

## Section I Notice of Development of Proposed Rules and Negotiated Rulemaking

**DEPARTMENT OF HEALTH**

**Board of Nursing**

RULE NO.:      RULE TITLE:

64B9-7.001      Fees

PURPOSE AND EFFECT: The purpose of the amendment is to reduce application fees.

SUBJECT AREA TO BE ADDRESSED: Fees.

RULEMAKING AUTHORITY: 456.013(2), 456.017, 456.025, 456.036, 464.006, 464.014(1) FS.

LAW IMPLEMENTED: 456.013(2), 456.017(1)(c), 456.025, 456.036, 464.008, 464.009, 464.0115, 464.012, 464.013, 464.014, 465.0276, 1009.66 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 REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Joe R. Baker, Jr., Executive Director, Board of Nursing, 4052 Bald Cypress Way, Bin #C02, Tallahassee, Florida 32399, Joe.Baker@flhealth.gov

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

## Section II Proposed Rules

NONE

## Section III Notice of Changes, Corrections and Withdrawals

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Mental Health Program**

RULE NOS.:      RULE TITLES:

65E-14.001      Applicability

65E-14.002      Retention and Access Requirements for Records

- 65E-14.003      Audits of Contractors Participating in the Substance Abuse and Mental Health Programs
- 65E-14.004      Program Income
- 65E-14.005      Matching
- 65E-14.006      Valuation of Donated and Volunteer Services
- 65E-14.007      Appraisal of Real Property
- 65E-14.010      Property
- 65E-14.014      SAMH-Funded Entity ~~Financial Management~~ Responsibilities
- 65E-14.016      Transactions Resulting in Additional Cost to the Program
- 65E-14.017      Cost Principles
- 65E-14.018      Sliding Fee Scale
- 65E-14.019      Methods of Paying for Services
- 65E-14.020      Cost Reimbursement Method of Payment
- 65E-14.021      Unit Cost Method of Payment
- 65E-14.022      Data Requirements

**NOTICE OF CHANGE**

Notice is hereby given that the following changes have been made to the proposed rule in accordance with Section 120.54(3)(d)1., F.S., published in Vol. 39, No.170, (August 30, 2013), issue of the Florida Administrative Register.

The following statement on the adoption of federal standards is hereby added to the SUMMARY published in the Notice of Proposed Rule.

The proposed amendments adopt federal standards related to financial audits by incorporating Office of Management and Budget (OMB) circulars and Generally Accepted Accounting Principles.

The following statement on the effective date of the proposed rules is hereby added to the SUMMARY published in the Notice of Proposed Rule.

**THESE RULES SHALL TAKE EFFECT July 1, 2014.**

The following statement on the location of additional electronic information available to the public is hereby added to the SUMMARY published in the Notice of Proposed Rule.

This notice and additional information regarding this rulemaking activity is available at the following website: <http://www.myflfamilies.com/service-programs/substance-abuse/rule-development>.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jimmers Micallef, Department of Children and Families, Substance Abuse and Mental Health Program, (850)717-4294, E-mail: jimmers\_micallef@dcf.state.fl.us

## THE TEXT OF THE PROPOSED RULE CHANGES:

## 65E-14.001 Applicability.

(1) This Chapter applies, ~~except where inconsistent with State statutes,~~ to all SAMH-Funded Entities as defined in paragraph (2)(~~r~~)(~~w~~) of this rule when providing services using community substance abuse and mental health funds appropriated by the Legislature to the Department of Children and Families through the substance abuse or ~~and/or~~ mental health budget entities.

(2) Definitions as used in this Chapter, unless the context clearly requires otherwise.

(a) through (b) No change.

(c) "Approved budget" means a budget, including any revised budget, which has been approved by the contractor's or ~~subcontractor's~~ governing body and, where required, the department or Managing Entity.

(d) "Audit" means a single or program-specific audit in accordance with OMB Circular A-133 as specified in subsection 65E-14.003(1), F.A.C. and Section 215.97, F.S.

(e) "Client Fees" means compensation received by a service provider ~~community substance abuse or mental health facility~~ for services rendered to a specific individual from any source of funds, including local, state, federal and private sources.

(~~f~~) "Client Non Specific Performance Contract" means a contract used to purchase units of service within Substance Abuse and Mental Health (SAMH) Cost Centers at unit cost rates, and where individual eligibility and service determinations, unless otherwise specified, are the responsibility of the contractor based on eligibility criteria and services purchased.

(~~g~~) "Client Specific Performance Contract" means a contract which:

1. Contains quantitative or qualitative indicators, also known as performance measures, used to assess a provider's performance against a specified level of performance of an output or outcome; and

2. Is used to purchase services for specific individual(s) or group(s) which are either specified in the contract or otherwise approved by the department in advance of receiving service.

(~~f~~)(~~h~~) "Covered Service" "Cost Center" means a grouping of services that are similar in time, intensity, and function, and whose average unit cost is generally the same.

(~~g~~)(~~i~~) "Equipment" means fixtures and other tangible personal property of a nonconsumable and nonexpendable nature, the value of which is \$1,000 or more and the normal expected life of which is one (~~t~~) year or more, and hardback-covered bound books that are circulated to students or the general public, the value or cost of which is \$25 or more, and hardback-covered bound books, the value or cost of which is

\$250 or more. For the purposes of this Chapter, "equipment" also includes intangible data processing applications and/or computer software, regardless of its value. The value of donated equipment shall be based upon the item's market value at the time of donation.

(~~h~~)(~~j~~) "Facility" means land and buildings or any portion thereof, equipment, individually or collectively, or any other tangible capital asset, wherever located, and whether owned or leased by the organization.

(~~i~~)(~~k~~) "First Party Payer" means the individual receiving services.

(~~l~~) "Idle capacity" means the unused capacity of partially used facilities. It is the difference between that which a facility could achieve under 100 percent operating time on a per shift basis, less operating interruptions resulting from time lost for repairs, setups, unsatisfactory materials, and other normal delays, and the extent to which the facility was actually used to meet demands during the accounting period. A multi-shift basis may be used if it can be shown that this amount of usage could normally be expected for the type of facility involved.

(~~m~~) "Idle facility" means a completely unused facility that is in excess to the organization's current needs.

(~~j~~)(~~n~~) "Individual," means a person of any age who receives substance abuse or ~~and/or~~ mental health services from an entity subject to the provisions of this Chapter. For the purposes of this Chapter, "individual" has the same meaning as "client," "patient," or "person" as used throughout Chapter 394, F.S. or Chapter 397, F.S.

(~~k~~)(~~o~~) "Matching" means the value of third-party funds and in-kind contributions and resources received, expended and identified by a service provider operating under a contract with the department or a service provider operating under a subcontract with a Managing Entity to defray an amount established by statute or funding source of allowable costs of operating SAMH-funded programs pursuant to this Chapter.

(~~p~~) "Net Family Income" means gross family income less federal, state or local payroll taxes (income and Social Security). Deductions for payroll saving plans, bond purchases, or contributions to retirement systems may not be used to determine net income.

(~~l~~)(~~q~~) "Ownership costs" means those costs incurred in relation to ownership of real and tangible personal property, including allowable interest, depreciation, taxes, insurance and normal maintenance.

(~~m~~)(~~t~~) "Program income" means income earned by a service provider for activities where part of the cost of those activities is paid for by the department. Program Income does not include:

1. Revenues raised by a government contractor under its governing powers, such as taxes, special assessments, levies, fines, and fees; or

2. Tuition and related fees received by an institution of higher education for a regularly offered course taught by an employee of the SAMH-Funded Entity.

(n)(s) “Programs” mean the Adult Substance Abuse, Children’s Substance Abuse, Adult Mental Health, and Children’s Mental Health programs administered by the Department of Children and Families.

(o)(t) “Real property” means land, building, appurtenances thereto, fixtures and fixed equipment, structures, including additions, replacements, major repairs and renovations to real property which materially improve or change its functional use.

(p)(u) “Regional plan” means the combination of all combined regional or circuit substance abuse and mental health plans applicable to districts within each region as plan approved by the department’s SAMH regional administrator and governing bodies in accordance with section 394.75, F.S.

(q)(v) “Related party” means an entity’s business affiliates, officers and directors and their family members; employees; investors whose investments are accounted for by the equity method; employee benefit trusts that are managed by or under the trusteeship of the entity’s board or management; and parties with which the entity may deal if one party controls or can significantly influence the management or operating policies of the other to an extent that one of the parties would be prevented from fully pursuing its own separate interest.

(r)(w) “Substance Abuse and Mental Health (SAMH)-Funded Entity” means an entity under contract with the department or subcontracting with a department contractor, which receives public funds legislatively appropriated to the department to provide community substance abuse or mental health services. Substance Abuse and/or Mental Health program. This definition specifically includes behavioral health Managing Entities as defined in Section 394.9082, F.S., service providers operating under a contract with the department, and service providers operating under a subcontract with a Managing Entity.

(s)(x) “Second Party Payer” or “Responsible Party” means any person legally responsible for the financial support of the individual receiving services, and may include parents of a minor individual; spouse, regardless of the age of either party; a guardian; representative payee or trustee in a fiduciary capacity for handling benefit payments, trusts and estates established or received for the financial support of the individual served.

(t)(y) “Service Provider” means any agency or entity, as defined in Section 394.455(33), F.S., or Section 397.311(33), F.S., 397.311, F.S., providing substance abuse or and mental health services, programs or activities.

(u)(z) “Sliding Fee Scale” means a schedule of fees for identified services based on a uniform schedule of discounts deducted from a service provider’s established client charges

pursuant to Section 394.674(4)(a), F.S. usual and customary charges.

(v)(aa) “Supplies” “Supply” means all tangible personal property other than “equipment” as defined in this Chapter.

(w)(bb) “Third-party in-kind contribution” means property or services which benefit a state-supported service program or project, and which are contributed by non-state and federal third parties without charge to the SAMH-Funded Entity.

(x)(ee) “Third Party Payer” means commercial insurers such as workers’ compensation, TRICARE, Medicare, Health Maintenance Organizations, Managed Care Organizations, or other payers liable, to the extent that they are required by contract or law, to participate in the cost of providing services to a specific individual.

~~(dd) “Usual and Customary” means the organization’s own charge for a given service which is in the range of charges by similar organizations for such services. These charges shall be consistent with the prevailing market rates in the community for comparable services.~~

(3) Effective date. This rule shall take effect July 1, 2014.  
 Rulemaking Authority 394.74, 394.78(1), 394.9082(11), 394.9082(10), 397.321(5) FS. Law Implemented 394.74, 394.77, 394.9082, 397.481 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.01, Amended 7-29-96, Formerly 10E-14.001, Amended 7-1-03, 12-14-03, 1-2-05, 7-1-14.

65E-14.002 Retention and Access Requirements for Records.

This rule applies to all financial and programmatic records, supporting documents, statistical records, and other records of SAMH-Funded Entities which are necessary to document expenditures, income and assets of the entity.

(1) Length of Retention Period.

(a) Except as provided in paragraph (1)(b) of this rule, records shall be retained for a minimum of six seven years, or longer if required by law, from the starting date specified in subsection (2) of this rule.

(b) If any litigation claim, negotiation, audit, or other action involving the records has been started before the expiration of the six-year seven-year period, the records shall be retained until completion of the action and resolution of all issues which arise from such actions.

(2) No change.

(3) Access to Records.

(a) The department, any other state agency, the Florida Attorney General, the Florida Auditor General, the United States Department of Health and Human Services, the Comptroller of the United States, or any of their authorized representatives shall have the right of access to any books, documents, papers, or other records of a SAMH-Funded Entity which are pertinent to the organization’s use of substance abuse

and mental health funds in order to make audits, examinations, excerpts, ~~or and/or~~ transcripts.

(b) No change.

(4) No change.

(5) Effective date. This rule shall take effect July 1, 2014.

Rulemaking Authority 394.78(1), ~~(6), 394.9082(11) 394.9082(10), 397.321(5)~~ FS. Law Implemented ~~394.77, 394.9082, 397.03 397.481~~ FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.02, 10E-14.002, Amended 1-2-05, 7-1-14.

65E-14.003 Audits of SAMH-Funded Entities.

(1) SAMH-Funded Entities shall engage an independent auditor to perform an annual single program or program-specific audit in accordance with Section 215.97, F.S., and OMB Circular A-133 Audits of States, Local Governments, and Non-Profit Organizations (revised to show changes published in the Federal Register June 27, 2003 and June 26, 2007), which is herein incorporated by reference, copies of which may be obtained from the Office of Substance Abuse and Mental Health, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700. When a financial audit is required to be performed by an independent auditor pursuant to OMB Circular A-133, the audit package shall contain the ~~following~~ documents listed in paragraphs (1)(a)-(d), which are hereby incorporated by reference. Copies of these documents may be obtained from the Office of Substance Abuse and Mental Health, Program Office, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700.

(a) CF-MH 1034, July 2014, July 2003, Schedule of State Earnings with Instructions. This schedule identifies eligible local match to determine if requirements are met and computes amounts due to the department.

(b) CF-MH 1035, July 2014, July 2003, Schedule of Related Party Transaction Adjustments. This schedule indicates, by Covered Service, Cost Center, required related party transaction adjustments.

(c) CF-MH 1037, July 2014, August 2003, Program/Cost Center Actual Expenses and & Revenues Schedule with Instructions. This schedule displays expenditures by line-item category and revenues by source for each program and Covered Service Cost Center funded with state substance abuse and mental health program appropriations. The schedule also identifies expenditures by line-item category and revenues by source for all other Covered Services SAMH Cost Centers as a group, for all other programs as a group, and for administrative and support functions, and displays totals for the agency as a whole.

(d) CF-MH 1036, July 2014, July 2003, Schedule of Bed-Day Availability Payments with Instructions. This schedule ensures that bed-days paid for by the department on the basis of availability were not also paid for by a third-party contract or

funds from a local government or another state agency for services that include bed-day availability or utilization. Programs that do not utilize availability based payment methodology are not required to submit this form.

(2) The schedules in subsection (1) of this rule shall be based on revenues and expenditures recorded during the state's fiscal year and shall be prepared in accordance with Generally Accepted Accounting Principles, ~~(GAAP) and state and federal requirements.~~

(3) No change.

(4) Service providers under subcontract with a Managing Entity shall submit all schedules listed in subsection (1) of this rule to the Managing Entity within 180 45 days after the end of the state's fiscal year or within 180 45 days of the end of the entity's funding period, whichever occurs sooner.

(5) Managing Entities and any other entities under direct contract with the department shall submit the schedules listed in paragraphs (1)(a) and (b) of this rule and copies of a summary totaling all schedules listed in paragraphs (1)(c) and (d) of this rule prepared by the service providers under a Managing Entity subcontract. Managing Entities shall submit these schedules to the department annually within 180 days after the end of the state's fiscal year or within 180 days after the end of the entity's funding period, whichever occurs sooner.

(6) The department shall notify the SAMH-Funded Entity by certified mail, return receipt requested, of the amounts due the department resulting from an audit. Payment is due within 30 days after the date of receipt.

(7) Effective date. This rule shall take effect July 1, 2014.

Rulemaking Authority 394.74, 394.78(1), (3), ~~(5), (6), 394.9082(11), 394.9082(10), 397.321(5)~~ FS. Law Implemented 394.74, 394.66(9), 394.76(5), 394.77, 394.78(3), 394.9082, 3949.9082, 397.481 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.03, Amended 7-29-96, Formerly 10E-14.003, Amended 7-1-03, 12-14-03, 7-1-14.

65E-14.004 Program Income.

Effective date. This rule shall take effect July 1, 2014.

Rulemaking Authority 394.77, 394.78(1), 397.321(5) FS. Law Implemented 394.66(9), 394.77, 397.481 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.04, Amended 7-29-96, Formerly 10E-14.004, Amended 7-1-03, Repealed 7-1-14.

65E-14.005 Matching.

This rule contains standards for Service Providers to satisfy ~~satisfying~~ State requirements for matching.

(1) Allowable for Matching. With the exceptions listed in subsection (2) of this rule, matching requirements may be satisfied by any or all of the following:

(a) No change.

(b) The value of third-party funds and in-kind contributions applicable to the matching requirement period; and

~~(c) The value of volunteer services up to and including ten percent of the total budget for the service provider's entire organization, when a service provider does not receive sufficient tax support from a public agency or where that support does not meet the 25 percent match requirement; and~~

~~(c)(4) Costs supported by fees and program income.~~

(2) Unallowable for Matching. The following costs and expenditures may not be used to satisfy the match requirement.

(a) through (c) No change.

(d) Expenditures for services not related to the Covered Services Cost Centers for substance abuse and mental health services specified in Rule 65E-14.021, F.A.C.;

(e) Unallowable costs specified in the OMB Circulars incorporated by Rule 65E-14.017, F.A.C.; and

(f) Income from sale of printed material, food, and books purchased with State funds; ~~and~~

~~(g) Costs paid to Managing Entities for the administration of substance abuse and mental health services specified in Rule 65E-14.021, F.A.C.~~

(3) Not Requiring Matching. The following services and funds do not require local match:

(a) Deinstitutionalization projects, which are defined as adult mental health programs in the following Covered Services Cost Centers as defined in Rule 65E-14.021, F.A.C.:

1. No change.

2. Drop-In/Self Help Centers;

3.2. Florida Assertive Community Treatment (FACT) Teams;

4.3. Intensive Case Management;

5. Mental Health Clubhouse Services;

6. Recovery Support;

7.4. Residential Levels I, II, III and IV;

8. Room and Board with Supervision Levels I, II, and III;

9.5. Short-term Residential Treatment, except those acute care continuum programs supported with Baker Act funds and operated by a public receiving facility; and

10.6. Supportive Housing/Living.

(b) through (c) No change.

(d) The amount of Substance Abuse General Revenue funding in special categories 100618 and 100420, as determined by the following calculations:

1. through 4. No change.

5. Multiply the percentage of drug abuse clients served by the total amount of General Revenue substance abuse funds in the contract to arrive at the amount that does not require match.

(4) Calculating the Total Match Amount.

(a) No change.

(b) Divide the result in paragraph ~~(4)(a)~~ ~~(5)(a)~~ in this rule by 3 to arrive at the total match amount required.

(c) No change.

(5) Special Standards for Third-party In-kind Contributions.

(a) Third-party in-kind contributions shall conform to allowable cost provisions to satisfy a matching requirement.

(b) When a third-party in-kind contribution is made at a reduced charge, the service provider's records must provide documentation as specified in ~~paragraph (5)(d)~~ ~~subsection (8)~~ of this rule, to verify that portion of the cost donated.

(c) No change.

(d) Documentation of in-kind contributions. All third-party in-kind contributions must be documented. The following standards will be applied to all claims for in-kind match:

1. Service. A statement from the employer of the person who provided the donated service detailing the nature of the service, basis for computing cost of those services, dates and number of hours the services were provided and certification that the services were provided and certification that the services were not and will not be paid for by the service provider but were donated at no charge. This statement shall ~~should~~ be prepared on the letterhead stationery of the donor and signed by the chief executive officer ~~a responsible party~~ of that organization.

2. Volunteers. A statement from the volunteer certifying that required services were performed for the service provider free of charge and the minimum training and experience requirements were met ~~not~~ for the service performed. Time logs shall ~~should~~ be prepared and signed by the volunteer. In addition, a schedule shall ~~should~~ be prepared by the service provider which indicates the basis for establishing the value of these services.

3. Supplies. A statement from the person or organization donating the supplies detailing the description, condition and value of the supplies and a certification that the donor was not and will not be paid for the supplies. This statement shall ~~should~~ be on the letterhead stationery of the donor. If no letterhead is available, the statement shall ~~should~~ include the name, address and telephone number of the donor, and signed by a responsible party of that organization.

4. Use of equipment. A signed statement from the owner of the equipment detailing the description of the loaned equipment, responsibilities for repairs, maintenance and insurance, beginning and ending dates of the use of the equipment; the valuation of the use of the equipment and a certification that no payment has been or will be received for the use of the equipment. This statement shall ~~should~~ be on the owner's ~~appropriate~~ letterhead stationery.

5. Use of building or space. A signed statement from the owner of the property, building or space detailing the description of the property; dimensions; times available and used; responsibilities for repairs, maintenance, insurance, utilities and janitorial services; the valuation of the use of the

property and a certification that no payment has been or will be received for the use of the property. This statement shall should be on the owner's appropriate letterhead stationery.

(6) No change.

(7) Appraisal of Real Property.

(a) It will be necessary to establish the market value of land or a building or the fair rental rate of land or of space in a building. In cases where there is a dispute between the department and a service provider regarding the value of land or a building, or the fair rental rate of land or a building, the department shall require that the market value or fair rental rate be established by a certified real property appraiser and that the value or rate be certified by a responsible official of the party to which the property or its use is donated. The appraisal needs to include the appraiser's estimate of the remaining useful life of the property.

(b) A certified real property appraiser must have five years of professional experience in multipurpose appraisals of assets involving the establishment or reconstruction of the historical cost of such assets; and be a member in good standing of one of the following associations:

1. American Institute of Real Estate Appraisers;
2. American Association of Certified Appraisers;
3. American Society of Appraisers;
4. National Association of Independent Fee Appraisers;
5. National Society of Fee Appraisers; or
6. Society of Real Estate Appraisers.

(8) Documentation of in-kind contributions.

(a) ~~All third party in-kind contributions must be documented. The following standards will be applied to all claims for in-kind match:~~

1. ~~Service. A statement from the employer of the person who provided the donated service detailing the nature of the service, basis for computing cost of those services, dates and number of hours the services were provided and certification that the services were provided and certification that the services were not and will not be paid for by the service provider but were donated at no charge. This statement should be prepared on the letterhead stationery of the donor and signed by a responsible party of that organization.~~

2. ~~Volunteers. A statement from the volunteer certifying that required services were performed for the service provider free of charge and the minimum training and experience requirements were met for the service performed. Time logs should be prepared and signed by the volunteer. In addition, a schedule should be prepared by the service provider which indicates the basis for establishing the value of these services.~~

3. ~~Supplies. A statement from the person or organization donating the supplies detailing the description, condition and value of the supplies and a certification that the donor was not and will not be paid for the supplies. This statement should be~~

~~on the letterhead stationery of the donor. If no letterhead is available, the statement should include the name, address and telephone number of the donor, and signed by a responsible party of that organization.~~

4. ~~Use of equipment. A signed statement from the owner of the equipment detailing the description of the loaned equipment, responsibilities for repairs, maintenance and insurance, beginning and ending dates of the use of the equipment; the valuation of the use of the equipment and a certification that no payment has been or will be received for the use of the equipment. This statement should be on appropriate letterhead stationery.~~

5. ~~Use of building or space. A signed statement from the owner of the property, building or space detailing the description of the property; dimensions; times available and used; responsibilities for repairs, maintenance, insurance, utilities and janitorial services; the valuation of the use of the property and a certification that no payment has been or will be received for the use of the property. This statement should be on appropriate letterhead stationery.~~

(8)(9) Service providers are responsible for meeting matching requirements for substance abuse and mental health funds, as specified in Chapter 394, Part IV, F.S., based on the total amount of contracted or subcontracted funds.

(9) Effective date. This rule shall take effect July 1, 2014.

(10) ~~Client specific unit cost performance contracts or subcontracts shall not require local matching funds.~~

Rulemaking Authority 394.74, 394.76, 394.9082(11), 397.321(5) FS. Law Implemented 394.457(3), 394.74, 394.76, 394.9082, 397.03, 397.481 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.05, 10E-14.005, 10E-4.06, 10E-14.006, Amended 7-29-96, Formerly 10E14.007, Formerly 65E-14.006, 65E-14.007, Amended 9-17-97, 7-1-03, 12-14-03, 1-2-05, 7-1-14.

65E-14.006 Valuation of Donated and Volunteer Services. Effective date. This rule shall take effect July 1, 2014.

Rulemaking Authority 394.76, 397.03 FS. Law Implemented 394.76, 397.03 FS. History—New 2-23-84, Amended 2-25-85, Formerly 10E-14.06, 10E-14.006, Repealed 7-1-14.

65E-14.007 Appraisal of Real Property. Effective date. This rule shall take effect July 1, 2014.

Rulemaking Authority 394.74, 397.321(5) FS. Law Implemented 394.74, 397.481 FS. History—New 2-23-83, Formerly 10E-14.07, Amended 7-29-96, Formerly 10E-14.007, Amended 9-17-97, 7-1-03, Repealed 7-1-14.

65E-14.010 Property.

(1) This rule applies to items of real property, equipment, supplies and to items of intellectual property as defined in Sections 815.03(10) and 815.03(11), F.S., which are acquired with State state support. To be considered acquired with State

state support, some or all of the items' acquisition cost must be both:

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

(6) Real Property. ~~Real~~ ~~Except as otherwise provided by State statutes, real~~ property subject to this rule shall be subject to the following requirements, in addition to any other requirements imposed by contract or subcontract terms:

- (a) through (b) No change.
- (c) Disposition. When the real property is no longer to be used as provided in paragraphs (6)(a) and (b) ~~of~~ ~~or~~ this rule, the SAMH-Funded Entity shall either:

- 1. No change.
- 2. Retain title to the property and pay the department an amount computed by multiplying the fair market value of the property by the State's state's share of the property.

(7) Real Property Records and Management.  
 (a) Real property records shall be maintained accurately and shall include the following minimum requirements:

- 1. through 5. No change.
- 6. The date information in subparagraphs (7)(a)1. through 5. of this rule was reported to the department.

(b) A control system and maintenance procedures shall be in effect to ~~insure adequate safeguards to~~ prevent damage or loss of the property. Any loss or damage shall be investigated and fully documented.

~~(e) Adequate maintenance procedures shall be implemented to keep the property in good condition.~~

~~(c)(d)~~ Where property is to be sold and the State is entitled to all or part of the proceeds, the department shall establish procedures for the conduct of the sale.

(8) Equipment and Supplies.

(a) Use of Equipment. ~~Basic Rule.~~ A SAMH-Funded Entity shall use any equipment acquired with State support in the program for which it was acquired. In the event equipment is no longer needed for the original program, the SAMH-Funded Entity shall request department approval to use the equipment, if needed, in other programs currently or previously sponsored by the department.

- (b) No change.
- (9) No change.

(10)Disposition of Equipment. When original or replacement equipment is no longer to be used in programs currently or previously sponsored by the department, a SAMH-Funded Entity shall dispose of the item as follows:

- (a) No change.
- (b) Equipment management requirements. Until disposition takes place, a SAMH-Funded Entity shall comply with the following minimum requirements for managing equipment and any replacement items:

- 1. through 2. No change.

3. A SAMH-Funded Entity shall implement a control system and maintenance procedures to ~~insure adequate safeguards to~~ prevent loss, damage, or theft of equipment. The SAMH-Funded Entity shall investigate and fully document any loss, damage, or theft.

~~4. A SAMH-Funded Entity shall implement adequate maintenance procedures to keep equipment in good condition.~~

- (11) No change.
- (12) Valuation of the State's Share. Several sections of this rule require a valuation of the State's share of real property, equipment, supplies or intellectual property acquired with state support. The following methods determine the valuation:

(a) The State's share of real property equals the amount ~~is a percentage based on the proportion~~ of State support used to acquire to the total costs of acquisition of the property under a contract, subcontract or other funding agreement, divided by the total acquisition cost of the property. ~~The State's share is expressed as a percentage, during the contract period to which the acquisition cost of the property was charged.~~ For the purposes of this rule, subsection, "costs under a contract, subcontract or other funding agreement" means only allowable costs which are either supported by the funding document or counted towards satisfying an included match requirement. Notwithstanding any conflicting standards in Rule 65E-14.005, F.A.C., the value of third-party in kind contributions may not be included in the valuation of the State's share.

(b) Replacement equipment. The State's share of replacement equipment is

- 1. Step 1. Determine the State's share, ~~percentage,~~ of the equipment replaced. Divide the amount of State support used to acquire the replacement equipment by the total acquisition cost of the replacement equipment. The total is expressed as a percentage.

- 2. through 4. No change.
- (13) No change.

(14) Effective date. This rule shall take effect July 1, 2014.  
 Rulemaking Authority 273.055, 394.74(1) 394.74, 394.78(1), 394.9082(11) 394.9082(10) FS. Law Implemented 273.055, 394.74(2)(c), 394.74, 394.78(5), 394.9082(11) 394.9082(10) FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.10, 10E-14.010, Amended 7-1-14.

65E-14.014 SAMH-Funded Entity Financial Management Responsibilities.

(1) Each Managing Entity shall develop and implement a Care Coordination Utilization Management Policy applicable to its subcontracted service providers. Care Coordination Utilization Management policies and practices shall assure eligibility for services, the appropriateness of services, and the need for services, ~~and efficiency of service delivery on a case-by case basis.~~ Care Coordination Utilization Management

includes fiscal accountability as described in this rule. The Care Coordination Utilization Management Policy shall:

(a) Specify methods ~~that which~~ shall be used to reduce, manage, and eliminate waitlists for services;

(b) Promote increased planning, use, and delivery of ~~evidence-based~~ services to all individuals receiving services, including those with co-occurring substance abuse disorders and mental illnesses;

(c) Ensure ~~clinically appropriate~~ access to and use of clinically appropriate mental health and substance abuse services using screening, assessment and placement tools designed to identify appropriate level and intensity of care for an individual within a continuum of services;

(d) Promote the use of service outcome data to achieve desired outcomes;

(e) Include a methodology to ensure that people are served at the clinically indicated least restrictive level of care, and are diverted from higher levels of care when clinically indicated; and

~~(f)(e)~~ Monitor and implement system changes to promote efficiencies; ~~and~~

~~(f) Include processes for prior review and authorization of services and retrospective analysis of service utilization and costs.~~

(2) The service provider shall assist clients who may be eligible for Medicaid or other benefit ~~benefits~~ programs to:

(a) through (b) No change.

(c) Provide guidance and assistance, if necessary, to appeal a denial of eligibility or and/or coverage.

(3) SAMH-Funded Entities shall not bill the department for services provided to:

(a) Individuals who have third party insurance coverage when the services provided are paid ~~covered~~ under the insurance plan; or

(b) Recipients of Medicaid, or another publically funded health benefits assistance program, when the services provided are paid ~~covered~~ by said program, ~~regardless of limitation.~~

(4) SAMH-Funded Entities may bill the department if services are provided to: individuals

~~(a) Individuals~~ who have lost Medicaid, or another publically funded health benefits assistance program coverage for any reason during the period of non-coverage; ~~or~~

~~(b) Individuals~~ subject to the sliding fee scale requirements in Rule 65E-14.018, F.A.C.

~~(5) In no event shall Medicaid, another publically funded health benefits assistance program or the department be billed for the same service provided to the same individual on the same day.~~

~~(6) A service provider operating a facility licensed as a crisis stabilization unit, detoxification facility, short term residential treatment facility, residential treatment facility Levels 1 or 2, or therapeutic group home that is greater than sixteen beds shall not bill or knowingly access Medicaid Fee-For-Services programs for any services for recipients while in these facilities.~~

~~(7) A service provider operating a children's residential treatment center of greater than 16 beds shall not bill or knowingly access Medicaid Fee For Service programs for any services for recipients in these facilities except as permitted by Florida Medicaid policy.~~

~~(5)(8)~~ In all subcontracts with service providers, a Managing Entity shall specify:

(a) Procedures under ~~The manner in~~ which financial transactions and service provision ~~provisions~~ are to be documented with sufficient clarity and detail to support audit compliance under Generally Accepted Accounting Principles;

~~(b) Clearly auditable financial transaction procedures and service documentation procedures;~~

~~(b)(e)~~ The type of services purchased and a description of the manner in which the services are to be provided;

~~(c)(d)~~ The setting, circumstance, and other operational aspects of the agreement;

~~(d)(e)~~ The billing and payment mechanism; third party billings and fee collection procedures which prevent duplicate payments for services provided;

~~(e)(f)~~ Documentation of the performance of billed services;

~~(f)(g)~~ The duration of the subcontract; and

~~(g)(h)~~ The mechanism by which any overpayment will be recovered.

~~(6)(9)~~ A SAMH-Funded Entity shall refund to the department any amount paid for:

(a) through (f) No change.

~~(7)(10)~~ The review and approval of contracts or subcontracts by the department or by a Managing Entity shall not diminish the responsibility for each SAMH-Funded Entity to perform in accordance with all rules in Chapter 65E-14, F.A.C. these rules.

~~(8)(11)~~ Financial monitoring of service providers shall include a review of a representative sample of individual recipient records for each type of service provided. Monitoring shall include verification of the following:

(a) through (c) No change.

~~(9)~~ Effective date. This rule shall take effect July 1, 2014. Rulemaking Authority 394.78(1), ~~(5), (6),~~ 394.9082(11), 394.9082(10), 397.321(5) FS. Law Implemented 394.74, 394.78(5), 394.9082, 397.484 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.14, Amended 7-29-96, Formerly 10E-14.014, Amended 8-17-97, 7-1-03, 7-1-14.



65E-14.016 Transactions Resulting in Additional Cost to the Program.

(1) Transactions between a SAMH-Funded Entity and a related party that appear to result, as determined by the department ~~on the basis of the standards in subsection (3) of this rule~~, in additional cost to the program shall be reimbursed to the SAMH-Funded Entity in an amount equal to the eligible cost which would have been allowed had no related party been involved. Any cost in excess of what would have been allowable by the department shall be disallowed.

(2) ~~If, in the judgment of the department determines on the basis of the standards in subsection (3) of this rule~~, related party involvement has caused an increase in cost, the department shall have access to the financial records of the related party in order to determine the allowable cost of the transaction. If the department is not allowed full and unrestricted access to the records of the related party, all payments to the related party questioned by the department shall be disallowed.

(3) The following ~~standards apply to~~ related party transactions ~~shall which may be reviewed questioned~~ by the department for compliance with Generally Accepted Accounting Principles:

(a) through (g) No change.

(h) Space donated by a related party in a building previously owned by a SAMH-Funded Entity or by a related party who exists primarily for the benefit of the SAMH-Funded entity shall be valued for match and reimbursable cost purposes at the ~~lesser of ownership costs of the donor or~~ fair market value of the space.

(4) Effective date. This rule shall take effect July 1, 2014.

Rulemaking Authority 394.78(1), 394.9082(11) ~~394.9082(10)~~ FS. Law Implemented 394.78(3) 394.9082(11) ~~394, Part IV, Section 4~~ FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.16, 10E-14.016, Amended 7-1-03, 7-1-14.

65E-14.017 Cost Principles.

(1) through (2) No change.

(3) All SAMH-Funded Entities shall use the accounting standards established by the Office of Management and Budget (OMB) circulars incorporated by subsection (4) subsections (4) and the (5) of this rule to account for the expenditure of funds.

(4) General Principles.

The following documents are hereby incorporated by reference, copies of which may be obtained from the Office of Substance Abuse and Mental Health, Program Office, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700:

(a) OMB Circular A-110; Title 2 CFR, part 215; Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations, revised November 19, 1993 as further amended September 30, 1999; (OMB Circular A-110);

(b) OMB Circular A-122; Title 2 CFR, part 230, Cost Principles for Non-Profit Organizations, revised May 10, 2004; and

(c) OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, revised to show changes published in the Federal Register June 27, 2003 and June 26, 2007; and -

(d) OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments, revised May 10, 2004.

~~(5) Reporting Requirements and Enforcement.~~

~~(5)(a) All SAMH-Funded Entities contracting directly with the department shall also report actual expenditure data for Program Costs and Administrative Costs on a monthly basis to the department according to the reporting requirements and templates included in the terms of each entity's contract. The department shall assess financial consequences if the SAMH-Funded Entity fails to perform in accordance with the contract or department rules.~~

~~(b) All SAMH-Funded Entities contracting directly with the department shall include a reconciliation of actual Program and Administrative Costs to the annual cost allocation plan in the entity's required annual audit. The annual audit shall include a statement of compliance attesting to whether the entity is materially in compliance with their submitted cost allocation plan.~~

(6) Effective date. This rule shall take effect July 1, 2014.

Rulemaking Authority 394.78(1), 394.9082(11) ~~394.9082(10)~~, 397.321(5) FS. Law Implemented 394.74, 394.77, 394.78(1), 394.9082, ~~397.484~~ FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.17, Amended 7-29-96, Formerly 10E-14.017, Amended 9-17-97, 7-1-03, 7-1-14.

65E-14.018 Sliding Fee Scale.

(1) Definitions and Intent.

(a) The service provider shall make a determination of ability to pay in accordance with the sliding fee scale for all individuals seeking substance abuse or mental health services. Payment of fees shall not be a pre-requisite to treatment or the receipt of services. The sliding fee scale shall not apply to services provided under the following Covered Services Cost Centers as defined in Rule 65E-14.021. F.A.C:

1. Case Management; Information and Referral;

2. Crisis Stabilization, when charging a fee is contraindicated as specified in Section 394.674(2), F.S.; ~~Outreach;~~

3. Crisis Support/Emergency; Crisis Stabilization

4. Drop-In/Self Help Centers; Residential and Outpatient Detoxification;

5. Information and Referral; Primary Prevention; and

6. Intensive Case Management; Prevention/Intervention-

7. Mental Health Clubhouse Services;

- 8. Outreach;
- 9. Prevention – Indicated;
- 10. Prevention – Selective;
- 11. Prevention – Universal Direct
- 12. Prevention – Universal Indirect;
- 13. Substance Abuse Inpatient Detoxification; and
- 14. Substance Abuse Outpatient Detoxification.

(b) It is not the intent of this rule section to prohibit or regulate the collection of fees on behalf of an individual from third party payers and commercial insurers such as Workers' Compensation, TRICARE, Medicaid, or Medicare. However, service providers shall make every reasonable effort to identify and collect benefits from third party payers for services rendered to eligible individuals.

(c) For the purposes of this rule, household income is defined by I.R.C. §36B(d)(2) (1986), s. 36B(d)(2) of the Internal Revenue Code of 1986, with exceptions pursuant to 42 CFR §435.603(e), hereby incorporated by reference, copies of which may be obtained from the Office of Substance Abuse and Mental Health, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700. Title 42 CFR, part 435.603(e).

(2) General Provisions.

(a) No change.

(b) If payments from a third party payer, individual or responsible party exceed maximum allowable rate for a cost center, as set by Rule 65E 14.021, F.A.C., the individual or responsible party shall be refunded the excess recovered.

(c) The service provider shall inform individuals and responsible parties of the following:

1. The state laws that require the assessment and collection of fees;
2. The amount the person is expected to pay;
3. Their right to request an adjustment;
4. Expectations of the service provider regarding payment for services;
5. Their right to request a review of actions taken by the service provider with regard to their payment; and
6. That the failure to make a payment will not prevent them from continuing in service.

(b)(d) The service provider shall request require payment of a sliding fee payment from persons not eligible for Medicaid or receiving services ineligible under Medicaid; and whose household income is less than 150 percent of the federal poverty income guidelines as determined by subsection (5)(f), of this rule, and in accordance with Section 409.9081, F.S. Nominal co-payments for the following substance abuse and mental health services shall apply:

1. through 2. No change.

(c)(e) The service provider shall require persons meeting the criteria listed below to contribute to their treatment costs consistent with the provisions of Section 409.212, F.S.:

1. through 3. No change.

(3) No change.

(4) Uniform Schedule of Discounts and Sliding Fee Scale.

(a) Each service provider shall develop a uniform schedule of discounts and sliding fee scale, as specified in Section 394.674(4)(a), F.S. A sliding fee scale that reflects the uniform discounts in paragraph (b) below, shall be applied to the entity's maximum allowable rate for a cost center, as set by Rule 65E 14.021, F.A.C.

(b) The uniform schedule of discounts shall be based on household income, financial assets and family size, as declared by the person or the person's guardian, relative to the family's percent of poverty level. The applicable discount to be applied to a service provider's maximum allowable rate for a cost center, as set by Rule 65E 14.021, F.A.C., to create the scale is determined at the intersection of the row for percentage of poverty level with the column for the applicable type of uniform discount.

(c) Individuals who are liable for a reduced charge based on the sliding fee scale may not be billed by the organization for the difference in cost for the service provided.

Uniform Discounts	Uniform Discounts
Upper Limit Percent of Poverty Level	Standard Discount Percentage
0% to 150%	Co-pay
151% to 165%	98%
166% to 180%	96%
181% to 195%	91%
196% to 210%	83%
211% to 225%	72%
226% to 240%	58%
241% to 255%	41%
256% to 270%	21%
271% to 285%	12%
286% to 299%	9%
300% and above	7%

(c)1- The percent of poverty level "Percent of Poverty Level" shall be calculated by dividing the household income by the U.S. Department of Health and Human Services Annual Update of the Health and Human Services Poverty Guidelines. The poverty guidelines establish poverty income levels for various family sizes.

(d)2- The total charges to an individual shall not exceed 5% of gross household income.

(e)3- Nothing in this rule section shall prevent a service provider from further discounting or writing off charges individually or in the aggregate.

(f) An individual's failure to make payment under a provider's sliding fee scale shall not prevent the individual from receiving services.

(5) Effective date. This rule shall take effect July 1, 2014. Rulemaking Authority 394.493(2), 394.674(4), 394.78(1), 394.9082(11), 394.9082(10), 397.321(5) FS. Law Implemented 394.493(2), 394.674(3), (4), 394.74(3)(c), 394.9082, 397.431 FS. History--New 7-1-03, Amended 7-1-14.

#### 65E-14.019 Methods of Paying for Services.

(1) ~~Unit Cost Performance Contracts.~~ When purchasing substance abuse and mental health services pursuant to Rule 65E-14.021, F.A.C., on a unit cost basis, the department or and/or a Managing Entity shall may use one or a combination of the following methods of payment methodologies provided for in subsection 65E-14.019(2), F.A.C. Each contract or subcontract shall specify the payment methodology or methodologies to be used. ÷

~~(a) Client Non specific Performance Contracts. These contracts shall be used to purchase units of service within SAMH Cost Centers at unit cost rates. Individual eligibility and service determinations, unless otherwise specified, are the responsibility of the SAMH Funded Entity based on eligibility criteria and services purchased.~~

~~(b) Client specific Performance Contracts.~~

~~1. These contracts may be used to purchase services for a specific individual or group, but only in the following circumstances:~~

~~a. When specialized services are needed from a SAMH Funded Entity to serve individuals in more than one district;~~

~~b. When specialized services are not available from any entity with whom the department or a Managing Entity already has client non specific performance contracts or subcontracts;~~  
or

~~c. When emergency care is required and providers with whom the department or a Managing Entity has client non specific performance contracts have no available capacity.~~

~~2. Individuals or groups to be served shall either be specified in the contract or subcontract or otherwise approved by the department in advance of receiving service.~~

(2) Pursuant to Section 394.74(2)(b), F.S., the following payment methodologies may be negotiated for use in a contract or subcontract:

(a) Fee-for-service rate: a method of making payment for services, based on a negotiated schedule of fees set by contract or subcontract.

(b) Case rate: a negotiated payment for a clinically-defined episode of care for an individual served, based on a contractually defined for package of services to be delivered within a defined period of time.

(c) Capitation rate: a negotiated monthly fee that is paid for an enrolled individual, whether or not the individual receives the services in that time period.

~~(d)(2) Cost reimbursement: Reimbursement Contracts. This payment methodology These contracts may be used to reimburse for operational start-up costs for new services; for specific service contracts when required by statute, grant or funding source; or for specific fixed capital outlay projects appropriated by the legislature.~~

~~(a) Funds paid to a SAMH Funded Entity shall be treated as "restricted funds" as defined by Generally Accepted Accounting Principles and reported as such in the entity's annual audit and any other financial report requested by the department or Managing Entity.~~

~~(3)(b) All supporting documentation shall comply with the Department of Financial Services Reference Guide for State Expenditures, February 2011 which is hereby incorporated by reference, a copy of which may be obtained from the Office of Substance Abuse and Mental Health, and~~

~~(4) All contracts and subcontracts, regardless of payment methodology, shall comply with any requirements which are conditions of the receipt of state or federal grant funds as specified in the contract or subcontract.~~

~~(3) Nothing in paragraphs (1) and (2) of this rule shall be construed to preclude the department from developing and demonstrating alternative financing systems for substance abuse and mental health services in accordance with section 394.76(4), F.S. and section 394.9082, F.S.~~

(5) Effective date. This rule shall take effect July 1, 2014. Rulemaking Authority 394.493(2), 394.74(2), 394.78(1), (5), (6), 394.9082(11), 394.9082(10), 397.321(5) FS. Law Implemented 394.66(9), (12), 394.74(2), 394.76(4), 394.78(1), (5), (6), 394.9082 FS. History--New 7-1-03, Amended 12-14-03, 7-1-14.

#### 65E-14.020 Cost Reimbursement Method of Payment.

(1) No change.

(2) Required Fiscal Reports. If a contract or subcontract with a service provider requires a cost reimbursement method of payment, the service provider shall prepare and submit a CF-MH 1038, July 2014, Line Item Operating Budget With Instructions, which is hereby incorporated by reference, the following fiscal reports to the department or Managing Entity, as appropriate, for approval no later than 90 days before the next state fiscal year. ÷

~~(a) CF MH 1038, July 2011), Line Item Operating Budget, which is hereby incorporated by reference. This budget displays projected expenditures by line item category, along with the amount of each line item to be reimbursed through the contract or subcontract and through other funds.~~

~~(b) CF MH 1039, (July 2011), Budget Narrative, which is hereby incorporated by reference. The narrative shall explain and justify the need for each identifiable component that constitutes a proposed line item category.~~

(3) If there is a change in funding level for any service provider, the CF-MH 1038 fiscal reports required by paragraph (2) of this rule shall be revised and approved prior to amending the entity's contract or subcontract.

(4) ~~Once These fiscal reports, once approved by the department or Managing Entity, the CF-MH 1038 shall be finalized and incorporated into the service contract or subcontract.~~

(5) Report of Expenditures and Request for Payment or Advance. The service provider shall request payment by preparing and submitting form CF-MH 1040, July 2014, (July 2011), Cost Reimbursement Report of Expenditures and Request for Payment or Advance, which is hereby incorporated by reference. This form shall show actual, allowable expenditures by line-item category or negotiated rates for reimbursement. Requests for payment shall be based on and cannot exceed the amounts specified in the line-item budget and shall be for the purposes specified in the budget narrative.

(6) No change.

(7) All forms incorporated by reference in this rule may be obtained from the Office of Substance Abuse and Mental Health, Program Office, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700.

(8) Effective date. This rule shall take effect July 1, 2014. Rulemaking Authority 394.78(1), (5), (6), 394.9082(11), 394.9082(10), 397.321(5) FS. Law Implemented 394.66(9), 394.74(2)(c), (3)(d), (4), 394.78(1), (5), (6), 394.9082, 397.321(10) FS. History--New 7-1-03, Amended 12-14-03, 7-1-14.

65E-14.021 Schedule of Covered Services. Unit Cost Method of Payment.

This rule provides guidelines and requirements applicable to service providers under direct contract with the department or service providers under subcontracts with a Managing Entity. ~~This section address requirements specific to the implementation of a unit cost method of payment for substance abuse and mental health services.~~

(1) Unless specifically authorized otherwise in advance by the department, service providers shall only use the following Substance Abuse and Mental Health (SAMH) Covered Services Cost Centers to report contracted or subcontracted account for the expenditure of state funds, client fees, and other funds earned and used to provide substance abuse and mental health services provided to adults or and/or children.

(a) through (q) No change;

(r) Medication-Assisted Treatment for Substance Use;

(s) through (u) No change.

(v) Prevention – Indicated; Prevention/Intervention;

(w) Prevention – Selective; Primary Prevention;

(x) Prevention – Universal Direct

(y) Prevention – Universal Indirect;

~~(z)(x)~~ Recovery Support;

~~(aa)(y)~~ Residential Level I;

~~(bb)(z)~~ Residential Level II;

~~(cc)(aa)~~ Residential Level III;

~~(dd)(bb)~~ Residential Level IV;

~~(ee)(cc)~~ Respite Services;

~~(ff)(dd)~~ Room and Board with Supervision Level I;

~~(gg)(ee)~~ Room and Board with Supervision Level II;

~~(hh)(ff)~~ Room and Board with Supervision Level III;

~~(ii)(gg)~~ Short-term Residential Treatment;

~~(jj)(hh)~~ Substance Abuse Inpatient Detoxification;

~~(kk)(ii)~~ Substance Abuse Outpatient Detoxification;

~~(ll)(jj)~~ Supported Employment;

~~(mm)(kk)~~ Supportive Housing/Living;

~~(nn)(ll)~~ Treatment Alternatives for Safer Communities (TASC); and

~~(oo)(mm)~~ Any other SAMH Covered Services Cost Centers the department may establish temporarily pursuant to subsection (2) of this rule to ensure adequate provision of service.

(2) The department may temporarily establish additional SAMH Covered Services Cost Centers for statewide use as necessary to ensure the adequate provision of services to individuals. At a minimum, the department shall notify affected parties of the department's intended action and provide an opportunity to comment at least 30 days prior to the establishment of a temporary SAMH Covered Service Cost Center.

~~(3) Other cost centers:~~

~~(a) For all client non specific performance contracts and subcontracts and those client specific performance contracts and subcontracts where unit rates are set pursuant to paragraph (8)(a) if an entity also provides direct services to individuals which are not defined in a SAMH Cost Center as established in subsection (1) of this rule, it shall establish a Non SAMH Cost Center to account for all expenditures and revenues related to these services.~~

~~(b) To identify indirect costs allocable to all SAMH Cost Centers, the entity shall establish an Administration Cost Center, subject to the provisions of subsection 65E-14.017(5), F.A.C., to account for the general administrative overhead costs that indirectly contribute to or benefit the SAMH Cost Centers.~~

~~(c) To account for costs such as billing and data processing that indirectly contribute to or benefit both SAMH Cost Centers and the Administration Cost Center, the entity may establish an Other Support Cost Center or may include such costs in the Administration Cost Center.~~

~~(d) A provider's total expenditures for services in all SAMH Cost Centers, any Non-SAMH Cost Centers, the Administration Cost Center and the Other Support Cost Center shall equal the total expenditures reported in the entity's fiscal reports and audit.~~

~~(3)(4) Measurement Standards for Covered Services Unit Measurements:~~

~~(a) To account for services provided pursuant to contracts with SAMH-Funded Entities, the Types of Units. The following common measurement definitions shall units of measure apply to each SAMH Covered Service Cost Center as specified in subsection (4) paragraph (5) of this rule:~~

~~1. Direct Staff Hour.~~

~~a. This unit of measure equals the actual time a staff person:~~

~~(I) Is available at the work site to perform assigned tasks or:~~

~~(II) Spends in face-to-face or direct telephone contact with an individual receiving services or a collateral contact where the contact is documented in the individual's service record, or:~~

~~(III) Spends on activities directly associated with an individual receiving services, including case staffings and travel time if the travel is integral to a Covered Service service event otherwise allowable under this rule.~~

~~b. This For children's mental health or substance abuse services, this unit of measure may also include telephone contact with parents or teachers and actual time spent in a courtroom or juvenile detention facility on behalf of a child or adult.~~

~~c. Covered Services that are measured by this standard This unit shall be reported paid on the basis of utilization, except for the following SAMH Covered Services, Cost Centers which shall be paid on the basis of availability.~~

~~(I) Paragraph (4)(f), (5)(f); Crisis Support/Emergency;~~

~~(II) Paragraph (5)(j), Florida Assertive Community Treatment (FACT) Team;~~

~~(II)(III) Paragraph (4)(l), (5)(l); Information and Referral; and~~

~~(III)(IV) Paragraph (4)(kk), (5)(ii); Substance Abuse Outpatient Detoxification.~~

~~2. Non-Direct Staff Hour.~~

~~a. This unit of measure indicates equals the actual time spent on activities that cannot be directly associated with an individual or group of individuals receiving services, but are integral to the program and described in the program description. This includes preparation for services and travel time, if travel is integral to a Covered Service allowable under this rule.~~

~~b. Covered Services that are measured by this standard Non-Direct Staff Hour units shall be reported paid on the basis of utilization, except paragraph (4)(i), Drop-in/Self Help Centers, which shall be reported on the basis of availability.~~

~~unless a SAMH Cost Center specified in subsection (5) authorizes otherwise.~~

~~3. Day.~~

~~a. This unit of measure is determined by one of the following:~~

~~(I) The service provider's capacity to provide availability of an actual bed available for a period of twenty-four hours to individuals eligible for SAMH-funded services; or~~

~~(II) A day in which a facility is open for use a minimum of 4 hours per day; or~~

~~(II)(III) A day in which an individual receiving services is physically present at the midnight census, including the day the individual is admitted and excluding the day the individual is discharged.~~

~~b. Covered Services that are measured by this standard Day units shall be reported paid on the basis of utilization, except for the following: SAMH Cost Centers:~~

~~(I) Paragraph (4)(e), (5)(e); Crisis Stabilization;~~

~~(II) Paragraph (5)(i), Drop-in/Self Help Centers;~~

~~(II)(III) Paragraph (4)(ii), (5)(gg); Short-term Residential Treatment; and~~

~~(III) Paragraph (4)(jj), (5)(hh); Substance Abuse Inpatient Detoxification.~~

~~4. Dosage.~~

~~a. This unit of measure equals one dose of clinically prescribed medication received by an individual participating in programs under the Medication-Assisted Treatment Covered Service for Substance Use Cost Center.~~

~~b. Dosage units shall be reported paid on the basis of utilization.~~

~~(b) Covered Services reported Units paid on the basis of utilization require the service to be provided to or on behalf of an eligible individual, or by the commitment of actual direct or non-direct staff hours before payment may be made.~~

~~(c) Covered Services reported Units paid on the basis of availability require the service to be available for use, regardless of whether the service is actually used by an individual. Availability shall not include staff time spent serving a Medicaid eligible individual for a Medicaid eligible service, or staff time spent in another program or Covered Service other than the specific availability-based service in which they are listed on the duty roster.~~

~~(d) Definition of Hour.~~

~~1. through 2. No change.~~

~~3. For services provided under the Case Management Covered Service Cost Center defined in paragraph (4)(c) subsection (5)(c) of this rule, if the time interval required by Medicaid is different than described above, a service provider may use the Medicaid time interval instead.~~

~~(e) Covered Services Units of service measured in terms of hours or days:~~

1. Shall not include the time direct service delivery staff are  
 a. Absent from the work place; or  
 b. Attending training or orientation, unless the training or orientation is specifically required in contracts or subcontracts.  
~~This exclusion does not apply to services under the following SAMH Cost Centers:~~

~~(I) Primary Prevention, as defined in paragraph (5)(x) of this rule; or~~

~~(II) Prevention/Intervention, as defined in paragraph (5)(w) of this rule.~~

~~e. Involved in supervision, clinical supervision, administrative, or charting activities. This exclusion does not apply to services under the following SAMH Cost Centers:~~

~~(I) Primary Prevention, as defined in paragraph (5)(x) of this rule; or~~

~~(II) Prevention/Intervention, as defined in paragraph (5)(w) of this rule.~~

2. No change.

~~(4)(5)~~ The descriptions, applicable programs, measurements standards, units of measure, and data elements documentation requirements for SAMH Covered Services Cost Centers are as follows:

(a) Aftercare.

1. through 2. No change.

3. Measurement Standard – Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) (4)(a)1.a.(III), of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Covered Service; Cost center;

(II) through (VIII) No change.

b. No change.

~~5. Maximum Unit Cost Rate: \$63.21.~~

(b) Assessment.

1. Description – This Covered Service Cost Center includes the systematic collection and integrated review of individual-specific data, such as examinations and evaluations. This data is gathered, analyzed, monitored and documented to develop the person’s individualized plan of treatment and to monitor recovery. Assessment specifically includes efforts to identify the person’s key medical and psychological needs, competency to consent to treatment, history of mental illness or substance use and indicators of co-occurring conditions, as well as clinically significant neurological deficits, traumatic brain injury, organicity, physical disability, developmental disability, need for assistive devices, and physical or sexual abuse or trauma.

2. No change.

3. Measurement Standard – Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) (4)(a)1.a.(II), of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

(I) through (IV) No change.

(V) Covered Service; Cost center;

(VI) through (VII) No change.

b. No change.

~~5. Maximum Unit Cost Rate: \$85.91.~~

(c) Case Management.

1. Description – Case management services consist of activities that identify the recipient’s needs, plan services, link the service system with the person, coordinate the various system components, monitor service delivery, and evaluate the effect of the services received. This covered service shall include clinical supervision provided to a service provider’s personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.

2. No change.

3. Measurement Standard – Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) (4)(a)1.a.(III), of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Covered Service; Cost center;

(II) through (VII) No change.

b. No change.

~~5. Maximum Unit Cost Rate: \$63.21.~~

(d) Comprehensive Community Service Team

1. Description – This Covered Service is a Cost Center ~~includes~~ bundled service package services designed to provide short-term assistance and guide individuals in rebuilding skills in identified roles in their environment through the engagement of natural supports, treatment services, and assistance of multiple agencies when indicated. Services provided under Comprehensive Community Service Teams ~~this Cost Center~~ may not be simultaneously reported ~~invoiced separately to another Covered Service any other Cost Center~~. Allowable ~~bundled services include~~ activities include within the following Covered Services SAMH Cost Centers as defined in subsection (4)(5) of this rule:

a. through c. No change.

~~d. Direct Prevention~~

~~e. Information and Referral,~~

~~f. In-home/On-Site,~~

~~g. Intensive Case Management,~~

~~h. Intervention,~~

~~i. Outpatient,~~

~~j. Outreach,~~

~~k. Prevention – Indicated, Prevention/Intervention,~~

~~l. Recovery Support,~~

~~m. Supported Employment, and~~

~~m.n.~~ Supported Housing.  
 2. No change.  
 3. Measurement Standard – Unit of Measure— Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) ~~(4)(a)1.a.(III)~~, of this rule.

4. Data Elements:  
 a. Service Documentation – Service Ticket:  
~~(I) Recipient name and identification number;~~  
~~(I) (H) Staff name and identification number;~~  
~~(II)(H) Service date;~~  
~~(III)(IV) Duration;~~  
~~(IV)(V) Covered Service provided; and Cost center;~~  
~~(VI) Service (specify); and~~  
~~(V)(VII) Program.~~

- b. Audit Documentation – Recipient Service Chart:  
~~(I) Recipient name and identification number;~~  
~~(I)(H) Staff name and identification number;~~  
~~(II)(H) Service date;~~  
~~(III)(IV) Duration; and~~  
~~(IV)(V) Covered Service provided. Service (specify) center.~~

~~5. Maximum unit cost rate: \$ 37.86~~  
 (e) Crisis Stabilization.

1. Description – These acute care services, offered twenty-four hours per day, seven days per week, provide brief, intensive mental health residential treatment services. These services meet the needs of individuals who are experiencing an acute crisis and who, in the absence of a suitable alternative, would require hospitalization.

2. Programs – Adult Mental Health and Children’s Mental Health.

3. Measurement Standard – Unit of Measure— Day, as defined in sub-sub-subparagraph (3)(a)3.a.(I) ~~(4)(a)3.a.(I)~~, of this rule.

4. No change.  
~~5. Maximum Unit Cost Rate: \$291.24.~~  
 (f) Crisis Support/Emergency.

1. Description – ~~This~~ ~~These~~ non-residential care is ~~services~~ ~~are~~ generally available twenty-four hours per day, seven days per week, or some other specific time period, to intervene in a crisis or provide emergency care. Examples include: mobile crisis, crisis support, crisis/emergency screening, crisis telephone, and emergency walk-in.

2. Programs – No change.  
 3. Measurement Standard – Unit of Measure— Direct Staff Hour, as defined in sub-sub-subparagraph subsection (3)(a)1.a.(I) ~~(4)(a)1.a.(I)~~, of this rule.

4. Data Elements:  
 a. Service Documentation – Duty Roster:  
 (I) through (III) No change.  
 (IV) Covered Service; Cost center;

- (V) through (VI) No change.  
 b. Audit Documentation – Time Sheet:  
 (I) through (IV) No change.  
 (V) Covered Service; Cost center; and  
 (VI) No change.  
~~5. Maximum Unit Cost Rate: \$43.17.~~  
 (g) Day Care.

1. Description – Day care services, in a non-residential group setting, provide a structured schedule of activities for the care of children of persons who are participating in mental health or substance abuse ~~day treatment service or residential services~~. In a residential setting, day care services provide for the residential and care-related costs of a child living with a parent receiving residential services.

2. Programs – Adult Mental Health and Adult Substance Abuse.

3. Measurement Standard – Unit of Measure— Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) ~~(4)(a)1.a.(II)~~, of this rule, reimbursing a maximum of four hours in a calendar day.

4. Data Elements:  
 a. Service Documentation – Census Log:  
 (I) Covered Service; Cost center;  
 (II) through (IV) No change.  
 b. Audit Documentation – Recipient Service Chart:  
 (I) Covered Service; Cost center;  
 (II) through (III) No change.  
~~5. Maximum Unit Cost Rate: \$7.57.~~  
 (h) Day Treatment.

1. through 2. No change.  
 3. Measurement Standard – Unit of Measure— Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) ~~(4)(a)1.a.(II)~~, of this rule, reimbursing a maximum of four hours in a calendar day.

4. Data Elements:  
 a. Service Documentation – Census Log:  
 (I) Covered Service; Cost center;  
 (II) through (IV) No change.  
 b. Audit Documentation – Recipient Service Chart:  
 (I) Covered Service; Cost center;  
 (II) through (III) No change.  
~~5. Maximum Unit Cost Rate: \$17.87.~~  
 (i) Drop-in/Self-Help Centers.

1. through 2. No change.  
 3. Measurement Standard – Non-direct staff hour Unit of Measure— Day, as defined in subparagraph (3)(a)2. sub-sub-subparagraph (4)(a)3.a.(II), of this rule.

4. Data Elements:  
 a. Service Documentation –  
(I) Number of Days;-  
(II) Time Sheet; and

(III) Staff name and identification number.

b. Audit Documentation: —Occupancy License:

(I) Time Sheet; Beginning date; and

(II) Staff name and identification number, Ending date.

~~5. Maximum Unit Cost Rate: \$296.30 for programs with capacity to serve thirty individuals, and a ten percent rate increase for capacity to serve each additional five individuals.~~

(j) Florida Assertive Community Treatment (FACT) Team.

1. Description – A FACT team is comprised of slots for participants with a severe and persistent mental illness. Participants are enrolled on a weekly basis. For a provider to identify themselves as a FACT team, the provider must demonstrate adherence to assertive community treatment principles. FACT Teams provide non-residential services that are available twenty-four hours per day, seven days per week. Rehabilitative, support and therapeutic services are provided in the community, by a multidisciplinary team. These non-residential evidence-based services are available twenty-four hours per day, seven days per week, and include community-based treatment, rehabilitation, and support services provided by a multidisciplinary team to persons with severe and persistent mental illness.

2. No change.

3. Measurement Standard – Number of Enrolled Participants, notwithstanding the requirements of paragraph (3)(a) of this rule. Unit of Measure – Direct Staff Hour, as defined in sub-sub-paragraph (4)(a)1.a.(I), of this rule.

4. Data Elements:

a. Enrollment Documentation; Service Documentation – Duty Roster:

(I) Date and weekly number of enrolled participants; Staff name and identification number;

(II) Services provided for participant; Date;

~~(III) Hours on Duty – Beginning and ending time;~~

~~(IV) Cost center;~~

~~(III)(V) Program; and~~

(IV) Staff identification and signature.

~~(VI) Signature of Clinical Director.~~

b. Audit Documentation – Time Sheet:

(I) through (IV) No change.

(V) Covered Service; Cost center; and

(VI) No change.

5. Reimbursement for this Covered Service shall be based upon weekly enrollment costs according to the following formula. Maximum Unit Cost Rate: \$45.47.

a. The total value of a service provider’s FACT team contract shall be divided by the contracted number of slots to establish the annual cost per participant.

b. The annual cost per participant shall be divided by 52 weeks per year to establish the weekly enrollment cost.

(k) Incidental Expenses.

1. Description – This Covered Service reports Cost Center reimburses temporary expenses incurred to facilitate continuing treatment and community stabilization when no other resources are available. All incidental expenses shall be authorized ~~in advance~~ by the Managing Entity. Allowable uses of this Covered Service these funds include: transportation, childcare, housing assistance clothing, educational services, vocational services, medical care, housing subsidies, pharmaceuticals and other incidentals costs as approved by the department or Managing Entity.

2. No change.

3. Measurement Standard – Unit of Measure – Cumulative allowable expenses reported in actual dollars expended, notwithstanding the requirements of paragraph (3)(a) of this rule. \$50.

4. Data Elements:

a. Service Documentation – Census Log:

(I) Covered Service; Cost center;

(II) through (IV) No change.

(V) Authorization Pre-approval from the department or appropriate Managing Entity managing entity; and

(VI) No change.

b. Audit Documentation – Recipient Service Chart:

(I) Covered Service; Cost center;

(II) through (V) No change.

(VI) Authorization Department authorization documentation.

~~5. Maximum Unit Cost Rate: \$50.00.~~

(I) Information and Referral.

1. through 2. No change.

3. Measurement Standard – Unit of Measure – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(I) (4)(a)1.a.(I), of this rule.

4. Data Elements:

a. Service Documentation – Duty Roster:

(I) through (III) No change.

(IV) Covered Service; Cost center;

(V) through (VI) No change.

b. Audit Documentation – Time Sheet:

(I) through (IV) No change.

(V) Covered Service; Cost center; and

(VI) No change.

~~5. Maximum Unit Cost Rate: \$34.75.~~

(m) In-Home and On-Site.

1. through 2. No change.

3. Measurement Standard – Unit of Measure – Direct Staff Hour, as defined in sub-sub-paragraph (3)(a)1.a.(II) (4)(a)1.a.(II), of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Covered Service; Cost center;



(II) through (VII) No change.

b. No change.

~~5. Maximum Unit Cost Rate: \$70.20.~~

(n) Inpatient.

1. through 2. No change.

3. Measurement Standard – Unit of Measure—Day, as defined in sub-sub-subparagraph ~~(3)(a)3.a.(II)~~ ~~(4)(a)3.a.(III)~~, of this rule.

4. No change.

~~5. Maximum Unit Cost Rate: \$456.00.~~

(o) Intensive Case Management.

1. through 2. No change.

3. Measurement Standard – Unit of Measure— Direct Staff Hour, as defined in sub-sub-subparagraph ~~(3)(a)1.a.(III)~~ ~~(4)(a)1.a.(III)~~, of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Covered Service; Cost center;

(II) through (VII) No change.

b. No change.

~~5. Maximum Unit Cost Rate: \$72.21.~~

(p) Intervention.

1. Description – Intervention services focus on reducing risk factors generally associated with the progression of substance abuse and mental health problems. Intervention is accomplished through early identification of persons at risk, performing basic individual assessments, and providing supportive services, which emphasize short-term counseling and referral. These services are targeted toward individuals and families. This covered service shall include clinical supervision provided to a service provider’s personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.

2. No change.

3. Measurement Standard – Unit of Measure— Direct Staff Hour, as defined in sub-sub-subparagraph ~~(3)(a)1.a.(III)~~ ~~(4)(a)1.a.(III)~~, of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Covered Service; Cost center;

(II) through (VIII) No change.

b. No change.

~~5. Maximum Unit Cost Rate: \$67.44.~~

(q) Medical Services.

1. Description – ~~Medical services are provided by a Psychiatrist or Psychiatric Advanced Registered Nurse Practitioner under the supervision of a Psychiatrist. The services provide primary psychiatric care, therapy, and medication administration provided by an individual licensed under the state of Florida to provide the specific service rendered. Medical services are designed to improve the~~

functioning or prevent further deterioration of persons with mental health or substance abuse problems, ~~including~~ Included is psychiatric mental status assessment. For adults with mental illness, medical services are usually provided on a regular schedule, with arrangements for non-scheduled visits during times of increased stress or crisis. ~~This service includes medication administration of psychotropic drugs, including Clozaril and other medications.~~

2. No change.

3. Measurement Standard – Unit of Measure— Direct Staff Hour, as defined in sub-sub-subparagraph ~~(3)(a)1.a.(I)~~ ~~(4)(a)1.a.(I)~~, of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

(I) through (V) No change.

(VI) Covered Service; Cost center;

(VII) through (IX) No change.

b. Audit Documentation – Recipient Service or Non-Recipient Chart:

(I) Recipient name and identification number or if non-recipient, participant’s name, address, and relation to recipient;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration; and

(V) Service (specify).

~~5. Maximum Unit Cost Rate: \$369.55.~~

(r) Medication-Assisted Treatment ~~for Substance Use.~~

1. Description – This Covered Service Cost Center provides for the delivery of medications for the treatment of substance use or abuse disorders which are prescribed by a licensed health care professional. Services must be based upon a clinical assessment and provided in conjunction with substance abuse treatment.

2. No change.

3. Measurement Standard – Unit of Measure— Dosage, as defined in sub-subparagraph (3)(a)4.a. of this rule.

4. Data Elements:

a. Service Documentation – Medication Administration Record:

(I) through (IV) No change.

(V) Covered Service; Cost center;

(VI) through (VII) No change.

b. Audit Documentation – Recipient Service Chart:

(I) through (III) No change.

(IV) Covered Service; Cost center.

~~5. Maximum Unit Cost Rate: \$13.63.~~

(s) Mental Health Clubhouse Services.

1. through 2. No change.

3. Measurement Standard – Unit of Measure— Direct Staff Hour, as defined in sub-sub-subparagraph ~~(3)(a)1.a.(III)~~ ~~(4)(a)1.a.(II)~~, of this rule.

4. Data Elements:

a. Service Documentation – Duty Roster.

(I) through (III) No change.

(IV) ~~Covered Service; Cost Center;~~

(V) through (VI) No change.

b. Audit Documentation.

(I) through (IV) No change.

(V) ~~Covered Service; Cost Center;~~

(VI) No change.

(VII) Daily ~~consumer sign-in sheet census log~~ with date; and

(VIII) No change.

5. ~~Maximum Unit Cost Rate: \$37.71.~~

(t) Outpatient.

1. Description – Outpatient services provide a therapeutic environment, which is designed to improve the functioning or prevent further deterioration of persons with mental health and/or substance abuse problems. These services are usually provided on a regularly scheduled basis by appointment, with arrangements made for non-scheduled visits during times of increased stress or crisis. Outpatient services may be provided to an individual or in a group setting. The group size limitations applicable to the Medicaid program shall apply to all Outpatient services provided by a SAMH-Funded Entity. This covered service shall include clinical supervision provided to a service provider’s personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.

2. No change.

3. ~~Measurement Standard – Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) (4)(a)1.a.(II), of this rule.~~

4. Data Elements:

a. Service Documentation – Service Ticket:

(I) through (IV) No change.

(V) ~~Covered Service; Cost center;~~

(VI) through (IX) No change.

b. No change.

5. ~~Maximum Unit Cost Rate: \$91.09.~~

(u) Outreach.

1. through 2. No change.

3. ~~Measurement Standard – Unit of Measure – Non-Direct Staff Hour, as defined in subparagraph (3)(a)2. In subparagraph (4)(b)2., of this rule.~~

4. Data Elements:

a. Service Documentation – Time Sheet:

(I) through (V) No change.

(VI) ~~Covered Service, Cost center.~~

b. No change.

5. ~~Maximum Unit Cost Rate: \$43.20.~~

(v) ~~Prevention – Indicated, Prevention/Intervention.~~

1. Description – Indicated prevention services are provided to at-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental disorders or substance use disorders. Target recipients of indicated prevention services are at-risk individuals who do not meet clinical criteria for mental health or substance abuse disorders. Indicated prevention services are designed to preclude, forestall, or impede the development of mental health or substance abuse disorders. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: education, alternative and problem identification and referral services. These services are participant specific programs for children and adolescents. These services are formally affiliated with one or more schools, and operated under the authority of a County School Board. Services shall be individualized and may be provided in a self-contained classroom, a regular classroom, as a component of a full service school or in a family or service provider setting outside the school. Services include multiple, structured contacts over time to specific individuals or groups having identified behavioral, biological or environmental risk characteristics. This Cost Center also includes services to children and adolescents who are at risk for substance abuse problems and receive targeted prevention services in non-school based programs. For substance abuse, primary targets for prevention programs or services are those individuals who do not meet treatment criteria. This Cost Center does not include relapse prevention.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. ~~Measurement Standard – Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) (4)(a)1.a.(II), of this rule, measured reimbursed~~ at a maximum of eight ~~four~~ hours per calendar day.

4. Data Elements:

a. ~~Level II Prevention Service Documentation – Time Sheet Activity Log~~

(I) through (IV) No change.

~~(V) Program Activity (from the program manual);~~

~~(VI) Supplemental Program Activity (contract negotiated);~~

~~(V)(VII) Activity Description;~~

~~(VI)(VIII) Program Group Identifier;~~

~~(VII)(IX) Activity Date;~~

~~(VIII)(X) Activity duration;~~

(IX) Specific Prevention Strategy provided;

(X)(XI) Participant name Names; and identification number; Participant Identifier;

(XI) Number of participants served; and

(XII) Staff time, including separate planning, preparation and travel time details.

~~(XIII) Cost Center:~~

~~b. Level II Prevention Audit documentation – Time Sheet~~

~~(I) Attendances records with date; Staff Name;~~

~~(II) Program Material; and Staff Identifier;~~

~~(III) Activity name from the program manual. Staff Attendance by Date; and~~

~~(IV) Duration of Staff attendance by date~~

~~5. Maximum Unit Cost Rate: \$23.10.~~

~~(w) Primary Prevention – Selective.~~

~~1. Description – Selective prevention services are provided to a population subgroup whose risk of developing mental health or substance abuse disorders is higher than average. Target recipients of selective prevention services do not meet clinical criteria for mental health or substance abuse disorders. Selective prevention services are designed to preclude, forestall, or impede the development of mental health or substance abuse disorders. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, education, alternatives, and problem identification and referral services. Primary Prevention services are non-participant specific activities providing programs and services that preclude, forestall or impede the development of substance and mental health problems and include increasing public awareness through information dissemination, education, alternative-focused activities; and problem identification and referral. These activities may be directed either at Level I prevention programs where the participant is not identifiable or at Level II prevention programs where the participant has been identified for prevention education. For substance abuse activities, targets for prevention programs or services are those individuals who do not meet clinical criteria for treatment. Activities may include time participating in training in order to provide evidence based programs and practices, program developer consultation, data collection, data entry and activities related to preparing for service delivery. This Cost Center does not include relapse prevention services.~~

~~2. No change.~~

~~3. Measurement Standard – Unit of Measure – Non-Direct Staff Hour, as defined in subparagraph (3)(a)2., (4)(a)2., of this rule.~~

~~4. Data Elements:~~

~~a. Level I Prevention Target Service Documentation – Time Sheet:~~

~~(I) Covered Service; Cost center;~~

~~(II) No change.~~

~~(III) Program name and program group identifier;~~

~~(IV)(III) Description of activity, including time to plan and prepare;~~

~~(V)(IV) Duration;~~

~~(VI)(V) Activity Date; and~~

~~(VII)(VI) Specific Prevention Strategy provided; Program;~~

~~(VIII) Number served; and~~

~~(IX) Staff time, including separate planning, preparation and travel time details.~~

~~b. Level I Prevention Target Audit Documentation:~~

~~(I) Attendance records with date;~~

~~(II) Program Material; and~~

~~(III) Activity name from the program manual. Agenda with date;~~

~~(IV) Duration of activity;~~

~~(V) Advertisements; and~~

~~(VI) Supervisor Instructions~~

~~e. Level II Prevention Target Service Documentation – Activity Log~~

~~(I) Cost center;~~

~~(II) Staff name and identification number;~~

~~(III) Participant name and identification number;~~

~~(IV) Service date;~~

~~(V) Duration; and~~

~~(VI) Program.~~

~~d. Level II Prevention Target Audit documentation – Participant Record Service Chart~~

~~(I) Recipient name and identification number;~~

~~(II) Staff name and identification number;~~

~~(III) Service date;~~

~~(IV) Duration; and~~

~~(V) Service (specify)~~

~~5. Maximum Unit Cost Rate: \$43.20.~~

~~(x) Prevention – Universal Direct~~

~~1. Description – Universal direct prevention services are provided to the general public or a whole population that has not been identified on the basis of individual risk. These services are designed to preclude, forestall, or impede the development of mental health or substance abuse disorders. Universal direct services directly serve an identifiable group of participants who have not been identified on the basis of individual risk. This includes interventions involving interpersonal and ongoing or repeated contact such as curricula, programs, and classes. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, education, alternatives, or problem identification and referral services.~~

~~2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.~~

~~3. Measurement Standard – Non-Direct Staff Hour, as defined in subparagraph (3)(a)2. of this rule.~~

~~4. Data Elements:~~

~~a. Service Documentation – Time Sheet:~~

~~(I) Staff name and identification number;~~

~~(II) Program name and program group identifier;~~

(III) Description of activity, including time to plan and prepare;

(IV) Duration;

(V) Activity Date;

(VI) Specific Prevention Strategy provided;

(VII) Number served; and

(VIII) Staff time, including separate planning, preparation and travel time details.

b. Audit Documentation:

(I) Attendance records with date;

(II) Program Material; and

(III) Activity name from the program manual.

(y) Prevention – Universal Indirect

1. Description – Universal indirect prevention services are provided to the general public or a whole population that has not been identified on the basis of individual risk. These services are designed to preclude, forestall, or impede the development of mental health or substance use disorders. Universal indirect services support population-based programs and environmental strategies such as changing laws and policies. These services can include programs and policies implemented by coalitions. These services can also include meetings and events related to the design and implementation of components of the strategic prevention framework, including needs assessments, logic models, and comprehensive community action plans. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, community-based processes, and environmental strategies.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Measurement Standard – Non-Direct Staff Hour, as defined in subparagraph (3)(a)2. of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

(I) Staff name and identification number;

(II) Description of activity, including time to plan and prepare;

(III) Duration;

(IV) Activity Date;

(V) Specific Prevention Strategy provided, as defined in Rule 65D-30.013, F.A.C.;

(VI) Number of attendees;

(VII) Staff time including separate planning, preparation and travel time details; and

(VII) For media campaigns, identify the campaign name, number of buys, days and times, and copies of media content.

b. Audit Documentation:

(I) Meeting minutes with date;

(II) Meetings materials; and

(III) Agenda with date.

(z)(\*) Recovery Support

1. Description – These services are designed to support and coach an adult or child and family to regain or develop skills to live, work and learn successfully in the community. Services include substance abuse or mental health education, assistance with coordination of services as needed, skills training, and coaching. This covered service shall include clinical supervision provided to a service provider’s personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service. For Adult Mental Health and Children’s Mental Health Programs, these services are provided by a Certified Family, Veteran, or Recovery Peer Specialist. For Adult and Children’s Substance Abuse programs, these services may be provided by a certified Peer Recovery Specialist or trained paraprofessional staff subject to supervision by a Qualified Professional as defined in Rule 65D-30.002, F.A.C. These services exclude twelve-step programs such as Alcoholics Anonymous and Narcotics Anonymous.

2. No change.

3. Measurement Standard – Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) (4)(a)1.a.(III), of this rule.

4. Data Elements –

a. Service Documentation – Activity Log:

(I) Covered Service; ~~Cost center;~~

(II) through (IX) No change.

b. No change.

5. ~~Unit Cost Rate: \$38.99~~

(aa)(\*) Residential Level I.

1. Description – These licensed services provide a structured, live-in, non-hospital setting with supervision on a twenty-four hours per day, seven days per week basis. A nurse is on duty in these facilities at all times. For adult mental health, these services include group homes. Group homes are for longer-term residents. These facilities offer nursing supervision provided by, at a minimum, licensed practical nurses on a twenty-four hours per day, seven days per week basis. For children with serious emotional disturbances, Level 1 services are the most intensive and restrictive level of residential therapeutic intervention provided in a non-hospital or non-crisis support unit setting, including residential treatment centers. Medicaid Residential Treatment Centers and Residential Treatment Centers are reported under this Covered Service ~~Cost Center~~. On-call medical care shall be available for substance abuse programs. Level 1 provides a range of assessment, treatment, rehabilitation, and ancillary services in an intensive therapeutic environment, with an emphasis on treatment, and may include formal school and adult education programs.

2. No change.

3. ~~Measurement Standard – Unit of Measure~~— Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule ~~(4)(a)3.a.(III).~~

4. Data Elements:

a. Service Documentation – Census Log:

(I) ~~Covered Service; Cost center;~~

(II) through (VII) No change.

b. Audit Documentation – Recipient Service Chart:

(I) ~~Covered Service; Cost center;~~

(II) through (III) No change.

~~5. Maximum Unit Cost Rate: \$241.10 for Adult Mental Health, Adult Substance Abuse, and Children’s Substance Abuse; \$330.00 for Children’s Mental Health. The unit cost for either adult’s or children’s services may be increased by \$8.21 if services include psychotropic medication.~~

~~(bb)(z)~~ Residential Level II.

1. Description – Level II facilities are licensed, structured rehabilitation-oriented group facilities that have twenty-four hours per day, seven days per week, supervision. Level II facilities house persons who have significant deficits in independent living skills and need extensive support and supervision. For children with serious emotional disturbances, Level II services are programs specifically designed for the purpose of providing intensive therapeutic behavioral and treatment interventions. Therapeutic Group Home, Specialized Therapeutic Foster Home – Level II, and Therapeutic Foster Home – Level 2 are reported under this ~~Covered Service Cost Center~~. For substance abuse, Level II services provide a range of assessment, treatment, rehabilitation, and ancillary services in a less intensive therapeutic environment with an emphasis on rehabilitation, and may include formal school and adult educational programs.

2. No change.

3. ~~Measurement Standard – Unit of Measure~~— Day, as defined in s sub-sub-subparagraph (3)(a)3.a.(II) of this rule ~~(4)(a)3.a.(III).~~

4. Data Elements:

a. Service Documentation – Census Log:

(I) ~~Covered Service; Cost center;~~

(II) through (VI) No change.

b. Audit Documentation – Recipient Service Chart:

(I) ~~Covered Service; Cost center;~~

(II) through (III) No change.

~~5. Maximum Unit Cost Rate: \$174.03.~~

~~(cc)(aa)~~ Residential Level III.

1. Description – These licensed facilities provide twenty-four hours per day, seven days per week supervised residential alternatives to persons who have developed a moderate functional capacity for independent living. For children with serious emotional disturbances, Level III services are specifically designed to provide sparse therapeutic behavioral

and treatment interventions. Therapeutic Group Home, Specialized Therapeutic Foster Home – Level I, and Therapeutic Foster Home – Level 1 are reported under this ~~Covered Service Cost Center~~. For adults with serious mental illness, this ~~Covered Service Cost Center~~ consists of supervised apartments. For substance abuse, Level III provides a range of assessment, rehabilitation, treatment and ancillary services on a long-term, continuing care basis where, depending upon the characteristics of the individuals served, the emphasis is on rehabilitation or treatment.

2. No change.

3. ~~Measurement Standard – Unit of Measure~~— Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule ~~subsection (4)(a)3.a.(III).~~

4. Data Elements:

a. Service Documentation – Census Log:

(I) ~~Covered Service; Cost center;~~

(II) through (VI) No change.

b. Audit Documentation – Recipient Service Chart:

(I) ~~Covered Service; Cost center;~~

(II) through (III) No change.

~~5. Maximum Unit Cost Rate: \$108.35.~~

~~(dd)(bb)~~ Residential Level IV.

1. Description – This type of facility may have less than twenty-four hours per day, seven days per week on-premises supervision. It is primarily a support service and, as such, treatment services are not included in this ~~Covered Service, SAMH Cost Center~~, although such treatment services may be provided as needed through other ~~Covered Services SAMH Cost Centers~~. Level IV includes satellite apartments, satellite group homes, and therapeutic foster homes. For children with serious emotional disturbances, Level IV services are the least intensive and restrictive level of residential care provided in group or foster home settings, therapeutic foster homes, and group care. Regular therapeutic foster care can be provided either through Residential Level IV “Day of Care: Therapeutic Foster Home” or by billing in-home/non-provider setting for a child in a foster home.

2. No change.

3. ~~Measurement Standard – Unit of Measure~~— Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule ~~(4)(a)3.a.(III).~~

4. Data Elements:

a. Service Documentation – Census Log:

(I) ~~Covered Service; Cost center;~~

(II) through (VI) No change.

b. No change.

~~5. Maximum Unit Cost Rate: \$49.72.~~

~~(ee)(ee)~~ Respite Services.

1. through 2. No change.

3. ~~Measurement Standard – Unit of Measure~~— Direct Staff Hour, as defined in sub-sub-subparagraph ~~(3)(a)1.a.(II)~~ ~~(4)(a)1.a.(H)~~; of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

(I) through (V) No change.

(VI) ~~Covered Service; Cost center;~~

(VII) through (VIII) No change.

b. Audit Documentation – Recipient Service Chart:

(I) ~~Covered Service; Cost center;~~

(II) through (III) No change.

~~5. Maximum Unit Cost Rate: \$12.84.~~

~~(ff)(dd)~~ Room and Board with Supervision Level I.

1. Description – This ~~Covered Service Cost Center~~ solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level I as defined in paragraph ~~(4)(aa)~~ ~~(5)(y)~~ of this rule. This ~~Covered Service Cost Center~~ is not applicable for provider facilities which meet the definition of an Institute for Mental Disease as defined by Title 42 CFR, part 435.1010.

2. No change.

3. ~~Measurement Standard – Unit of Measure~~— Day, as defined in sub-sub-subparagraph ~~(3)(a)3.a.(II)~~ ~~(4)(a)3.a.(H)~~; of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

(I) ~~Covered Service; Cost center;~~

(II) through (VI) No change.

b. Audit Documentation – Recipient Service Chart:

(I) ~~Covered Service; Cost center;~~

(II) through (III) No change.

~~5. Maximum Unit Cost Rate: \$238.13.~~

~~(gg)(ee)~~ Room and Board with Supervision Level II.

1. Description – This ~~Covered Service Cost Center~~ solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level II as defined in paragraph ~~(4)(bb)~~ ~~(5)(bb)~~ of this rule. This ~~Covered Service Cost Center~~ is not applicable for provider facilities which meet the definition of an Institute for Mental Disease as defined by Title 42 CFR, part 435.1010.

2. No change.

3. ~~Measurement Standard – Unit of Measure~~— Day, as defined in sub-sub-subparagraph ~~(3)(a)3.a.(II)~~ ~~(4)(a)3.a.(H)~~; of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

(I) ~~Covered Service; Cost center;~~

(II) through (VI) No change.

b. Audit Documentation – Recipient Service Chart:

(I) ~~Covered Service; Cost center;~~

(II) through (III) No change.

~~5. Maximum Unit Cost Rate: \$155.61.~~

~~(hh)(ff)~~ Room and Board with Supervision Level III.

1. Description – This ~~Covered Service Cost Center~~ solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level III as defined in paragraph ~~(4)(cc)~~ ~~(5)(ee)~~ subsection of this rule. This Cost Center is not applicable for provider facilities which meet the definition of an Institute for Mental Disease as defined by Title 42 CFR, part 435.1010.

2. No change.

3. ~~Measurement Standard – Unit of Measure~~— Day, as defined in sub-sub-subparagraph ~~(3)(a)3.a.(II)~~ ~~(4)(a)3.a.(H)~~; of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

(I) ~~Covered Service; Cost center;~~

(II) through (VI) No change.

b. Audit Documentation – Recipient Service Chart:

(I) ~~Covered Service; Cost center;~~

(II) through (III) No change.

~~5. Maximum Unit Cost Rate: \$103.08.~~

~~(ii)(gg)~~ Short-term Residential Treatment.

1. through 2. No change.

3. ~~Measurement Standard – Unit of Measure~~— Day, as defined in sub-sub-subparagraph ~~(3)(a)3.a.(I)~~ ~~(4)(a)3.a.(F)~~; of this rule.

4. No change.

~~5. Maximum Unit Cost Rate: \$291.24.~~

~~(jj)(hh)~~ Substance Abuse Inpatient Detoxification.

1. through 2. No change.

3. ~~Measurement Standard – Unit of Measure~~— Day, as defined in sub-sub-subparagraph ~~(3)(a)3.a.(I)~~ ~~(4)(a)3.a.(F)~~; of this rule.

4. No change.

~~5. Maximum Unit Cost Rate: \$204.94. The maximum unit cost rate for a Juvenile Addiction Receiving Facility that is integrated with a Children’s Crisis Stabilization Unit shall be the Crisis Stabilization maximum unit cost rate established in paragraph (5)(e) of this rule.~~

~~(kk)(ii)~~ Substance Abuse Outpatient Detoxification.

1. through 2. No change.

3. ~~Measurement Standard – Unit of Measure~~— Direct Staff Hour, as defined in sub-sub-subparagraph ~~(3)(a)1.a.(I)~~ ~~(4)(a)1.a.(F)~~; of this rule, to a maximum of four hours in a calendar day.

4. Data Elements:

a. Service Documentation – Census Log:

(I) ~~Covered Service; Cost center;~~

(II) through (IV) No change.

(V) Service date and duration; and

(VI) No change.

b. Audit Documentation – Recipient Service Chart

- (I) ~~Covered Service; Cost center;~~
- (II) Recipient name and identification number; ~~and~~
- (III) Service date and duration; ~~and;~~
- (IV) Staff name and identification number.

~~5. Maximum Unit Cost Rate: \$19.72.~~

~~(ll)(jj)~~ Supported Employment.

1. Description – Supported employment services are evidence-based community-based employment services in an integrated work setting which provides regular contact with non-disabled co-workers or the public. A job coach provides longer-term, ongoing support for as long as it is needed to enable the recipient to maintain employment. ~~Children ages 16-18, may be served under this cost center.~~

2. No change.

3. Measurement Standard – Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph ~~(3)(a)1.a.(III)~~ ~~(4)(a)1.a.(II)~~; of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) ~~Covered Service Cost center;~~
- (II) through (VII) No change.

b. No change.

~~5. Maximum Unit Cost Rate: \$51.99.~~

~~(mm)(kk)~~ Supportive Housing/Living.

1. Description – Supported housing/living is an evidence-based approach to assist persons with substance abuse and mental illness in the selection of permanent housing of their choice. These services also provide the necessary services and supports to assure continued successful living in the community and transitioning into the community. For children with mental health problems, supported living services are a process which assists adolescents in housing arrangements and provides services to assure successful transition to independent living or with roommates in the community. Services include training in independent living skills. For substance abuse, services provide for the placement and monitoring of recipients who are participating in non-residential services; recipients who have completed or are completing substance abuse treatment; and those recipients who need assistance and support in independent or supervised living within a “live-in” environment. ~~Children ages 16-18 may be served under this Cost Center.~~

2. No change.

3. Measurement Standard – Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph ~~(3)(a)1.a.(II)~~ ~~(4)(a)1.a.(II)~~; of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) ~~Covered Service; Cost center;~~
- (II) through (VII) No change.

b. No change.

~~5. Maximum Unit Cost Rate: \$51.99, if rent and commodities are not included in the services; or \$62.92 if rent and commodities are included.~~

~~(nn)(ll)~~ Treatment Alternatives for Safer Communities (TASC).

1. through 2. No change.

3. Measurement Standard – Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph ~~(3)(a)1.a.(II)~~ ~~(4)(a)1.a.(II)~~; of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) ~~Covered Service; Cost center;~~
- (II) through (VIII) No change.

b. No change.

~~5. Maximum Unit Cost Rate: \$63.44.~~

~~(5)(6)~~ Budgeting and Accounting for Revenues and Expenditures.

(a) The SAMH-Funded Entity shall budget and account for revenues and expenditures in the SAMH Covered Services Cost Centers for substance abuse and mental health services ~~and Non-SAMH Cost Center for all other services provided by the entity.~~

(b) The SAMH-Funded Entity shall develop a written plan for allocating direct and indirect costs to Covered Services Cost Centers which complies with the cost principles established in Rule 65E-14.017, F.A.C. The entity’s chief financial officer or equivalent shall assert that the cost plan is reasonable and complies with these cost principles.

(c) Revenue shall be accounted for in the Covered Service Cost Center where it is generated. If it is not possible to determine the Covered Service Cost Center where revenue is generated, the revenue shall be allocated to Covered Services Cost Centers pursuant to a written methodology, maintained by the provider, in accordance with Generally Accepted Accounting Principles.

(d) Managing Entity Required Fiscal Reports. Each Managing Entity shall submit the CF-MH 1042, July 2014, SAMH Projected Cost Center Operating and Capital Budget, hereby incorporated by reference, to the department as identified in paragraph (10)(b) of this rule. This report displays projected line item expenditures for Cost Centers by program; and projected revenues by funding source by Cost Center for the Managing Entity’s entire budget, including program and administrative expenditures. This report displays each Cost Center funded through the state substance abuse and mental health program contract or subcontract. It also displays all other SAMH Cost Centers as a group, all other programs as a group, and administrative and support functions separately. Totals are provided for the Managing Entity’s and its subcontracted service providers as a whole.

## (e) Service Provider Required Fiscal Reports.

1. All service providers shall prepare and submit the following proposed fiscal reports to the department or Managing Entity, as appropriate, for approval prior to the start of the contract or subcontract period:

a. CF-MH 1042, July 2014, SAMH Projected Cost Center Operating and Capital Budget, as incorporated by identified in paragraph (5)(d) (10)(b) of this rule. This report displays projected line item expenditures for Cost Centers by program and projected revenues by funding source by Cost Center for the SAMH Funded Entity's entire budget. This report displays each Cost Center funded through the state substance abuse and mental health program contract or subcontract. It also displays all other Cost Centers as a group, all other programs as a group, and administrative and support functions separately. Totals are provided for the service provider's organization as a whole.

b. Personnel Detail Record as identified in paragraph (10)(a) of this rule. This report displays the proposed allocation of staff time and corresponding salary expenses to Cost Centers by program and reconciles with the salary amounts in the Projected Cost Center Operating and Capital Budget. This report displays each Cost Center funded through the state substance abuse and mental health program contract or subcontract. It also displays all other SAMH Cost Centers as a group, all other programs as a group, and administrative and support functions separately. Totals are provided for the service provider's organization as a whole.

b.e. CF-MH 1043, July 2014 Agency Capacity Report, hereby incorporated by reference as identified in paragraph (10)(c) of this rule. This report displays the SAMH Funded Entity's projected direct service staffing and facility capacity in terms of units of service, total costs, and unit cost rate or rates for each SAMH Cost Center funded in the contract or subcontract.

c.d. CF-MH 1045, July 2014, Program Description, hereby incorporated by reference as identified in paragraph (10)(e).

(I) General Information. This report includes a narrative or graphic description of the following:

- (i) Services provided by the SAMH Funded Entity;
- (ii) A chart of the SAMH Funded Entity's major organizational units; and
- (iii) Names and contact information for the Chief Executive Officer, Chief Operating Officer, and Chief Finance Officer.

(II) Detailed Information. This shall include a narrative description of the following for each program and each SAMH Cost Center funded in the contract or subcontract:

- (i) A general description of the services to be provided;
- (ii) Geographic area to be served;

~~(iii) Target populations to be served, including the projected number of individuals for each target population;~~

~~(iv) Primary referral sources;~~

~~(v) List of facility licenses;~~

~~(vi) Average length of individual participation;~~

~~(vii) Minimum qualifications for each type of service delivery position;~~

~~(viii) Staffing levels by type of service delivery position, unless the unit cost rate for the Cost Center is negotiated pursuant to paragraph (8)(b) of this rule;~~

~~(ix) Service capacity—beds funded in the contract or subcontract;~~

~~(x) Admissions and discharge criteria; and~~

~~(xi) Name and contact information for the program or service director.~~

(III) Service Locations. This shall include the following:

(i) Addresses of all service locations where contracted or subcontracted services will be provided;

(ii) Days and hours of operation for each service location; and

(iii) Listing of all contracted or subcontracted Cost Centers provided at each service location.

(I)(IV) A service provider shall give the department or Managing Entity, as appropriate, notification ten calendar days in advance of the end of any quarter in which a change in the Program Description occurs, except changes that pertain to primary referral sources, average length of client participation, or staffing levels by type of service delivery position.

(II)(V) A service provider shall give the department or Managing Entity, as appropriate, notification ten calendar days in advance prior to any changes to the Program Description pertaining to service capacity, admissions and discharge criteria, or service location.

2. If a service provider proposes different rate methodologies or unit cost rates for each program applicable to a Covered Service Cost Center, the fiscal reports in sub-subparagraphs (5)(e)1.a. through c. subparagraphs (8)(d)1.a. through e. of this rule, shall display information separately for each program. If the entity proposes the same rate methodologies and rate for every program applicable to a Covered Service Cost Center, these reports may combine the information for all programs for that Covered Service Cost Center.

3. If the department or Managing Entity sets the unit cost rates under the provisions in subsection (8)(b) of this rule for all of the Cost Centers covered by a contract or subcontract, the service provider may submit an Alternative Projected Operating and Capital Budget, as identified in paragraph (10)(d) of this rule. The form shall display costs by line item and total revenues by fund source for all SAMH Cost Centers funded through the contract or subcontract as a group, all other SAMH



Cost Centers as a group, and a Non SAMH Cost Center in lieu of the Cost Center specific documents specified in subparagraphs (8)(d)1.a. through e. of this rule.

3.4. Once a contract or subcontract has been signed, the service provider shall submit a final version of the reports specified in subparagraphs (5)(e)1.a. through c. (7)(e)1. and 3. of this rule.

~~(7) When rates for a SAMH Cost Center are established in accordance with paragraph (8)(a) or (b) of this rule, the maximum unit cost rate shall be established using cost models that take into account:~~

~~(a) The classification and number of service delivery personnel;~~

~~(b) Salary and benefit levels for service delivery personnel; and~~

~~(c) Ratio of personnel costs for service delivery to operating and administrative overhead costs of providing services.~~

~~(6)(8) Setting Unit Cost Rates.~~

~~(a) Negotiated Unit Cost Rates Based on Projected Costs and Units of Service.~~

1. The department or Managing Entity and a service provider shall negotiate may agree to unit rate methodologies and rates that are based on projected expenditures and number of units of service to be furnished during the contract or subcontract period, ~~not to exceed maximum state rates.~~

2. ~~The unit cost rates shall be determined using the fiscal reports required in subparagraphs (5)(e)1.a. through c. (8)(d)1.a. through e. of this rule.~~

2. Negotiations shall take into account the rates paid to the service provider for the most recent completed state fiscal year contract period. The service provider shall also submit a budget narrative explaining any major changes in projected expenditures from the previous year, including any proposed changes to the quality or quantity of service to be provided.

3. When proposing calculating the projected rates unit cost rate for each Cost Center on the Agency Capacity Report, the service provider shall use the number of units derived using the following minimum productivity and utilization standards:

a. Direct Staff Hour – Annualized Standard Units: 1,252 hours per FTE; Standard Percentage: 60.19 percent.

(I) Exceptions:

(i) For paragraph (4)(f) ~~(5)(f)~~ Crisis Support/Emergency, and (4)(l) ~~(5)(m)~~ Information and Referral – Annualized Standard Units: 2,080 hours per FTE; Standard Percentage: 100 percent.

(ii) For paragraph (4)(j) ~~(5)(k)~~ FACT – Annualized Standard Units: 1,788 hours per FTE; Standard Percentage: 85.96 percent.

~~(iii) For paragraph (4)(s) (5)(t) Mental Health Clubhouse – Annualized Standard Units: 1,768 hours per FTE; Standard Percentage: 85 percent.~~

~~(iv) For paragraphs (4)(g) (5)(g) Day care, (4)(h) (5)(h) Day Treatment, (4)(v) Prevention Indicated, (5)(x) Prevention/Intervention, and (4)(kk) (5)(jj) Substance Abuse Outpatient Detoxification – Annualized Standard Units to be established through negotiation between the department or Managing Entity and the service provider; Standard Percentage: 90 percent.~~

~~b. No change.~~

~~c. Day – Annualized Standard Units: 365 Days or 366 Days during Leap Year; Standard Percentage: 100 percent.~~

~~(I) Exceptions:~~

~~(i) For paragraph (4)(i) (5)(j) Drop-in/Self help Centers – Annualized Standard Units: To be established through negotiation between the department or Managing Entity and the service provider; Standard Percentage: 100 percent.~~

~~(ii) For paragraphs (4)(aa) – (4)(dd) (5)(z) – (5)(ee) Residential I-IV, (4)(ff) – (4)(hh) (5)(ee) – (5)(gg) Room and Board with Supervision I-III Annualized Standard Units: 365 Days; Standard Percentage: 85 percent.~~

~~d. No change.~~

4. Nothing herein shall preclude the department or Managing Entity from using audited data on actual expenditures to analyze the projected unit cost rates submitted by a SAMH-Funded Entity.

~~(b) The department may approve a unit cost rate for a Cost Center exceeding the maximum rate established pursuant to subsection (5) of this rule if it can be demonstrated that the needed service cannot otherwise be purchased at the maximum rate within the geographic area.~~

~~1. The department's Regional Substance Abuse and Mental Health Program Administrator may approve a service provider's request to exceed a maximum rate by up to five percent.~~

~~2. The department's Director of Substance Abuse and Mental Health Program may approve a service provider's request to exceed a maximum rate in excess of five percent.~~

~~(b)(e) For client specific performance contracts and subcontracts and for client non specific performance contracts and subcontracts under \$200,000 annually, in lieu of negotiating unit rates under the provisions of paragraph (a) above, the Managing Entity department may instead set a unit cost rate at a level not in excess of a region's average or median unit cost rate negotiated under the provisions of paragraph (a) for the same year. If no such rate exists for a particular Covered Service, Cost Center, the Managing Entity department may set a rate not to exceed the Cost Center's maximum unit cost rate established pursuant to subsection (5) of this rule or the SAMH-~~

Funded Entity's established client charges usual and customary charge, whichever is less.

(d) ~~Special Rates for Group Treatment.~~ The maximum unit rate for Outpatient Services provided as group treatment shall be equal to twenty five percent of the maximum unit rate for Outpatient Services provided to an individual as specified in paragraph (5)(u) of this rule.

~~(7)(9) Payment for Service.~~

(a) Eligibility for Payment.

1. ~~Allowable Units.~~ A service provider shall invoice only for Covered Services units of services that:

a. Are within a ~~Cost Center that has been~~ contractually specified Covered Service; and

b. Have been delivered during the contract period; and

c. ~~Have been delivered to an eligible, properly enrolled person belonging to a target population designated pursuant to Section 394.674(1), F.S.~~

2. ~~Unallowable Units.~~ A service provider shall not invoice for any Covered Services costs or service units paid for under any other contract or from any other source.

3. For the Medicaid purposes of payment, the department shall not be considered a liable third party payer for Medicaid or other publically funded benefits assistance program. A Mental Health and Substance Abuse program payments funded through the department, and a Medicaid enrolled Service Provider contractor shall not bill the department for Medicaid covered services provided to a Medicaid eligible recipient. A SAMH-Funded Entity shall not bill the department for: recipients.

a. Any Covered Service that is partially compensated by Medicaid, or another publically funded benefits program source. This shall include any difference in a service provider's rate for a Covered Service and any discount or contracted rate payable by another source; or

b. An individual's share of service cost, when that cost is reimbursable by Medicaid, or another publically funded benefits program.

4. Nothing in this paragraph shall be construed to prevent payment for Covered Services that are not covered by Medicaid or another publically-funded benefits assistance program, or provided to an individual who has depleted other fund sources. To ensure that the department does not reimburse for any Medicaid service to a Medicaid eligible individual, the SAMH-Funded Entity shall deduct all Medicaid services from the total number of units of services specified on a request for payment.

(b) Request for Payment.

1. Prorated Payments.

a. After any initial advance period allowable under Section 216.181(16)(b), F.S., a SAMH Funded Entity shall request payment based on actual units of service delivered. The department or Managing Entity shall pay for actual units of

~~service delivered, up to the prorated share as calculated by dividing the balance of remaining contracted funds by the number of months remaining in the contract period.~~

b. ~~The SAMH Funded Entity's final request for payment for each state fiscal year shall reconcile the actual units provided during the contract or subcontract period with the number of units paid for with SAMH funds.~~

2. Funding Flexibility for Individual Cost Centers.

a. ~~Unless otherwise specified by this rule, a service provider may invoice and be paid up to fifteen percent more than the non-TANF funding amount specified in the contract or subcontract for an individual Cost Center within a program; however, a service provider may not invoice and be paid more than the aggregate non-TANF funding amount provided in the contract or subcontract for all Cost Centers within the program, but not across programs. The department or Managing Entity may combine Cost Centers into groups within a program, and the aggregate amount of payment that may not be exceeded is the total contract amount associated with the Cost Centers within each group, but not across groups.~~

b. ~~A service provider may request approval from the department's Regional Substance Abuse and Mental Health Program Administrator to increase the funding flexibility in sub-subparagraph (9)(b)2.a. of this rule from fifteen percent to up to thirty percent for an individual Cost Center within a program.~~

c. ~~The department's Director of the Substance Abuse and Mental Health Program Office may exclude specific Cost Centers from the funding flexibility specified in subparagraph (9)(b)a. or b. of this rule. Payment for units of service in any excluded Cost Center shall not exceed the contract or subcontract amount, and the contracted or subcontracted funds are restricted to payment for units of service in only that Cost Center.~~

d. ~~In addition, the department's Regional Substance Abuse and Mental Health Program Administrator may determine that a local extraordinary need exists to provide a precise number of service units in a particular Cost Center and may exclude a specific Cost Center from funding flexibility. Such determination shall be based upon a finding in the region's Substance Abuse and Mental Health Plan.~~

e. ~~When contracting with a specific service provider, the Regional Substance Abuse and Mental Health Program Administrator may deny non-TANF flexibility for all Cost Centers if the service provider is currently under a corrective action plan or has failed to implement a corrective action plan pursuant to Rule 65-29.001, F.A.C., or if the Director of the Substance Abuse and Mental Health Program Office approves a justification for exclusion submitted by the Regional Substance Abuse and Mental Health Program Administrator.~~

f. With TANF funds, the service provider may invoice and be paid an amount for any individual Cost Center specified for TANF funding not to exceed the total amount of TANF funds provided in the contract or subcontract for all such Cost Centers within a program or group of Cost Centers within a program. However, the aggregate amount invoiced and paid for all such Cost Centers shall not exceed the total amount of TANF funds provided in the contract or subcontract for the program or for the group of Cost Centers. The contract or subcontract shall specify the unit cost rate for each TANF funded Cost Center at the same rate as for non TANF funding, but shall not specify the number of TANF units or the amount of TANF funding for individual Cost Centers.

(b)3- Financial Penalties. The department or a Managing Entity shall apply the provisions of Rule 65-29.001, F.A.C, if a service provider fails to comply with an approved corrective action plan in response to a finding of unacceptable performance, nonperformance, or noncompliance to the terms and conditions of a contract or subcontract.

4. ~~Deducting Units Paid for by Other Sources of Funds. When preparing a request for payment for services provided, the service provider shall:~~

a. ~~Indicate the total number of units of service billed to or paid for by the department, third party payors, or local matching funds.~~

b. ~~Then deduct the units of service billable to Medicaid or other third party payors; and~~

c. ~~Deduct the units of service paid for with local matching funds.~~

#### 5. ~~Submission of Request for Payment.~~

a. ~~The service provider's invoice packet shall include a properly completed request for payment and any associated worksheets as specified in subsection (10) of this rule.~~

b. ~~For Covered Services reported Cost Centers paid for on the basis of utilization, the year to date number of units of service reported on a request for payment or any associated worksheet shall not exceed the total number of units reported and accepted in the department's data system pursuant to Rule 65E 14.022, F.A.C. This requirement shall not apply to services under the Prevention Coalitions Cost Center in paragraph (5)(x) of this rule.~~

c. ~~For Cost Centers paid for on the basis of utilization, the year to date number of units of service reported on the request for payment or any associated worksheet as billable to Medicaid shall be no fewer than the number reported and accepted in the department's data system, and the year to date number of units reported on the request for payment as provided to TANF individuals and billed to the department shall not exceed the number reported and accepted in the department's data system. If the department, through no fault of the service provider, is unable to validate compliance with this requirement within ten~~

~~days of receipt of the request for payment, the processing of the service provider's request for payment shall not be delayed further.~~

d. ~~For Cost Centers paid for on the basis of availability, the year to date number of units reported on a request for payment or any associated worksheet shall not exceed the prorated share of contracted units.~~

(c) The SAMH-Funded Entity's invoice packet shall include a signed attestation by the fiscal agent identified in the entity's contract or subcontract that, to the best of the fiscal agent's knowledge at the time of invoice submission, no other payor source was available or approved to reimburse the entity for the services submitted for reimbursement.

~~(d)(e) Overpayments by the department.~~ Upon notification of overpayments by the department, a SAMH-Funded Entity shall have thirty days to remit the amount of the overpayment to the department.

~~(e)(4) Service Documentation.~~

1. Service providers shall establish procedures for documenting and reporting service events in such a manner as to provide a clear and distinguishable audit trail. Such procedures shall ensure that documents and reports are complete and accurate, service documentation requirements are met for each Covered Service, Cost Center, and the department is not billed for unallowable units or more units than are eligible to be paid.

2. No change.

(8)(10) All The following forms incorporated by reference in subsection (5) of this rule may be obtained from the Office of Substance Abuse and Mental Health, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700 are hereby, copies of which.

~~(a) CF MH 1041, July 2006, Personnel Detail Record;~~

~~(b) CF MH 1042, July 2006, Projected Cost Center Operating and Capital Budget;~~

~~(c) CF MH 1043, July 2006, Agency Capacity Report;~~

~~(d) CF MH 1044, August 2003, Alternative Projected Operating and Capital Budget;~~

~~(e) CF MH 1045, July 2010, Program Description;~~

~~(f) CF MH 1047, July 2011, Monthly Request for Non-TANF Payment/Advance;~~

~~(g) CF MH 1058, July 2011, Monthly Request for TANF Payment/Advance;~~

~~(h) CF MH 1046, July 2011, Worksheet for Request for Payment, for use with forms CF MH 1047 and CF MH 1058;~~

~~(i) CF MH 1048, July 2011, Integrated Rate/Purchase of Service Invoice; and~~

~~(j) CF MH 1049, July 2011, Integrated Rate/Purchase of Services Invoice Attachment.~~

(9) Effective date. This rule shall take effect July 1, 2014.

Rulemaking Authority 394.78(1), ~~(5), (6)~~, 394.9082(10), ~~394.9082(10)~~, 397.321(5) FS. Law Implemented ~~216.181(16)~~, ~~394.66(9), (12)~~, 394.74(2)(b), (3)(d), (e), (4), 394.77, 394.78(1), ~~(5)~~, ~~(6)~~, 394.9082, 397.321(10), ~~402.73(1)~~, ~~402.73(7)~~ FS. History—New 7-1-03, Amended 12-14-03, 1-2-05, ~~7-1-14~~.

65E-14.022 Data Requirements.

~~The following document is hereby incorporated by reference, copies of which may be obtained from the Substance Abuse and Mental Health Program Office, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700:~~

~~CFP 155-2, August 2011, Mental Health and Substance Abuse Measurement and Data Pamphlet, 10th Edition Version 2.~~

~~Effective date. This rule shall take effect July 1, 2014.~~

Rulemaking Authority 394.78(1), 397.321(5) FS. Law Implemented 394.66(9), 394.74(3)(e), 394.77, 397.321(3)(c), (10) FS. History—New 7-1-03, Amended 12-14-03, 1-2-05, ~~Repealed 7-1-14~~.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Jimmers Micallef

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Esther Jacobo, Interim Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 21, 2013

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: July 20, 2012

## Section IV Emergency Rules

NONE

## Section V Petitions and Dispositions Regarding Rule Variance or Waiver

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-5.001 Safety Standards

NOTICE IS HEREBY GIVEN that on May 1, 2015, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, received a petition for Arhaus Furniture at 4663 River City Dr., Bldg. N, Jacksonville, FL 32246. Petitioner seeks an emergency variance of the requirements of ASME A17.1b, Section 2.20.4, 2.18.5.1 and 8.11.2.1.3(cc)(1) & (3) as adopted by paragraph 61C-5.001(1)(a), Florida Administrative Code, that requires steel

ropes of a minimum diameter of 9.5 mm which poses a significant economic/financial hardship. Any interested person may file comments within 5 days of the publication of this notice with Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013 (VW2014-115).

A copy of the Petition for Variance or Waiver may be obtained by contacting: Mark Boutin, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, Florida 32399-1013.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.: RULE TITLE:

61C-4.010 Sanitation and Safety Requirements

NOTICE IS HEREBY GIVEN that on May 5, 2014, the Florida Department of Business and Professional Regulation, Division of Hotels and Restaurant, received a petition for an Emergency Variance for Paragraph 4-301.12(A), 2009 FDA Food Code and subsection 61C-4.010(5), Florida Administrative Code, from Stoneybrook East Golf Club located in Orlando. The above referenced F.A.C. addresses the requirement that dishwashing facilities for manually washing, rinsing and sanitizing equipment and utensils are provided. They are requesting to share the three-compartment sink located within an adjacent business under the same ownership.

The Division of Hotels and Restaurants will accept comments concerning the Petition for 5 days from the date of publication of this notice. To be considered, comments must be received on or before 5:00 p.m.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Lydia.Gonzalez@myfloridalicense.com, Division of Hotels and Restaurants, 1940 North Monroe Street, Tallahassee, Florida 32399-1011.

DEPARTMENT OF HEALTH

Board of Osteopathic Medicine

RULE NO.: RULE TITLE:

64B15-13.001 Continuing Education for Biennial Renewal

NOTICE IS HEREBY GIVEN that on April 28, 2014, the Board of Osteopathic Medicine, received a petition for waiver filed by Robert P. Poetz, D.O., from Rule 64B15-13.001, F.A.C., with regard to the requirement for biennial renewal CME to be in live lecture format. Comments on this petition should be filed with the Board of Osteopathic Medicine, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3056, within 14 days of publication of this notice.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Christy Robinson, Acting Executive Director, Board of Osteopathic Medicine at the above address or telephone: (850)245-4161.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Family Safety and Preservation Program

RULE NO.: RULE TITLE:

65C-13.030 Standards for Licensed Out-of-Home Caregivers  
NOTICE IS HEREBY GIVEN that on April 14, 2014, the Department of Children and Families, received a petition for waiver of subparagraph 65C-13.030(5)(h)7, and paragraph 65C-13.025(5)(e), Florida Administrative Code, from Kids in Distress and Cindy Olivieri. Subparagraph 65C-13.030(5)(h)7, F.A.C., requires animals requiring vaccinations shall be current in all vaccinations. All animals shall be well cared for and maintained. The licensed home shall have a secure method to restrict children's access to potentially dangerous animals.

Paragraph 65C-13.025(5)(e), F.A.C., states animals, any household pets, exotic pets, or livestock including immunization verification as required according to Section 828.30, F.S., observations of their care, behavior and how they are maintained and secured. The applicant shall have measures in place to assure safety of foster children from any potentially dangerous animals and this information shall be documented in the homestudy, if applicable.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Agency Clerk, Department of Children and Families, 1317 Winewood Blvd., Bldg. 2, Room 204, Tallahassee, FL 32399-0700.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Family Safety and Preservation Program

RULE NO.: RULE TITLE:

65C-15.015 Policies and Practices

NOTICE IS HEREBY GIVEN that on April 04, 2014, the Department of Children and Families, received a petition for waiver of subsection 65C-15.017(3), Florida Administrative Code, from His House Children's Home and Silvia Smith-Torres. Subsection 65C-15.017(1), F.A.C., states the agency director shall be responsible for the general management and administration of the agency in accordance with the licensing requirements and the policies of the governing body and shall have a master's degree in social work or a related area of study from an accredited college or university and at least two years' experience in human services or child welfare programs. A bachelor's degree in social work or a related area of study from an accredited college or university and four years of experience in human services or child welfare programs may be substituted. A doctorate degree in social work or a related area of study may be substituted for one year of the required experience. Agency directors continuously employed before the effective date this rule becomes law will be considered to have met these educational requirements

A copy of the Petition for Variance or Waiver may be obtained by contacting: Agency Clerk, Department of Children and

Families, 1317 Winewood Blvd., Bldg. 2, Room 204, Tallahassee, FL 32399-0700.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Family Safety and Preservation Program

RULE NO.: RULE TITLE:

65C-13.011 Minimum Standards for Licensure of Family Foster Homes, Family Emergency Shelter Homes and Family Group Homes (Repealed)

NOTICE IS HEREBY GIVEN that on April 25, 2014, the Department of Children and Families, received a petition for waiver of paragraph 65C-13.011(1)(c), Florida Administrative Code, from Children's Home Society and Michelle Alexander. Paragraph 65C-13.011(1)(c), F.A.C., states swimming pools must have a barrier on all four sides of at least four feet. the barrier may consist of a house plus a fence on the three sides or a four-sided fence. All access through the barrier must have one of the following safety features: alarm, key lock, self-locking doors or a bolt lock that is not accessible to children. When the swimming pool is not in use, all entry points must be locked. Above ground pools must have steps or ladders leading to it secured, locked, or removed when the pool is not in use. Hot tubs and spas shall be required to have a safety cover that is locked when not in use.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Agency Clerk, Department of Children and Families, 1317 Winewood Blvd., Bldg. 2, Room 204, Tallahassee, FL 32399-0700.

FLORIDA HOUSING FINANCE CORPORATION

RULE NO.: RULE TITLE:

67-48.004 Selection Procedures for Developments

NOTICE IS HEREBY GIVEN that on May 5, 2014, the Florida Housing Finance Corporation, received a petition for waiver from Martin Lakeside Apartments, Ltd., requesting a waiver from Rule 67-48.004, in which the petitioner seeks permission to change the number of rental assistance units from twenty-three (23) to zero (0) due to the discontinuation of the rental assistance program by the USDA RD.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Ashley Marie Black, Corporation Clerk, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329. The Petition has also been posted on Florida Housing's website at [floridahousing.org](http://floridahousing.org). Florida Housing will accept comments concerning the Petition for 14 days from the date of publication of this notice. To be considered, comments must be received on or before 5:00 p.m., Eastern Standard Time, on the 14th day after publication of this notice at Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329.

## Section VI Notice of Meetings, Workshops and Public Hearings

### DEPARTMENT OF LEGAL AFFAIRS

The Florida Commission on the Status of Women announces a telephone conference call to which all persons are invited.

DATE AND TIME: May 14, 2014, 9:00 a.m.

PLACE: Please call: (850)414-3300 for instructions on participation

GENERAL SUBJECT MATTER TO BE CONSIDERED: Executive Committee.

DATE AND TIME: May 22, 2014, 11:00 a.m.

PLACE: Please call: (850)414-3300 for instructions on participation

GENERAL SUBJECT MATTER TO BE CONSIDERED: Full Commission.

NOTE: In the absence of quorum, items on this agenda will be discussed as workshop, and notes will be recorded although no formal action will be taken. If you have any questions, please call: (850)414-3300.

A copy of the agenda may be obtained by contacting: Florida Commission on the Status of Women at the Office of the Attorney General, The Capitol, Tallahassee, FL 32399-1050, PHONE: (850)414-3300, FAX: (850)921-4131.

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 3 days before the workshop/meeting by contacting: Florida Commission on the Status of Women at the Office of the Attorney General, The Capitol, Tallahassee, FL 32399-1050, PHONE: (850)414-3300, FAX: (850)921-4131. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Florida Commission on the Status of Women at the Office of the Attorney General, The Capitol, Tallahassee, FL 32399-1050, PHONE: (850)414-3300, FAX: (850)921-4131.

### DEPARTMENT OF EDUCATION

The Florida Rehabilitation Council for the Blind announces a telephone conference call to which all persons are invited.

DATE AND TIME: Thursday, May 15, 2014, 2:00 p.m.

PLACE: Teleconference Number: 1(888)670-3525, Participant Passcode: 1242528392 then #

GENERAL SUBJECT MATTER TO BE CONSIDERED: Final Review of the State Plan Revisions

A copy of the agenda may be obtained by contacting: No agenda open call.

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: The Division of Blind Services, 325 West Gaines Street, Room 1114, Tallahassee, FL 32399, Telephone: (850)245-0392, Email: Alise.Fields@dbs.fldoe.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: The Division of Blind Services, 325 West Gaines Street, Room 1114, Tallahassee, FL 32399, Telephone: (850)245-0392, Email: Alise.Fields@dbs.fldoe.org.

### DEPARTMENT OF TRANSPORTATION

The Florida Department of Transportation, District 2 announces a hearing to which all persons are invited.

DATE AND TIME: June 24, 2014, 5:00 p.m.

PLACE: Florida Department of Transportation's Gainesville Operations Center, Auditorium, 5301 N.E. 39th Avenue, Gainesville, FL 32609

GENERAL SUBJECT MATTER TO BE CONSIDERED: Notice is hereby given that the Florida Department of Transportation will offer an opportunity for a public hearing concerning proposed changes to the State Road numbering of State Road 20/State Road 329 (Main Street) from SR-26 (University Avenue) north to NW 8th Avenue, west to NW 6th Street a distance of approximately 1 mile. The State Road numbers for this section are SR-20 as the primary number and the secondary number as SR-329. The Department is proposing to remove the secondary number SR-329. This section of roadway will now carry only the SR-20 designation.

All persons wishing to be heard on this subject are hereby notified to respond in writing to the individual listed below by May 22, 2014. For more information, please contact: Cindy Boyette, Project Manager, Florida Department of Transportation, 1109 S. Marion Avenue, MS 2007, Lake City, FL 32025, Email: cynthia.boyette@dot.state.fl.us.

Public participation is solicited without regard to race, color, religion, sex, age national origin, disability or family status.

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: Mr. Bill Henderson, District Planning and Environmental Manager, Florida Department of Transportation District 2, 1109 S. Marion Avenue, MS 2007, Lake City, Florida 32025-5874. 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).

For more information, you may contact: Mr. Bill Henderson, District Planning and Environmental Manager, Florida Department of Transportation District 2, 1109 S. Marion Avenue, MS 2007, Lake City, Florida 32025-5874.

**EXECUTIVE OFFICE OF THE GOVERNOR**

The Governor’s Commission on Community Service (Volunteer Florida Foundation) announces a telephone conference call to which all persons are invited.

DATE AND TIME: Wednesday, May 7, 2014, 2:00 p.m., EDT until all business is complete

PLACE: (850)414-7400

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Emergency call to discuss the Florida Disaster Fund.

A copy of the agenda may be obtained by contacting: Debbie Brown at (850)414-7400 or [Debbie@volunteerflorida.org](mailto:Debbie@volunteerflorida.org).

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 8 hours before the workshop/meeting by contacting: Debbie Brown at (850)414-7400 or [Debbie@volunteerflorida.org](mailto:Debbie@volunteerflorida.org). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Debbie Brown at (850)414-7400 or [Debbie@volunteerflorida.org](mailto:Debbie@volunteerflorida.org).

**DEPARTMENT OF VETERANS’ AFFAIRS**

The Florida Department of Veterans’ Affairs announces a public meeting to which all persons are invited.

DATE AND TIME: May 15, 2014, 9:00 a.m.

PLACE: Mary Grizzle Building, 11351 Ulmerton Road, Largo, Florida 33778, Room 311G, Suite 2107, The Capitol, 400 South Monroe Street, Tallahassee, Florida 32399 or by phone: (712)432-3900, conference access code: 561920#

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The Site Selection Committee will discuss the review process for site selection of the seventh state veterans’ nursing home, and the regular business of the Committee.

A copy of the agenda may be obtained by contacting: Connie Tolley, (727)518-3202 on or after May 13, 2014.

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: Connie Tolley, (727)518-3202. 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).

**DEPARTMENT OF MANAGEMENT SERVICES**

**Commission on Human Relations**

The Florida Commission on Human Relations announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, May 13, 2014, 9:00 a.m., EST.

PLACE: Betty Easley Conference Center, Room 180, 4075 Esplanade Way, Tallahassee, FL

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** This meeting will be held to discuss the daily functions and activities of the Commission.

A copy of the agenda may be obtained by contacting: Casey Snipes at (850)488-7082, ext. 1001 or [casey.snipes@fchr.myflorida.com](mailto:casey.snipes@fchr.myflorida.com).

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: Casey Snipes at (850)488-7082, ext. 1001 or [casey.snipes@fchr.myflorida.com](mailto:casey.snipes@fchr.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).

For more information, you may contact: Casey Snipes at (850)488-7082, ext. 1001 or [casey.snipes@fchr.myflorida.com](mailto:casey.snipes@fchr.myflorida.com).

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Board of Professional Engineers**

The Florida Board of Professional Engineers announces a public meeting to which all persons are invited.

DATES AND TIMES: June 11, 2014, 1:00 p.m. or soon thereafter and June 12, 2014, 8:30 a.m. or soon thereafter

PLACE: Tampa Marriott Westshore, 1001 N. Westshore Blvd., Tampa, FL 33607

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** general business of the board.

A copy of the agenda may be obtained by contacting: Rebecca Sammons.

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: Rebecca Sammons. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Rebecca Sammons, [rsammons@fbpe.org](mailto:rsammons@fbpe.org).

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DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Professional Engineers

The Florida Board of Professional Engineers Application Committee and/or Educational Advisory Committee announces a public meeting to which all persons are invited.

DATE AND TIME: June 11, 2014, at the conclusion the FBPE Board Meeting

PLACE: Tampa Marriott Westshore, 1001 N. Westshore Blvd., Tampa, FL 33607

GENERAL SUBJECT MATTER TO BE CONSIDERED: Review applications for licensure and other general business of the committees.

A copy of the agenda may be obtained by contacting: Rebecca Sammons.

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: Rebecca Sammons. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Rebecca Sammons, [rsammons@fbpe.org](mailto:rsammons@fbpe.org).

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DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Professional Engineers

The Florida Engineers Management Corporation Board Operations Committee announces a telephone conference call to which all persons are invited.

DATE AND TIME: June 6, 2014, 10:00 a.m. or soon thereafter

PLACE: Florida Board of Professional Engineers, 2639 North Monroe St., Building B-112, Tallahassee, FL 32303

GENERAL SUBJECT MATTER TO BE CONSIDERED: to monitor the operations of the Florida Board of Professional Engineers and the Florida Engineers Management Corporation and other general business of the Committee. If you would like to participate in the call, please contact Rebecca Sammons at (850)521-0500, ext. 114 at least 48 hours prior to the date of the meeting.

A copy of the agenda may be obtained by contacting: Rebecca Sammons.

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: Rebecca Sammons. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Rebecca Sammons, [rsammons@fbpe.org](mailto:rsammons@fbpe.org).

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DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Professional Engineers

The Florida Engineers Management Corporation announces a public meeting to which all persons are invited.

DATE AND TIME: June 11, 2014, 9:00 a.m. or soon thereafter

PLACE: Tampa Marriott Westshore, 1001 N. Westshore Blvd., Tampa, FL 33607

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business of the corporation. This meeting will be available by conference call also. If you would like to participate in the call, please contact Rebecca Sammons at (850)521-0500, ext. 114 at least 48 hours prior to the date of the meeting.

A copy of the agenda may be obtained by contacting: Rebecca Sammons.

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: Rebecca Sammons. 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).



If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Rebecca Sammons, [rsammons@fbpe.org](mailto:rsammons@fbpe.org).

#### DEPARTMENT OF HEALTH

The Florida Department of Health announces a public meeting to which all persons are invited.

**DATE AND TIME:** Wednesday, May 14, 2014, 9:00 a.m. All future meeting dates and times related to this solicitation will be posted on the Vendor Bid System (VBS) prior to the meetings.

**PLACE:** St. Petersburg Health Department, 205 Dr. Martin Luther King Jr. St. N, St. Petersburg, FL 33701

Will also travel to the other five (5) centers.

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Mandatory site visits by the Procurement Officer for DOH13-075: Air Conditioning Maintenance.

Any person requiring a special accommodation because of a disability at this public meeting should contact the FDOH Purchasing Office at (850)245-4199 at least 24 hours prior to the meeting.

If a person decides to appeal any decision made by the Department with respect to any matter considered at the meeting, he or she will need a recording of the proceedings, and for such purpose he or she may need to ensure that a verbatim record of the proceedings is made which to include testimony and evidence upon which the appeal is to be based.

A copy of the agenda may be obtained by contacting: [CPORequests@flhealth.gov](mailto:CPORequests@flhealth.gov).

#### DEPARTMENT OF HEALTH

##### Board of Medicine

The Electrolysis Council, under the Board of Medicine announces a public meeting to which all persons are invited.

**DATE AND TIME: NOTICE OF CHANGE:** Please note the meeting originally scheduled for July 14, 2014, 9:00 a.m., E.D.T. has been rescheduled to July 7, 2014, 9:00 a.m., E.D.T. **PLACE:** Conference Call: 1(888)670-3525. After dialing the meet me number, when prompted, insert the 4389078941 followed by the # sign in order to join the meeting.

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** General Business Meeting.

A copy of the agenda may be obtained by contacting: The Electrolysis Council, 4052 Bald Cypress Way, BIN C-05, Tallahassee, FL 32399-3255 or by visiting our website at: [www.floridahealth.gov/licensing-and-regulation/electrolysis](http://www.floridahealth.gov/licensing-and-regulation/electrolysis) or by calling the board office at (850)245-4373, ext. 2510.

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: The board/council office at (850)488-0595. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

#### DEPARTMENT OF HEALTH

##### Board of Nursing

The Board of Nursing announces a public meeting to which all persons are invited.

**DATES AND TIME:** Thursday – Friday, June 5-6, 2014, 8:30 a.m.

**PLACE:** Hyatt Regency, 225 E. Coastline Drive, Jacksonville, FL 32202, (904)588-1234

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Thursday, 8:30 a.m., Credentials “A” Committee. Thursday, 8:30 a.m., Education and Credentials “B” Committee. Thursday, 1:30 p.m., Disciplinary Hearings and General Business. Friday, 8:30 a.m., Disciplinary Hearings and General Business.

To view the public agenda materials visit: <http://www.floridasnursing.gov/meeting-information/>

A copy of the agenda may be obtained by contacting: visiting [www.FloridasNursing.gov](http://www.FloridasNursing.gov) or writing Florida Board of Nursing, 4052 Bald Cypress Way, Bin #C02, Tallahassee, FL 32399-3252.

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: the Board at (850)245-4125. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
 The Department of Children and Families announces a public meeting to which all persons are invited.

**DATE AND TIME:** Wednesday, May 21, 2014, 1:30 p.m.

**PLACE:** Pasco Sheriff's Child Protective Investigation Division Office, 7601 Little Road, Suite 100, New Port Richey, FL 34654

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Ongoing Pasco Community Alliance business.

A copy of the agenda may be obtained by contacting: Stephanie Allen, (727)373-7842.

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: Stephanie Allen, (727)373-7842. 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).

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
 Refugee Services

The Department of Children and Families announces a public meeting to which all persons are invited.

**DATE AND TIME:** Wednesday, May 28, 2014, 9:00 a.m.

**PLACE:** 1317 Winewood Blvd., Bldg. 6, Conference Room A, Tallahassee, FL 32399-0700

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Organizational Meeting #1 of Negotiation Team for Integration Assistance Services for Refugees and Entrants in Hillsborough/Pinellas and Duval County (ITN# 03K14BS1 & 03K14BS2).

A copy of the agenda may be obtained by contacting: Jenifer L. Fonseca at Jenifer\_Fonseca@dcf.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 72 hours before the workshop/meeting by contacting: Jenifer L. Fonseca at Jenifer\_Fonseca@dcf.state.fl.us. 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).

For more information, you may contact: Jenifer L. Fonseca at Jenifer\_Fonseca@dcf.state.fl.us.

**DEPARTMENT OF ECONOMIC OPPORTUNITY**

Division of Workforce Services

The Reemployment Assistance Appeals Commission announces a public meeting to which all persons are invited.

**DATE AND TIME:** May 14, 2014, 9:00 a.m.

**PLACE:** Reemployment Assistance Appeals Commission, 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Deliberation for cases pending before the Reemployment Assistance Appeals Commission that are ready for final review and the Chairman's report. No public testimony will be taken.

A copy of the agenda may be obtained by contacting: Reemployment Assistance Appeals Commission, 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151, (850)487-2685.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 24 hours before the workshop/meeting by contacting: Reemployment Assistance Appeals Commission, 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151, (850)487-2685. 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).

For more information, you may contact: Reemployment Assistance Appeals Commission, 101 Rhyne Building, 2740 Centerview Drive, Tallahassee, Florida 32399-4151, (850)487-2685.

**WALTON COUNTY HEALTH DEPARTMENT**

The Walton Community Health Center announces a public meeting to which all persons are invited.

**DATE AND TIME:** May 15, 2014, 5:00 p.m.

**PLACE:** Walton County Health Department

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Various Board Information.

A copy of the agenda may be obtained by contacting: Denise Flynn.

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: Denise Flynn. 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).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Denise Flynn, (850)892-8015, X1190.

SANTA FE COMMUNITY COLLEGE

The CJSTC Region IV Training Council announces a public meeting to which all persons are invited.

DATE AND TIME: June 4, 2014, 2:00 p.m.

PLACE: Santa Fe College Institute of Public Safety, 3737 NE 39th Avenue, Gainesville, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: A meeting to discuss Region IV training centers' activities, CJSTC updates, and the close of the 2013/2014 fiscal year.

A copy of the agenda may be obtained by contacting: Kathyleen Hardage at Santa Fe College Institute of Public Safety, by telephone: (352)271-2943 or email: kathyleen.hardage@sfcollge.edu.

ATKINS - BARTOW

The Florida Department of Transportation, District One, is holding a public information meeting for I-75 from south of Toledo Blade Boulevard to Sumter Boulevard, in Sarasota County. All members of the public are invited to attend.

DATE AND TIME: May 15, 2014, 5:30 p.m. – 7:00 p.m.

PLACE: George Mullen Activity Center, 1602 Kramer Way, North Port, Florida 34286

FDOT will hold a public meeting to provide information about the widening of I-75 from four to six lanes. The meeting is an open house with no formal presentation. People attending the workshop may review project displays and aerial photographs and speak one-on-one with project team members. Displays will show plans to widen I-75 from four to six lanes within the existing median of I-75, construct minor on-ramp improvements to the Toledo Blade Boulevard and Sumter Boulevard interchanges and add sidewalks along Toledo Blade Boulevard and Sumter Boulevard within the interchange limits. The department sent notices to all property owners and interested people located at least 300 feet on either side of I-75 within the project limits. The meeting is developed in compliance with Title VI of the Civil Rights Act of 1964 and related statutes. Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

People who require special accommodations under the Americans with Disabilities Act or people who require translation services (free of charge) should contact FDOT project manager, Ms. Kati Sherrard at (863)519-2990 or Kati.Sherrard @dot.state.fl.us at least seven days prior to the hearing. If you are hearing or speech impaired, please contact the Florida Department of Transportation using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information about the project, please contact Ms. Sherrard at the above phone number or email address.

Section VII

Notice of Petitions and Dispositions Regarding Declaratory Statements

NONE

Section VIII

Notice of Petitions and Dispositions Regarding the Validity of Rules

Notice of Petition for Administrative Determination has been filled with the Division of Administrative Hearings on the following rules:

NONE

Notice of Disposition of Petition for Administrative Determination has been filled with the Division of Administrative Hearings on the following rules:

NONE

Section IX

Notice of Petitions and Dispositions Regarding Non-rule Policy Challenges

NONE

Section X

Announcements and Objection Reports of the Joint Administrative Procedures Committee

NONE

Section XI
Notices Regarding Bids, Proposals and
Purchasing

DEPARTMENT OF EDUCATION

School Districts

Districtwide Roof Replacemnt at Various Schools - Roof
Replacement at Stilwell Middle School No. 219, DCSB Project
No. M-83800, Stage V

DUVAL COUNTY PUBLIC SCHOOLS

ADVERTISEMENT FOR BIDS

Invitation To Bid

For a

Roofing Contractor

Publish Date – May 16, 2014

Sealed bids will be received by Duval County Public Schools,
Division of Facilities, Room 535, 1701 Prudential Drive,
Jacksonville, FL 32207 until the time and date(s) recorded
below and immediately thereafter publicly opened and recorded
in the Duval County Public Schools, School Board Building,
located at 1701 Prudential Drive, Jacksonville, Florida, 5th
Floor, Room 513D.

BIDS ARE DUE ON OR BEFORE June 17, 2014 AND
WILL BE ACCEPTED UNTIL 2 PM

OFFICIAL PROJECT TITLE: Districtwide Roof Replacement
at Various Schools – Roof Replacement at Stilwell Middle
School No. 219, DCSB PROJECT NO. M-83800, Stage V

SCOPE OF WORK: Replace all old deteriorated roofing at
Stilwell Middle School No. 219. The estimated construction
cost “Budgeted Not to Exceed” is \$742,330

Contract documents for bidding may be obtained at the office
of: ARC/4613 Phillips Highway, Suite 202, Jacksonville, FL
32207, (904)399-8946.

Name of A/E Firm: Ronald Scalisi Architects, P.A.,
1309 St. Johns Bluff Road, Suite A-5, Jacksonville, Florida
32225, (904)998-8861

DCSB Point of Contact: Dale Hughes, (904)858-6308

MBE Participation Goal: 10% Participation

All contractors that are interested in bidding are required to
attend a mandatory pre-bid conference to be held on June 10,
2014; 9:00 a.m., at 129 King Street, Room 37 (Upstairs),
Jacksonville, Florida 32204. Failure to attend the pre-bid
conference shall result in disqualification of that firm’s
proposal. Attendees will be required to sign an attendance
register.

All contractors submitting proposals and bids must be pre-
qualified with Duval County Public Schools at the time of the
ITB Response Due Date. No proposals or bids will be accepted
from Contractors who are not pre-qualified at that time.
Prequalification forms and information may be obtained at
www.duvalschools.org. Follow website to
Departments/Facilities/Forms and Standards/General
Documents/Contractor Prequalification Procedures.

The project funding is subject to availability of funds as
authorized by the Owner. The District reserves the right to
reject any and all bids.

The Bid Award Recommendation will be posted on the first
floor bulletin board at the Duval County School Board
Building, 1701 Prudential Drive, Jacksonville, Florida 32207-
8182.

DEPARTMENT OF MANAGEMENT SERVICES

Division of Building Construction

FDVA-14001000 – AE

STATE OF FLORIDA

DEPARTMENT OF MANAGEMENT SERVICES

DIVISION OF REAL ESTATE DEVELOPMENT AND

MANAGEMENT

PUBLIC ANNOUNCEMENT FOR PROFESSIONAL

SERVICES

ARCHITECTURAL SERVICES

The Department of Management Services, Division of Real
Estate Development and Management, announces that
professional services are required for the project listed below.

PROJECT NUMBER: FDVA-14001000

PROJECT NAME: State Nursing Home for Veterans

PROJECT LOCATION: To Be Determined

ESTIMATED CONSTRUCTION BUDGET: Current project
funding is \$11,000,000.00 with additional construction funding
of approximately\$29,000,000.00 contingent upon future
appropriations by the Legislature.

Please visit the Department’s website:
http://www.myflorida.com/apps/vbs/vbs\_www.main\_menu
and click on “Search Advertisements” – “Division of Real
Estate Development and Management” Look for
“Opportunities for Design and Construction Firms” and click
on link.

Section XII  
Miscellaneous

AGENCY FOR HEALTH CARE ADMINISTRATION  
Certificate of Need

RECEIPT OF EXPEDITED APPLICATION

The Agency for Health Care Administration received the following CON application for expedited review:

CON #10228 Received: 05/05/14

County: Collier Service District: 8-2

Applicant/Facility: Pelican Bay Retirement Services, Inc./Premier Place at the Glenview

Project Description: Add seven sheltered nursing home beds

DEPARTMENT OF HEALTH

Board of Nursing

Notice of Emergency Action

On May 5, 2014, State Surgeon General issued an Order of Emergency Restriction of License with regard to the license of Thomas Gary Westcott, R.N., License Number: RN 1332002. This Emergency Restriction Order was predicated upon the State Surgeon General’s findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2012-2013). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH

Board of Nursing

Notice of Emergency Action

On May 5, 2014, State Surgeon General issued an Order of Emergency Restriction of License with regard to the license of Jacqueline Ann Maley, L.P.N., License No: PN 5188511. This Emergency Restriction Order was predicated upon the State Surgeon General’s findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2012-2013). The

State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF FINANCIAL SERVICES  
FSC – Financial Institution Regulation  
Financial Institutions

NOTICE OF FILINGS

Financial Services Commission

Office of Financial Regulation

May 7, 2014

Notice is hereby given that the Office of Financial Regulation, Division of Financial Institutions, has received the following application. Comments may be submitted to the Division Director, 200 East Gaines Street, Tallahassee, Florida 32399-0371, for inclusion in the official record without requesting a hearing. However, pursuant to provisions specified in Chapter 69U-105, Florida Administrative Code, any person may request a public hearing by filing a petition with the Agency Clerk as follows:

By Mail or Facsimile	OR	By Hand Delivery
Agency Clerk		Agency Clerk
Office of Financial Regulation		Office of Financial Regulation
P.O. Box 8050		General Counsel’s Office
Tallahassee, Florida 32314-8050		The Fletcher Building, Suite 118
Phone: (850)410-9800		101 East Gaines Street,
Fax: (850)410-9548		Tallahassee, Florida 32399-0379
		Phone: (850)410-9889

The Petition must be received by the Clerk within twenty-one (21) days of publication of this notice (by 5:00 P.M., May 27, 2014):

APPLICATION AND PLAN FOR THE PURCHASE OF  
CERTAIN ASSETS AND  
ASSUMPTION OF CERTAIN LIABILITIES

Acquiring Entity: Harbor Community Bank, Indiantown, Florida

Selling Entity: Banco Popular North America, New York, NY

Received: May 2, 2014

Section XIII

Index to Rules Filed During Preceding  
Week

NOTE: The above section will be published on Tuesday beginning October 2, 2012, unless Monday is a holiday, then it will be published on Wednesday of that week.