of the SCOPES of Basic Manual Classifications may be obtained from the National Council on Compensation Insurance, Inc., Customer Service Center, 901 Peninsula Corporate Circle, Boca Raton, FL 33487, telephone (800)622-4123. A copy of the manual is also available for viewing at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224. The NCCI Basic Manual for Workers' Compensation and Employers Liability Insurance, 2001 Edition, including updates through June 1, 2009, is previously incorporated by reference into Rule 69L-5.201, F.A.C.

If such records are not maintained, then the entire payroll shall be presumed to be within the classification code to which the highest manual rate is applicable. To ensure their availability for audit purposes, the records shall be retained for five (5) years from the end of the payroll period. The location of these records shall be provided to the Department upon submission of the application for self-insurance and updated within fifteen (15) days of any relocation.

(2) No change.

69L-5.205 Loss Data Reporting.

Current Self-Insurers and Former Self-Insurers shall submit loss data for all entities covered under the self-insurance authorization on Form DFS-F2-SI-17 (Unit Statistical Report), effective 08/09, as incorporated by reference, or the electronic equivalent provided by the Department. Copies of this form are available at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224. Failure to submit the required loss data forms or material understatement or concealment of data shall constitute good cause for revocation of the self-insurance authorization in addition to civil penalties specified in Rule 69L-5.217, F.A.C.

(1) The Division or the Association shall, within at least ten (10) days prior to the evaluation date, advise each self insurer of the covered periods for the submission of the loss data.

(2) Current Self-Insurers will complete Form DFS-F2-SI-17 (Unit Statistical Report), effective 08/09, or the electronic equivalent of Form DFS-F2-SI-17 (Unit Statistical Report), effective 08/09, by submitting loss data for the current evaluation year and the prior two (2) evaluation years.

(3) No change.

(4) The completed Form DFS-F2-SI-17 (Unit Statistical Report), effective 08/09, or the electronic equivalent of Form DFS-F2-SI-17 (Unit Statistical Report), effective 08/09, shall be mailed or transmitted to the Division or the Association no later than sixty (60) days after the evaluation date.

(a) Governmental Entities who are unable to transmit an electronic version of Form DFS-F2-SI-17 (Unit Statistical Report), effective 08/09, shall mail the completed Form DFS-F2-SI-17 (Unit Statistical Report), effective 08/09, no later than 60 days after the evaluation date to the:

Department of Financial Services
Division of Workers' Compensation
Bureau of Monitoring and Audit/Self-Insurance
200 East Gaines Street
Tallahassee, Florida 32399-4224

(b) FSIIGA Members who are unable to transmit the electronic version of Form DFS-F2-SI-17 (Unit Statistical Report), effective 08/09, shall mail the completed Form DFS-F2-SI-17 (Unit Statistical Report), effective 08/09, to:

Florida Self-Insurers Guaranty Association, Inc.
1427 E. Piedmont Dr., 2nd Floor
Tallahassee, Florida 32308

(5) The Division will promulgate the experience modification using the NCCI Basic Manual for Workers' Compensation and Employers' Liability Insurance and the NCCI Experience Rating Plan Manual for Workers' Compensation and Employers' Liability Insurance. The NCCI Experience Rating Plan Manual for Workers' Compensation and Employers' Liability Insurance, 2003 Edition, including updates through October 2008, and the NCCI Basic Manual for Workers' Compensation and Employers' Liability Insurance, 2001 Edition, including updates through June 1, 2009, are previously incorporated by reference into Rule 69L-5.201, F.A.C.

(6) through (7) No change.

69L-5.206 Maintenance of Loss Data Records, Review and Audit.

(1) All records supporting the submitted Form DFS-F2-SI-17 (Unit Statistical Report), effective 08/09, as previously incorporated by reference in Rule 69L-5.205, F.A.C., or its electronic equivalent shall be open for inspection and audit by the Department or its Authorized Representative, during regular business hours. Copies of this form are available at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224. Self-insurers are required to maintain loss records that reflect a true and accurate division by the classification codes, status type, and injury codes contained in the NCCI Workers' Compensation Statistical Plan Manual and the NCCI Basic Manual for Workers' Compensation and Employers' Liability Insurance so the proper classification code, status type, and injury code for each accident may be determined. The Workers' Compensation Statistical Plan Manual 2008 edition including updates through April 1, 2009 is hereby incorporated by reference. A copy of the Manual may be obtained from the National Council on Compensation Insurance, Inc., Customer Service Center, 901 Peninsula Corporate Circle, Boca Raton, FL 33487, telephone (800)622-4123. A copy of the manual is also available for viewing at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224. The NCCI Basic Manual for Workers' Compensation and Employers' Liability Insurance, 2001 Edition, including updates through June 1, 2009, is previously incorporated by reference into Rule 69L-5.201, F.A.C.

To ensure their availability for audit purposes, the records shall be retained for five (5) years from the last date the claims data was used for calculation of the experience modification. The

location of these records shall be provided to the Department upon submission of the application for self-insurance and updated within fifteen (15) days of any relocation.

(2) No change.

69L-5.207 Outstanding Liabilities Reporting.

(1) Current Self-Insurers and Former Self-Insurers, other than Governmental Entities, shall report their outstanding self-insured workers' compensation liabilities for all entities covered under the self-insurance authorization on Form DFS-F2-SI-20 (Report of Outstanding Workers' Compensation Liabilities), effective 08/09, as incorporated by reference. Copies of this form are available at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224. This includes all outstanding liabilities of Former Self-Insurers for which the Current Self-Insurer is the Successor Entity. Form DFS-F2-SI-20 (Report of Outstanding Workers' Compensation Liabilities), effective 08/09, shall be accompanied by a loss run substantiating all amounts reported on the form, be signed by an Authorized Representative of the Self-Insurer or its Qualified Servicing Entity, and be submitted no later than 120 days after the end of the self-insurer's fiscal year. Copies of this form are available at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224. The evaluation date shall not be prior to the end of the self-insurer's latest fiscal year. Failure to submit the required Form DFS-F2-SI-20 (Report of Outstanding Workers' Compensation Liabilities), effective 08/09, or material understatement or concealment of loss reserves, shall constitute good cause for revocation of the self-insurance authorization in addition to civil penalties specified in Rule 69L-5.217, F.A.C.

(2) FSIGA Members shall submit Form DFS-F2-SI-20 (Report of Outstanding Workers' Compensation Liabilities), effective 08/09, to the:

Florida Self-Insurers Guaranty Association, Inc.
1427 E. Piedmont Dr., 2nd Floor
Tallahassee, Florida 32308

69L-5.208 Maintenance of Outstanding Liabilities Records, Review and Audit.

(1) All records supporting Form DFS-F2-SI-20, (Report of Outstanding Workers' Compensation Liabilities), effective 08/09, shall be open for inspection and audit by the Department, the Association, or their Authorized Representative, during regular business hours. Each self-insurer is required to maintain all records supporting Form DFS-F2-SI-20 (Report of Outstanding Workers' Compensation Liabilities), effective 08/09. To ensure their availability for audit purposes, the records shall be retained for five (5) years after closing of a claims file.

(2) No change.

69L-5.210 Actuarial Reports.

(1) Current Self-Insurers and Former Self-Insurers, other than Governmental Entities, that do not have Investment Grade Credit Ratings shall be required to submit Actuarial Reports within 120 days after the end of their fiscal year or within 90 days of the date requested by the Department or the Association.

(a) No change.

(b) If requested by the Department or the Association in order to determine the value of the current loss reserves, any Current Self-Insurer or Former Self-Insurer, other than a Governmental Entity, shall be required to submit an Actuarial Report.

(2) The Department or the Association shall require that the Actuarial Report include a forecast of loss reserves to a future date for Current Self-Insurers.

(3) No change.

69L-5.211 Changes in Anniversary Rating Date.

(1) No change.

(2) Upon receipt of the written request, the Division or the Association shall advise the self-insurer in writing within thirty (30) days as to the effective date of the change, using the NCCI Workers' Compensation Experience Rating Plan Manual for Workers' Compensation and Employers' Liability Insurance as previously incorporated by reference in Rule 69L-5. 201, F.A.C., to determine this date.

69L-5.213 Subsidiary, Affiliate and Location Reporting.

(1) No change.

(2) Current Self-Insurers shall annually provide a written statement of the accuracy of their subsidiary, affiliate and location information. Such statement shall be signed by an officer of the Current Self-Insurer.

(3) No change.

69L-5.214 Indemnity Agreements for Affiliated Self-Insurers.

Affiliated Self-Insurers must execute a new Form DFS-F2-SI-11 (Indemnity Agreement), effective 08/09, as incorporated by reference, within thirty (30) days of changes in the affiliates included under the self-insurance authorization. Copies of this form are available at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224. Form DFS-F2-SI-11 (Indemnity Agreement), effective 08/09, shall be executed by an officer of each affiliated entity to be included under the self-insurance authorization. The executed form shall be submitted to the:

Florida Self-Insurers Guaranty Association, Inc.
1427 E. Piedmont Dr., 2nd Floor
Tallahassee, Florida 32308

69L-5.215 Parental Guaranty.

Notwithstanding any other provisions of these Rules to the contrary, if a parent company that directly or indirectly owns 100% of a Current Self-Insurer, Former Self-Insurer or applicant for self-insurance elects to execute Form DFS-F2-SI-10 (Parental Guaranty and Corporate Resolution for Self-Insured Subsidiary Entity), effective 08/09, as incorporated by reference, then:

(1) through (5) No change.

(6) Copies of Form DFS-F2-SI-10 (Parental Guaranty and Corporate Resolution for Self-Insured Subsidiary Entity), effective 08/09, are available at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224.

69L-5.216 Provision of Benefits and a Safe Working Environment by Self-Insurers.

(1) It shall be the sole responsibility of Current Self-Insurers and Former Self-Insurers to provide for competent persons to service their self-insurance program in the areas of claims adjusting, safety engineering and loss control. This shall be done through either the use of their own employees, who are determined by the Department to have experience in these areas, or by contracting with a Qualified Servicing Entity approved by the Department to provide these services. A list of Qualified Servicing Entities may be obtained by contacting the Department at:

Department of Financial Services
Division of Workers' Compensation
Bureau of Monitoring and Audit/Self-Insurance
200 East Gaines Street
Tallahassee, Florida 32399-4224

(2) Current Self-Insurers and Former Self-Insurers choosing to use their own employees to provide these services must obtain prior approval from the Department and shall submit Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers), effective 08/09, as incorporated by reference, within thirty (30) days of a change in servicing arrangement and at least every three (3) years thereafter. Resumes of employees with experience in these areas must be provided for approval.

(3) Current Self-Insurers or Former Self-Insurers contracting with Qualified Servicing Entities must file Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers), effective 08/09, within thirty (30) days of entering into a servicing contract.

(a) For Governmental Entities, Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers), effective 08/09, shall be obtained from and submitted to the:

Department of Financial Services
Division of Workers' Compensation
Bureau of Monitoring and Audit/Self-Insurance
200 East Gaines Street
Tallahassee, Florida 32399-4224

(b) For FSI Members, Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers), effective 08/09, shall be obtained from and submitted to the:

Florida Self-Insurers Guaranty Association, Inc.
1427 E. Piedmont Dr., 2nd Floor
Tallahassee, Florida 32308

(4) Failure to submit the required Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers), effective 08/09, shall constitute good cause for revocation of the self-insurance authorization in addition to civil penalties specified in Rule 69L-5.217, F.A.C.

(5) No change.

69L-5.217 Civil Penalties and Fines.

(1) No change.

(2) A request for an extension of time to file a form, report or document shall be made in writing by the self-insurer or its Qualified Servicing Entity and shall be postmarked no later than fifteen (15) days prior to the due date of the form, report or document. Extensions shall be granted in writing and notice provided to the self-insurer or Qualified Servicing Entity. Such extension shall establish a new one-time due date subject to the same provision for late filing.

(a) For forms, reports, or documents, other than Actuarial Reports requested by the Association and Financial Statements, extensions shall be granted by the Division if proof is supplied by the self-insurer or Qualified Servicing Entity that circumstances entirely beyond the control of the self-insurer or its Qualified Servicing Entity have made it impossible to file in a timely manner. Such circumstances shall be limited to:

1. through 3. No change.

(b) No change.

(c) For Financial Statements, extensions shall be granted by the Division if proof is supplied by the self-insurer that circumstances entirely beyond the control of the self-insurer have made it impossible to file in a timely manner. Extensions may be granted for up to sixty (60) days if the self-insurer submits draft Financial Statements and provides evidence that the reason for the delay in submittal is entirely beyond the control of the self-insurer. For extensions beyond sixty (60) days from the original due date, circumstances shall be limited to:

1. through 3. No change.

(3) No change.

(4) Fines for Delinquent Payment of Assessments – Assessments payable to the Florida Self-Insurers Guaranty Association, Inc., not postmarked by the due date, shall incur a fine of \$100 or 5% of the assessment due, whichever is greater, per month until paid. Total penalties under this section shall not exceed the greater of \$25,000 or 50% of the total assessment amount.

(5) through (6) No change.

69L-5.218 Security Deposits.

(1) through (6) No change.

(7) If the self-insurer is a FSIGA Member, the Security Deposit must be submitted to and executed in favor of the Association. The Security Deposit shall be held by the Association or the Department exclusively for the benefit of workers' compensation claimants. The Security Deposit shall not be subject to assignment, execution, attachment, or any legal process whatsoever, except as necessary to guarantee the payment of workers' compensation benefits under Chapter 440, F.S.

For FSIGA Members, security deposit forms DFS-F2-SI-4F (Self-Insurer's Surety Bond for FSIGA Member) and Form DFS-F2-SI-6 (Self-Insurer's Irrevocable Letter of Credit) can be obtained from and shall be submitted to the:

Florida Self-Insurers Guaranty Association, Inc.

1427 E. Piedmont Dr., 2nd Floor

Tallahassee, Florida 32308

(8) A Security Deposit shall consist of, at the option of the employer:

(a) A surety bond on Form DFS-F2-SI-4F (Self-Insurer's Surety Bond for FSIGA Member), effective 08/09, as incorporated by reference, which shall be issued by a corporation surety authorized to transact surety business by the Florida Department of Financial Services, Office of Insurance Regulation, and whose financial strength and size ratings from A. M. Best Company are not less than "A" and "V" respectively, or

(b) An irrevocable letter of credit on Form DFS-F2-SI-6 (Self-Insurer's Irrevocable Letter of Credit), effective 08/09, as incorporated by reference, which shall be issued by a financial institution located within the State of Florida and the deposits of which are insured through the Federal Deposit Insurance Corporation.

(9) No change.

69L-5.219 Excess Insurance.

(1) Current Self-Insurers, other than Governmental Entities, shall maintain a Specific Excess Insurance Policy. Such policy shall have a workers' compensation limit of not less than \$50,000,000.

(a) The self-insured retention of Specific Excess Insurance Policies shall be as follows:

1. No change.

2. A higher self-insured retention shall be allowed, if approved by the Department. The Department shall consider the Current Self-Insurer's financial strength in its review of the requested self-insured retention.

(b) through (g) No change.

(h) Provides that, in the event any commutation is effected, the Department shall have the right to direct that such sum either be placed in trust for the benefit of the injured employee or employees entitled to such future payments of compensation or be invested in approved securities and deposited with the Department to insure such future payments of compensation to the employee or employees entitled thereto. Said commutation must contain a provision that the Department may order that the monies due under the terms of the Specific Excess Insurance Policy be paid directly to the injured employee or a trustee appointed by the Department. Such an action shall be ordered only if the Department determines that it is necessary to ensure continued benefits to the injured employee.

(i) through (k) No change.

(2) through (3) No change.

(4) If requested by the Association or the Division to verify compliance with these rules or to evaluate a self-insurers financial condition, self-insurers shall provide copies of excess insurance policies to support estimated excess insurance recoveries included in their Actuarial Reports provided to the Association or the Division.

69L-5.220 Drug-Free Workplace Premium Credit Program.

(1) In order for self-insurers to receive up to a five percent (5%) credit on the computation of premiums used in the determination of the assessments for the Workers' Compensation Administration Trust Fund, the Special Disability Trust Fund and the Florida Self-Insurers Guaranty Association, Inc., they must state that they have established a drug-free workplace in accordance with Sections 440.101 and 440.102, F.S.

(2) The application must be completed using Form DFS-F2-SI-8 (Self-Insured Employer Application for Drug-Free Workplace Premium Credit Program), effective 08/09, as incorporated by reference, and shall be filed annually, sixty (60) days prior to their Anniversary Rating Date. Copies of this form are available at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224. The completed Form DFS-F2-SI-8 (Self-Insured Employer Application for Drug-Free Workplace Premium Credit Program), effective 08/09, shall be mailed to the:

Department of Financial Services
Division of Workers' Compensation
Assessments Unit
200 East Gaines Street
Tallahassee, FL 32399-4221

(3) Applications not received prior to the Anniversary Rating Date shall be applied pro rata as of the date the certification is received at the Division.

69L-5.221 Safety Program Premium Credit.

(1) In order for self-insurers to receive up to a two percent (2%) credit on the computation of premiums used in the determination of the assessments for the Workers' Compensation Administration Trust Fund, the Special Disability Trust Fund and the Florida Self-Insurers Guaranty Association, Inc., they must state that they have established a workplace safety program in accordance with Section 440.1025, F.S.

(2) The statement must be completed using Form DFS-F2-SI-9 (Self-Insurer Certification of Workplace Safety Program Premium Credit) effective 08/09, as incorporated by reference, and shall be filed annually sixty (60) days prior to their Anniversary Rating Date. Copies of this form are available at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224. The completed Form DFS-F2-SI-9 (Self-Insurer Certification of Employer Workplace Safety Program Premium Credit) effective 08/09, shall be mailed to the:

Department of Financial Services
Division of Workers' Compensation
Assessments Unit
200 East Gaines Street
Tallahassee, Florida 32399-4221

(3) Certifications not received prior to the Anniversary Rating Date shall be applied pro rata as of the date the certification is received at the Division.

Rulemaking Authority 440.1025, 440.38(1), (2), (3), 440.385(6), 440.591 FS. Law Implemented 440.1025, 440.38(1), (2), (3), 440.385(1), (3), (6) FS. History--New_____.

69L-5.223 Election Process.

(1) The state and its boards, bureaus, departments, and agencies and all of its political subdivisions which employ labor, and the state universities that are electing to self-insure pursuant to Section 440.38(6), F.S., shall submit to the Division for review at least ninety (90) days prior to the preferred effective date of self-insured status, the following information:

(a) No change.

(b) Application for Governmental Self-Insurance, Form DFS-F2-SI-1G, effective 08/09, as incorporated by reference;

(c) Application for Governmental Self-Insurance Estimated Payroll, Form DFS-F2-SI-GEP, effective 08/09, as incorporated by reference;

(d) Certification of Servicing for Self-Insurers, Form DFS-F2-SI-19, effective 08/09, as previously incorporated by reference in Rule 69L-5.216, F.A.C.; and

(e) NCCI Workers' Compensation Experience Modification Promulgation Worksheet for the current and two (2) preceding years, as set forth in the National Council on Compensation Insurance (NCCI) Experience Rating Plan Manual for Workers' Compensation and Employers Liability Insurance. The NCCI Experience Rating Plan Manual for Workers' Compensation and Employers Liability Insurance, 2003 Edition, including updates through October 2008, is previously incorporated by reference into Rule 69L-5.201, F.A.C.

The notification, forms and supporting documentation can be obtained from and shall be submitted to the:

Department of Financial Services
Division of Workers' Compensation
Bureau of Monitoring and Audit/Self-Insurance
200 East Gaines Street
Tallahassee, Florida 32399-4224

(2) No change.

Rulemaking Authority 440.38(1), (2), (3), 440.385(6), 440.591 FS. Law Implemented 440.38(1), (2), (3), 440.385(1), (3), (6) FS. History--New_____.

69L-5.225 Requirements.

(1) through (6) No change.

(7) Provision of Benefits and a Safe Working Environment -- The applicant shall provide a completed Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers), effective 08/09, as previously incorporated by reference in Rule 69L-5.216, F.A.C., detailing the proposed servicing arrangements and accompanying documentation that conforms to the requirements of Rule 69L-5.216, F.A.C.

(8) No change.

69L-5.226 Application Process.

(1) An application for self-insurance shall be made on Form DFS-F2-SI-1 (Application for Self-Insurance), effective 08/09, as incorporated by reference. An application may be obtained at:

Florida Self-Insurers Guaranty Association, Inc.
1427 E. Piedmont Dr., 2nd Floor
Tallahassee, FL 32308

or:

www.fsig.org

(2) No change.

(3) The following information shall be submitted in duplicate with the application:

(a) through (b) No change.

(c) A completed Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers), effective 08/09, as previously incorporated by reference in Rule 69L-5.216, F.A.C., detailing the proposed servicing arrangements and accompanying documentation that conforms to the requirements of Rule 69L-5.216, F.A.C.

(d) No change.

(e) If the applicant is seeking approval as an Affiliated Self-Insurer, Form DFS-F2-SI-11 (Indemnity Agreement), effective 08/09, as previously incorporated by reference in Rule 69L-5.214, F.A.C., shall be executed by an officer of each affiliated company to be included under the self-insurance authorization.

(f) If the applicant is seeking approval using the Financial Statements of a parent company under Rule 69L-5.215, F.A.C., Form DFS-F2-SI-10 (Parental Guaranty and Corporate Resolution for Self-Insured Subsidiary Entity), effective 08/09, as previously incorporated by reference in Rule 69L-5.215, F.A.C., must be executed by a corporate officer of the parent company.

(g) through (k) No change.

(l) Experience modification promulgation worksheet for the current and two (2) preceding years as set forth in the NCCI Experience Rating Plan Manual for Workers' Compensation and Employers Liability Insurance as previously incorporated by reference in Rule 69L-5.201, F.A.C.

(m) through (n) No change.

(4) through (5) No change.

69L-5.227 Alien Corporations Additional Requirements.

(1) An opinion from an attorney, with a minimum of three years experience in international law, that states that the Alien Corporation's country of domicile has substantially similar laws with respect to the jurisdiction of the Department and the Courts of the State of Florida for the purpose of securing timely payment of all current and future workers' compensation claims of the Alien Corporation.

(2) through (3) No change.

69L-5.229 Application Process.

(1) Application to become a Qualified Servicing Entity shall be made on Form DFS-F2-SI-22 (Qualified Servicing Entity Application), effective 08/09, incorporated by reference. Entities may apply to become a Qualified Servicing Entity in any or all of the following: claims-adjusting, loss control or safety engineering. The application shall be submitted to the Division at least ninety (90) days prior to the desired effective date. The application may be obtained at:

Department of Financial Services
Division of Workers' Compensation
Bureau of Monitoring and Audit/Self-Insurance
200 East Gaines Street
Tallahassee, FL 32399-4224

(a) Entities that are not insurance companies licensed to write workers' compensation insurance by the Florida Office of Insurance Regulation shall include the following in the application package:

1. A completed Form DFS-F2-SI-22 (Qualified Servicing Entity Application), effective 08/09, as incorporated by reference.

2. No change.

(b) A completed Form DFS-F2-SI-27 (Biographical Statement and Affidavit), effective 08/09, as incorporated by reference, for each owner and member of management, along with a brief resume. Copies of this form are available at the Division of Workers' Compensation, Bureau of Monitoring and Audit, Self-Insurance Section, 2012 Capital Circle, S.E., Hartman Building, Tallahassee, FL 32399-4224.

(c) through (f) No change.

(g) A statement signed by an officer of the company that the Qualified Servicing Entity utilizes only authorized rehabilitation services pursuant to Section 440.491(7), F.S.,

(h) through (j) No change.

(2) Entities that are insurance companies licensed to write workers' compensation insurance by the Florida Office of Insurance Regulation shall include the following in the application package:

(a) A completed Form DFS-F2-SI-22 (Qualified Servicing Entity Application), effective 08/09, and

(b) No change.

(3) through (4) No change.

69L-5.230 Contracting with a Qualified Servicing Entity.

(1) Each Qualified Servicing Entity shall file Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers), effective 08/09, as previously incorporated by reference in Rule 69L-5.216, F.A.C., within thirty (30) days of entering into a contract for servicing.

(a) For Governmental Entities, Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers), effective 08/09, shall be obtained from and submitted to the:

Department of Financial Services
Division of Workers' Compensation
Bureau of Monitoring and Audit/Self-Insurance
200 East Gaines Street
Tallahassee, FL 32399-4224

(b) For FSIGA Members, Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers), effective 08/09, shall be obtained from and submitted to the:

Florida Self-Insurers Guaranty Association, Inc.
1427 E. Piedmont Drive, 2nd Floor
Tallahassee, FL 32308

(2) through (10) No change.

(11) Each Qualified Servicing Entity shall file with the Division no later than March 1 of each year, Form DFS-F2-SI-23 (Qualified Servicing Entity Annual Report

Form), effective 08/09, as incorporated by reference. A copy of Form DFS-F2-SI-23 (Qualified Servicing Entity Annual Report Form), effective 08/09, is available at the:

Department of Financial Services
Division of Workers' Compensation
Bureau of Monitoring and Audit/Self-Insurance
200 East Gaines Street
Tallahassee, FL 32399-4224

(12) through (13) No change.

The remainder of the rule reads as previously published.

Section IV Emergency Rules

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 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."

Section V Petitions and Dispositions Regarding Rule Variance or Waiver

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."

ADMINISTRATION COMMISSION

NOTICE IS HEREBY GIVEN THAT on November 2, 2009, the Administration Commission, received a petition for variance from or waiver of the 20% ROGO allocation reduction in Rule 28-20.110, F.A.C., filed by the Board of County Commissioners of Monroe County, Florida. The Monroe County Board of County Commissioners are seeking a temporary variance and/or waiver from that portion of Rule 28-20.110, F.A.C., which provides for a minimum reduction of 20% in new residential building permit allocations should the Administration Commission find that the County has not made

"substantial progress" towards its Work Program tasks. The Monroe County Board of County Commissioners request a temporary variance and/or waiver for a period of one year.

Any interested person or other agency may submit written comments on the petition to: Barbara Leighty, Clerk, Administration Commission, Office of the Governor, Room 1801, The Capitol, Tallahassee, Florida 32399-0001, (850)487-1884. Comments must be received by the Clerk within 14 days after this notice.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Barbara Leighty, Office of the Governor, Room 1801, The Capitol, Tallahassee, Florida 32399-0001, (850)487-1884.

AGENCY FOR HEALTH CARE ADMINISTRATION

NOTICE IS HEREBY GIVEN THAT on October 30, 2009, the Agency for Health Care Administration has issued an order.

Final Order Denying Emergency Petition for Variance or Waiver from Rule 59G-13.083, Florida Administrative Code, and Determining that the Petition is not an Emergency.

September 24, 2009, the Agency for Health Care Administration, received an Emergency Petition for Variance or Waiver from Rule 59G-13.083, Florida Administrative Code, from M.J. by and through A.J. and R.J. ("Petition"). Rule 59G-13.083, Florida Administrative Code, entitled Developmental Disabilities Waiver Services, governs all developmental disabilities waiver services providers enrolled in the Florida Medicaid program, and incorporates by reference the Florida Medicaid Developmental Disabilities Waiver Services Coverage and Limitations Handbook, July 2007 ("Handbook"). M.J. seeks a permanent variance or waiver from the portion of the Handbook regarding the service limitation that classifies Companion Services as a Meaningful Day Activity. The Notice of the Petition was published in the Florida Administrative Weekly on October 9, 2009.

On October 30, 2009, AHCA issued a Final Order denying the Petition. AHCA's findings were two-fold. First, the situation presented in the Petition was not an emergency. Second, the Petition failed to provide facts that constitute competent, substantial evidence, pursuant to Section 120.542(8), Florida Statutes, to support a variance or waiver of Rule 59G-13.083, Florida Administrative Code.

A copy of the Final Order may be obtained by writing: Richard Shoop, Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Mail Station 3, Tallahassee, Florida 32308.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

NOTICE IS HEREBY GIVEN THAT on November 4, 2009 the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety