

## Section I

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

#### AGENCY FOR HEALTH CARE ADMINISTRATION

#### Medicaid

RULE NO.: RULE TITLE:  
59G-6.045 Payment Methodology for Services in  
Facilities Not Publicly Owned and Not  
Publicly Operated

PURPOSE AND EFFECT: The purpose of the amendment to Rule 59G-6.045, Florida Administrative Code, is to describe the reimbursement methodology for services provided in facilities that are not publicly owned or operated. The amendment specifies methodology calculations, provides definitions and updates rule terminology.

SUBJECT AREA TO BE ADDRESSED: Payment Methodology for Services in Facilities Not Publicly Owned and Not Publicly Operated.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.908, 409.9083 FS.

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

DATE AND TIME: May 5, 2021, 4:00 p.m. to 4:30 p.m.

PLACE: Remote Listeners: Attendees may register for the workshop at:

<https://attendee.gotowebinar.com/register/5639435135728945675>. After registering, a confirmation email will be received containing information about joining the webinar, and opportunities to offer comments and questions will be available. 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: [MedicaidRuleComments@ahca.myflorida.com](mailto:MedicaidRuleComments@ahca.myflorida.com) If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: [MedicaidRuleComments@ahca.myflorida.com](mailto:MedicaidRuleComments@ahca.myflorida.com).

Please note that a preliminary draft of the reference material, if available, will be posted prior to the workshop at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

Official comments to be entered into the rule record will be received until 5:00 p.m. on May 6, 2021 and may be e-mailed to [MedicaidRuleComments@ahca.myflorida.com](mailto:MedicaidRuleComments@ahca.myflorida.com).

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-6.045 Payment Methodology for Services in Facilities Not Publicly Owned and Not Publicly Operated. (Facilities Formerly Known as ICF-MR/DD Facilities)

(1) This rule applies to participating intermediate care facilities for individuals with intellectual disabilities (ICF/IID) not publicly owned and not publicly operated rendering Florida Medicaid services to recipients in accordance with Rule 59G 4.170, Florida Administrative Code. Reimbursement to participating facilities for services provided shall be in accordance with the Florida Title XIX Reimbursement Plan for Services in Facilities Not Publicly Owned and Not Publicly Operated (the Plan), Version XIII, effective July 1, 2017, available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-09079>, incorporated by reference. The Plan is applicable to the fee for service delivery system. A copy of the Plan as revised may be obtained by writing to the Bureau of Medicaid Program Finance, Agency for Health Care Administration, Mail Stop 23, Tallahassee, Florida 32308.

(2) Definitions.

(a) Acceptable cost report – A completed, accurate and legible cost report that contains all relevant schedules, worksheets and supporting documents in accordance with cost reporting instructions.

(b) AHCA – Agency for Health Care Administration.

(c) Eligibility Factor – the percentage of days that a provider is in compliance with all conditions of participation during the rate period in effect one year prior to the rate period being set.

(d) Filing due date (cost report) - No later than five calendar months after the close of the ICF/IID's cost reporting year.

(e) Incentive – An amount paid to providers whose annual rates of cost increase for operating costs or resident care costs from one cost reporting period to the next are less than 1.4 times the average cost increase for the applicable period documented by the ICF/IID Cost Inflation Index.

(f) Interim cost per diem – A reimbursement rate or a portion of an overall reimbursement rate that is calculated from budgeted cost data divided by the total patient days.

(g) Medicaid Trend Adjustment (MTA) - The MTA is a percentage reduction that is uniformly applied to all Florida Medicaid providers each rate period which equals all recurring and nonrecurring budget reductions on an annualized basis.

(h) Operating cost per diem – Those costs not directly related to resident care, property costs, or Return on equity (ROE). Operating costs include administrative, plant operation, laundry, and housekeeping costs divided by the total patient days.

(i) Patient Responsibility – Florida Medicaid deducts the portion of a recipient’s monthly income, as determined by the Department of Children and Families (DCF), that the recipient is required to pay.

(j) Property cost per diem – Those costs related to the ownership or leasing of an ICF/IID. Such costs may include property taxes, insurance, interest and depreciation, or rent divided by the total patient days.

(k) Quality Assessment – Pursuant to section 409.9083, Florida Statute, a per-resident-day basis assessment is imposed upon each ICF/IID.

(l) Rate setting due date – All cost reports received by AHCA on or before February 1 shall be used to establish the reimbursement rates for the upcoming rate period. If February 1 falls on the weekend, the due date shall be the first business day following February 1.

(m) Reimbursement Class – Reimbursement rates shall be calculated separately for the following two levels of reimbursement:

1. Developmental Residential and Developmental Institutional - A reimbursement level for recipients who are ambulatory or self-mobile using mechanical devices and are able to transfer themselves without human assistance, but may require assistance and oversight to ensure safe evacuation.

2. Developmental Non-ambulatory and Developmental Medical - A reimbursement level for recipients who are capable of mobility only with human assistance or require human assistance to transfer to or from a mobility device or require continuous medical and nursing supervision.

(n) Resident care cost per diem – Those costs directly attributed to nursing services, dietary costs, and other costs directly related to resident care such as activity costs, social services, and all medically-ordered therapies divided by the total patient days.

(o) ROE or use allowance cost per diem – Net Income or Profits or Shareholder’s Equity divided by the total patient days.

(p) Target Rate Factor – 1.4 times the simple average of the monthly Florida ICF/IID Cost Inflation Indices associated with the more recent cost reporting period divided by the simple average of the monthly indices associated with the prior cost reporting period.

~~Participating Intermediate Care Facilities (ICF) shall use the Facility Quality Assessment form (only accepted electronically), AHCA Form 5000-3548, October 2013, incorporated by reference, for the submission of its monthly quality assessment. This form can be accessed at <https://apps.ahca.myflorida.com/nfqa/>.~~

(3) Reimbursement. Each July 1, AHCA will reimburse for Florida Medicaid services rendered by facilities not publicly owned and not publicly operated in accordance with section

~~409.906, F.S. Each facility shall report monthly to the Agency, its total number of resident days and remit an amount equal to the assessment rate times the reported number of days. Facilities are required to submit their full quality assessment payment by the 15th day of the next succeeding calendar month.~~

~~(4) Reimbursement Methodology.~~

~~(a) Rate setting method~~

~~1. Determine Inflated Prior Period Costs of Operating and Resident Care components~~

~~Prior Period Inflated Costs Per Diem = (Prior Period Base \* Target Rate of Inflation) / Resident Days~~

~~2. Current Period Costs Per Diem = Total Allowable Cost of Component / Resident Days~~

~~3. Determine the Incentive Basis for Operating and Resident Care component per diems~~

~~If Prior Period Inflated Costs Per Diem > Current Period Costs Per Diem,~~

~~Incentive Basis = Prior Period Inflated Costs Per Diem - Current Period Costs Per Diem~~

~~4. Final Incentive Per Diem~~

~~For Operating component = Eligibility Factor \* Minimum of:~~

~~(a) Incentive Basis for Operating Component \* 50%~~

~~(b). Incentive Basis for Operating Component - Current Period Costs Per Diem \* 10%~~

~~For Resident Care component = Eligibility Factor \* Minimum of:~~

~~(a) Incentive Basis for Resident Care Component \* 50%~~

~~(b) Incentive Basis for Resident Care Component - Current Period Costs Per Diem \* 3%~~

~~5. Current Period Base Per Diem = Current Period Costs Per Diem + Final Incentive Per Diem~~

~~6. Prospective Rate Per Diem = Current Period Base Per Diem \* (Simple average of the monthly cost inflation indices for the prospective rate period / Simple average of the monthly cost inflation indices for the cost report period used to calculate current base per diems)~~

~~7. Total Prospective per diem = Prospective Rate of Operating per diem + Prospective Rate of Resident Care per diem + Property per diem + ROE or use allowance + Interim Components + MTA + Quality Assessment.~~

~~(b) Base Year ceilings for new providers in facilities with six beds or less.~~

~~1. Property costs per diems shall not be in excess of the established ceiling limitations.~~

~~2. Operating costs per diems shall not be in excess of the 90th percentile of per resident day costs of all currently participating ICF/IID providers that have prospective rates. This ceiling shall be recalculated for every rate period beginning July 1 of each year.~~

3. Resident care costs per diems shall not exceed the highest per resident day cost for the respective reimbursement class of any other currently participating provider having a prospective rate. The ceiling shall be recalculated for every rate period beginning July 1 of each year.

4. Total costs per diem ceilings (including ROE) shall not exceed the total costs per diem ceilings for interim cost per diems multiplied times 1.04. When a provider is limited to the total ceiling in the base year, the total ceiling shall be allocated to each component to cost settle interim rates and to calculate prospective rates based on the percentage that each component's actual allowable cost is to the total actual allowable cost for all components, including ROE, in the base year.

Providers are subject to the following monetary fines pursuant to Section 409.9083(6), F.S., for failure to timely pay a quality assessment:

(a) For a facility's first offense, a fine of \$500 per day shall be imposed until the quality assessment is paid in full, but in no event shall the fine exceed the amount of the quality assessment.

(b) For any offense subsequent to a first offense, a fine of \$1,000 per day shall be imposed until the quality assessment is paid in full, but in no event shall the fine exceed the amount of the quality assessment. A subsequent offense is defined as any offense within a period of five years preceding the most recent quality assessment due date.

(c) An offense is defined as one month's quality assessment payment not received by the 20th day of the next succeeding calendar month.

(d) In the event that a provider fails to report their total number of resident days as defined in Section 409.9083(1)(c), F.S., by the 20th day of the next succeeding calendar month, the fines in paragraphs (a)-(c), apply and the maximum amount of the fines shall be equal to their last submitted quality assessment amount but in no event shall the total fine exceed the amount of the quality assessment.

(5) Intermediate Care Facility Quality Assessment Fee (QAF)

In accordance with section 409.9083, F.S., there is imposed upon each ICF/IID, a quality assessment. The aggregate amount of assessments for all ICF/IIDs in a given year shall be an amount not exceeding the maximum percentage allowed under federal law of the total aggregate net patient services revenue of assessed facilities.

(a) Participating ICF/IIDs shall use the Facility Quality Assessment form (only accepted electronically), AHCA Form 5000-3548, October 2013, incorporated by reference, for the submission of its monthly quality assessment. This form can be accessed at <https://apps.ahca.myflorida.com/nfqa/>.

(b) Each facility shall report monthly to the Agency its total number of resident days and remit an amount equal to the assessment rate times the reported number of days. Facilities are required to submit their full quality assessment payment by the 15th day of the next succeeding calendar month.

In addition to the aforementioned fines, providers are also subject to the non-monetary remedies enumerated in Section 409.9083(6), F.S. Imposition of the non-monetary remedies by the Agency will be as follows:

(a) For a third subsequent offense, the Agency will withhold any medical assistance reimbursement payments until the assessment is recovered.

(b) For a fourth or greater subsequent offense, the Agency will seek suspension or revocation of the facility's license.

(c) Sanctions for failure to timely submit a quality assessment are non-allowable costs for reimbursement purposes and shall not be included in the provider's Medicaid per diem rate.

Providers are subject to the following monetary fines pursuant to Section 409.9083(6), F.S., for failure to timely pay a quality assessment:

(a) For a facility's first offense, a fine of \$500 per day shall be imposed until the quality assessment is paid in full, but in no event shall the fine exceed the amount of the quality assessment.

(b) For any offense subsequent to a first offense, a fine of \$1,000 per day shall be imposed until the quality assessment is paid in full, but in no event shall the fine exceed the amount of the quality assessment. A subsequent offense is defined as any offense within a period of five years preceding the most recent quality assessment due date.

(c) An offense is defined as one month's quality assessment payment not received by the 15th day of the next succeeding calendar month.

(d) In the event that a provider fails to report their total number of resident days as defined in Section 409.9083(1)(c), F.S., by the 15th day of the next succeeding calendar month, the fines in paragraphs (a)-(b) apply and the maximum amount of the fines shall be equal to their last submitted quality assessment amount, but no greater than \$1000 per day, and in no event shall the total fine exceed the amount of the quality assessment.

(e) In addition to the aforementioned fines, providers are also subject to the non-monetary remedies enumerated in Section 409.9083(6), F.S. Imposition of the non-monetary remedies by the Agency will be as follows:

(f) For a third subsequent offense, the Agency will withhold any medical assistance reimbursement payments until the assessment is recovered.

(g) For a fourth or greater subsequent offense, the Agency will seek suspension or revocation of the facility’s license.

(h) Sanctions for failure to timely submit a quality assessment are non-allowable costs for reimbursement purposes and shall not be included in the provider’s Medicaid per diem rate.

(i) The facility may amend any previously submitted quality assessment data, but in no event may an amendment occur more than twelve months after the due date of the assessment. The deadline for submitting an amended assessment shall not relieve the facility from their obligation to pay any amount previously underpaid and shall not waive the Agency’s right to recoup any underpaid assessments.

~~(7) This rule is effective for 5 years after its effective date. The facility may amend any previously submitted quality assessment data, but in no event may an amendment occur more than twelve months after the due date of the assessment. The deadline for submitting an amended assessment shall not relieve the facility from their obligation to pay any amount previously underpaid and shall not waive the Agency’s right to recoup any underpaid assessments.~~

Rulemaking Authority 409.919 FS. Law Implemented 409.908, 409.9083 FS. History—New 3-14-99, Amended 10-12-04, 2-22-06, 4-12-09, 3-3-10, 2-23-11, 7-16-12, 2-13-14, 2-4-15, 6-15-15, 7-11-16, 6-27-17, 3-11-18, \_\_\_\_\_.

**DEPARTMENT OF HEALTH**

**Division of Emergency Preparedness and Community Support**

RULE NOS.:	RULE TITLES:
64J-4.001	Purpose and Definitions
64J-4.002	Application for Repository Participation or Withdrawal
64J-4.003	Eligible Donors and Donation Requirements
64J-4.004	Donated Drug Inspection and Recordkeeping
64J-4.005	Patient Eligibility and Dispensing Requirements
64J-4.006	Recalled Prescription Drugs

PURPOSE AND EFFECT: This rule establishes the requirements for the department’s prescription drug donation repository program as created under section 465.1902, Florida Statutes.

SUBJECT AREA TO BE ADDRESSED: Prescription Drug Donation Repository Program

RULEMAKING AUTHORITY: 465.1902(13) FS.

LAW IMPLEMENTED: 465.1902 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: Dr. Niaz Siddiqui at (850)922-9036 or niaz.siddiqui@flhealth.gov. THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

**Section II  
Proposed Rules**

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Certificate of Need**

RULE NOS.:	RULE TITLES:
59C-1.004	Projects Subject to Review
59C-1.005	Certificate of Need Exemption Procedure
59C-1.0085	Project Specific Certificate of Need Application Procedures
59C-1.010	Certificate of Need Application Review Procedures
59C-1.012	Administrative Hearing Procedures
59C-1.021	Certificate of Need Penalties
59C-1.030	Criteria Used in Evaluation of Applications

PURPOSE AND EFFECT: The Agency proposes to amend these rules pursuant to HB 21 during the 2019 legislative session to delete references to hospital projects no longer subject to Certificate of Need review. Language has also been added to clarify those projects which require a Certificate of Need.

SUMMARY: The proposed changes to rules 59C-1.004, 1.005, 1.0085, 1.010, 1.012, 1.021, and 1.030, F.A.C., eliminate obsolete language and references to projects and programs that are no longer under the purview of Certificate of Need review.

**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:**

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: For rules listed where no SERC was prepared, the Agency prepared a checklist for each rule to determine the necessity for a SERC. Based on this information at the time of the analysis and pursuant to section 120.541, Florida Statutes, the rule will not require legislative ratification.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal

for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 408.034, 408.033, 408.15, FS. LAW IMPLEMENTED: 408.034, 408.035, 408.036, 408.037, 408.038, 408.039, 408.040, 408.042, 408.044, 408.061, 408.08 FS.

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

DATE AND TIME: May 20, 2021, 2:00 p.m. to 4:00 p.m.

PLACE: No public face-to-face meeting. This hearing will be conducted via teleconference. Participate by dialing the Open Voice conference line, 1(888)585-9008, then enter the conference room number followed by the pound sign, 476-211-242#. The agenda and related materials can also be found on the web at: [https://ahca.myflorida.com/MCHQ/Health\\_Facility\\_Regulation/Rulemaking.shtml](https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Rulemaking.shtml).

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: James B. McLemore, Bureau of Health Facility Regulation, 2727 Mahan Drive, Tallahassee, Florida, (850)412-4346.. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: James B. McLemore, Bureau of Health Facility Regulation, 2727 Mahan Drive, Tallahassee, Florida, (850)412-4346.

THE FULL TEXT OF THE PROPOSED RULE IS:

59C-1.004 Projects Subject to Review.

(1) Projects Subject to a Comparative Review. Unless subject to expedited review under Section 408.036(2), F.S., and subsection (2) of this rule, or exempted under Section 408.036(3), F.S. and Rule 59C-1.005, F.A.C., the following projects are subject to comparative review and the batching cycle procedures specified in Rule 59C-1.008, F.A.C., and will be reviewed in accordance with procedures set forth in subsection 59C-1.010(3), F.A.C.:

(a) The addition of beds in community nursing homes or intermediate care facilities for the developmentally disabled (ICF/DD) by new construction or alteration, unless exempt pursuant to Section 408.036(3) ~~(m)~~ ~~(s)~~, F.S.

(b) The new construction or establishment of additional health care facilities, including a replacement health care facility when the proposed project site is not located on the same site or within one mile of the existing health care facility, if the number of beds in each licensed bed category will not

increase and unless exempt pursuant to Section 408.036(3) ~~(j)~~ ~~(p)~~, F.S.

~~(c) The conversion from one type of health care facility to another that requires a certificate to establish including the conversion from a general hospital, a long term care hospital or a specialty hospital provided the conversion to a specialty hospital that is not subject to Section 395.003(8), F.S.~~

~~(d) An increase in the total licensed bed capacity for comprehensive rehabilitation unless exempt under Section 408.036(3)(j), F.S.~~

~~(d)(e)~~ The establishment of a Hospice or Hospice inpatient facility.

~~(f) The establishment of inpatient tertiary health services by a health care facility.~~

~~(g) An increase in the number of beds for acute care in a hospital that is located in a low growth county as defined in Section 408.036(1)(g), F.S.~~

(2) Projects Subject to Expedited Review. Unless reviewable under Section 408.036(1), F.S., above or exempted under Section 408.036(3), F.S., the following projects are subject to expedited review, and will be reviewed in accordance with procedures set forth in subsection 59C-1.010(4), F.A.C.:

(a) Sheltered nursing home beds.

~~(b) Transfer of a Certificate of Need except that when an existing hospital is acquired by a purchaser, all certificates of need issued to the hospital which are not yet operational shall be acquired by the purchaser, without need for a transfer.~~

(c) through (d) No change.

(e) Relocation of a portion of the nursing home's licensed beds to a licensed facility or to establish a new facility within the same district, or a geographically contiguous district if the relocation is within a 30-mile radius of the existing facility and the total number of nursing home beds in the state does not increase as a result of this project.

1. Applications submitted under this paragraph must be submitted by the licensed nursing home proposing to add the beds or by the applicant proposing to establish a new facility. A letter from the facility from which the beds are being relocated must be submitted certifying that beds will be delicensed should the CON be awarded to the applicant.

2. The relocation of beds under this paragraph shall be limited to a portion of beds such that the occupancy rate of the remaining licensed beds of the facility from which beds are being relocated does not exceed 92% percent.

(f) New construction of a community nursing home in a retirement community pursuant to the provisions in Section 408.036(2)(e), F.S.

(3) This rule is in effect for five years from its effective date.

Rulemaking Authority 408.034(8), 408.15(8) FS. Law Implemented 408.033, 408.035, 408.036(1), (2), 408.037, 408.038, 408.039 FS.

History—New 1-1-77, Amended 11-1-77, 9-1-78, 6-5-79, 4-25-80, 2-1-81, Formerly 10-5.04, Amended 11-24-86, 11-17-87, 1-31-91, 1-1-92, Formerly 10-5.004, Amended 9-10-92, 1-9-95, 11-4-97, 12-12-00, 11-12-01, 8-1-05, 3-16-16, \_\_\_\_\_.

59C-1.005 Certificate of Need Exemption Procedure.

(1) through (5) No change.

(6) Project Specific Exemption Requests. In addition to meeting the requirements of subsections (1) and (2) of this rule, requests for exemption of certain projects must meet the additional requirements specified below:

(a) Combination within one nursing home facility of the beds authorized by two or more certificates of need issued in the same planning subdistrict. A request for exemption of a proposed combination of authorized nursing home beds shall specify:

1. The number of beds authorized by each Certificate of Need that is being combined.
2. The current holder of each Certificate of Need that is being combined.
3. The financial impact of combining the certificates of need.
4. The intended licensee for the beds included in the combined certificates of need.
5. An exemption granted under this paragraph extends the validity period of the certificates to be combined by the length of the period starting with submission of the exemption request and ending with issuance of the exemption.
6. The longest validity period among the certificates that are combined will be the validity period for the combined certificates.

7. An exemption granted under this paragraph does not authorize transfer of the combined Certificates of Need to another entity. Such transfer requires a Certificate of Need consistent with the provisions of sections 408.036(2)(a) and 408.042, F.S. and rule 59C-1.0085, F.A.C.

(b) Division into two or more nursing home facilities of the beds authorized by one Certificate of Need issued in the same planning subdistrict. A request for exemption of a proposed division of authorized nursing home beds shall specify:

1. The number of beds to be included in each component of the divided Certificate of Need.
2. The financial impact of dividing the Certificate of Need.
3. The intended licensee for the beds included in each component of a divided Certificate of Need, if known.
4. An exemption granted under this paragraph extends the validity period of the certificate to be divided by the length of the period starting with submission of the exemption request and ending with issuance of the exemption. The extension is applicable to each component of the divided Certificate of Need.

5. An exemption granted under this paragraph does not authorize transfer of the component or components of a divided Certificate of Need to another entity. Such transfer requires a Certificate of Need consistent with the provisions of sections 408.036(2)(c) and 408.042, F.S. and rule 59C-1.0085, F.A.C.

~~(c) Addition of comprehensive medical rehabilitation beds, licensed under chapter 395, F.S., and located within a unit of an acute care hospital or within a freestanding rehabilitation hospital in a number not exceeding 10 beds or 10% percent of the licensed capacity, whichever is greater. A request for exemption of a proposed addition of Comprehensive Medical Rehabilitation hospital beds shall specify:~~

- ~~1. The current number of licensed Comprehensive Medical Rehabilitation beds.~~
- ~~2. The exact number of beds proposed to be added.~~
- ~~3. Any inpatient beds of another type proposed to be delicensed or terminated in conjunction with the proposed increase.~~
- ~~4. The request shall certify that:~~
  - ~~a. The average occupancy rate for the 12 month period ending 1 month prior to the exemption request meets or exceeds 80% percent. For the purpose of calculating average occupancy under this sub-subparagraph, the 12 month total of patient days shall be divided by 365 to determine an average daily census, and the average daily census shall then be divided by the total of licensed and approved beds located at the premises of the facility within the category of beds being expanded as of the end of the 12 month period. Approved beds are beds authorized for the facility consistent with the provisions of paragraph 59C-1.008(2)(b), F.A.C.~~
  - ~~b. Any beds of the same type previously authorized for the facility by an exemption under this paragraph have been licensed and operational for at least 12 months.~~

~~5. An exemption granted under this paragraph is subject to the project monitoring requirements of sections 408.040(2)(a)-(e), F.S. and subsections 59C-1.013(2) and (3), F.A.C., including project progress reports, an 18 month validity period for the exemption, and the circumstances for extension of the validity period.~~

~~6. Beds authorized under this paragraph shall be inventoried as approved beds until the beds are licensed.~~

~~(c)(d) Addition of nursing home beds in a number not exceeding 10 beds or 10% percent of the licensed capacity of the nursing home being expanded, whichever is greater. A request for exemption of a proposed addition of nursing home beds shall specify:~~

- ~~1. The licensed bed capacity of the nursing home proposed to be expanded.~~
- ~~2. The current number of sheltered beds, if any, included within the licensed bed capacity.~~
- ~~3. The exact number of beds proposed to be added.~~

4. The number of sheltered beds, if any, proposed to be included within the total to be added.

5. The request shall certify that:

a. The facility has not had any Class I or Class II deficiencies within the 30 months preceding the request for an addition.

b. The average occupancy rate for the nursing home beds at the facility, for the 12-month period ending 1 month prior to the exemption request, meets or exceeds 94% percent. For the purpose of calculating average occupancy under this sub-subparagraph, the 12-month total of patient days shall be divided by 365 to determine an average daily census, and the average daily census shall then be divided by the total of licensed and approved beds as of the end of the 12-month period. Approved beds are beds authorized for the facility consistent with the provisions of paragraph 59C-1.008(2)(b), F.A.C.

c. Any beds previously authorized for the facility by an exemption under this paragraph have been licensed and operational for at least 12 months.

6. An exemption granted under this subparagraph is subject to the project monitoring requirements of sections 408.040(2)(a)-(c), F.S. and subsections 59C-1.013(2) and (3), F.A.C., including project progress reports, an 18-month validity period for the exemption, and the circumstances for extension of the validity period.

7. Beds authorized under this paragraph shall be inventoried as approved beds until the beds are licensed.

~~(d)(e)~~ Addition of nursing home beds to a facility that has been designated as a Gold Seal nursing home under section 400.235, F.S., in a number not exceeding 20 beds or 10 percent of the licensed capacity of the nursing home being expanded, whichever is greater. A request for exemption of a proposed addition of nursing home beds shall specify:

1. The licensed bed capacity of the nursing home proposed to be expanded.

2. The current number of sheltered beds, if any, included within the licensed bed capacity.

3. The exact number of beds proposed to be added.

4. The number of sheltered beds, if any, proposed to be included within the total to be added.

5. The request shall certify that:

a. The facility has not had any Class I or Class II deficiencies within the 30 months preceding the request for an addition.

b. The average occupancy rate for the nursing home beds at the facility, for the 12-month period ending 1 month prior to the exemption request, meets or exceeds 94% percent. For the purpose of calculating average occupancy under this sub-subparagraph, the 12-month total of patient days shall be divided by 365 to determine an average daily census, and the

average daily census shall then be divided by the total of licensed and approved beds as of the end of the 12-month period. Approved beds are beds authorized for the facility consistent with the provisions of paragraph 59C-1.008(2)(b), F.A.C.

c. Any beds previously authorized for the facility by an exemption under this paragraph have been licensed and operational for at least 12 months.

6. An exemption granted under this subparagraph is subject to the project monitoring requirements of sections 408.040(2)(a)-(c), F.S. and subsections 59C-1.013(2) and (3), F.A.C., including project progress reports, an 18-month validity period for the exemption, and the circumstances for extension of the validity period.

7. Beds authorized under this subparagraph shall be inventoried as approved beds until the beds are licensed.

~~(e)(f)~~ Addition of nursing home beds licensed under chapter 400, F.S., for a replacement nursing home not to exceed 30 total beds or 25 percent of the number of licensed and approved beds in the facility being replaced according to the provisions in sections 408.036(2)(b), (2)(c) or (3) ~~(j)~~ ~~(p)~~, F.S., whichever is less. A request for exemption of a proposed expansion of authorized nursing home beds must specify:

1. The licensed bed capacity of the nursing home proposed to be expanded.

2. The exact number of beds proposed to be added.

3. The subdistrict location of the facility as defined in rule 59C-2.200, F.A.C.

~~(g) Establishment of a Level II neonatal intensive care unit (NICU) within a licensed acute care facility if the facility can document that it has had a minimum of 1,500 births during the 12 months preceding the month the Certificate of Need exemption request was submitted and agrees to establish at least 10 Level II NICU beds. The request for exemption should specify:~~

~~1. The total licensed bed capacity of the hospital.~~

~~2. The total licensed bed capacity if the Certificate of Need exemption request is granted.~~

~~3. Applicants for exemption under this paragraph must certify that the NICU unit will provide a level of charity care or Medicaid patient days equal to or greater than the district average. The district average will be determined by averaging all Medicaid, Medicaid HMO, and charity care reported to the Florida Center for Health Information and Policy Analysis for the most recent 12 month period in which data has been certified by the Florida Center for Health Information and Policy Analysis.~~

~~a. Applicants seeking exemption under this paragraph will verify the district average with the Florida Center for Health Information and Policy Analysis and certify to provide a certain percentage of patient days to either Medicaid, including~~

Medicaid HMO, or charity care patients or a combination of Medicaid, including Medicaid HMO, and charity care patients.

b. Applicants granted exemption under this paragraph shall report annually, pursuant to section 408.040, F.S. and rule 59C-1.013, F.A.C.

4. Applicants for exemption under this paragraph shall demonstrate that it meets the requirements for quality of care, nurse staffing, physician staffing, physical plant, equipment, emergency transportation, and data reporting found in rule 59C-1.042, F.A.C.

a. Documentation of staffing patterns shall be submitted in a clearly organized format and certified to be correct by the applicant or its authorized representative.

b. Physical plant requirements shall be presented in a clearly organized format and certified to be correct by the applicant or its authorized representative and must indicate the establishment of at least a 10-bed unit.

c. A listing of equipment and equipment specifications should be presented and the applicant or its authorized representative must certify that listed equipment will be purchased.

d. Documentation from authorized emergency transportation providers must be presented attesting to the availability of such transportation to the applicant and certifying that it will provide emergency transportation to the applicant's NICU patients.

(h) Establishment of a Level III Neonatal Intensive Care Unit (NICU) with at least 15 beds within a licensed acute care facility if the facility has at least a 10-bed Level II NICU and can document that it has had a minimum of 3,500 births during the 12 months preceding the month the Certificate of Need exemption request was submitted and the establishment at least 5 Level III NICU beds in an applicant hospital that is a verified trauma center pursuant to section 395.4001(14), F.S., and has a Level II neonatal intensive care unit. A request for exemption should specify:

1. The total licensed bed capacity of the hospital.
2. The total licensed bed capacity if the Certificate of Need exemption request is granted.

3. Applicants for exemption under this paragraph must certify that the NICU unit will provide a level of charity care or Medicaid patient days equal to or greater than the district average. The district average will be determined by averaging all Medicaid, Medicaid HMO, and charity care reported to the Florida Center for Health Information and Policy Analysis for the most recent 12-month period in which data has been certified by the Florida Center for Health Information and Policy Analysis.

a. Applicants seeking exemption under this paragraph will verify the district average with the Florida Center for Health Information and Policy Analysis and certify to provide a certain

percentage of patient days to either Medicaid, including Medicaid HMO, or charity care patients or a combination of Medicaid, including Medicaid HMO, and charity care patients.

b. Applicants granted exemption under this paragraph shall report annually, pursuant to section 408.040, F.S. and rule 59C-1.013, F.A.C.

4. Applicants for exemption under this paragraph shall demonstrate that it meets the requirements for quality of care, nurse staffing, physician staffing, physical plant, equipment, emergency transportation, and data reporting found in rule 59C-1.042, F.A.C.

a. Documentation of staffing patterns shall be submitted in a clearly organized format and certified to be correct by the applicant or its authorized representative.

b. Physical plant requirements shall be presented in a clearly organized format and certified to be correct by the applicant or its authorized representative and must indicate the establishment of the unit.

c. A listing of equipment and equipment specifications should be presented and the applicant or its authorized representative must certify that listed equipment will be purchased.

d. Documentation from authorized emergency transportation providers must be presented attesting to the availability of such transportation to the applicant and certifying that it will provide emergency transportation to the applicant's NICU patients.

(i) The addition of mental health services or beds, as defined in rule 59C-1.002, F.A.C., to licensed acute care or mental health facilities if the applicant commits to providing services to Medicaid or charity care patients at a level equal to or greater than the District average. A request for exemption of a proposed addition of mental health beds or services shall specify:

1. The licensed bed capacity of the mental health facility or unit to be expanded.
2. The current number of mental health beds by bed category as defined in rule 59C-1.002, F.A.C.
3. The exact number of beds proposed to be added.
4. The total number of mental health beds, by category, should this exemption be granted.
5. The request shall certify that the level of charity care or Medicaid patient days will be no less than the district average. The district average will be determined by averaging all Medicaid, Medicaid HMO, and charity care reported to the State Center for Health Statistics for the most recent 12-month period in which data has been cleared by the State Center for Health Statistics.

6. Mitigating evidence of compliance under this paragraph may include care provided to and state-sponsored patients at a reduced rate and Baker Act patients. Documentation to



~~demonstrate this care shall be produced annually with the condition compliance report pursuant to section 408.040, F.S. and rule 59C-1.013, F.A.C.~~

~~7. Beds authorized under this paragraph shall be inventoried as approved beds until the beds are licensed.~~

~~8. Notification to the CON office of the conversion of beds from one type of mental health bed to another as defined in rule 59C-1.002, F.A.C., does not require a Certificate of Need exemption request and satisfies the requirements of section 408.036(5)(c), F.S.~~

~~(f)(j)~~ The consolidation or combination of licensed nursing homes or transfer of beds between licensed nursing homes within the same planning district, by providers that operate multiple nursing homes within that same planning district, if there is no increase in the planning district total number of nursing home beds as a result of this project and the site of the relocation is not more than 30 miles from the original location. A request for exemption under this paragraph shall specify:

1. For transfer requests:

a. The name and licensed bed capacity of nursing home from which beds will be transferred.

b. The name and licensed beds capacity of the nursing home to which beds will be transferred.

c. The exact number of beds proposed to be added.

d. The total number of licensed beds at each facility should this exemption be granted.

e. The subdistrict location of each facility as defined in rule 59C-2.200, F.A.C.

f. The physical location of each facility.

2. For consolidation or combination requests:

a. The name and licensed bed capacity of each nursing home to be consolidated.

b. The name of the resulting consolidated nursing home.

c. The total number of licensed beds at the consolidated facility should this exemption be granted.

3. Verification that the providers have shared controlled interest in operating the nursing homes from which beds will either be transferred, consolidated, or combined. Certificate of Need exemption requests under this provision shall require verification that providers operate the nursing facilities in question under a common ownership or control. Verification may include copies of nursing home licenses showing common ownership or appropriate documentation that establishes the subject nursing homes are affiliates through a shared common ownership or controlling interest as defined in section 408.803(7), F.S. If Agency records indicate information inconsistent with that presented by the requesting parties, then Agency records create a rebuttable presumption as to the correctness of those records and the request for exemption will be denied.

~~(g)(k)~~ The reestablishment of a health care facility or service. A request for exemption under this paragraph shall specify:

1. Documentation that the exemption applicant was previously licensed within the past 21 days as a health care facility or provider pursuant to section 408.036(1), F.S.

2. The request shall certify that the exemption applicant failed to submit a renewal application.

3. The request shall certify that the exemption applicant does not have a license denial or revocation action pending with the Agency.

4. The service type, district, service area and site for the reestablished health care facility or service.

5. If applicable, the number and type of beds for the reestablished health care facility.

6. If applicable, identify the conditions that were previously imposed on the certificate of need or exemption related to the exemption applicant's previously licensed health care facility or service.

7. The request shall certify that the exemption applicant agrees to the conditions that were previously imposed on the certificate of need or exemption related to the exemption applicant's previously licensed health care facility or service.

8. An exemption granted under this paragraph will expire on the 22nd day following the Agency's approval if the exemption applicant does not apply for an initial license as required under section 408.806, F.S.

~~(h)(t)~~ The establishment of a hospice program by a entity that shares a controlling interest with a not-for-profit retirement community that offers independent living, assisted living and skilled nursing services provided in facilities on the same premises as the not-for-profit retirement community. A request for exemption under this paragraph shall specify:

1. Documentation that the skilled nursing home on premise is designated by the Agency as teaching nursing home in accordance with section 430.80, F.S. and that the facility has been designated as such for at least five years prior to the exemption request.

2. Verification that the applicant and the not-for-profit retirement community and the licensed skilled nursing facility have shared controlled interest. Requests under this provision shall require verification that the providers operate the facilities under a common ownership or control. Verification may include copies of licenses as well as a copy of the certificate of authority showing common ownership or appropriate documentation that establishes the subject nursing homes are affiliates through a shared common ownership or controlling interest as defined in section 408.803(7), F.S. If Agency records indicate information inconsistent with that presented by the requesting parties, then Agency records create a rebuttable

presumption as to the correctness of those records and the request for exemption will be denied.

3. The request shall certify that the exemption applicant does not operate another hospice granted under this provision.

4. The request shall certify that the exemption applicant will only serve hospice patients residing in communities located within the not-for-profit retirement community, including home and community-based service providers.

5. A service authorized under this paragraph shall be inventoried as an approved program until the service is licensed.

(7) This rule is in effect for five years from its effective date.

Rulemaking Authority 408.034(8), 408.15(8) FS. Law Implemented 408.036(3), (4) FS. History—New 1-1-77, Amended 6-5-79, 2-1-81, Formerly 10-5.05, Amended 11-17-87, 3-23-88, 1-31-91, Formerly 10-5.005, Amended 7-13-98, 4-2-01, 11-12-01, 8-18-05, 3-16-16, 9-24-18, \_\_\_\_\_.

59C-1.0085 Project Specific Certificate of Need Application Procedures for Transfer of a Certificate of Need.

In addition to the requirements set forth in Rule 59C-1.008, F.A.C., the following requirements apply to the ~~projects described below:~~ (1) ~~T~~transfer of a Certificate of Need. As provided in Sections 408.037(2) and 408.034(2), F.S., an applicant for a Certificate of Need must certify that it will license and operate the health care facility or service authorized by the Certificate of Need; and the Agency will not issue a license to any health care facility, part of a health care facility, ~~H~~hospice, or health care service described in Section 408.036(1) or (2), F.S., which fails to receive a required Certificate of Need. This subsection applies to circumstances where the certificate holder will not be the initial licensee or operator of the authorized project. Such circumstances include, for example, a change in the ownership or licensed operator of the certificate holder. Except as provided in this subsection, such changed circumstances require a Certificate of Need that transfers the authorized project to the intended initial licensee or operator.

(1)(a) An application to transfer a Certificate of Need is subject to an expedited review, as specified in Section 408.036(2)(a), F.S., ~~except that when an existing hospital is acquired by a purchaser, all certificates of need issued to the hospital which are not yet operational shall be acquired by the purchaser, without need for a transfer.~~

(2)(b) The proposed transferee is the applicant for the transfer. The transferor is subject to the limitations on transfer costs specified in Section 408.042, F.S., which must be identified in the application for a transfer.

(3)(e) The application fee for transfer of a Certificate of Need is \$10,000 provided there is no increase in the project cost approved for the Certificate of Need that is being transferred.

The filing fee for a transfer involving an increase in the project cost shall be calculated based on the amount of increase in accordance with Section 408.038, F.S. and paragraph 59C-1.008(3)(a), F.A.C.

(4)(d) A transfer application is required if the intended licensee or operator for approved nursing home beds in a combined Certificate of Need, as authorized by an exemption under Section 408.036(3) (g) ~~(h)~~, F.S., will be an entity other than the holder of any of the uncombined Certificates of Need.

(5)(e) A transfer application is required if the intended licensee or operator for the approved nursing home beds included in a component or components of a divided Certificate of Need, as authorized by an exemption under Section 408.036(3) (h) ~~(i)~~, F.S., will be an entity other than the holder of the undivided Certificate of Need.

(6)(f) A transfer application will be reviewed in accordance with the review criteria in Section 408.035, F.S.

(7)(g) Upon written request from the transferor received at least 15 days prior to the termination date of the Certificate of Need, and receipt of a transfer application, the Agency will extend the validity period of the proposed transferred Certificate of Need for a period of 60 days, consistent with paragraph 59C-1.018(3)(c), F.A.C.

(8)(h) No transfer application is required if a change in the intended initial licensee or operator of an authorized project occurs because of a corporate merger or a change in the corporate name.

(9) This rule is in effect for five years from its effective date.

~~(2) Conversion of licensed mental health beds. As provided in Section 408.036(5)(e), F.S., notification to the Agency is applicable for hospital projects proposing to increase the licensed capacity of a category of mental health services beds through conversion of other mental health beds at the same hospital.~~

~~(a) Mental health beds include adult and child/adolescent psychiatric beds and adult and child/adolescent substance abuse beds.~~

~~(b) Conversions under this subsection shall not increase the total licensed bed capacity of the hospital.~~

~~(3) Shared service arrangement. Any application for a project involving a shared service arrangement is subject to a comparative review when the health service being proposed requires a Certificate of Need to implement and is not currently provided by any of the applicants. Proposals for a shared service arrangement must be limited to hospitals located in the same service planning area, as defined by the Agency and applicable for the service being proposed.~~

~~(a) Each applicant jointly applying for a new health service must be a party to a formal written legal agreement.~~

~~(b) Certificate of Need approval for the shared service will authorize the applicants to provide the new health service as specified in the original application.~~

~~(c) Certificate of Need approval for the shared service shall not be construed as entitling each applicant to independently offer the new health service. Authority for any party to offer the service exists only as long as the parties participate in the provision of the shared service.~~

~~(d) Any of the parties providing a shared service may seek to dissolve the arrangement upon notice to the Agency consistent with Section 408.036(5)(1), F.S. If termination of the agreement occurs, all parties to the original shared service give up their rights to provide the service.~~

~~(e) Parties seeking to provide the service independently in the future must submit applications in the next applicable review cycle and compete for the service with all other applicants.~~

~~(f) All applicable statutory and rule criteria are met.~~

~~(4) Mobile Units.~~

~~(a) Any health care facility which intends to utilize a mobile unit must apply for a Certificate of Need prior to utilization of the mobile unit if the project has been determined subject to review by the Agency.~~

~~(b) Only a health care facility which intends to utilize a mobile unit may apply for a Certificate of Need for a mobile unit.~~

~~(5) Reestablishment of an inpatient health service regulated under this chapter. Reestablishment of a health service which was not offered continuously at a health care facility for the 12-month period prior to the proposed reestablishment is a substantial change in health services, and requires a Certificate of Need.~~

~~Rulemaking Authority 408.034(8), 408.15(8) FS. Law Implemented 408.033, 408.034, 408.036(2), 408.037(3), 408.038, 408.039, 408.042 FS. History—New 1-31-91, Formerly 10-5.0085, Amended 10-18-95, 10-8-97, 12-12-00, 7-19-05,\_\_\_\_\_.~~

59C-1.010 Certificate of Need Application Review Procedures.

(1) The Agency shall review all applications in the context of the review criteria specified in Section 408.035, F.S. and Chapters 59C-1 and 59C-2, F.A.C., and all information relevant to the criteria contained therein.

(2) General Provisions.

(a) Applications subject to comparative or expedited review shall be submitted to the Agency on AHCA Form 3150-0001, August 2020 ~~March 2009~~ "Application For A Certificate of Need" or 3150-0003, August 2020 ~~March 2009~~ "Transfer of A Certificate of Need" ~~or 3150-0002, March 2009 Application For A General Hospital Certificate of Need~~, as referenced in paragraph 59C-1.008(1)(f), F.A.C.

(b) Applications for projects involving an existing health care facility shall be filed by the current license holder as listed on the current Agency license in effect at the time of the applicant omission deadline specified in subparagraphs (3)(a)3. or (4)(d)3. of this rule, or the application shall be withdrawn from consideration. Applications submitted by corporations required to have filed incorporation papers or foreign corporation papers in order to do business in Florida must be able to do business in Florida prior to notifying the Agency of its intentions in a comparative review cycle or by the time it files an expedited application, if the project is subject to expedited review.

(c) An application shall not be deemed complete by the Agency unless all information required by statute and rule has been submitted by the applicant.

~~(d) An application for a general hospital must meet the requirements of Sections 408.035(2) and 408.037(2), F.S.~~

(3) No change.

(4) Expedited Review. Applications subject to expedited review shall be reviewed according to the following timetable:

(a) through (d) no change.

(e) The Agency shall deem the application complete or withdrawn within seven ~~7~~ calendar days of the receipt of the requested information. Subsequent to an application being deemed complete by the Agency, no further application information or amendment will be accepted by the Agency, unless a statutorily required item was omitted and the Agency failed to clearly request the specific item in its omissions request. In the later case, the application may be supplemented only with the omitted item.

(f) through (g) No change.

(5) Issuance of State Agency Action Report.

(a) The Agency shall issue a State Agency Action Report describing the Agency's findings for each application deemed complete. All applications that were comparatively reviewed shall be described in a single State Agency Action Report. The report shall state the Agency's intent to grant or deny certificates of need for projects in their entirety or for identifiable portions thereof, and state the conditions required of the Certificate of Need holder, if any. The Agency Secretary or their ~~his~~ designee shall sign State Agency Action Reports. The Agency shall publish its notice of intent, as set forth in the State Agency Action Report, in the F.A.R. within 14 calendar days after the State Agency Action Report is issued. A notice of intent and State Agency Action Report shall be mailed to each applicant. The Agency decision embodied in the State Agency Action Report to grant additional beds, services, or programs will be reflected in the Agency's inventories.

(b) If there is no challenge to all or any part of the Agency decision embodied in the State Agency Action Report within 21 days after the publication of the notice of intent, consistent with

Rule 59C-1.012, F.A.C., the State Agency Action Report shall become the final order of the Agency. The Certificate of Need shall be signed by the Secretary of the Agency or ~~their~~ his designee and shall become effective on the date when the final order is filed in the Office of the Agency Clerk.

(c) If a request for an Administrative Hearing is filed timely, and a final order is subsequently entered which grants a Certificate of Need in whole or in part, a Certificate of Need shall be signed by the Secretary of the Agency or ~~their~~ his designee. The Certificate of Need shall become effective on the date when the final order is filed in the Office of the Agency Clerk. The Agency shall provide a copy of the final order to the local health councils.

(d) The Agency shall issue a Certificate of Need according to the timeframes specified in subsections (3) or (4) of this rule, specifying the scope of the project, any conditions placed on the Certificate of Need, and an approved dollar amount for the project in its entirety or for identifiable portions of the total project; or the Agency shall deny a Certificate of Need for the project in its entirety. The Agency may impose conditions on a Certificate of Need predicated upon statements of intent expressed by an applicant in the Certificate of Need application, which the Agency relied upon in its decision to issue the Certificate of Need, and which relate to the criteria set forth in Section 408.035, F.S. and Chapters 59C-1 and 59C-2, F.A.C.

(6) through (7) No change.

(8) This rule is in effect for five years from its effective date.

Rulemaking Authority 408.034(8), 408.15(8) FS. Law Implemented 408.033(1), ~~408.035(2)~~, 408.036(2), ~~408.037(2)~~, 408.039(3), (4), (5) FS. History—New 1-1-77, Amended 11-1-77, 9-1-78, 6-5-79, 4-25-80, 2-1-81, 3-31-82, 12-23-82, Formerly 10-5.10, Amended 11-24-86, 11-17-87, 3-23-88, 8-28-88, 1-31-91, 7-1-92, 7-14-92, Formerly 10-5.010, Amended 10-8-97, 12-12-00, 4-2-01, 6-23-05, 4-21-10, .

59C-1.012 Administrative Hearing Procedures.

(1) No change.

(2)~~(a)~~ If a valid request for Administrative Hearing is timely filed challenging the noticed intended award of any Certificate of Need application in the batch, that challenged granted applicant shall have ten days from the date the notice of litigation is published in the Florida Administrative Register to file a petition challenging any or all other cobatched applications.

~~(a)~~~~(b)~~ If no valid request for Administrative Hearing is timely filed challenging the noticed intended award of a Certificate of Need to an applicant, there is no pending challenge to the applicable published Fixed Need Pool projection, and there has been no petition filed pursuant to paragraph (2)~~(a)~~, the noticed intended granted application shall be severed from the rest of the batch and become final Agency

action with respect to such application. If there are pending challenges to the applicable published Fixed Need Pool projection, no noticed intended granted application can be severed from the batch and become final Agency Action, unless the application is withdrawn.

~~(b)~~~~(c)~~ If all requests for Administrative Hearings challenging a noticed intended award of a CON, and all challenges to the relevant published Fixed Need Pool projection, if any, are subsequently voluntarily dismissed, the unchallenged noticed intended granted application shall be severed from the remainder of the batch and the noticed intended award shall become final Agency action with respect to such applicant. If there remain any pending challenges to the applicable published Fixed Need Pool projection, no noticed intended granted application can be severed from the batch and become final Agency Action, unless the application is withdrawn.

~~(c)~~~~(d)~~ For purposes of comparative hearing on any remaining applications in the batch, the beds or services awarded to unchallenged noticed intended granted applications in the batch which have become final Agency Action shall automatically be subtracted from the unchallenged numeric Fixed Need Pool projection applicable to the batch, even if the projection is zero, and it shall be conclusively presumed that the award of Beds or Services in the batch which have become final Agency action will become operative in the service area in accordance with the representations contained in the Certificate of Need application leading to approval.

~~(e) The party appealing a final order that grants a general hospital Certificate of Need shall post a \$1 million bond as directed in Section 408.039(6)(d), F.S. The bond must be made payable to the appellee or appellees and must reference the appealing party, the CON number being appealed, and the Division of Administrative Hearings (DOAH) case number. The bond needs to be sent to:~~

~~Agency for Health Care Administration  
Attention: Agency Clerk  
2727 Mahan Drive, MS #3  
Tallahassee, Florida 32308~~

(3) This rule is in effect for five years from its effective date.

Rulemaking Authority 408.034(8), 408.15(8) FS. Law Implemented 408.039(5), (6) FS. History—New 1-1-77, Amended 9-1-78, 6-5-79, 10-23-79, 4-25-80, Formerly 10-5.12, Amended 11-24-86, 11-17-87, Formerly 10-5.012, Amended 12-14-92, 4-21-10, \_\_\_\_\_.

59C-1.021 Certificate of Need Penalties.

(1) through (2) No change.

(3) Penalties for Failure to Comply with Certificate of Need or Exemption Conditions. The Agency shall review the annual compliance report submitted by the health care providers who are licensed and operate the facilities ~~or services~~

and other pertinent data to assess compliance with Certificate of Need or exemption conditions. Providers who are not in compliance with Certificate of Need or exemption conditions shall be fined. Failure to report compliance with any condition upon which the issuance of the Certificate of Need or exemption was predicated constitutes noncompliance. ~~For community nursing homes or hospital-based skilled nursing units certified as such by Medicare, the first compliance report on the status of conditions must be submitted 30 calendar days following the eighteenth month of operation or the first month where an 85% percent occupancy is achieved, whichever comes first.~~ The schedule of fines is as follows:

(a) Facilities failing to comply with any conditions or failing to provide the Certificate of Need office with a report on its compliance with conditions set forth on the Certificate of Need or exemption, will be assessed a fine, not to exceed \$1,000 per failure per day. In assessing the penalty the Agency shall take into account the degree of noncompliance.

(b) The assessed fine shall be paid to the Agency within 45 calendar days after written notification of assessment by certified mail or within 30 calendar days after final Agency action if an Administrative Hearing has been requested. If a health care provider desires it may remit payment according to a payment schedule accepted by the Agency. The health care provider must submit the schedule of payments to the Agency within 30 calendar days after the date of receipt of the notification of assessment or 21 calendar days after final Agency Action. The final balance will be due no later than ~~six~~ six months after the health care provider has been notified in writing by the Agency of the amount of the assessed fine or ~~six~~ six months after final Agency Action.

(4) no change.

(5) This rule is in effect for five years from its effective date.

Rulemaking Authority ~~408.040(2)(a), 408.034(8), 408.15(8) FS. Law Implemented 408.034(5), (8) 408.040(1)(b), (d), (2)(a), 408.044, 408.061(6), 408.08(2) FS. History—New 7-25-89, Formerly 10-5.021, Amended 12-13-04,\_\_\_\_\_.~~

#### 59C-1.030 Criteria Used in Evaluation of Applications.

In addition to criteria set forth in Section 408.035, F.S., the following health care access criteria are used in the review of an application.

~~(1) For a new general hospital as defined in Section 395.002, F.S. and subparagraphs 59A 3.252(1)(a)1. and 3., F.A.C., the criteria for evaluation are those found in Sections 408.035(2) and 408.037(2), F.S.~~

#### ~~(2) Health Care Access Criteria.~~

~~(1)(a)~~ The need that the population served or to be served has for the health or Hospice services proposed to be offered or changed, and the extent to which all residents of the district, and in particular low income persons, racial and ethnic minorities,

women, handicapped persons, other underserved groups and the elderly, are likely to have access to those services.

~~(2)(b)~~ The extent to which that need will be met adequately under a proposed reduction, elimination or relocation of a service, under a proposed substantial change in admissions policies or practices, or by alternative arrangements, and the effect of the proposed change on the ability of members of medically underserved groups which have traditionally experienced difficulties in obtaining equal access to health services to obtain needed health care.

~~(3)(e)~~ The contribution of the proposed service in meeting the health needs of members of such medically underserved groups, particularly those needs identified in the applicable local health plan and State health plan as deserving of priority.

~~(4)(d)~~ In determining the extent to which a proposed service will be accessible, the following will be considered:

~~(a)1-~~ The extent to which medically underserved individuals currently use the applicant's services, as a proportion of the medically underserved population in the applicant's proposed service area(s), and the extent to which medically underserved individuals are expected to use the proposed services, if approved;

~~(b)2.~~ The performance of the applicant in meeting any applicable Federal regulations requiring uncompensated care, community service, or access by minorities and handicapped persons to programs receiving Federal financial assistance, including the existence of any civil rights access complaints against the applicant;

~~(c)3-~~ The extent to which Medicare, Medicaid and medically indigent patients are served by the applicant; and,

~~(d)4-~~ The extent to which the applicant offers a range of means by which a person will have access to its services.

~~(5)(e)~~ In any case where it is determined that an approved project does not satisfy the criteria specified in paragraphs ~~(1)~~ ~~(a)~~ through ~~(4)~~ ~~(d)~~, the Agency may, if it approves the application, impose the condition that the applicant must take affirmative steps to meet those criteria.

~~(6)(f)~~ In evaluating the accessibility of a proposed project, the accessibility of the current facility as a whole must be taken into consideration. If the proposed project is disapproved because it fails to meet the need and access criteria specified herein, the Agency Department will so state in its written findings.

(7) This rule is in effect for five years from its effective date.

Rulemaking Authority 408.15(8), 408.034(3), (8) FS. Law Implemented 408.035, 408.037 FS. History—New 1-1-77, Amended 11-1-77, 6-5-79, 4-24-80, 2-1-81, 4-1-82, 11-9-82, 2-14-83, 4-7-83, 6-9-83, 6-10-83, 12-12-83, 3-5-84, 5-14-84, 7-16-84, 8-30-84, 10-15-84, 12-25-84, 4-9-85, Formerly 10-5.11, Amended 6-19-86, 11-24-86, 1-25-87, 3-2-87, 3-12-87, 8-11-87, 8-7-88, 8-28-88, 9-12-88, 4-19-89,

10-19-89, 5-30-90, 7-11-90, 8-6-90, 10-10-90, 12-23-90, Formerly 10-5.011(1)(a), (b), 10-5.030, Amended 4-21-10,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
James B. McLemore  
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Simone Marstiller  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 02, 2021  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: 10/31/2019

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Certificate of Need**

RULE NO.: 59C-1.020      RULE TITLE: Effect on Licensure  
PURPOSE AND EFFECT: After conducting a review of Rule Chapter 59C-1, F.A.C. the Agency proposes to repeal rule 59C-1.020, F.A.C. as it duplicates Section 408.034, F.S.  
SUMMARY: The Agency proposes to repeal rule 59C-1.020 as it as it duplicates Section 408.034, F.S.  
SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: A SERC has not been prepared by the agency. For rules listed where no SERC was prepared, the Agency prepared a checklist for each rule to determine the necessity for a SERC. Based on this information at the time of the analysis and pursuant to section 120.541, Florida Statutes, the rule will not require legislative ratification.

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

RULEMAKING AUTHORITY: 408.15(8), FS.  
LAW IMPLEMENTED: 408.034(2), FS.  
A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:  
DATE AND TIME: May 20, 2021, 2:00 p.m. to 4:00 p.m.  
PLACE: No public face-to-face meeting. This hearing will be conducted via teleconference. Participate by dialing the Open Voice conference line, 1(888)585-9008, then enter the

conference room number followed by the pound sign, 476-211-242#. The agenda and related materials can also be found on the web at: [https://ahca.myflorida.com/MCHQ/Health\\_Facility\\_Regulation/Rulemaking.shtml](https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Rulemaking.shtml).

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: : James McLemore, Bureau of Health Facility Regulation, 2727 Mahan Drive, Tallahassee, Florida, (850)412-4346, email: James.McLemore@ahca.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: : James McLemore, Bureau of Health Facility Regulation, 2727 Mahan Drive, Tallahassee, Florida, (850)412-4346, email: James.McLemore@ahca.myflorida.com

THE FULL TEXT OF THE PROPOSED RULE IS:

59C-1.020 Effect on Licensure.

Rulemaking Authority 408.034(8), 408.15(8) FS. Law Implemented 408.034(2) FS. History—New 11-24-86, Amended 7-25-89, 1-31-91, Formerly 10-5.020, Amended 12-12-00, Repealed\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
James McLemore  
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Simone Marstiller  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 02, 2021

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Certificate of Need**

RULE NO.: 59C-1.022      RULE TITLE: Health Care Facilities Fee Assessments and Fee Collection Procedures  
PURPOSE AND EFFECT: Agency proposes to update this rule to rename “birthing centers” as “birth centers,” remove references to Clinical Laboratories and Multiphasic Testing Centers as these programs are no longer regulated, and correct a department name.  
SUMMARY: Rule 59C-1.022, outlines the annual assessment fee schedule and collection procedures. The Agency proposes to update this rule to rename “birthing centers” as “birth centers,” remove references to Clinical Laboratories and Multiphasic Testing Centers as these programs are no longer regulated, and correct a department name.

**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:**

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: A SERC has not been prepared by the agency. For rules listed where no SERC was prepared, the Agency prepared a checklist for each rule to determine the necessity for a SERC. Based on this information at the time of the analysis and pursuant to section 120.541, Florida Statutes, the rule will not require legislative ratification

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

**RULEMAKING AUTHORITY:** 408.033(2), 408.034(8), 408.15(8), FS.

**LAW IMPLEMENTED:** 408.033(2), FS.

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

**DATE AND TIME:** May 20, 2021, 2:00 p.m. to 4:00 p.m.

**PLACE:** No public face-to-face meeting. This hearing will be conducted via teleconference. Participate by dialing the Open Voice conference line, 1(888)585-9008, then enter the conference room number followed by the pound sign, 476-211-242#. The agenda and related materials can also be found on the web at: [https://ahca.myflorida.com/MCHQ/Health\\_Facility\\_Regulation/Rulemaking.shtml](https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Rulemaking.shtml).

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: James B. McLemore, (850)412-4346, email: james.mclemore@ahca.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS:** James B. McLemore, (850)412-4346, email: james.mclemore@ahca.myflorida.com

**THE FULL TEXT OF THE PROPOSED RULE IS:**

59C-1.022 Health Care Facilities Fee Assessments and Fee Collection Procedures.

(1) Health Care Facilities Subject to Assessment. In accordance with Section 408.033(2), F.S., the following health care facilities and health care service providers, licensed or certified by the Agency for Health Care Administration, shall be assessed an annual fee to be collected prospectively by the Agency within the time frames specified in subsection (4):

(a) Abortion clinics licensed under Chapter 390, F.S.

(b) Assisted living facilities licensed under Chapter 429, Part I, F.S.

(c) Ambulatory surgical centers licensed under Chapter 395, Part I, F.S.

(d) ~~Birth Birthing~~ centers licensed under Chapter 383, F.S.

(e) ~~Clinical laboratories licensed under Chapter 483, Part I, F.S., except community nonprofit blood banks and clinical laboratories operated by practitioners for exclusive use regulated under Section 483.035, F.S.~~

(e)(f) Health maintenance organizations certified under Chapter 641, Part I, F.S., and prepaid health clinics certified under Chapter 641, Part II, F.S.

(f)(g) Home health agencies licensed under Chapter 400, Part III, F.S.

(g)(h) Hospices licensed under Chapter 400, Part IV, F.S.

(h)(i) Hospitals licensed under Chapter 395, Part I, F.S.

(i)(j) Intermediate care facilities for developmentally disabled persons licensed under Chapter 400, Part VIII, F.S.

(j)(k) Nursing homes licensed under Chapter 400, Part II, F.S.

(l) ~~Multiphasic testing centers licensed under Chapter 483, Part II, F.S.~~

(k)(m) Health care clinics licensed under Chapter 400, Part X, F.S.

(2) Health Care Facilities Exempted from Fee Assessments. Facilities operated by the Department of Children and ~~Families Family Services~~, the Department of Health or the Department of Corrections, and any hospital which meets the definition of a rural hospital pursuant to Section 395.602, F.S., are exempted from the health care facility assessment.

(3) through (7) No change.

(8) This rule is in effect for five years from its effective date.

Rulemaking Authority 408.033(2), 408.034(8), 408.15(8) FS. Law Implemented 408.033(2) FS. History—New 12-7-88, Amended 11-29-89, 12-5-90, 8-19-91, Formerly 10-5.022, Amended 6-16-05, 6-20-13,

**NAME OF PERSON ORIGINATING PROPOSED RULE:** James B. McLemore

**NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE:** Simone Marstiller

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: 03/02/2021  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: 06/06/2018

**DEPARTMENT OF HEALTH**

**Board of Pharmacy**

RULE NO.: 64B16-28.141  
 RULE TITLE: Requirements for an Automated Pharmacy System in a Community Pharmacy

PURPOSE AND EFFECT: The Board proposes the rule repeal due to outdated or unnecessary language.

SUMMARY: The rule will be repealed due to outdated or unnecessary language.

**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:**

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: During discussion of the economic impact of this rule at its Committee meetings and Board meetings, the Board, based upon the expertise and experience of its members, determined that a Statement of Estimated Regulatory Costs (SERC) was not necessary and that the rule will not require ratification by the Legislature. No person or interested party submitted additional information regarding the economic impact at that time.

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

RULEMAKING AUTHORITY: 465.005, 465.022 FS.

LAW IMPLEMENTED: 465.018, 465.022 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jessica Sapp, Executive Director, Board of Pharmacy, 4052 Bald Cypress Way, Bin C04, Tallahassee, Florida 32399-3254; Jessica.Sapp@flhealth.gov.

THE FULL TEXT OF THE PROPOSED RULE IS:

64B16-28.141 Requirements for use of an Automated Pharmacy System by a Community Pharmacy.  
 Rulemaking Authority 465.005, 465.022 FS. Law Implemented 465.018, 465.022 FS. History—New 11-29-04, Amended 12-30-07, 1-1-10, 7-5-18, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Pharmacy  
 NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Pharmacy  
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 4, 2021

**Section III  
 Notice of Changes, Corrections and  
 Withdrawals**

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**Division of Air Resource Management**

RULE NO.: 62-296.402  
 RULE TITLE: Sulfuric Acid Plants  
 62-296.404 Tall Oil Plants and Kraft (Sulfate) Pulp Mills  
 62-296.405 Fossil Fuel Steam Generators with More than 250 Million Btu Per Hour Heat Input  
 62-296.570 Reasonably Available Control Technology (RACT) - Requirements for Major VOC- and NOx-Emitting Facilities

**NOTICE OF WITHDRAWAL**

Notice is hereby given that the above rules, as noticed in Vol. 46, No. 207 (October 22, 2020) and in Vol. 47, No. 14 (January 22, 2021), Florida Administrative Register have been withdrawn.

**Section IV  
 Emergency Rules**

NONE

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

**DEPARTMENT OF FINANCIAL SERVICES**

Division of Funeral, Cemetery, and Consumer Services

RULE NO.: 69K-18.002  
 RULE TITLE: Funeral Director Intern Training Program.

The Division of Funeral, Cemetery, and Consumer Services hereby gives notice: that the request for waiver, by Christopher



Evans, that another internship be granted, was approved at the April 1, 2021 Board Meeting.  
 A copy of the Order or additional information may be obtained by contacting: Jasmin Richardson at (850)413-3039.

DEPARTMENT OF FINANCIAL SERVICES  
 Division of Funeral, Cemetery, and Consumer Services  
 RULE NO.: RULE TITLE:  
 69K-18.003 Concurrent Internships.

NOTICE IS HEREBY GIVEN that on April 15, 2021, the Division of Funeral, Cemetery, and Consumer Services, received a petition for waiver of certain requirements of Rule 69K-18.003, F.A.C. The petition was filed on behalf of Elsie Percival, who had previously been issued a funeral director internship license on or about October 17, 2019. The license was valid for one year. Ms. Percival failed to complete the internship, and is seeking a waiver of Rule 69K-18.003, F.A.C., which provides that only one internship per person is allowed. A copy of the Petition for Variance or Waiver may be obtained by contacting: Jasmin at (850)413-4992.

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

DEPARTMENT OF LEGAL AFFAIRS  
 The Services and Resources Committee of the Statewide Council on Human Trafficking announces a public meeting to which all persons are invited.  
 DATE AND TIME: Thursday, April 29, 2021, 11:00 a.m. until conclusion  
 PLACE: Teleconference – 1-877-309-2074; Access Code: 963-261-039 (audio) and;  
<https://attendee.gotowebinar.com/register/3782959230234302992>  
 GENERAL SUBJECT MATTER TO BE CONSIDERED:  
 Committee Business

A copy of the agenda may be obtained by contacting: Lynn Guyton at [Lynn.Guyton@myfloridalegal.com](mailto:Lynn.Guyton@myfloridalegal.com) or by accessing the board’s website at:  
[http://myfloridalegal.com/\\_\\_85256CC5006DFCC3.nsf/0/8AE A5858B1253D0D85257D34005AFA72?Open&Highlight=0,s tatewide,council,meeting](http://myfloridalegal.com/__85256CC5006DFCC3.nsf/0/8AE A5858B1253D0D85257D34005AFA72?Open&Highlight=0,s tatewide,council,meeting)  
 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 Office of the Attorney General Ashley Moody at (850)414-3300. 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: Lynn Guyton at [Lynn.Guyton@myfloridalegal.com](mailto:Lynn.Guyton@myfloridalegal.com) by telephone at 1(813)287-7950.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
 Division of Food, Nutrition and Wellness  
 The Board of Directors of Living Healthy in Florida, Inc. announces a public meeting to which all persons are invited.  
 DATE AND TIME: May 7, 2021, 4:00 p.m.  
 PLACE: Microsoft Teams Virtual Meeting Room  
 GENERAL SUBJECT MATTER TO BE CONSIDERED:  
 Strategic Plan Development.

A copy of the agenda may be obtained by contacting: Alyssa McKnight, [Alyssa.McKnight@FDACS.gov](mailto:Alyssa.McKnight@FDACS.gov), (850)617-7400.  
 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:  
Alyssa McKnight,  
[Alyssa.McKnight@FDACS.gov](mailto:Alyssa.McKnight@FDACS.gov), (850)617-7400. 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: Alyssa McKnight, [Alyssa.McKnight@FDACS.gov](mailto:Alyssa.McKnight@FDACS.gov), (850)617-7400.

DEPARTMENT OF TRANSPORTATION  
 The Florida Transportation Commission announces a telephone conference call to which all persons are invited.  
 DATES AND TIMES: April 29, 2021, 10:00 a.m. ET; May 13, 2021, 10:00 a.m. ET; May 27, 2021, 10:00 a.m. ET  
 PLACE: These meetings will be held via Microsoft TEAMS. Use the links provided to join. April 29, 2021: <https://bit.ly/FTCAPR29> or call-in (audio only): (850)739-5589, Conference ID: 642 896 192#; May 13, 2021: <https://bit.ly/FTCMAY13> or call-in (audio only): (850)739-5589, Conference ID: 700 587 170#; May 27, 2021: <https://bit.ly/FTCMAY27> or call-in (audio only): (850)739-5589, Conference ID: 522 503 493#  
 GENERAL SUBJECT MATTER TO BE CONSIDERED:  
 General FTC issues/business.

A copy of the agenda may be obtained by contacting: the Florida Transportation Commission, 605 Suwannee Street, Tallahassee Florida 32399, (850)414-4105.

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 Florida Transportation Commission, 605 Suwannee Street, Tallahassee Florida 32399, (850)414-4105. 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 Florida Transportation Commission, 605 Suwannee Street, Tallahassee Florida 32399, (850)414-4105.

**REGIONAL PLANNING COUNCILS**

Northeast Florida Regional Planning Council

The Northeast Florida Regional Council announces a public meeting to which all persons are invited.

DATE AND TIMES: May 6, 2021: 9:30 a.m. Personnel, Budget & Finance Policy Committee; 10:00 a.m. Board of Directors

PLACE: 100 Festival Park Avenue, Jacksonville, FL 32202 AND virtually via Zoom. Joining information can be found at [www.nefrc.org](http://www.nefrc.org).

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular Meeting.

A copy of the agenda may be obtained by contacting: (904)279-0880.

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: (904)279-0880. 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).

**REGIONAL PLANNING COUNCILS**

East Central Florida Regional Planning Council

The East Central Florida Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, May 19, 2021, 9:00 a.m. – 10:30 a.m.

PLACE: 455 N. Garland Avenue, Suite 414, Orlando, FL 32801

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular bi-monthly meeting of the Executive Committee

A copy of the agenda may be obtained by contacting: Pegge Parker at [pparker@ecfrpc.org](mailto:pparker@ecfrpc.org) or (407)245-0300, ext. 300.

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 two (2) days before the workshop/meeting by contacting: Pegge Parker at [pparker@ecfrpc.org](mailto:pparker@ecfrpc.org) or (407)245-0300, ext. 300. 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: Pegge Parker at [pparker@ecfrpc.org](mailto:pparker@ecfrpc.org) or (407)245-0300, ext. 300.

**REGIONAL PLANNING COUNCILS**

East Central Florida Regional Planning Council

The East Central Florida Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, May 19, 2021, 10:30 a.m. – 12:30 p.m.

PLACE: 455 N. Garland Avenue, 2nd Floor CR, Orlando, FL 32801

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular bi-monthly meeting of the East Central Florida Regional Planning Council

A copy of the agenda may be obtained by contacting: Pegge Parker at [pparker@ecfrpc.org](mailto:pparker@ecfrpc.org) or (407)245-0300, ext. 300.

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 two (2) days before the workshop/meeting by contacting: Pegge Parker at [pparker@ecfrpc.org](mailto:pparker@ecfrpc.org) or (407)245-0300, ext. 300. 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: Pegge Parker at [pparker@ecfrpc.org](mailto:pparker@ecfrpc.org) or (407)245-0300, ext. 300.

**REGIONAL PLANNING COUNCILS**

East Central Florida Regional Planning Council

The East Central Florida Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, May 19, 2021, 1:00 p.m.

PLACE: 455 N. Garland Avenue, 2nd Floor, Orlando, FL 32801 and VIRTUAL. Please contact Jenifer Rupert for log-in information.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Bi-monthly meeting of the Council Subcommittee for Regional Resilience Collaborative

A copy of the agenda may be obtained by contacting: Jenifer Rupert at (407)245-0300, or [jrupert@ecfrpc.org](mailto:jrupert@ecfrpc.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 two (2) days before the workshop/meeting by contacting: Jenifer Rupert at (407)245-0300, or [jrupert@ecfrpc.org](mailto:jrupert@ecfrpc.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: Jenifer Rupert at (407)245-0300, or jrupert@ecfrpc.org.

**REGIONAL PLANNING COUNCILS**

East Central Florida Regional Planning Council  
 The East Central Florida Regional Planning Council announces a public meeting to which all persons are invited.  
**DATE AND TIME:** Wednesday, May 19, 2021, 3:00 p.m. – 4:00 p.m.

**PLACE:** VIRTUAL Meeting. Link to be posted on www.ecfrpc.org

**GENERAL SUBJECT MATTER TO BE CONSIDERED:**  
 Leadership Working Group Meeting re: How Did We Grow Action Plan

A copy of the agenda may be obtained by contacting: Tara McCue at (407)245-0300, ext. 327 or tara@ecfrpc.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 two (2) days before the workshop/meeting by contacting: Tara McCue at (407)245-0300, ext. 327 or tara@ecfrpc.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: Tara McCue at (407)245-0300, ext. 327 or tara@ecfrpc.org.

**WATER MANAGEMENT DISTRICTS**

South Florida Water Management District  
 The South Florida Water Management District announces a workshop to which all persons are invited.

**DATE AND TIME:** Wednesday, April 28, 2021, 11:30 a.m., Lunch & Learn: DBHydro Insights

**PLACE:** This Lunch & Learn workshop will be conducted via Zoom, a media technology free for the public to use. [https://zoom.us/webinar/register/WN\\_x\\_4rczrsSgSQ228IQ4bY8g](https://zoom.us/webinar/register/WN_x_4rczrsSgSQ228IQ4bY8g)

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** An online public workshop providing the Governing Board of the South Florida Water Management District and the public with an overview of the DBHydro Insights database.

The public and stakeholders will have an opportunity to view and comment on the workshop by utilizing the link found on the District’s website at [www.SFWMD.gov/meetings](http://www.SFWMD.gov/meetings), which will go live at approximately 11:30 a.m. on April 28, 2021. [https://zoom.us/webinar/register/WN\\_x\\_4rczrsSgSQ228IQ4bY8g](https://zoom.us/webinar/register/WN_x_4rczrsSgSQ228IQ4bY8g)

This online workshop will be conducted via media technology. No Governing Board action will be taken at this online workshop.

A copy of the agenda may be obtained by contacting: Rosie Byrd at rbyrd@sfwmd.gov, or at <https://www.sfwmd.gov/news-events/meetings>, seven days prior to the workshop.

A copy of the agenda may be obtained by contacting: Rosie Byrd at rbyrd@sfwmd.gov, or at <https://www.sfwmd.gov/news-events/meetings>, seven days prior to the workshop.

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 seven days before the workshop/meeting by contacting: Rosie Byrd at rbyrd@sfwmd.gov. 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: Rosie Byrd at rbyrd@sfwmd.gov.

**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.

**DATE AND TIME:** May 12, 2021, 1:00 p.m. or soon thereafter via video/telephone conference

**PLACE:** via videoconference or telephone conference

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

<https://us02web.zoom.us/j/89606707780>, Meeting ID: 896 0670 7780

Dial by your location:  
 (929)436-2866, US (New York)  
 (301)715-8592, US (Washington DC)  
 (312)626-6799, US (Chicago)  
 (669)900-6833, US (San Jose)  
 (253)215-8782, US (Tacoma)  
 (346)248-7799, US (Houston)

Meeting ID: 896 0670 7780, Passcode: 9880387  
 Find your local number:  
<https://us02web.zoom.us/j/89606707780>

A copy of the agenda may be obtained by contacting: Rebecca Sammons, rsammons@fbpe.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 10 days before the workshop/meeting by contacting: Rebecca Sammons, [rsammons@fbpe.org](mailto:rsammons@fbpe.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: Rebecca Sammons, [rsammons@fbpe.org](mailto:rsammons@fbpe.org).

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Board of Professional Engineers**

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

DATE AND TIME: May 21, 2021, 9:00 a.m. or soon thereafter

PLACE: via video/telephone conference

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.

<https://us02web.zoom.us/j/88432961171>, Meeting ID: 884 3296 1171

Dial by your location:

(312)626-6799, US (Chicago)

(929)436-2866, US (New York)

(301)715-8592, US (Washington DC)

(346)248-7799, US (Houston)

(669)900-6833, US (San Jose)

(253)215-8782, US (Tacoma)

Meeting ID: 884 3296 1171, Passcode: 046222

A copy of the agenda may be obtained by contacting: Rebecca Sammons, [rsammons@fbpe.org](mailto:rsammons@fbpe.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 10 days before the workshop/meeting by contacting: Rebecca Sammons, [rsammons@fbpe.org](mailto:rsammons@fbpe.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: Rebecca Sammons, [rsammons@fbpe.org](mailto:rsammons@fbpe.org).

**DEPARTMENT OF HEALTH**

**Division of Children's Medical Services**

The Designation and Certification Subcommittee of Child Forensic Interview Advisory Committee announces a public meeting to which all persons are invited.

DATE AND TIME: CANCELLED April 23, 2021, 10:00 a.m. – 11:30 a.m.

PLACE: CANCELLED

**MICROSOFT TEAMS MEETING**

GENERAL SUBJECT MATTER TO BE CONSIDERED: Review of Proposed “drafted” Language

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

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: [CFIAC@flhealth.gov](mailto:CFIAC@flhealth.gov). 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: [CFIAC@flhealth.gov](mailto:CFIAC@flhealth.gov).

**DEPARTMENT OF HEALTH**

**Office of Statewide Research**

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

DATE AND TIME: Wednesday, May 5, 2021, 9:00 a.m.

PLACE: Microsoft Teams Meeting

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct review of new research studies involving human participants, modifications to existing studies, and continuing review of ongoing research to make sure research studies comply with regulations and the Department’s ethical standards.

A copy of the agenda may be obtained by contacting: Florida Dept. of Health at [IRB@flhealth.gov](mailto:IRB@flhealth.gov).

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: [IRB@flhealth.gov](mailto:IRB@flhealth.gov). 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: [IRB@flhealth.gov](mailto:IRB@flhealth.gov).

DEPARTMENT OF HEALTH

Division of Public Health Statistics and Performance Management

The Florida Department of Health announces a telephone conference call to which all persons are invited.

DATE AND TIME: Monday, May 17, 2021, 2:00 p.m. – 4:00 p.m. Eastern

PLACE: 1(888)585-9008, participant code: 169-954-984

GENERAL SUBJECT MATTER TO BE CONSIDERED: Established in Section 381.4018 Florida Statutes, the Physician Workforce Advisory Council advises the State Surgeon General and the Florida Department of Health on matters concerning current and future physician workforce needs in this state and reviews survey materials and the compilation of survey information.

A copy of the agenda may be obtained by contacting: Nathan Dunn at (850)245-4018.

For more information, you may contact: Nathan Dunn at (850)245-4018.

FLORIDA HOUSING FINANCE CORPORATION

The Florida Housing Finance Corporation announces a public meeting to which all persons are invited.

DATE AND TIME: April 29, 2021, 4:00 p.m. ET until adjourned

PLACE: Telephonic Meeting, Call In Number: 1(888)585-9008, Conference Code: 357 546 738

GENERAL SUBJECT MATTER TO BE CONSIDERED: Florida Housing Finance Corporation will hold a telephonic Board Member education session regarding bid protest litigation, as well as finance. No Board action will be taken or discussed at the education session.

A copy of the agenda may be obtained by contacting: Approximately two days prior to the meeting by contacting Sheila Freaney, Board Liaison, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329, phone number (850)488-4197, or by visiting the Corporation’s website at www.floridahousing.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 5 days before the workshop/meeting by contacting: Sheila Freaney at the Florida Housing Finance Corporation at (850)488-4197. If any person decides to appeal any decision made by the Corporation with respect to any matter considered at this meeting, he or she will need a record of the proceedings, and for such purpose, he or she may need to ensure that a verbatim record of the proceedings be made,

which record includes the testimony and evidence upon which the appeal is to be based. 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).

FISH AND WILDLIFE CONSERVATION COMMISSION  
Freshwater Fish and Wildlife

The Florida Fish and Wildlife Conservation Commission announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, May 4, 2021, 7:00 p.m.

PLACE: <http://fwc.adobeconnect.com/ohwmapublichearing/>

GENERAL SUBJECT MATTER TO BE CONSIDERED: To receive public comment regarding considerations for FWC’s 10-year Management Plan for the FWC Lead Managed Orange Hammock WMA.

This hearing is being held EXCLUSIVELY for discussion of the DRAFT Orange Hammock WMA Management Plan. This meeting is not being held to discuss area hunting or fishing regulations. For more information on the process for FWC rule and regulation development visit <https://myfwc.com/about/rules-regulations/proposed-rule-changes/>.

A copy of the agenda may be obtained by contacting: Jackie Bucheck. Florida Fish and Wildlife Conservation Commission, Land Conservation and Planning Group, 620 South Meridian Street, Tallahassee, Florida 32399-1600, Telephone: (850)487-9588, Email: Jackie.Bucheck@MyFWC.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 10 days before the workshop/meeting by contacting: Jackie Bucheck, Florida Fish and Wildlife Conservation Commission, Land Conservation and Planning Group 620 South Meridian Street, Tallahassee, Florida 32399-1600, Telephone: (850)487-9588, Email: Jackie.Bucheck@MyFWC.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: Jackie Bucheck, Florida Fish and Wildlife Conservation Commission, Land Conservation and Planning Group, 620 South Meridian Street, Tallahassee, Florida 32399-1600, Telephone: (850)487-9588, Email: Jackie.Bucheck@MyFWC.com.

CENTER FOR INDEPENDENT LIVING IN CENTRAL FLORIDA, INC.

The Center for Independent Living announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, April 27, 2020, 8:15 a.m.

PLACE: CIL Office

**GENERAL SUBJECT MATTER TO BE CONSIDERED:**  
General Committee Meeting

A copy of the agenda may be obtained by contacting: Carla Campbell

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: Carla Campbell. 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: Carla Campbell.

**FLORIDA LOCAL GOVERNMENT FINANCE COMMISSION**

The Florida Local Government Finance Commission announces a public meeting to which all persons are invited.

DATE AND TIME: May 6, 2021, 10:30 a.m.

PLACE: 2502 N. Rocky Point Drive, Suite 1060, Tampa, Florida 33607

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The Florida Local Government Finance Commission announces a public meeting to which all interested persons are invited. The meeting will be held on Thursday, May 6, 2021, 10:30 a.m., 2502 Rocky Point Drive, Suite 1060, Tampa, Florida. The meeting of the Commission will be for purposes of reviewing the statewide pooled commercial paper loan program for Florida governmental entities. The Commission is an unincorporated, nonprofit association whose members are comprised of Brevard County, Florida, Charlotte County, Florida, Collier County, Florida, Lee County, Florida, Osceola County, Florida and Sarasota County, Florida.

/s/ Nicole Jovanovski, Chair, Florida Local Government, Finance Commission

A copy of the agenda may be obtained by contacting: Anna Doughty, Florida Association of Counties, 100 S. Monroe Street, Tallahassee, Florida 32301.

**POLK REGIONAL WATER COOPERATIVE**

The Polk Regional Water Cooperative announces a public meeting to which all persons are invited.

DATE AND TIME: April 28, 2021, 2:00 p.m.

PLACE: Nora Mayo Hall, 500 3rd Street NW, Winter Haven, Florida 33881

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The Board of Directors and the Project Board of the Polk Regional Water Cooperative (“Cooperative”) will meet to hold a specially scheduled meeting to address subjects dealing with organization, budgeting, water conservation, and project selection, funding, planning, and development, all as provided within the Interlocal Agreement creating the Cooperative. The meeting is open to the public.

Members of the public desiring to provide comment may do so in person or through submission of written comments before the meeting via mail at Polk Regional Water Cooperative, c/o Executive Director, Attn: Tabitha Alpers, P.O. Box 9005, Drawer CA01, Bartow, Florida, 33831-9005, or email to TabithaAlpers@polk-county.net. To assure consideration of written public comments, written comments should be received at least forty-eight hours prior to the public meeting. Public comments offered in writing shall be afforded equal consideration, regardless of the method of communication. The meeting may be remotely viewed via Zoom, a media technology free for the public to use. A link will be provided on the Cooperative’s website at [www.prcwwater.org](http://www.prcwwater.org) with instructions regarding viewing of the meeting.

A copy of the agenda may be obtained by contacting: Copies of the meeting agenda are available in the Documents & Agendas section of the Cooperative’s website, [www.prcwwater.org](http://www.prcwwater.org), or may be obtained by writing the Polk Regional Water Cooperative, c/o Executive Director, Attn: Tabitha Alpers, P.O. Box 9005, Drawer CA01, Bartow, Florida, 33831-9005 or by calling Tabitha Alpers at 1(863)534-6444.

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: Polk County Communications Office, Polk County Administration Building, 330 West Church Street in Bartow, Florida 33831, Telephone: 1(863)534-6090, TDD 1(863)534-7777. 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: For more information, you may contact: Ryan Taylor, Executive Director, Polk Regional Water Cooperative, by telephone at 1(863)534-6444 or by email at [RyanTaylor@PRWCwater.org](mailto:RyanTaylor@PRWCwater.org).

**THE VALERIN GROUP, INC.**

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

DATE AND TIME: Wednesday, April 28, 2021, 5:30 p.m.

PLACE: To join the workshop, go to <https://attendee.gotowebinar.com/register/6572524680703253003>. If you prefer to dial in by phone, call: 1(866)952-8437, ID 270-864-623.

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The Florida Department of Transportation (FDOT) District Four,

will be hosting a Virtual Public Information Workshop for pedestrian improvements in the Lakeside neighborhood of Oakland Park that consist of adding 5-foot concrete sidewalk at gap locations at the following locations: NW 24th Avenue, NW 22nd Terrace, NW 19th Avenue, NW 18th Terrace, NW 29th Street, NW 28th Street (west of 21st Avenue), NW 28th Street (east of 21st Avenue), NW 27th Street (west of 21st Avenue), NW 27th Street (east of 21st Avenue), and NW 20th Avenue. A copy of the agenda may be obtained by contacting: Mr. Donovan Pessoa, P.E., Project Manager, Florida Department of Transportation District Four, 3400 West Commercial Boulevard, Fort Lauderdale, Florida 33309, (954)777-4442 (Telephone), or toll free at 1(866)336-8435 ext. 4442 or via email at [Donovan.Pessoa@dot.state.fl.us](mailto:Donovan.Pessoa@dot.state.fl.us).

Public participation is solicited without regard to race, color, national origin, age, sex, religion, 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. Donovan Pessoa, P.E., Project Manager, Florida Department of Transportation District Four, 3400 West Commercial Boulevard, Fort Lauderdale, Florida 33309, (954)777-4442 (Telephone), or toll free at 1(866)336-8435 ext. 4442 or via email at [Donovan.Pessoa@dot.state.fl.us](mailto:Donovan.Pessoa@dot.state.fl.us). Any persons who require translation services (free of charge) should also contact Mr. Donovan Pessoa, P.E., at least seven (7) days before the meeting. 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. Donovan Pessoa, P.E., Project Manager, Florida Department of Transportation District Four, 3400 West Commercial Boulevard, Fort Lauderdale, Florida 33309, (954)777-4442 (Telephone), or toll free at 1(866)336-8435 ext. 4442 or via email at [Donovan.Pessoa@dot.state.fl.us](mailto:Donovan.Pessoa@dot.state.fl.us).

#### QCAUSA

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

DATE AND TIMES: April 29, 2021: open house, 5:30 p.m.; formal presentation, 6:00 p.m.

PLACE: Online via GoToWebinar (register at <https://attendee.gotowebinar.com/register/2054236679212833293>) or in person at Cape Coral City Hall (1015 Cultural Park Boulevard, Cape Coral, Florida, 33990).

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation District One will hold a public hearing as part of the design process for proposed safety improvements to SR 78 (Pine Island Road) at Hibiscus Drive in the City of Cape Coral, Lee County (Financial Project

Identification Number 448970-1). The proposed project design will add a temporary median on Pine Island Road. The median will include directional openings to maintain left turn movements from eastbound and westbound Pine Island Road onto Hibiscus Drive. The purpose of the public hearing is to present information and obtain input on the project design.

A 5:30 p.m. Open House will present an opportunity for in-person attendees to view project exhibits and speak with FDOT staff. During that time remote attendees may view project exhibits on the [www.SWFLRoads.com/SR78atHibiscus](http://www.SWFLRoads.com/SR78atHibiscus) webpage and may log into GoToWebinar or dial into the meeting audio. A formal presentation will begin promptly at 6:00 p.m. for all attendees, followed by a formal public comment period.

Participate in person at Cape Coral City Hall, 1015 Cultural Park Blvd, Cape Coral, Florida. All in-person attendees will be encouraged to follow Centers for Disease Control guidelines, including social distancing and the wearing of masks. Participants who are not feeling well should utilize a remote attendance option.

Participate online using an electronic device such as a computer, tablet, or smartphone.

Participate over the phone by requesting the presentation slides at least seven (7) days in advance of the event and dialing 1(877)309-2074 and code 908-558-458 upon the start of the event. This will enable over-the-phone attendees to review the slides while listening to the presentation.

Participate after the event by viewing a recording of the public hearing presentation and public comments, and project exhibits, on the project website ([www.SWFLRoads.com/SR78atHibiscus](http://www.SWFLRoads.com/SR78atHibiscus)) under "Documents and Publications."

Advance registration will allow the project team to anticipate social distancing needs and discuss remote participation options with attendees. All attendees are requested to register in advance of the public hearing by calling or emailing Public Involvement Consultant Miranda Lansdale at (941)315-0882 or [Miranda.Lansdale@dot.state.fl.us](mailto:Miranda.Lansdale@dot.state.fl.us). Be prepared with your name, email address, phone number, and your plan to attend online or in person. Register for online attendance at <https://attendee.gotowebinar.com/register/2054236679212833293>.

All interested persons are invited to give comments on the project during the public hearing. In-person and online attendees will have the opportunity to offer spoken comments during the public hearing. Comments received by or postmarked to the FDOT Project Manager, Leanna Schail, by May 9, 2021 will be included in the public record. Contact the FDOT Project Manager with questions regarding the project.

Leanna Schaille, FDOT Project Manager, 801 N. Broadway Avenue, Bartow, FL 33830, Leanna.Schaille@dot.state.fl.us, 1(863)819-2244

This hearing has been 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. Persons who require special accommodations under the Americans with Disabilities Act or persons who require translation services (free of charge) should contact District One Title VI Coordinator Cynthia Sykes at 1(863)519-2287 or at Cynthia.Sykes@dot.state.fl.us at least seven days prior to the Public Hearing. Individuals who are hearing or speech impaired may use the Florida Relay Service (TDD: 1(800)955-8771 or Voice: 1(800)955-8770) to contact FDOT regarding this project.

Comuníquese con nosotros: Nos importa mucho la opinión del público sobre el proyecto. Si tiene preguntas o comentarios, o simplemente desea más información, por favor comuníquese con nosotros. Nuestra representante en español es: Yvonne McClellan, (239)285-7552.

A copy of the agenda may be obtained by contacting: FDOT Project Manager Leanna Schaille at 1(863)819-2244 or Leanna.Schaille@dot.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 7 days before the workshop/meeting by contacting: Cynthia Sykes, 1(863)519-2287 or Cynthia.Sykes@dot.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: FDOT Project Manager Leanna Schaille at 1(863)819-2244 or Leanna.Schaille@dot.state.fl.us.

### 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 filed with the Division of Administrative Hearings on the following rules:

NONE

Notice of Disposition of Petition for Administrative Determination has been filed 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

##### REGIONAL PLANNING COUNCILS

Apalachee Regional Planning Council

RFQ Wakulla County Community Transportation Coordinator Request for Proposals

For the Community Transportation Coordinator

Under the Transportation Disadvantaged Program

In the Service Area of Wakulla County, Florida

The Apalachee Regional Planning Council is accepting proposals from qualified entities to serve as the Community Transportation Coordinator (CTC) for Wakulla County, Florida. The selected entity will be recommended to the Florida Commission for the Transportation Disadvantaged (CTD). If approved by the CTD, the selected contractor will coordinate the administration and operation of the Wakulla County Transportation Disadvantaged system, as authorized by Chapter 427, Florida Statutes, and more fully described in Rule 41-2, Florida Administrative Code, beginning July 1, 2021.

The Community Transportation Coordinator is defined by Chapter 427, Florida Statutes as a transportation entity recommended by the appropriate designated official planning agency to ensure that coordinated transportation services are provided to the transportation disadvantaged population in a designated service area. The Community Transportation



Coordinator has full responsibility for the delivery of transportation services for the transportation disadvantaged as outlined in Section 427.015(2), Florida Statutes.

The complete Request for Proposals will be available April 21, 2021 at [www.arpc.org](http://www.arpc.org). It may also be obtained by contacting Kwentin Eastberg, AICP, Planning Manager at [keastberg@arpc.org](mailto:keastberg@arpc.org) or (850)488-6211 ext. 105. Experience with eligibility-based transportation services is required.

A mandatory pre-proposal conference will be held May 5, 2021, 1:00 p.m., Eastern Time, to answer questions about the Request for Proposals. Agencies or entities that are not represented at the pre-proposal conference may not submit a proposal. The pre-proposal conference will be conducted in person at ARPC's office located at 2507 Callaway Road, Suite 200, Tallahassee, FL 32303. Masks will be required, and public health mandates will be followed.

Only those qualified entities that responded to the initial RFQ are eligible to apply to this RFP. Those entities should submit one (1) original and three (3) copies of their Proposal in a sealed envelope to the Apalachee Regional Planning Council, 2507 Callaway Road, Suite 200, Tallahassee, Florida 32303 by 5:00 p.m. Eastern Time on Wednesday, May 12, 2021. The envelope must be marked, "PROPOSAL FOR WAKULLA COUNTY CTC." Faxed and emailed responses WILL NOT be accepted. Responses received after the deadline will not be considered and any entities will be notified.

Questions should be addressed to: Mr. Kwentin Eastberg, AICP, Planning Manager, Apalachee Regional Planning Council, at the address listed above. The Apalachee Regional Planning Council reserves the right to accept or reject any and all responses in the best interest of the service area and the State.

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**ITB 2021013 Indian River Lagoon State Park- Fence Repair Installation Service**

The Florida Department of Environmental Protection is requesting Bids for the repair of existing fencing, as well as install non-existent fencing along the back-boundary line of Indian River Lagoon State Park. The Department will post notice of any changes or additional meeting(s) on the Vendor Bid System (VBS) in accordance with subsection 287.042(3), Florida Statutes, and will not re-advertise any notice in the Florida Administrative Register (FAR). Access the VBS at: [http://www.myflorida.com/apps/vbs/vbs\\_www.main\\_menu](http://www.myflorida.com/apps/vbs/vbs_www.main_menu).

**FISH AND WILDLIFE CONSERVATION COMMISSION**  
**Fisheating Creek Wildlife Management Area Campground Improvements - Phase II**  
**ADVERTISEMENT FOR BIDS**  
**BID NO: FWC 20/21-86C**

**BID NAME: FISHEATING CREEK WILDLIFE MANAGEMENT AREA CAMPGROUND IMPROVEMENTS - PHASE II**

**PROJECT LOCATION: GLADES COUNTY, FLORIDA**

The intent of this Invitation to Bid (ITB) is to obtain competitive pricing for utility and road improvements at Fisheating Creek Wildlife Management Area Campground, in Glades County, in accordance with the bid documents and Chapter 255 of the Florida Statutes.

**SEALED BIDS WILL BE PUBLICLY OPENED AND READ ALOUD**

**BID OPENING DATE & TIME: MAY 25, 2021, 2:00 p.m. ET**

**BID OPENING LOCATION: Florida Fish and Wildlife Conservation Commission, 1875 Orange Avenue East, Tallahassee, Florida 32311-6160**

To review the bid details for FWC 20/21-86C:

- Visit [http://www.myflorida.com/apps/vbs/vbs\\_www.pui?pui=7700](http://www.myflorida.com/apps/vbs/vbs_www.pui?pui=7700) to view a list of FWC's formal solicitations and agency decisions.

- Choose the FWC 20/21-86C solicitation link to view the advertisement details.

- From the Advertisement Details page, you can download the PDF bid file for your reference.

If the link doesn't take you directly to the project listing, you can manually search for it by:

- Visit [http://www.myflorida.com/apps/vbs/vbs\\_www.main\\_menu](http://www.myflorida.com/apps/vbs/vbs_www.main_menu).

- Select Search Advertisements.

- Choose FL Fish and Wildlife Conservation Commission from the Agency dropdown box.

- Click the Advertisement Search button.

- Choose the FWC 20/21-86C solicitation link to view the advertisement details.

- From the Advertisement Details page, you can download the PDF bid file for your reference.

NOTE: The Vendor Bid System (link provided above) is the posting location for all new and changing information regarding this solicitation. Interested bidders should continue to monitor this site for the entirety of the solicitation process.

**DIRECT ALL QUESTIONS TO THE PROCUREMENT MANAGER:**

Ruth Heggen, Procurement Manager, Florida Fish & Wildlife Conservation Commission, Tallahassee Purchasing Office, 1875 Orange Avenue East, Tallahassee, Florida 32311-6160, Phone: (850)212-7699, Email: [Ruth.Heggen@myfwc.com](mailto:Ruth.Heggen@myfwc.com).

**Section XII  
Miscellaneous**

**DEPARTMENT OF STATE**

Index of Administrative Rules Filed with the Secretary of State Pursuant to subparagraph 120.55(1)(b)6. – 7., F.S., the below list of rules were filed in the Office of the Secretary of State between 3:00 p.m., Wednesday, April 14, 2021 and 3:00 p.m., Tuesday, April 20, 2021.

<b>Rule No.</b>	<b>File Date</b>	<b>Effective Date</b>
61G7-5.007	4/14/2021	5/4/2021
61H1-28.0052	4/16/2021	5/6/2021
62-17.211	4/14/2021	5/4/2021
62-304.100	4/19/2021	5/9/2021
62-304.300	4/19/2021	5/9/2021
62-304.305	4/19/2021	5/9/2021
62-304.310	4/19/2021	5/9/2021
62-304.315	4/19/2021	5/9/2021
62-304.325	4/19/2021	5/9/2021
62-304.330	4/19/2021	5/9/2021
62-304.335	4/19/2021	5/9/2021
62-304.400	4/19/2021	5/9/2021
62-304.405	4/19/2021	5/9/2021
62-304.406	4/19/2021	5/9/2021
62-304.410	4/19/2021	5/9/2021
62-304.415	4/19/2021	5/9/2021
62-304.425	4/19/2021	5/9/2021
62-304.435	4/19/2021	5/9/2021
62-304.500	4/19/2021	5/9/2021
62-304.505	4/19/2021	5/9/2021
62-304.506	4/19/2021	5/9/2021
62-304.510	4/19/2021	5/9/2021
62-304.515	4/19/2021	5/9/2021
62-304.520	4/19/2021	5/9/2021

62-304.600	4/19/2021	5/9/2021
62-304.605	4/19/2021	5/9/2021
62-304.610	4/19/2021	5/9/2021
62-304.615	4/19/2021	5/9/2021
62-304.620	4/19/2021	5/9/2021
62-304.625	4/19/2021	5/9/2021
62-304.640	4/19/2021	5/9/2021
62-304.645	4/19/2021	5/9/2021
62-304.700	4/19/2021	5/9/2021
62-304.705	4/19/2021	5/9/2021
62-304.710	4/19/2021	5/9/2021
62-304.715	4/19/2021	5/9/2021
62-304.725	4/19/2021	5/9/2021
62-304.726	4/19/2021	5/9/2021
62-304.735	4/19/2021	5/9/2021
62-304.800	4/19/2021	5/9/2021
62-304.805	4/19/2021	5/9/2021
62-304.810	4/19/2021	5/9/2021
62-304.900	4/19/2021	5/9/2021
64ER21-6	4/14/2021	4/14/2021
64B5-12.0185	4/20/2021	5/10/2021
69A-39.005	4/20/2021	5/10/2021
69A-39.009	4/20/2021	5/10/2021
<b>LIST OF RULES AWAITING LEGISLATIVE APPROVAL SECTIONS 120.541(3), 373.139(7) AND/OR 373.1391(6), FLORIDA STATUTES</b>		
<b>Rule No.</b>	<b>File Date</b>	<b>Effective Date</b>
60FF1-5.009	7/21/2016	**/**/****
60P-1.003	11/5/2019	**/**/****
60P-2.002	11/5/2019	**/**/****
60P-2.003	11/5/2019	**/**/****
64B8-10.003	12/9/2015	**/**/****

Section XIII  
Index to Rules Filed During Preceding  
Week

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AGENCY FOR HEALTH CARE ADMINISTRATION  
Certificate of Need  
LETTER OF INTENT

The Agency for Health Care Administration received and accepted the following letter of intent for the May 19, 2021 application filing date for the Nursing Homes and ICF/DDs batching cycle:

County: Miami-Dade                      District: 11-1  
Date Filed: 04/19/2021                      LOI #: N2104001  
Facility/Project: Pal LTC Consultants, LLC  
Applicant: Pal LTC Consultants, LLC  
Project Description: Establish a new 120-bed community nursing home

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.

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If requested within 14 days after notice that an application has been filed, a public hearing may be held at the local level within 21 days after June 16, 2021, the date the application is scheduled to be deemed complete. Tentative hearing dates will be published on May 26, 2021.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Clean Water State Revolving Fund  
NOTICE OF AVAILABILITY  
FLORIDA CATEGORICAL EXCLUSION NOTICE  
MEDLEY, FLORIDA

The Florida Department of Environmental Protection (DEP) has determined that the Town of Medley's project involving the construction of new stormwater treatment and transmission facilities is not expected to generate controversy over potential environmental effects. The total estimated construction cost is \$3,793,802. The project may qualify for a Clean Water State Revolving Fund (CWSRF) loan comprised of federal or state funds. DEP will consider public comments about the environmental impacts of the proposed project that are postmarked or delivered at the address below within 30 days of this notice. A full copy of the Florida Categorical Exclusion Notice can be obtained by writing to: Thomas Montgomery, CWSRF Program, Department of Environmental Protection, 3900 Commonwealth Boulevard, MS#3505, Tallahassee, Florida 32399-3000 or calling (850)245-2967 or emailing to [thomas.montgomery@dep.state.fl.us](mailto:thomas.montgomery@dep.state.fl.us).

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