

Section I
Notices of Development of Proposed Rules
and Negotiated Rulemaking

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.: RULE TITLE:
 6A-6.0361 Contractual Arrangements With
 Nonpublic Schools

PURPOSE AND EFFECT: The purpose of this rule development is to comply with the requirement in Section 1003.57(3)(d), Florida Statutes, that the Department of Education adopt by rule procedures for written notification to school districts regarding the placement of students with disabilities in private residential care facilities by the Department of Children and Family Services, the Agency for Persons with Disabilities, and the Agency for Health Care Administration; to incorporate services to children with disabilities, ages birth through two; and to update references and ensure accuracy of content. The effect will be a rule that accurately reflects all current requirements related to contractual arrangements between school districts and nonpublic schools and delineates the obligations of the relevant parties, including school districts and state agencies responsible for placing students with disabilities in private residential care facilities.

SUBJECT AREA TO BE ADDRESSED: Procedures for providing a free appropriate public education to students ages three through 21 in accordance with an individual educational plan, or early intervention services to children birth through age two, through a contractual agreement with approved nonpublic schools or community facilities; and procedures for written notification to school districts regarding the placement of an exceptional student with a disability in a residential care facility, including identification of the entity responsible for notification for facilities operated, licensed, or regulated by an agency.

RULEMAKING AUTHORITY: 1001.02, 1001.42, 1003.57 FS.

LAW IMPLEMENTED: 1002.52, 1003.57, 1011.61, 1012.42, 1012.56 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: August 12, 2010, 9:00 a.m. – 12:00 Noon

PLACE: Turlington Building, 325 West Gaines Street, Tallahassee, Florida 32399

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Bambi J.

Lockman, Chief, Bureau of Exceptional Education and Student Services, 325 West Gaines Street, Suite 614, Tallahassee, Florida 32399; (850)245-0475

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

DEPARTMENT OF COMMUNITY AFFAIRS

Florida Building Commission

RULE NOS.:	RULE TITLES:
9N-3.002	Definitions
9N-3.007	Product Approval by the Commission
9N-3.008	Approval of Product Evaluation Entities, Product Validation Entities, Testing Laboratories, Certification Agencies, Quality Assurance Agencies and Accreditation Bodies

PURPOSE AND EFFECT: To implement Section 39, Chapter 2010-176, Laws of Florida, and create an expedited method of product approval for products certified to comply with the Florida Building Code and repeal means by which the Florida Building Commission approves evaluation entities in addition to those identified in statute.

SUBJECT AREA TO BE ADDRESSED: State system of product approval.

RULEMAKING AUTHORITY: 553.77(1)(i), 553.842(1), (8) FS.

LAW IMPLEMENTED: 553.842(1), (8) FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: July 27, 2010, 9:00 a.m.

PLACE: Special Occupancy TAC, Department of Community Affairs, Randall Kelley Training Center, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100

DATE AND TIME: August 8, 2010, 2:00 p.m.

PLACE: Roofing TAC, Crowne Plaza-Oceanfront Hotel, 2605 N. A1A Highway, Melbourne, Florida 32903

DATE AND TIME: August 9, 2010, 8:00 a.m.

PLACE: Plumbing TAC, Crowne Plaza-Oceanfront Hotel, 2605 N. A1A Highway, Melbourne, Florida 32903

DATE AND TIME: August 9, 2010, 8:00 a.m.

PLACE: Roofing TAC, Crowne Plaza-Oceanfront Hotel, 2605 N. A1A Highway, Melbourne, Florida 32903

DATE AND TIME: August 9, 2010, 1:00 p.m.

PLACE: Code Administration TAC, Crowne Plaza-Oceanfront Hotel, 2605 N. A1A Highway, Melbourne, Florida 32903

DATE AND TIME: August 10, 2010, 1:00 p.m.

PLACE: Electrical TAC, Crowne Plaza-Oceanfront Hotel, 2605 N. A1A Highway, Melbourne, Florida 32903

DATE AND TIME: August 10, 2010, 1:00 p.m.
 PLACE: Fire TAC, Crown Plaza-Oceanfront Hotel, 2605 N. A1A Highway, Melbourne, Florida 32903
 DATE AND TIME: August 11, 2010, 8:00 a.m.
 PLACE: Fire TAC, Crowne Plaza-Oceanfront Hotel, 2605 N. A1A Highway, Melbourne, Florida 32903
 DATE AND TIME: August 11, 2010, 8:00 a.m.
 PLACE: Mechanical TAC, Crowne Plaza-Oceanfront Hotel, 2605 N. A1A Highway, Melbourne, Florida 32903
 DATE AND TIME: August 23, 2010, 9:00 a.m.
 PLACE: Structural TAC, University Hilton, 1714 Southwest 34th Street, Gainesville, Florida 32607
 DATE AND TIME: August 24, 2010, 8:00 a.m.
 PLACE: Structural TAC, University Hilton, 1714 Southwest 34th Street, Gainesville, Florida 32607
 DATE AND TIME: August 25, 2010, 8:00 a.m.
 PLACE: Energy TAC, University Hilton, 1714 Southwest 34th Street, Gainesville, Florida 32607

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 7 days before the workshop/meeting by contacting: Ila Jones, Community Program Administrator, Department of Community Affairs, 2555 Shumard Oak Boulevard, Sadowski Building, Tallahassee, Florida 32399-2100, (850)922-6091 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 DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Mo Madani, Planning Manager, Department of Community Affairs, 2555 Shumard Oak Boulevard, Sadowski Building, Tallahassee, Florida 32399-2100, (850)921-2247 or at www.floridabuilding.org
 THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

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."

COMMISSION ON ETHICS

RULE NO.: 34-7.010 RULE TITLE: List of Forms and Instructions
 PURPOSE AND EFFECT: The Commission intends to amend the current rule to incorporate revised forms into the rule.

SUBJECT AREA TO BE ADDRESSED: Financial disclosure forms and instructions (CE Forms 1, 6, 1F and 6F, and 1X and 6X) will be affected by this rulemaking.
 RULEMAKING AUTHORITY: Art. II, Sec. 8(f), (h), Fla. Const., 112.3144, 112.3145, 112.3147, 112.3215(13), 112.322(7), (10), 112.324 FS.
 LAW IMPLEMENTED: Art. II, Sec. 8(a), (f), (h), Fla. Const., 112.313(9), (12), 112.3143, 112.3144, 112.3145, 112.3148, 112.3149, 112.3215 FS.
 IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.
 THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Julia Cobb Costas, Assistant General Counsel, Commission on Ethics, P. O. Drawer 15709, Tallahassee, FL 32317-5709
 THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

AGENCY FOR HEALTH CARE ADMINISTRATION

Cost Management and Control

RULE NOS.:	RULE TITLES:
59B-9.031	Definitions
59B-9.032	Ambulatory and Emergency Department Data Reporting and Audit Procedures
59B-9.034	Reporting Instructions
59B-9.038	Ambulatory Data Elements, Codes and Standards

PURPOSE AND EFFECT: The agency is proposing this rule amendment to remove the ambulatory exception provision upon recommendation of the State Consumer Health Information and Policy Advisory Council. This change will require that all ambulatory facilities report regardless of low patient volume. This amendment will also modify existing ambulatory data element codes to align with recent revision in the CMS Health Insurance Claim Form (UB04) and its electronic equivalent. The amendment deletes all ICD-10-CM references due to delayed national implementation and the Agency's inability to receive an ICD-10-CM format. Additional revisions are amended for clarification.

SUBJECT AREA TO BE ADDRESSED: Ambulatory and Emergency Department Data Collection.
 RULEMAKING AUTHORITY: 408.15(8) FS.
 LAW IMPLEMENTED: 408.061, 408.062 FS.

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: Patrick Kennedy at (850)412-3757. 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 DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Patrick Kennedy at (850)412-3757

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59B-9.031 Definitions.

(1) "Ambulatory Center." For the purposes of this rule, an ambulatory center means a freestanding ambulatory surgery center, ~~and~~ a short-term acute care hospital and an Emergency Department.

(2) through (3) No change.

(4) "E-code" means a Supplementary Classification of External Causes of Injury and Poisoning ICD-9-CM codes where environmental events, circumstances, and conditions are the cause of injury, poisoning and other adverse effects as specified in the ICD-9-CM ~~or ICD-10-CM~~ manual and the conventions of coding.

(5) through (12) No change.

Rulemaking Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History--New 1-1-10, Amended.

Editorial note: see former Rule 59B-9.010.

59B-9.032 Ambulatory and Emergency Department Data Reporting and Audit Procedures.

(1) The following entities shall submit patient data reports to the Agency for Health Care Administration (AHCA or Agency):

(a) through (b) No change.

(c) All Emergency Departments licensed under Section 395, F.S.:

(c) through (d) renumbered (d) through (e) No change.

(2) Each facility in paragraph (1)(a)(b) above shall submit a separate report for each location per Section 408.061(3), F.A.C.

(3) All ambulatory centers performing the services set forth in Rules 59B-9.030 through 59B-9.039, F.A.C., shall submit ambulatory patient data as set forth in Rules 59B-9.037 and 59B-9.038, F.A.C., ~~unless the reporting entity meets the criteria listed in subsection 59B-9.032(5), F.A.C., below.~~

~~(4) Any Ambulatory Surgical Center receiving 200 or more patient visits during the reporting quarter periods outlined in Rule 59B-9.033, F.A.C., are required to report data as specified in Rules 59B-9.037 and 59B-9.038, F.A.C.~~

~~(5) Ambulatory Surgical Centers (ASC) receiving fewer than 200 patient visits during the reporting quarter periods outlined in Rule 59B-9.033, F.A.C., may request an exemption~~

~~from a quarters reporting requirement. To request an exemption, the ASC shall send a letter on facility letterhead stating the number of patient visits for the reporting quarter and signed by the entity's chief executive officer or director. The exemption letter shall be received at the Agency office in Tallahassee on or prior to the deadline for submission of the quarterly report. This is not a onetime letter, but must be submitted for each quarter with fewer than 200 visits.~~

~~(4)(6) Upon notification by the Agency staff, all facilities shall provide access to all required information from the medical records and billing documents underlying and documenting the ambulatory patient data submitted, as well as other patient related documentation deemed necessary by the Agency to conduct complete ambulatory patient data audits subject to the limitations as set forth in Section 408.061(1)(d), F.S. No patient records that support patient data are exempt from disclosure to AHCA for audit purposes.~~

Rulemaking Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063, 408.07, 408.08, 408.15(11) FS. History--New 1-1-10, Amended.

Editorial note: see former Rule 59B-9.011.

59B-9.034 Reporting Instructions.

(1) Ambulatory Surgical centers shall report data for:

(a) No change.

1. through 3. No change

4. Report one record for each visit, except pre-operation visits may be combined with the record of the associated ambulatory surgery visit. See subsection 59B-9.031(11), F.A.C.

~~(2) Emergency Departments (ED) shall report data for: an Emergency Department Evaluation and Management Procedure code representing the patient's acuity as part of the emergency department visit.~~

~~(a) Report all Emergency department visits in which emergency department registration occurs for the purpose of seeking emergency care services, including observation, and the patient is not admitted for inpatient care at the reporting entity.~~

(b) The CPT-HCPCS codes representing the services provided as part of the emergency department visit. CPT-HCPCS codes are reported in the 'OTHER CPT-HCPCS' fields (1-30) and are not restricted to the CPT-HCPCS reportable range defined in paragraph 59B-9.034(1)(a), F.A.C., for an ambulatory surgical center.

(c) An Emergency Department Evaluation and Management Procedure code representing the patient's acuity as part of the emergency department visit.

(b) through (c) renumbered (d) through (e) No change.

(3) Hospitals shall exclude records of any patient visit in which the outpatient and inpatient billing record is combined because the patient was admitted to inpatient care within a

facility at the same location per Section 408.061(3), F.S. ~~Report one record for each visit, except pre-operation visits may be combined with the record of the associated ambulatory surgery visit. See subsection 59B-9.031(11), F.A.C.~~

(4) through (5) No change.

Rulemaking Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History– New 1-1-10, Amended.

Editorial note: see former Rule 59B-9.015.

59B-9.038 Ambulatory Data Elements, Codes and Standards.

(1) No change.

(2) Patient Control Number. The ‘Patient Control Number’ is defined as ‘Record id’ in the schema. Up to twenty four (24) characters. ~~A required field.~~ Duplicate patient control numbers are not permitted. The facility must maintain a key list to locate actual records upon request by AHCA. A required field.

(3) through (9) No change.

(10) Patient Country Code. ~~A required entry for type of service “2”.~~ Use 99 where the country of residence is unknown, or where efforts to obtain the information have been unsuccessful, ~~or if type of service is “1”.~~ A required entry for type of service “2”.

(11) No change.

(12) Source or Point of Origin of Admission. No change

(a) 01 – Non-health care facility point source of origin – The patient presented to this facility for outpatient services. Includes patients coming from home, ~~physician office~~ or workplace. ~~The patient presents to this facility with an order from a physician for services, or seeks scheduled services for which an order is not required. Includes non-emergent self-referrals.~~

(b) 02 – Clinic or Physician’s Office. The patient ~~presented was referred~~ to this facility for outpatient services from a clinic or physician’s office ~~or referenced diagnostic procedures.~~

(c) through (e) No change.

~~(f) 07 – Emergency Room. The patient received unscheduled services in this facility’s emergency department and discharged without an inpatient admission. Includes self-referrals in emergency situations that require immediate medical attention. Excludes patients who came to the emergency room from another health care facility.~~

(g) through (k) renumbered (f) through (j) No change.

(14) Principal Diagnosis Code. Must contain a valid ICD-9-CM ~~or ICD-10-CM~~ diagnosis code if type of service is “1” indicating ambulatory surgery. Must contain a valid ICD-9-CM ~~or ICD-10-CM~~ diagnosis code. If not space filled, must contain a valid ICD-9-CM diagnosis code ~~or valid ICD-10-CM diagnosis code~~ for the reporting period.

(15) Other Diagnosis Code. If not space filled, must contain a valid ICD-9-CM code ~~or valid ICD-10-CM code~~ for the reporting period.

(16) Evaluation and Management Code (1), Less than five entries is permitted. Ambulatory surgical centers, type of service “1”, should not report Evaluation and Management codes. A required field.

(17) through (39) No change.

(40) Patient Visit Ending Date. Patient visit ending date must occur within the calendar quarter included in the data report. ~~A blank field is not permitted unless type of service is “2” indicating an emergency department visit and patient status is “07” indicating the patient left against medical advice or discontinued care.~~

(41) through (42) No change.

(43) Patient’s Reason for Visit ICD-CM Code (Admitting Diagnosis). The code representing the patient’s chief complaint or stated reason for seeking care in the Emergency Department. Must contain a valid ICD-9-CM code ~~or valid ICD-10-CM code~~ for the reporting period if type of service is “2” indicating an emergency department visit.

(44) Principal ICD-CM Procedure Code. Must contain a valid ICD-9-CM ~~or ICD-10-CM~~ procedure code for the reporting period. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code.

(45) Other ICD-CM Procedure Code (1), Must be a valid ICD-9-CM ~~or ICD-10-CM~~ procedure code for the reporting period. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code.

(46) External Cause of Injury Code. If not space filled, must be a valid ICD-9-CM ~~or ICD-10-CM~~ cause of injury code for the reporting period. Alpha characters must be in upper case.

(47) No change.

(48) Patient Status.

(a) through (h) No change.

(i) 21 – Discharged or transferred to jail.

(i) through (p) renumbered (j) through (q) No change.

(49) No change.

Rulemaking Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History– New 1-1-10, Amended.

Editorial note: see former Rule 59B-9.018.

**AGENCY FOR HEALTH CARE ADMINISTRATION
Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals**

RULE NOS.:	RULE TITLES:
59E-7.021	Definitions
59E-7.028	Inpatient Data Elements, Codes and Standards

PURPOSE AND EFFECT: The agency is proposing this rule amendment to modify existing inpatient data element codes to align with recent revision in the CMS Health Insurance Claim Form (UB04). The proposed inpatient amendment will incorporate a new P7 data element to explicitly flag inpatient admissions from a hospital's emergency department. The amendment deletes all ICD-10-CM references due to delayed national implementation and the Agency's inability to receive an ICD-10-CM format. Nursery Level I, II, and III Charge data elements are modified to include acceptable revenue codes previously omitted in error. Additional revisions are amended for clarification and correction.

SUBJECT AREA TO BE ADDRESSED: Inpatient and Comprehensive Rehabilitative Data Collection.

RULEMAKING AUTHORITY: 408.15(8) FS.

LAW IMPLEMENTED: 408.061, 408.062 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: August 9, 2010, 2:00 p.m.

PLACE: Agency for Health Care Administration, First Floor Conference Room A, Building 3, 2727 Mahan Drive, 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: Patrick Kennedy at (850)412-3757. 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 DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Patrick Kennedy at (850)412-3757

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59E-7.021 Definitions.

(1) through (3) No change.

(4) "E-code" means a Supplementary Classification of External Causes of Injury and Poisoning, ICD-9-CM ~~or ICD-10-CM~~, where environmental events, circumstances, and conditions are the cause of injury, poisoning, and other adverse effects as specified in the ICD-9-CM ~~or ICD-10-CM~~ manual and the conventions of coding.

(5) through (10) No change.

Rulemaking Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History—New 1-1-10, Amended.

Editorial note: see former rule 59E-7.011.

59E-7.028 Inpatient Data Elements, Codes and Standards.

(1) No change.

(2) Patient Control Number. The 'Patient Control Number' is defined as 'Record id' in the schema. Up to twenty four (24) characters. ~~A required field.~~ The facility must maintain a key list to locate actual records upon request by AHCA. A required field.

(3) through (12) No change.

(13) Source or Point of Origin for Admission. No change.

(a) 01 – Non-health care facility point source of origin. The patient was admitted to this facility. ~~upon an order of a physician.~~ Includes a patient coming from home, ~~physician office~~ or workplace.

(b) 02 – Clinic or Physician's Office. The patient was admitted to this facility from a clinic or physician's office as a transfer or referral from a freestanding or non-freestanding clinic.

(c) through (e) No change.

~~(f) 07 – Emergency Room. The patient was admitted to this facility after receiving services in this facility's emergency department. Excludes patients who came to the emergency room from another health care facility.~~

(g) through (k) renumbered (f) through (j) No change.

(4) Codes required for newborn admissions (Priority of Admission=4):

(l) through (m) renumbered (k) through (l) No change.

(14) Direct Inpatient Admission From Emergency Room. A two-character code that describes patients admitted to the inpatient facility after admission to or treatment in the facility's emergency department. Must be reported using the two-character condition code 'P7'. Otherwise zero fill using "00." A required field.

(14) through (17) renumbered (15) through (18) No change.

~~(19)(18)~~ Patient Discharge Status.

(a) through (h) No change.

(i) 21 – Discharged or transferred to jail.

(i) through (p) renumbered (j) through (q) No change.

~~(20)(19)~~ No change.

~~(21)(20)~~ Principal Diagnosis Code. Principal diagnosis code must contain a valid ICD-9-CM ~~or ICD-10-CM code~~ for the reporting period.

~~(22)(21)~~ Other Diagnosis Code (1), Must contain a valid ICD-9-CM code ~~or valid ICD-10-CM code~~ for the reporting period. Alpha characters must be in upper case.

~~(23)(22)~~ No change.

~~(24)(23)~~ Principal Procedure Code. Must contain a valid ICD-9-CM ~~or ICD-10-CM~~ procedure code for the reporting period. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code.

~~(25)(24)~~ Principal Procedure Date. The principal procedure date must be less than seven (7) days ~~four (4) days~~ prior to the admission date and not later than the discharge date.

~~(26)(25)~~ Other Procedure Code (1), Must be a valid ICD-9-CM ~~or ICD-10-CM~~ procedure code for the reporting period. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code.

~~(27)(26)~~ Other Procedure Code Date (1), The procedure date must be less than seven (7) days ~~four (4)~~ prior to the admission date and not later than the discharge date.

(27) through (29) renumbered (28) through (30) No change.

~~(31)(30)~~ Operating or Performing Practitioner National Provider Identification (NPI). An unique ten (10) character identification number assigned to a provider who had primary responsibility for the Principal Procedure performed.

~~(32)(31)~~ No change.

~~(33)(32)~~ Other Operating or Performing Practitioner National Provider Identification (NPI). A unique ten (10) character identification number assigned to a provider who assisted the operating or performing practitioner or performed a secondary procedure who had primary responsibility for the Principal Procedure.

~~(34)(33)~~ No change.

~~(35)(34)~~ Nursery Level I Charges. Report charges for revenue code 170 and 171, or 179 if applicable, as used in the UB-04.

~~(36)(35)~~ Nursery Level II Charges. Accommodation charges for services which include provision of ventilator services. Report charges for revenue code 172, or 179 if applicable, as used in the UB-04.

~~(37)(36)~~ Nursery Level III Charges. Report charges for revenue code 173 and 174, or 179 if applicable, ~~(Level III)~~ as used in the UB-04.

(37) through (58) renumbered (38) through (59) No change.

~~(60)(59)~~ Infant Linkage Identifier. Zero fill ~~No entry is permitted~~ if the patient is two (2) years of age or older. A required entry.

~~(61)(60)~~ Admitting Diagnosis. Must contain a valid ICD-9-CM code ~~or valid ICD-10-CM code~~ for the reporting period.

~~(62)(61)~~ External Cause of Injury Code (1), Must be a valid ICD-9-CM ~~or ICD-10-CM~~ cause of injury code for the reporting period. Alpha characters must be in upper case.

(62) through (64) renumbered (63) through (65) No change.

Rulemaking Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History–New 1-1-10, Amended _____.

Editorial note: see former Rule 59E-7.014.

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 Nursing

RULE NO.: RULE TITLE:

64B9-6.003 Reactivation of Inactive License

PURPOSE AND EFFECT: The Board proposes this change to increase the number of hours of didactic education.

SUBJECT AREA TO BE ADDRESSED: Reactivation of Inactive License.

RULEMAKING AUTHORITY: 456.036, 464.006, 464.014 FS

LAW IMPLEMENTED: 456.036, 464.014 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Joe Baker, Jr., Executive Director, Board of Nursing, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B9-6.003 Reactivation of Inactive License.

(1) An inactive license may be reactivated upon application to the Department and demonstration of compliance with the following conditions:

(a) through (d) No change.

(2) No change.

(3) If a license has been inactive for more than two consecutive biennial licensure cycles, and the licensee has not been practicing nursing in any jurisdiction for the two years immediately preceding the application for reactivation, the applicant for reactivation will be required to complete a nursing remedial refresher course as described in Rule 64B9-3.0025, F.A.C., with clinical component appropriate to the licensure level of the licensee. The remedial refresher course must be given at a Board-approved program, and must include at least 860 hours of didactic education ~~classroom~~

instruction and 96 hours of clinical experience in medical/surgical nursing and any specialty area of practice of the licensee.

Rulemaking Specific Authority 456.036, 464.006, 464.014 FS. Law Implemented 456.036, 464.014 FS. History—New 2-5-87, Amended 10-21-87, 6-21-88, Formerly 21O-14.005, Amended 9-7-93, 1-26-94, Formerly 61F7-6.003, Amended 1-1-96, Formerly 59S-6.003, Amended 3-14-00, _____.

DEPARTMENT OF HEALTH

Board of Nursing

RULE NO.: 64B9-12.005
 RULE TITLE: Competency and Knowledge Requirements Necessary to Qualify the LPN to Administer IV Therapy

PURPOSE AND EFFECT: The Board proposes this change to add graduate practical nurse.

SUBJECT AREA TO BE ADDRESSED: Competency and Knowledge Requirements Necessary to Qualify the LPN to Administer IV Therapy

RULEMAKING AUTHORITY: 464.006 FS.

LAW IMPLEMENTED: 464.003(3)(b) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Joe Baker, Jr., Executive Director, Board of Nursing, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B9-12.005 Competency and Knowledge Requirements Necessary to Qualify the LPN to Administer IV Therapy.

(1) No change.

(2) Central Lines. The Board recognizes that through appropriate education and training, a Licensed Practical Nurse is capable of performing intravenous therapy via central lines under the direction of a registered professional nurse as defined in subsection 64B9-12.002(2), F.A.C. Appropriate education and training requires a minimum of four (4) hours of instruction. The requisite four (4) hours of instruction may be included as part of the thirty (30) hours required for intravenous therapy education specified in subsection (4) of this rule. The education and training required in this subsection shall include, at a minimum, didactic and clinical practicum instruction in the following areas:

(a) through (f) No change.

(g) CVL complications and remedial measures.

Upon completion of the intravenous therapy training via central lines, the Licensed Practical Nurse shall be assessed on both theoretical knowledge and practice, as well as clinical practice and competence. The clinical practice assessment must be witnessed by a Registered Nurse who shall file a proficiency statement regarding the Licensed Practical Nurse's ability to perform intravenous therapy via central lines. The proficiency statement shall be kept in the Licensed Practical Nurse's personnel file.

(3) No change.

(4) Educational Alternatives. The cognitive training shall include one or more of the following:

(a) Post-graduate Level Course. In recognition that the curriculum requirements mandated by subsection 64B9-2.006(3), F.A.C., for practical nursing programs are extensive and that every licensed practical nurse will not administer IV Therapy, the course necessary to qualify a licensed practical nurse or graduate practical nurse to administer IV therapy shall be not less than a thirty (30) hour post-graduate level course teaching aspects of IV therapy containing the components enumerated in subsection 64B9-12.005(1), F.A.C.

(b) Credit for Previous Education. The continuing education provider may credit the licensed practical nurse or graduate practical nurse for previous IV therapy education on a post-graduate level, providing each component of the course content of subsection 64B9-12.005(1), F.A.C., is tested by and competency demonstrated to the provider.

(c) No change.

(5) No change.

Rulemaking Specific Authority 464.006 FS. Law Implemented 464.003(3)(b) FS. History—New 1-16-91, Formerly 21O-21.005, 61F7-12.005, Amended 7-15-96, Formerly 59S-12.005, Amended _____.

DEPARTMENT OF HEALTH

Board of Optometry

RULE NO.: 64B13-4.001
 RULE TITLE: Examination Requirements
 PURPOSE AND EFFECT: The Board is revising the examination requirements
 SUBJECT AREA TO BE ADDRESSED: Examination Requirements
 RULEMAKING AUTHORITY: 456.017(2), 463.005, 463.006(2) FS.

LAW IMPLEMENTED: 456.017(2), 463.006(2) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Bruce Deterding, Executive Director, Board of Optometry/MQA, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B13-4.001 Examination Requirements.

(1) through (2) No change.

(3) Part II of the Florida licensure examination shall consist of a clinical portion and a pharmacology/ocular disease portion.

(a) through (e) No change.

(f) An applicant must attain a score of 80 ~~70~~ percent or better in order to secure a passing grade on the pharmacology/pathology portion of the practical examination.

(4) No change.

Rulemaking Authority 456.017(1), 463.005, 463.006(2) FS. Law Implemented 456.017(1), 463.006(2) FS. History--New 11-13-79, Amended 5-28-80, 7-10-80, 8-20-81, 2-14-82, 6-6-82, 10-3-82, 4-10-84, 5-29-85, Formerly 21Q-4.01, Amended 7-21-86, 11-20-86, 7-27-87, 7-11-88, 7-18-91, 4-14-92, Formerly 21Q-4.001, Amended 2-14-94, Formerly 61F8-4.001, Amended 8-8-94, 11-21-94, 4-21-96, Formerly 59V-4.001, Amended 7-27-99, 7-15-02, 3-8-04, 4-22-10,

DEPARTMENT OF HEALTH

Division of Family Health Services

RULE NO.: RULE TITLE:

64F-12.015 Licensing, Application, Permitting

PURPOSE AND EFFECT: The Department intends to review this section to make changes to all aspects of permitting licensing and inspection requirements. This will include, but not be limited to adding requirements for permits that have been created by statute since the last changes to this rule section were made, including revising and updating application, permitting and inspection related forms.

SUBJECT AREA TO BE ADDRESSED: Licensing, Application, Permitting.

RULEMAKING AUTHORITY: 499.01, 499.012, 499.0121(1), 499.0122, 499.013, 499.014, 499.028, 499.04, 499.041, 499.05, 499.62, 499.63, 499.64, 499.66, 499.67, 499.701 FS.

LAW IMPLEMENTED: 499.01, 499.012, 499.0121, 499.0122, 499.013, 499.028(6), 499.04, 499.004, 499.041, 499.05, 499.06, 499.006, 499.007, 499.051, 499.052, 499.062, 499.063, 499.064, 499.066, 499.067, 119.092 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Rebecca Poston R. Ph., Drugs, Devices and Cosmetics Program, 4052 Bald Cypress Way, Mail Bin #C-04, Tallahassee, Florida 32399, (850)245-4292

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

DEPARTMENT OF FINANCIAL SERVICES

Division of Risk Management

RULE NO.: RULE TITLE:

69H-1.003 Certificate and Other Forms Adopted

PURPOSE AND EFFECT: The purpose of the amendment to the rule is to authorize for use by state universities and agencies a form that captures more accurate and detailed information for developing proper insurance ratings and premiums for buildings insured by the State. The current Form 850 is inadequate for present and future needs. The current Form 850 is authorized by paragraph 69H-1.003(1)(a), F.A.C.

SUBJECT AREA TO BE ADDRESSED: Capturing and storing, for future use by the Division of Risk Management and its insureds, details concerning factors determining the insurability and rating for State-owned and leased properties.

RULEMAKING AUTHORITY: 284.17 FS.

LAW IMPLEMENTED: 255.03(1), 284.01 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Tuesday, August 3, 2010, 9:30 a.m.

PLACE: 142 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: George Rozes, (850)413-4754 or George.Rozes@myfloridacfo.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 DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: George Rozes, Senior Management Analyst II, Division of Risk Management, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-0336, (850)413-4754

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

69H-1.003 Certificate and Other Forms Adopted.

(1) The Department hereby adopts and incorporates by reference a Certificate of Coverage and the other forms in paragraphs (a) through (i), below, for use in the State Risk Management Trust Fund, State Property Claims.

(a) Form DFS-D0-850, Coverage Request Form, rev. _____.

(b) through (i) No change.

(2) No change.

Rulemaking Specific Authority 284.17 FS. Law Implemented 255.03(1), 284.01 FS. History--New 7-29-72, Formerly 4-29.04, 4-29.004, Amended 1-7-92, 10-3-94, 12-27-95, 6-21-01, Formerly 4H-1.003, Amended 7-23-06, _____.

**Section II
Proposed 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."

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

Rule No.:	RULE TITLE:
40D-1.6051	Timeframe for Providing Requested Information for Permit Applications and Denial of Incomplete Applications

PURPOSE AND EFFECT: The purpose and effect of this rulemaking is to amend the District's current process for staff-issued notices of denial of incomplete permit applications consistent with a recent District Order delegating authorization to the Executive Director to take final action on permit applications and denials of permit applications.

SUMMARY: In June 2010, the District Governing Board issued an order delegating authority to the Executive Director and designated staff to take agency action on all environmental resource permits, and on all water use permits unless referred to the Governing Board for action by the Executive Director. The order rescinds a similar order enacted last year as the result of legislation concerning delegation of permitting authority for water management districts. Minor amendments are proposed to Rule 40D-1.6051, F.A.C., to make the process for denials of incomplete applications as described in the rule consistent with the denial process outlined in the new Governing Board order. Rule 40D-1.6051, F.A.C., provides that, for applications being

processed for denial, staff will advise the applicant of the opportunity to request referral to the Governing Board for agency action on the application. Amendments provide that applications not referred to the Board for agency action will be denied by staff through issuance of a notice of final agency action as opposed to a notice of proposed agency action. Prior to issuance of final action notice, applicants will still be able to withdraw or amend their application or request referral to the Board. Following issuance, applicants will still have 21 days from receipt to file a petition objecting to the agency action.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: The Statement of Estimated Regulatory Costs identified approximately 44 permit applications that were denied between January 2005 and October 2009 that had been pending for one year or longer. Additionally, 99 ERP applications and 29 WUP applications received from January 2004 through June 2009 and still pending were identified as incomplete. Very few applications are denied as incomplete, which means that the number of individuals and entities likely to be required to comply with the rule is very low. Most permit applicants having applications that are incomplete for an extended period of time either withdraw their applications or make modifications to their plans. The proposed changes constitute a minor change in procedure and are not substantive. The proposed revisions are not expected to pose any additional costs to the District or other state and local governments. There are no anticipated negative impacts to state or local revenues. There will be no additional transactional costs to permit applicants. Small businesses, counties and cities will not be adversely impacted by the proposed changes.

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.

RULEMAKING AUTHORITY: 120.54(5), 373.044, 373.113, 373.118, 373.4135, 373.4136, 373.414 FS.

LAW IMPLEMENTED: 120.54(5), 120.60, 373.084, 373.085, 373.116, 373.118, 373.119, 373.171, 373.229, 373.2295, 373.308, 373.309, 373.323, 373.413, 373.4136, 373.414, 373.416, 373.418, 373.426 FS.

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

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: The Southwest Florida Water Management District, Human Resources Director, 2379 Broad Street, Brooksville, Florida 34604-6899; telephone (352)796-7211, ext. 4702 or 1(800)423-1476 (FL only), ext. 4702; TDD (FL only) 1(800)231-6103; or email to ADACoordinator@