

**Section I**  
**Notices of Development of Proposed Rules**  
**and Negotiated Rulemaking**

**COMMISSION ON ETHICS**

RULE NOS.:	RULE TITLES:
34-8.002	General Rule for Filing Full and Public Disclosure of Financial Interests
34-8.007	Choosing to File Copy of Income Tax Return
34-8.008	Final Filing
34-8.009	Amended Filing
34-8.202	General Rules for Filing a Statement of Financial Interests
34-8.208	Final Filing
34-8.209	Amended Filing

**PURPOSE AND EFFECT:** The Commission proposes to change these rules to adopt by reference the 2012 versions of the CE Form 6, CE Form 6F, CE Form 6X, CE Form 1, CE Form 1F, and CE Form 1X. The proposed rulemaking also amends Rule 34-8.007, F.A.C., to require copies of various documents revealing sources of income, whether or not they were included with an electronically filed Federal income tax return.

**SUBJECT AREA TO BE ADDRESSED:** The financial disclosure forms that local officers, state officers, and specified state employees are required to file are affected by this rulemaking.

**RULEMAKING AUTHORITY:** Art. II, Section 8, Fla. Const., 112.3144, 112.3144(6), 112.3144(7), 112.3145(9), 112.3147, 112.322(9) FS.

**LAW IMPLEMENTED:** Art. II, Section 8, Fla. Const., 112.3144, FS., 112.3144(5), 112.3144(6), 112.3144(7), 112.3145, 112.3145(2)(b), 112.3145(9) 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**

**Medicaid**

RULE NO.:	RULE TITLE:
59G-4.140	Hospice Services

**PURPOSE AND EFFECT:** The purpose of the amendment to Rule 59G-4.140, F.A.C., is to incorporate by reference the new Hospice Coverage and Limitations Handbook, October 2011. The handbook has not been updated since 2007 and updates and revisions are needed. Changes to the handbook will include: corrections to fiscal agent contact information; changes necessary to comply with new Federal Regulations regarding Hospice services for children (e.g., Section 1905 (o)(1) of the Social Security Act which allows children on hospice to continue to pursue curative care); changes in policy with respect to how hospice interfaces with HCBS waivers; and implementation of three new revenue codes to begin October 1, 2010. This update also includes a number of policy clarifications based on questions received from Hospice providers and area office staff.

**SUBJECT AREA TO BE ADDRESSED:** Hospice Services.

**RULEMAKING AUTHORITY:** 409.919 FS.

**LAW IMPLEMENTED:** 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 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:** Wednesday, July 13, 2011, 10:00 a.m. – 11:00 a.m.

**PLACE:** Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room D, Tallahassee, Florida 32308-5407

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 48 hours before the workshop/meeting by contacting: Barbara Hengstebeck at the Bureau of Medicaid Services, (850)412-4250. 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:** Barbara Hengstebeck, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: (850)412-4250, e-mail: barbara.hengstebeck@ahca.myflorida.com

**THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:**

59G-4.140 Hospice Services.

(1) No change.

(2) All hospice services providers enrolled in the Medicaid program must comply with the Florida Medicaid Hospice Services Coverage and Limitations Handbook, October 2011, October 2003, updated January 2005, January 2006, and January 2007, incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, UB-04,

incorporated by reference in Rule 59G-4.003, F.A.C. Both handbooks are available from the Medicaid fiscal agent's Web web site at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com) <http://floridamedicaid.aes-inc.com>. Select Public Informtion for Providers, then Click on Provider Support, and then on Provider Handbooks. Paper copies of the handbooks may be obtained by calling the Provider Contact Center at (800)289-7799 and selecting Option 7 Medicaid fiscal agent at (800)377-8216.

(3) The following forms that ~~is are~~ included in the Florida Medicaid Hospice Services Coverage and Limitations Handbook ~~is are~~ incorporated by reference: ~~AHCA 5000 20, July 1999, Florida Medicaid Hospice Care Services Referral for Medicaid Eligibility; AHCA 5000 21, July 1999, Florida Medicaid Hospice Care Services Election Statement; AHCA 5000 21S, July 1999, Servicios de Hospice Del Programa De Medicaid en la Florida Declaracion de Eleccion; AHCA 5000 22, July 1999, Florida Medicaid Hospice Care Services Revocation or Change Statement; AHCA 5000 22S, July 1999, Servicios Hospice Medicaid de la Florida, Revocacion o Declaracion de Cambio; AHCA 5000 23, July 1999, Notice of Change in Recipient's Hospice Status; AHCA 5000 24, July 1999, Notice of Hospice Election Nursing Facility; AHCA 5000 29, October 2003, Notice of Hospice Election Waiver; AHCA 5000 30, October 2003, Cooperative Agreement for a Hospice and Medicaid Waiver Enrolled Recipient; AHCA 5000 30A, October 2003, Attachment to Cooperative Agreement for a Hospice and Medicaid Waiver Enrolled Recipient. AHCA 5000-3509, October 2011. This These forms ~~is are~~ available from the Medicaid fiscal agent.~~

Rulemaking Specific Authority 409.919 FS. Law Implemented 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS. History--New 1-1-87, Amended 10-9-90, 5-13-92, 10-8-92, Formerly 10C-7.0533, Amended 2-14-95, 12-27-95, 9-21-99, 8-4-04, 10-2-05, 8-27-06, 12-24-07, \_\_\_\_\_.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

RULE NO.: 59G-4.251  
 RULE TITLE: Florida Medicaid Prescribed Drugs Reimbursement Methodology

PURPOSE AND EFFECT: The purpose of this rule is to state the reimbursement methodology for prescribed drug claims in the Florida Medicaid program.

SUBJECT AREA TO BE ADDRESSED: Florida Medicaid Prescribed Drugs reimbursement methodology.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.906(20), 409.908, 409.912 FS.

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

DATE AND TIME: Tuesday, July 26, 2011 10:00 a.m. – 11:00 a.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Bldg. 3, Conference Room C, Tallahassee, FL 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 48 hours before the workshop/meeting by contacting: Marie Donnelly [donnellm@ahca.myflorida.com](mailto:donnellm@ahca.myflorida.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: Marie Donnelly [donnellm@ahca.myflorida.com](mailto:donnellm@ahca.myflorida.com)

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.251 Florida Medicaid Prescribed Drugs Reimbursement Methodology.

(1) Reimbursement for prescribed drug claims is made in accordance with the provisions of Title 42, Code of Federal Regulations Sections 447.512-.516. Reimbursement for covered drugs dispensed by a licensed pharmacy, approved as a Medicaid provider: or an enrolled dispensing physician filling his own prescriptions; or a medical professional administering injectable medications shall not exceed the lower of (a) The estimated acquisition cost, defined as the lower of:

1. Average Wholesale Price (AWP) minus 16.4%, or Wholesaler Acquisition Cost (WAC) plus 1.5 ~~4.75~~%, plus a dispensing fee of \$3.73;

2. The Federal Upper Limit (FUL) established by the Centers for Medicare and Medicaid Services, plus a dispensing fee of \$3.73; or

(b) The State Maximum Allowable Cost (SMAC), plus a dispensing fee of \$3.73; or

(c) The provider's Usual and Customary (U&C) charge, inclusive of dispensing fee.

(2) For drugs purchased by qualified entities under Section 340B of the Public Health Service Act: Covered entities and Federally Qualified Health Centers or their contracted agents that fill Medicaid patient prescriptions with drugs purchased at prices authorized under Section 340B of the Public Health Service Act must bill Medicaid for reimbursement at the actual acquisition cost plus a dispensing fee of \$7.50 for these drugs.

Rulemaking Specific Authority 409.919 FS. Law Implemented 409.906(20), 409.908, 409.912 (39)(a) FS. History--New 1-28-09, Amended 8-23-09, \_\_\_\_\_.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

RULE NO.: 59G-6.010  
 RULE TITLE: Payment Methodology for Nursing Home Services

**PURPOSE AND EFFECT:** The amendments to Rule 59G-6.010, F.A.C., incorporate by reference the Florida Title XIX Long-Term Care Reimbursement Plan (the Plan), effective July 1, 2011. The Plan, effective July 1, 2011, includes revisions made in accordance with a request from the Center for Medicare and Medicaid Services (CMS), Senate Bill 2000, 2011-12 General Appropriations Act, Specific Appropriation 208, Senate Bill 2144, Section 1(3)(a) and Section 5 (23)(a). These revisions will be related to the following areas:

1. Section I.L: Providers are subject to sanctions pursuant to Section 409.913(15)(c), F.S., for late cost reports. The amount of the sanctions can be found in Rule 59G-9.070, F.A.C. A cost report is late if it is not received by AHCA, Bureau of Medicaid Program Analysis, on the first cost report acceptance cut-off date after the cost report due date.
2. The agency shall establish rates at a level that ensures no increase in statewide expenditures resulting from a change in unit costs effective July 1, 2011. Reimbursement rates shall be as provided in the General Appropriations Act.
3. \$187,751,660 is provided for modifying the reimbursement for nursing home rates. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.
4. A minimum weekly average of certified nursing assistant and licensed nursing staffing combined of 3.6, 3.9 hours of direct care per resident per day. As used in this sub-subparagraph, a week is defined as Sunday through Saturday.
- b. A minimum certified nursing assistant staffing of 2.5, 2.7 hours of direct care per resident per day. A facility may not staff below one certified nursing assistant per 20 residents.

Other items to be discussed at the rule development workshop but unrelated to any legislation are as follows:

5. Interim rate request cost settlement process and procedures.
6. Editorial revisions to correct typographical errors.

**SUBJECT AREA TO BE ADDRESSED:** July 1, 2011 nursing home reimbursement rates.

**RULEMAKING AUTHORITY:** 409.919 FS.

**LAW IMPLEMENTED:** 409.908, 409.9082 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:** July 19, 2011, 9:00 a.m. – 10:00 a.m.

**PLACE:** 2727 Mahan Drive, Conference Room D, Building 3, Tallahassee, Florida

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS:** Edwin Stephens, Medicaid Cost Reimbursement, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308, (850)412-4077 or by e-mail at edwin.stephens@ahca.myflorida.com

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

#### **AGENCY FOR HEALTH CARE ADMINISTRATION**

##### **Medicaid**

**RULE NO.:**

59G-6.020

**RULE TITLE:**

Payment Methodology for Inpatient Hospital Services

**PURPOSE AND EFFECT:** The amendment to Rule 59G-6.020, F.A.C., incorporates by reference the Florida Title XIX Inpatient Hospital Reimbursement Plan (the Plan) effective July 1, 2011. The Plan effective July 1, 2011, includes revisions made in accordance with a request from the Centers for Medicare and Medicaid Services (CMS), Senate Bill 2000, 2011-12 General Appropriations Act, Specific Appropriation 177, Senate Bill 2002, Section 11, House Bill 2144, Section 5 (23)(a), and House Bill 7109, Section 9(5)(c). These revisions will be related to the following areas:

1. Section I.L: Providers are subject to sanctions pursuant to Section 409.913(15)(c), F.S., for late cost reports. The amount of the sanctions can be found in Rule 59G-9.070, F.A.C. A cost report is late if it is not received by AHCA, Bureau of Medicaid Program Analysis, on the first cost report acceptance cut-off date after the cost report due date.
2. The agency shall implement a methodology for establishing base reimbursement rates for each hospital based on allowable costs, as defined by the agency. Rates shall be calculated annually and take effect July 1 of each year based on the most recent complete and accurate cost report submitted by each hospital. Adjustments may not be made to the rates after September 30 of the state fiscal year in which the rate takes effect. Errors in cost reporting or calculation of rates discovered after September 30 must be reconciled in a subsequent rate period. The agency may not make any adjustment to a hospital's reimbursement rate more than 5 years after a hospital is notified of an audited rate established by the agency. The requirement that the agency may not make any adjustment to a hospital's reimbursement rate more than 5 years after a hospital is notified of an audited rate established by the agency is remedial and shall apply to actions by providers involving Medicaid claims for hospital services. Hospital rates shall be subject to such limits or ceilings as may be established in law or described in the agency's hospital reimbursement plan. Specific exemptions to the limits or ceilings may be provided in the General Appropriations Act.

3. A rate reduction in the amount of \$394,928,848 as a result of modifying the reimbursement for inpatient hospital rates. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget. Hospitals that are licensed as a children’s specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in Section 395.602, F.S., are excluded from this reduction.

4. A rate reduction in the amount of \$12,608,937 as a result of modifying the reimbursement for inpatient hospital rates for hospitals that are licensed as a children’s specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in Section 395.602, Florida Statutes. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.

5. The agency shall establish rates at a level that ensures no increase in statewide expenditures resulting from a change in unit costs effective July 1, 2011. Reimbursement rates shall be as provided in the General Appropriations Act.

6. \$543,389,836 is provided for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in Section 408.07(45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, hospitals with graduate medical education positions that do not otherwise qualify, and for designated trauma hospitals to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and Medicaid inpatient cost.

7. \$286,624,908 is provided for hospitals to buy back the Medicaid inpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their inpatient rates up to actual Medicaid inpatient cost.

8. \$424,872,347 for exemptions from inpatient reimbursement limitations for any hospital that has local funds available for intergovernmental transfers.

SUBJECT AREA TO BE ADDRESSED: July 1, 2011 Inpatient Hospital reimbursement rates.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.908, 409.911, 409.9112, 409.9113, 409.9115, 409.9116, 409.9117, 409.9118, 409.9119 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: July 19, 2011 10:00 a.m. – 11:00 a.m.

PLACE: 2727 Mahan Drive, Conference Room D, Building 3, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Edwin Stephens, Medicaid Program Analysis, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Room 2149-A, Tallahassee, Florida 32308, (850)412-4077 or edwin.stephens@ahca.myflorida.com

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

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

RULE NO.:	RULE TITLE:
59G-6.030	Payment Methodology for Outpatient Hospital Services

PURPOSE AND EFFECT: The amendments to Rule 59G-6.030, F.A.C., incorporate by reference the Florida Title XIX Outpatient Hospital Reimbursement Plan (the Plan) effective July 1, 2011. The Plan effective July 1, 2011, includes revisions made in accordance with a request from the Centers for Medicare and Medicaid Services (CMS), Senate Bill 2000, 2011-12 General Appropriations Act, Specific Appropriation 182, Senate Bill 2002, Section 12, House Bill 2144, Section 5 (23)(a), and House Bill 7109, Section 9(5)(c). These revisions will be related to the following areas:

1. Section I.N: Providers are subject to sanctions pursuant to Section 409.913(15)(c), F.S., for late cost reports. The amount of the sanctions can be found in Rule 59G-9.070, F.A.C. A cost report is late if it is not received by AHCA, Bureau of Medicaid Program Analysis, on the first cost report acceptance cut-off date after the cost report due date.

2. The agency shall implement a methodology for establishing base reimbursement rates for each hospital based on allowable costs, as defined by the agency. Rates shall be calculated annually and take effect July 1 of each year based on the most recent complete and accurate cost report submitted by each hospital. Adjustments may not be made to the rates after September 30 of the state fiscal year in which the rate takes effect. Errors in cost reporting or calculation of rates discovered after September 30 must be reconciled in a subsequent rate period. The agency may not make any adjustment to a hospital’s reimbursement rate more than 5

years after a hospital is notified of an audited rate established by the agency. The requirement that the agency may not make any adjustment to a hospital's reimbursement rate more than 5 years after a hospital is notified of an audited rate established by the agency is remedial and shall apply to actions by providers involving Medicaid claims for hospital services. Hospital rates shall be subject to such limits or ceilings as may be established in law or described in the agency's hospital reimbursement plan. Specific exemptions to the limits or ceilings may be provided in the General Appropriations Act.

3. The agency shall establish rates at a level that ensures no increase in statewide expenditures resulting from a change in unit costs effective July 1, 2011. Reimbursement rates shall be as provided in the General Appropriations Act.

4. \$99,045,233 reduction in outpatient hospital reimbursement rates. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget. Hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in Section 395.602, Florida Statutes, are excluded from this reduction.

5. \$3,886,602 as a result of implementing a reduction in outpatient hospital reimbursement rates for hospitals that are licensed as a children's specialty hospital and whose Medicaid days plus charity care days divided by total adjusted patient days equals or exceeds 30 percent and rural hospitals as defined in Section 395.602, Florida Statutes. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.

6. \$64,537,395 the agency may amend its current facility fees and physician services to allow for payments to hospitals providing primary care to low-income individuals and participating in the Primary Care Disproportionate Share Hospital (DSH) program in Fiscal Year 2003-2004 provided such hospital implements an emergency room diversion program so that non-emergent patients are triaged to lesser acute settings; or a public hospital assumed the fiscal and

operating responsibilities for one or more primary care centers previously operated by the Florida Department of Health or the local county government.

7. \$115,394,825 is provided for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in Section 408.07(45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, hospitals with graduate medical education positions that do not otherwise qualify, and designated trauma hospitals to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates.

8. \$80,007,502 is provided for hospitals to buy back the Medicaid outpatient trend adjustment applied to their individual hospital rates and other Medicaid reductions to their outpatient rates up to actual Medicaid outpatient cost.

9. \$68,528,485 is provided for hospitals to allow for exemptions from outpatient reimbursement limitations for any hospital that has local funds available for intergovernmental transfers.

**SUBJECT AREA TO BE ADDRESSED:** July 1, 2011 Outpatient Hospital reimbursement rates and rate setting issues.

**RULEMAKING AUTHORITY:** 409.919 FS.

**LAW IMPLEMENTED:** 409.908 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:** July 19, 2011, 10:00 a.m. – 11:00 a.m.

**PLACE:** 2727 Mahan Drive, Conference Room D, Building 3, Tallahassee, Florida

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS:** Edwin Stephens, Medicaid Program Analysis, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Room 2149-A, Tallahassee, Florida 32308, (850)412-4077 or edwin.stephens@ahca.myflorida.com

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

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

**RULE NO.:**  
59G-6.045

**RULE TITLE:**  
Payment Methodology for Services in Facilities Not Publicly Owned and Publicly Operated (Facilities Formerly Known as ICF/DD Facilities)

**PURPOSE AND EFFECT:** The amendments to Rule 59G-6.045, F.A.C., incorporate by reference the Florida Title XIX Intermediate Care Facilities (ICF) for the Mentally

Retarded and the Developmentally Disabled Facilities not Publicly Owned and not Publicly Operated Reimbursement Plan (the Plan) effective July 1, 2011. The Plan effective July 1, 2011, includes revisions made in accordance with a request from the Centers for Medicare and Medicaid Services (CMS), Senate Bill 2000, 2011-12 General Appropriations Act, Specific Appropriation 207, and House Bill 2144, Section 5 (23)(a). These revisions will be related to the following areas:

1. Section I.N: Providers are subject to sanctions pursuant to Section 409.913(15)(c), F.S., for late cost reports. The amount of the sanctions can be found in Rule 59G-9.070, F.A.C. A cost report is late if it is not received by AHCA, Bureau of Medicaid Program Analysis, on the first cost report acceptance cut-off date after the cost report due date.
2. The agency shall establish rates at a level that ensures no increase in statewide expenditures resulting from a change in unit costs effective July 1, 2011. Reimbursement rates shall be as provided in the General Appropriations Act.
3. \$27,480,638 is provided to buy back intermediate care facilities for the developmentally disabled rate reductions, effective on or after October 1, 2008.
4. \$6,297,463 is provided for modifying the reimbursement for intermediate care facilities for the developmentally disabled, effective October 1, 2011.

SUBJECT AREA TO BE ADDRESSED: Florida Medicaid Title XIX Intermediate Care Facilities (ICF) for the Mentally Retarded and the Developmentally Disabled Facilities not publicly owned and not publicly operated reimbursement rates.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.908 409.9083 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: July 19, 2011, 11:00 a.m. – 12:00 p.m.

PLACE: 2727 Mahan Drive, Conference Room D, Building 3, Tallahassee, Florida 32308

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Edwin Stephens, Medicaid Program Analysis, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Room 2149-A, Tallahassee, Florida 32308, (850)412-4077 or edwin.stephens@ahca.myflorida.com

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

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

RULE NO.:	RULE TITLE:
59G-6.090	Payment Methodology for County Health Departments

PURPOSE AND EFFECT: The amendment to Rule 59G-6.090, F.A.C., incorporates by reference the Florida Title XIX Payment Methodology for County Health Departments Reimbursement Plan (the Plan) effective July 1, 2011. The Plan effective July 1, 2011, includes revisions made in accordance with a request from the Centers for Medicare and Medicaid Services (CMS), Senate Bill 2000, 2011-12 General Appropriations Act, Specific Appropriation 201, and House Bill 2144, Section 5 (23)(a). These revisions will be related to the following areas:

1. Section I.K: Providers are subject to sanctions pursuant to Section 409.913(15)(c), F.S., for late cost reports. The amount of the sanctions can be found in Rule 59G-9.070, F.A.C. A cost report is late if it is not received by AHCA, Bureau of Medicaid Program Analysis, on the first cost report acceptance cut-off date after the cost report due date.
2. \$14,305,285 rate reduction as a result of modifying the reimbursement for county health department rates. In establishing rates through the normal process, prior to including this reduction, if the unit cost is equal to or less than the unit cost used in establishing the budget, then no additional reduction in rates is necessary. In establishing rates through the normal process, prior to including this reduction, if the unit cost is greater than the unit cost used in establishing the budget, then rates shall be reduced by an amount required to achieve this reduction, but shall not be reduced below the unit cost used in establishing the budget.
3. The agency shall establish rates at a level that ensures no increase in statewide expenditures resulting from a change in unit costs effective July 1, 2011. Reimbursement rates shall be as provided in the General Appropriations Act.
4. \$64,097,099 is provided to buy back clinic services rate adjustments, effective on or after July 1, 2008.

SUBJECT AREA TO BE ADDRESSED: July 1, 2011, County Health Department reimbursement rates.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.908 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: July 19, 2011, 1:00 p.m. – 2:00 p.m.

PLACE: 2727 Mahan Drive, Conference Room D, Building 3, Tallahassee, Florida 32308

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Edwin Stephens, Medicaid Program Analysis, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Room 2149A, Tallahassee, Florida 32308, (850)412-4077 or at edwin.stephens@ahca.myflorida.com

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

**DEPARTMENT OF HEALTH**

**Division of Medical Quality Assurance**

RULE NO.: 64B-9.002  
 RULE TITLE: Physician Survey Procedures  
 PURPOSE AND EFFECT: To update the survey questions.  
 SUBJECT AREA TO BE ADDRESSED: Physician Survey Procedures.  
 RULEMAKING AUTHORITY: 458.3191(4), 459.0081(4) FS.  
 LAW IMPLEMENTED: 381.4018, 458.3191, 459.0081 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: Jessica Swanson Rivenbark

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B-9.002 Physician Survey Procedures.

(1) At time of licensure renewal, each medical doctor and osteopathic physician who renews his or her license on line at [www.FLHealthSource.com](http://www.FLHealthSource.com) must fully complete on line all applicable portions of the physician workforce survey, form DH-MQA 1119, entitled Physician Workforce Survey, effective 09/11, ~~08/09~~ which is incorporated herein by reference. This form can be obtained at \_\_\_\_\_ and also may be viewed at <http://www.doh.state.fl.us/mqa/medical/index.html> or at <http://www.doh.state.fl.us/mqa/osteopath/index.html>. The address where physicians who do not renew online are required to obtain, complete and submit a paper copy of the survey with their renewal is 4052 Bald Cypress Way, Bin #C10, Tallahassee, FL 32399.

(2) No change.

Rulemaking Authority 458.3191(4), 459.0081(4) FS. Law Implemented 381.4018, 458.3191, 459.0081 FS. History--New 4-21-08, Amended 10-20-08, 9-30-09,\_\_\_\_\_.

**DEPARTMENT OF HEALTH**

**Board of Psychology**

RULE NO.: 64B19-11.0035  
 RULE TITLE: Licensure by Examination: Proof Satisfactory to the Board for the Purpose of Determining Eligibility for Examination.  
 PURPOSE AND EFFECT: The Board proposes the development of rule amendments to address the criteria to determine eligibility for the purpose of examination.  
 SUBJECT AREA TO BE ADDRESSED: Clarification of the criteria to determine eligibility for the purpose of examination.

RULEMAKING AUTHORITY: 456.013(2), 490.004(4), 490.005(1)(b) FS.

LAW IMPLEMENTED: 490.003(3), 490.005(1)(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, IF AVAILABLE, IS: Allen Hall, Executive Director, Board of Psychology, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255  
 THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Substance Abuse Program**

RULE NO.: 65D-13.201  
 RULE TITLE: Public Assistance Drug Testing  
 PURPOSE AND EFFECT: The proposed new administrative rule is required to implement Section 414.0652, F.S., as enacted by the Florida Legislature. The rule establishes and implements drug testing requirements as a condition of eligibility for Temporary Cash Assistance under the Temporary Assistance for Needy Families (TANF) Program.  
 SUBJECT AREA TO BE ADDRESSED: Drug testing requirements for Temporary Cash Assistance applicants.  
 RULEMAKING AUTHORITY: 414.0652, 414.45 FS.  
 LAW IMPLEMENTED: 414.0652 FS.

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

DATE AND TIME: July 12, 2011, 1:30 p.m.

PLACE: 1317 Winewood Boulevard, Building 6, Room 335, Tallahassee, Florida 32399-0700

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: Darran M. Duchene. 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: Darran M. Duchene, Director of Treatment Services, Substance Abuse Program Office, (850)717-4409, 1317 Winewood Boulevard, Building 6, Ste. 300, Tallahassee, Florida 32399-0700, [darran\\_duchene@dcf.state.fl.us](mailto:darran_duchene@dcf.state.fl.us)

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

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Worker’s Compensation**

<b>RULE NOS.:</b>	<b>RULE TITLES:</b>
69L-29.001	Definitions
69L-29.002	Requirements for Certification
69L-29.003	Certification Time Frames
69L-29.004	Occasional Health Care Providers
69L-29.005	Decertification of a Health Care Provider
69L-29.006	Decertification Process
69L-29.007	Recertification Process
69L-29.008	Determining Certification Status
69L-29.009	Carrier Responsibilities
69L-29.010	Health Care Provider Responsibilities
69L-29.011	Workers’ Compensation Certification Training Courses

**PURPOSE AND EFFECT:** The purpose and effect of the proposed rule development is to amend the current rule chapter to revise the process by which health care providers meet the minimum criteria for certification pursuant to Section 440.13(3)(a), F.S. The proposed amendment also introduces the “Florida Workers’ Compensation Health Care Provider Certification Tutorial,” a no-cost, on-line resource that implements an electronic certification process for health care providers that will improve efficiencies in the certification process. The tutorial ensures participation only by statutorily defined providers and provides a learning tool that allows providers to progress at their own pace and to create and maintain their provider profile. The tutorial supplies providers with an overview of the Florida Workers’ Compensation System and the general administrative policies necessary for a health care provider to be certified and successfully participate under the Florida workers’ compensation system.

**SUBJECT AREA TO BE ADDRESSED:** Certification of Health Care Providers.

**RULEMAKING AUTHORITY:** 440.13(3)(a), 440.591 FS.

**LAW IMPLEMENTED:** 440.13(3), (13) 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:** Wednesday, July 13, 2011, 2:00 p.m.

**PLACE:** 104J Hartman Bldg., 2012 Capital Circle S.E., 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: Eric Lloyd, (850)413-1689 or Eric.Lloyd@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, IF AVAILABLE, IS: Eric Lloyd, Program Director, Office of Medical Services, Division of Workers’ Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4232, (850)413-1689, Eric.Lloyd@myfloridacfo.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

**Section II  
Proposed Rules**

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Cost Management and Control**

<b>RULE NO.:</b>	<b>RULE TITLE:</b>
59B-9.032	Ambulatory and Emergency Department Data Reporting and Audit Procedures

**PURPOSE AND EFFECT:** The agency is proposing amendment to Rule 59B-9.032, F.A.C., to reinstate the reporting exemption option for ambulatory surgical centers having volumes less than 200.

**SUMMARY:** Ambulatory and Emergency Department Data Collection, Chapter 59B-9, F.A.C.

**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS:** The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. An SERC has not been prepared by the agency.

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:** 408.15(8) FS.

**LAW IMPLEMENTED:** 408.061, 408.062 FS.

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

**DATE AND TIME:** July 7, 2011, 9:00 a.m.

**PLACE:** Agency for Health Care Administration, First Floor Conference Room B, Building 3, 2727 Mahan Drive, Tallahassee, Florida 32308