(d) Description of accreditation process, including composition and qualification of accreditation surveyors; accreditation activities; criteria for determination of compliance; and deficiency follow-up activities.

(e) A list of all osteopathic physician offices located in Florida that are accredited by the applicant, if any. If there are no accredited Florida physician offices, but there are accredited offices outside Florida, a list of the accredited offices outside of Florida is required.

(f) Copies of all incident reports filed with the state.

(g) Statement of compliance with all requirements as specified in this rule.

(3) Standards. The standards adopted by an accrediting organization for surgical and anesthetic procedures performed in a physician office shall meet or exceed provisions of Chapters 456 and 459 and rules promulgated thereunder. Standards shall require that all health care practitioners be licensed or certified to the extent required by law.

(4) Requirements. In order to be approved by the Board, an accrediting organization must comply with the following requirements:

(a) The accrediting agency must have a mandatory quality assurance program approved by the Board of Osteopathic Medicine.

(b) The accrediting agency must have anesthesia-related accreditation standards and quality assurance processes that are reviewed and approved by the Board of Osteopathic Medicine.

(c) The accrediting agency must have ongoing anesthesia-related accreditation and quality assurance processes involving the active participation of anesthesiologists.

(d) Accreditation periods shall not exceed three years.

(e) The accrediting organization shall obtain authorization from the accredited entity to release accreditation reports and corrective action plans to the Board. The accrediting organization shall provide a copy of any accreditation report to the Board office within 30 days of completion of accrediting activities. The accrediting organization shall provide a copy of any corrective action plans to the Board office within 30 days of receipt from the physician office.

(f) If the accrediting agency or organization finds indications at any time during accreditation activities that conditions in the physician office pose a potential immediate jeopardy to patients, the accrediting agency or organization will immediately report the situation to the Department.

(g) An accrediting agency or organization shall send to the Board any change in its accreditation standards within 30 calendar days after making the change.

(h) An accrediting agency or organization shall comply with confidentiality requirements regarding protection of patient records.

(5) Renewal of Approval of Accrediting Organizations. Every accrediting organization approved by the Board pursuant to this rule is required to renew such approval every 3 years. Each written submission shall be filed with the Board at least three months prior to the third anniversary of the accrediting organization's initial approval and each subsequent renewal of approval by the Board. Upon review of the submission by the Board, written notice shall be provided to the accrediting organization indicating the Board's acceptance of the certification and the next date by which a renewal submission must be filed or of the Board's decision that any identified changes are not acceptable and on that basis denial of renewal of approval as an accrediting organization.

(6) Any person interested in obtaining a complete list of approved accrediting organizations may contact the Board of Osteopathic Medicine or Department of Health.

Specific Authority 459.005(2) FS. Law Implemented 459.005(2) FS. History–New .

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Osteopathic Medicine

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Osteopathic Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 21, 2001

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 31, 2001

Section III
Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF STATE

Division of Elections

RULE NOS.:	RULE TITLES:
1S-2.027	Clear Indication of Voter's Choice on a Ballot
1S-2.031	Recount Procedures

NOTICE OF ADDITIONAL HEARING

ADDITIONAL HEARINGS WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 4:00 – 7:00 p.m., November 15, 2001

PLACE: 240 South Military Trail, West Palm Beach, Florida 33415

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Amy K. Tuck, Assistant General Counsel, Division of Elections, Department of State, Room 1801, The Capitol, Tallahassee, Florida 32399-0250, (850)488-1402

Pursuant to the Americans with Disabilities Act, persons needing special accommodations to participate in this meeting should contact Amy K. Tuck, (850)488-1402, at least three days in advance of the meeting.

NOTICE OF FULL TEXT OF RULES: Published in the Florida Administrative Weekly, October 5, 2001.

DEPARTMENT OF INSURANCE

RULE NOS.:	RULE TITLES:
4-128.001	Purpose and Scope
4-128.002	Definitions
4-128.011	Limits on Disclosure of Nonpublic Personal Financial Information to Nonaffiliated Parties
4-128.015	Exceptions to Notice and Opt Out Requirements for Disclosure of Nonpublic Personal Financial Information for Processing and Servicing Transactions

SECOND NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 27, No. 30, July 27, 2001, of the Florida Administrative Weekly. These changes are being made to address concerns expressed at the public hearing and in petitions challenging the rules and the Notice of Change published in Vol. 27, No. 36, September 7, 2001.

4-128.001 – Subsection (1) is changed to read:

(1) Purpose. This rule governs the treatment of nonpublic personal health information and nonpublic personal financial information about individuals by all licensees regulated pursuant to the Florida Insurance Code. In addition, the provisions of this rule chapter are applicable to a licensee domiciled in this state that engages in activities with respect to persons residing or domiciled in another state that has not enacted laws or regulations necessary to comply with the requirements of the Gramm-Leach-Bliley Act (PL 102-106). These rules:

4-128.002 – Subparagraph 4-128.002(21)(a)3. is changed to read:

3. The licensee otherwise obtains about a consumer in connection with providing an insurance product or service to a consumer.

4-128.011 – The following language is added as flush left at the end of paragraph (1)(a) to read:

An agent may not disclose a consumer's nonpublic personal financial information to appointing insurers to shop for insurance products or services other than those initially requested by the consumer unless such disclosure meets the requirements of this Rule 4-128.011(1)(a)1.-4. or the conditions set forth in Rule 4-128.015(1), F.A.C.

4-128.015 The previously noticed change to paragraph 4-128.015(1)(d) is withdrawn.

The remainder of the rules read as previously published.

DEPARTMENT OF COMMUNITY AFFAIRS

Florida Building Commission

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
9B-72	Product Approval
RULE NOS.:	RULE TITLES:
9B-72.010	Definitions
9B-72.030	Local Product Approval Generally
9B-72.040	Product Evaluation for Local Approval
9B-72.050	Approval by Local Jurisdiction
9B-72.060	Statewide Product Approval Generally
9B-72.070	Product Evaluation for Statewide Approval
9B-72.080	Validation of Evaluation for Statewide Approval
9B-72.090	Statewide Approval by Building Commission
9B-72.100	Approval of Entities to Perform Evaluation, Validation Testing, Certification and Quality Assurance
9B-72.110	Criteria for Certification of Independence
9B-72.120	List of Approved Entities
9B-72.130	Forms
9B-72.160	Revocation or Modification of Product Approval and Approval of Entities
9B-72.170	Investigation
9B-72.180	Equivalence of Standards
9B-72.190	Reference Standards

NOTICE OF ADDITIONAL PUBLIC HEARING

The Florida Building Commission hereby gives notice that an additional public hearing on the above-referenced rule will be held on December 4, 2001, 9:00 a.m., Rosen Plaza Hotel, 9700 International Drive, Orlando, Florida. This hearing is being held to consider public comments. The rule was originally published in Vol. 27, No. 31, of the August 3, 2001 issue of the Florida Administrative Weekly.

Any person requiring special accommodation at the hearing because of a disability or physical impairment should contact Ila Jones, Community Program Administrator, Department of Community Affairs, 2555 Shumard Oak Boulevard, Sadowski Building, Tallahassee, Florida 32399-2100, (850)487-1824, at least seven days before the date of the hearing. If you are hearing or speech impaired, please contact the Department of Community Affairs using the Florida Dual Party Relay System which can be reached at 1(800)955-8770 (Voice) or 1(800)955-9771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Ila Jones, Community Program Administrator, Department of Community Affairs, 2555 Shumard Oak Boulevard, Sadowski Building, Tallahassee, Florida 32399-2100, (850)487-1824

COMMISSION ON ETHICS

RULE NO.:	RULE TITLE:
34-7.010	List of Forms and Instructions

NOTICE OF CHANGE IN MEETING LOCATION

The Florida Commission on Ethics announces a change in the location of the hearing to adopt proposed changes to Rule 34-7.010, F.A.C., and CE Form 20 and CE Form 20-R, adopted by reference therein.

The hearing was originally noticed for Friday, November 30, 2001, in Committee Meeting Room A, Lower Level, Senate Office Building, The Capitol, Tallahassee, Florida, but the location has been changed to the Department of Transportation Auditorium, 605 Suwannee Street, Tallahassee, Florida.

COMMISSION ON ETHICS

RULE NO.:	RULE TITLE:
34-8.010	Penalties for Late Filing

NOTICE OF CORRECTION

Upon filing this rule for adoption, the Bureau of Administrative Code determined that the Commission had previously used this rule number in a rule that was subsequently repealed. Therefore, since Rule 34-8.010 cannot be used, the Commission has renumbered it as 34-8.011.

COMMISSION ON ETHICS

RULE NOS.:	RULE TITLES:
34-12.310	Registration Fees
34-12.330	Annual Renewals

NOTICE OF CHANGE IN MEETING LOCATION

The Florida Commission on Ethics announces a change in the location of the hearing to adopt proposed changes to Rules 34-12.310 and 34-12.330, F.A.C., and CE Form 20 and CE Form 20-R, adopted by reference therein.

The hearing was originally noticed for Friday, November 30, 2001, in Committee Meeting Room A, Lower Level, Senate Office Building, The Capitol, Tallahassee, Florida, but the location has been changed to the Department of Transportation Auditorium, 605 Suwannee Street, Tallahassee, Florida.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.:	RULE TITLE:
59G-8.200	Home and Community-Based Waiver

NOTICE OF CHANGE

Notice is hereby given that the following changes requested by the Joint Administrative Procedure Committee and other interested parties prior to the Rule Making Hearing, have been made to the proposed rule and incorporated by reference in the Florida Medicaid Assistive Care Services and Assisted Living for the Elderly Waiver Coverage and Limitations Handbook, July 2001 in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 27, No. 32, August 10, 2001, issue of the Florida Administrative Weekly.

For ease of reference, text changes are organized by Part, Chapter, Page Number, Section and Topic of the Handbook.

Table of Contents

Table of Contents, Part II, Chapter 5, Delete "Covered Services".

Table of Contents, Part II, Chapter 5, Replace Covered Services topic with "ALE Waiver and Assistive Care Covered Services".

Table of Contents, Part II, Chapter 6, Delete "Appendix A and page number A-1" and Insert "Appendix F and page number F-1".

Table of Contents, Part II, Chapter 6, Delete "Appendix B" and page numbers "B-1" and "B-2" and Insert "Appendix G" and page numbers "G-1" and "G-2"

Part I

Chapter 1, Page 1-1, Overview Section, Introduction Topic, Second paragraph, Second sentence delete the underlining of the website address.

Chapter 1, Page 1-1, Overview Section, Introduction Topic, Third paragraph, Delete the entire sentence, "This Internet site contains an email link to the policy analyst for the assistive care services program for inquiries for additional information,"

Chapter 1, Page 1-2, Description and Purpose Section, Assistive Care Service Description Topic, Delete the second sentence, "Residents of licensed assisted living facilities (ALFs), adult family care homes (AFCHs) and residential treatment facilities (RTFs) with 17 beds or less must be provided unscheduled care on a 24-hour per day basis."

Chapter 1, Page 1-1, Description and Purpose Section, Assistive Care Service description Topic, In the second paragraph, delete "deterioration" and insert "limitations" and delete "receive" and insert "have access".

Chapter 1, Page 1-3, Provider Qualifications and Responsibilities Section, Assistive Care Service Provider Qualifications Topic, insert "General" before Assistive in the topic name.

Chapter 1, Page 1-3, Provider Qualifications and Responsibilities Section, General Assistive Care Service Provider Qualifications Topic, Delete entire information block beginning with "Medicaid assistive care …. and ending with licensed facility." and insert the following information:

"Three types of residencies may qualify as Medicaid Assistive Care Service providers:

- Assisted living facilities (ALFs) licensed pursuant to Chapter 400, Part III, F.S.;
- Adult family care homes (AFCHs) licensed pursuant to Chapter 400, Part VII, F.S.; and
- Mental Health Residential treatment (RTFs) facilities licensed pursuant to Section 394.875.
- In addition, an ACS provider must meet the following qualifications:
  - Is not an institution for mental diseases (IMD) as defined in 42 CFR § 435.1009(2);
  - Provide on-site care to residents seven days a week;
  - Does not have a contract with a state agency that provides reimbursement for assistive care services as defined in this handbook;
  - Will not claim reimbursement for assistive care services for any recipient receiving a payment for personal care through the Optional State Supplementation (OSS) Program under Chapter 409.212, F.S."

Chapter 1, Page 1-4, Provider Qualifications and Responsibilities Section, After the General Assistive Care Service Provider Qualifications Topic, Insert a new topic "Special Assistive Care Provider Qualifications for RTFs" and in the information block for the new topic insert the following information:

"Along with their Medicaid Provider application, RTFs must submit two additional forms:

- Provider Self-Certification Form (AHCA From 5000-3200) and
- Roster of OSS recipients."

Chapter 1, Page 1-4, Provider Qualifications and Responsibilities Section, ALF Direct Care Staff Qualifications Topic, Second bullet delete "if applicable" and insert "if the administrator does not perform the function."

Chapter 1, Page 1-5, Provider Qualifications and Responsibilities Section, RTF Manager and Staff Qualification Topic, Second bullet delete 'documentaion" and insert "documentation" and delete " if applicable" and insert "if the RTF manager does not perform this function."

Chapter 1, Page 1-5, Provider Qualifications and Responsibilities Section, Assistive Care Provider Responsibilities Topic, Item 1 delete "if necessary" and insert "if they have not already been determined eligible for Medicaid."

Chapter 1, Page 1-6, Provider Qualifications and Responsibilities Section, Assistive Care Provider Responsibilities, continued Topic, Insert the following bullet:

"13. Comply with the requirements of Rule 59G-8.200(15), F.A.C. and the Assistive Care Services and Assisted Living for the Elderly Coverage and Limitations Handbook."

Chapter 2, Page 2-1, Overview Section, Introduction Topic, Capitalize the first letter of "Assistive Care Service"and insert "(ACS) after Service.

Chapter 2, Page 2-1, Requirement to Receive Services Section, Introduction Topic, In the first sentence, delete "Adult" and "with 17 beds or less." In the first sentence, insert "qualified Assisted" after "in."

Chapter 2, Page 2-2, Requirement to Receive Services Section, Medicaid Application Responsibilities Topic, Delete "as appropriate" from the last sentence of the first paragraph.

Chapter 2, Page 2-2, Requirements to Receive Services Section, Who Can Receive ACS Services Topic, Delete item 4.

Chapter 2, Page 2-4, Requirement to Receive Services Section, Income Guidelines for Assistive Case Service (ACS) Applicants Topic, In the last paragraph delete the underlining under the website address.

Chapter 2, Page 2-5, Requirements to Receive Services Section, Functional and Health Criteria Topic, First bullet delete "assistance" and "as necessary" and insert "with or without assistance" to replace "as necessary."

Chapter 2, Page 2-5, Requirements to Receive Services Section, Functional and Health Criteria Topic, In the Third Bullet, delete "if necessary."

Chapter 2, Page 2-5, Requirements to Receive Services Section, Definition of Medicaid Necessity Topic, Delete "Medicaid" and insert "Medical" in the topic title.

Chapter 2, Page 2-6, Requirements to Receive Services Section, Health Support Component Topic, First Bullet insert "on a daily basis" after well-being.

Chapter 2, Page 2-6, Requirements to Receive Services Section, Health Support Component Topic, Second Bullet insert "on a daily basis" after tasks.

Chapter 2, Page 2-6, Requirements to Receive Services Section, Assistance with Activities of Daily Living (ADLs) Component Topic, Insert a new sentence at end of information block. New sentence should read "At least one service component must be required daily."

Chapter 2, Page 2-7, Covered Service Section, Assistance with Instrumental Acts of Daily Living (IADLs) Component Topic, Insert "intensive" after the word "providing" in the information block.

Chapter 2, Page 2-7, Covered Service Section, Assistance with Self-Administration of Medication Component Topic, In the information block insert "at least daily" before the words "in accordance"

Chapter 2, Page 2-7, Covered Service Section, Insert a new topic block after the Assistance with Self-Administration of Medication Topic, the new topic is "Implementation of Assistive Care Services". The new information block reads "Assistive care services for an eligible recipient may be provided and billed from the first day of need for services as long as service planning is under way and completed as required by this handbook."

Chapter 2, Page 2-7, Assessments for ALF and ACFH Residents Section, Initial Health Assessment Topic, First Bullet delete "Chapter 58A-5.0191, F.A.C." and insert "Chapter 58A-5.0181(2), F.A.C."

Chapter 2, Page 2-7, Assessments for ALF and AFCH Residents Section, Initial Health Assessment Topic, Last sentence in the third paragraph, delete "maybe" and insert "may be".

Chapter 2, Page 2-7, Service Plans for ALF and AFCH Residents Section, Service Plan Topic, Delete "ASC" in the information block and insert "ACS" and also delete "developing and implementing the service plan." and replace with "insuring the service plan is developed and implemented."

Chapter 2, Page 2-9, Service Plans for ALF and AFCH Residents Section, Required Components Topic, Delete the Last Bullet "Updates to reflect current conditions as necessary" and insert a new bullet "Updates when resident's conditions change."

Chapter 2, Page 2-10, Service Plans for ALF and AFCH Residents continued Section, Acceptable Formats Topic, Delete "Other acceptable formats are:" and insert "Provided the Service Plans contain the required components other acceptable formats are:"

Chapter 2, Page 2-11, Service Plans for ALF and AFCH Residents, continued Section, ACS Record Documentation Topic and information block delete and insert entire topic and information block after ACS Records topic on Page 2-11.

Chapter 2, Page 2-11, Service Plans for ALF and AFCH Residents, continued Section, ACS Records Topic, First Bullet delete "OSS Notice of Case Action or a copy of Medicaid gold card;" and insert "DCF OSS Notice of Case Action or a copy of Medifax strip;"

Chapter 2, Page 2-11, Service Plans for ALF and AFCH Residents, continued Section, ACS Record Topic, Second Bullet, insert "or 1110" after 1823.

Chapter 2, Page 2-12, Assessments for RTF Residents Section, Initial Assessment Topic, In the information block delete "Chapter 65E-4.016.9" and insert "Chapter 65E-4.016(9)."

Chapter 2, Page 2-14, Treatment Plans for RTF Residents Section and Topic, In the second sentence delete "form" and insert "from"

Chapter 2, Page 2-14, Treatment Plans for RTF Resident Section, After this section insert a new topic and information block. The new topic is "Service Documentation for RTF Residents". The new information block is "The RTF must document that residents received ACS on the day billed. There is no required format for such documentation."

Chapter 2, Page 2-14, Leave of Absence and Discharge Section, Introduction Topic, First sentence delete "resident of" and insert "reside in."

Chapter 2, Page 2-15, Leave of Absence and Discharge continued Section, Move to a Non-ACS Provider or Unlicensed Setting Topic, Second sentence delete "and the local CARES unit to seek an appropriate placement." Insert a new last sentence for paragraph "If the resident participates in the ALE Waiver, the local Department of Elder Affairs (DOEA) Comprehensive Assessment and Review for Long Term Care Services (CARES) unit must also be included in coordinating the plan to seek appropriate placement.

Chapter 3, Page 3-1, Reimbursement Section, In the Introduction information block, delete the first "Center for Medicare and Medicaid Services and and insert "Healthcare". Delete the last "HCFA" in the first sentence and insert" CMS, formerly known as HCFA."

Chapter 3, Page 3-2, Reimbursement Information Section, Medicaid Reimbursement Claim Form Topic, First sentence delete "form" and insert "and the 081 Non-institutional claim forms. ALFs that do not participate in the ALE Waiver will use the HCFA-1500 claim form. ALE ALFs will bill for ACS services on the 081 Non –institutional claim form."

Chapter 3, Page 3-2, Reimbursement Information Section, Medicaid Reimbursement Claim Form Topic, In the Note after Child Health Check-Up 221 insert "and the Medicaid Provider Reimbursement Handbook, 081 Non-Institutional, for specific procedures for submitting claims for payment."

Chapter 3, Page 3-3, Reimbursement Information, continued Section, Billable Days for ACS Topic, In the Note insert after 221 "and the Medicaid Provider Reimbursement Handbook, 081 Non-Institutional,"

Part I, Appendix A, At the bottom of the page insert "*Note for ALE Waiver providers use only. Procedure Code W-9657 must be used to bill for ACS services provided to ALE Waiver recipients. For more information, ALE Waiver provider can consult Chapter 6 of this handbook."

Part II

Chapter 4, Page 4-2, Description and Purpose, continued Section, Medicaid Reimbursement Topic, In the first sentence after "this", insert "portion of the".

Chapter 4, Page 4-3, Provider Qualifications and Responsibilities, continued Section, Area Agency on Aging and Medicaid Waiver Specialist Topic, In the last bullet in the information block insert "the " after "and."

Chapter 4, Page 4-3, Provider Qualifications and Responsibilities, continued Section, Area Agency on Aging and Medicaid Waiver Specialist Topic, delete the underlining of the website address in the Note.

Chapter 4, Page 4-5, Provider Qualifications and Responsibilities, continued Section, Referral Agreement Topic, Insert a second sentence in the information block, "Referral agreements are available from the Medicaid Waiver Specialists in each DOEA Planning and Service Area (PSA)."

Chapter 4, Page 4-5, Provider Qualifications and Responsibilities, continued Section, Case Management Agency Qualifications Topic, Delete the "OR" and insert "or" in the first sentence.

Chapter 4, Page 4-5, Provider Qualifications and Responsibilities, continued Section, Case Management Agency Qualifications Topic, Third bullet delete the "/or".

Chapter 4, Page 4-6, Provider Qualifications and Responsibilities, continued Section, Case Management Agency Qualifications, continued Topic, Insert "and " in the third bullet after "DCF".

Chapter 4, Page 4-6, Provider Qualifications and Responsibilities, continued Section, Case Management Agency Qualifications, continued Topic, Insert "referrals" after "making" and "accepting" and delete "to and" after serving referrals.

Chapter 5, Page 5-8, Plan of Care Section, Approval and Authorization Topic, Delete from the second sentence "and if applicable, the recipient family or guardian." Insert after recipient "or the recipient's guardian or designated representative when the recipient is not competent to give his or her consent."

Chapter 5, Page 5-9, Plan of Care Review and Reassessment Section, Reassessment Topic, Delete "compete reassessment at least annually." from the first sentence of the information block. To replace the deleted text, insert "quarterly review and updates." Insert "A complete reassessment must be performed annually." after the first sentence.

Chapter 5, Page 5-9, Delete "Covered Services" Section title and Insert "ALE Waiver and Assistive Care Covered Services" as the Section title.

Chapter 5, Page 5-9, ALE Waiver and Assistive Care Covered Services Section, Insert a new topic after the Introduction topic. Insert "Assistive Care Services" as the topic title. In the accompanying information block insert "Assistive Care Services is a Medicaid state plan service the ALE waiver providers may provide to their waiver recipients. This is not an ALE waiver service."

Chapter 5, Pages 5-10, 5-11, 5-12, 5-13, 5-14 and 5-15, Delete "Covered Services" as the Section title at the top of each page and insert "ALE Waiver and Assistive Care Covered Services."

Chapter 5, Page 5-13, ALE Waiver and Assistive Care Covered Services Section, Medication Administration Component Topic, In the second paragraph of the information block, seventh line, delete "has demonstrated" and insert "must demonstrate."

Chapter 5, Page 5-14, ALE Waiver and Assistive Care Covered Services Section, After the Therapeutic Social and Recreational Services Component Topic, insert a new topic, "Assistive Care Service Components (This is a Medicaid state Plan service)" and for the information block insert "The following components can be provided under the assistive care service plan:

- Health support;
- Assistance with activities of daily living (ADLs);
- Assistance with instrumental activities of daily living (IADLs); and
- Assistance with self-administration of medication.

Each of the service components is described below."

Chapter 5, Page 5-15, ALE Waiver and Assistive Care Service Components Section, After the Assistive Care Service Components Topic, insert a new topic, "Health Support Component" and for the information block insert:

"Health support is defined as requiring the provider to:

Observe the recipient's whereabouts and well-being on a daily basis;

Remind the recipient of any important tasks on a daily basis; and

Record and report any significant changes in the recipient's appearance, behavior, or state of health to the recipient's health care provider, designated representative, or case manager."

Chapter 5, Page 5-15, ALE Waiver and Assistive Care Covered Services Section, After the Health Support Component, insert "Assistance with Activities of Daily Living (ADLs) Component" for the new topic and for the information block insert "Assistance with activities of daily living (ADLs) is defined as providing assistance with one or more of the following activities: individual assistance with ambulating, transferring, bathing, dressing, eating, grooming, and toileting. At least one service must be required daily."

Chapter 5, Page 5-15, ALE Waiver and Assistive Care Covered Services Section, After the Assistance with Activities of Daily Living (ADLs) Components topic, Insert a new topic, "Assistance with Instrumental Acts of Daily Living (IADLs) Component" and a new information block, "Assistance with instrumental activities of daily living (IADLs) is defined as providing intensive assistance with one or more of the following activities: individual assistance with shopping for personal items, making telephone calls, and managing money."

Chapter 5, Page 5-15, ALE Waiver and Assistive Care Covered Services Section, After the Assistance with Instrumental Acts of Daily Living topic, insert "Assistance with Self-Administration of Medication Component" as the new topic and insert the information block "Assistance with self-administration of medication is defined assistance with or supervision of self-administration of medication at least daily in accordance with licensure requirements applicable to the facility type."

Chapter 5, ALE Waiver and Assistive Care Covered Services Section, After the Incontinence Supplies W9656 Topic, insert a new topic "Assistive Care Services W9657 (This is a Medicaid state plan service.)" and a new information block,

"Assistive care services are an array of services provided on a daily basis by or through ALE participating ALFs.

The following components may be included in the assistive care service plan:

- Health support;
- Assistance with activities of daily living (ADLs);
- Assistance with instrumental activities of daily living (IADLs); and

• Assistance with self-administration of medication.

The criteria for provision of each component are explained in a preceding section."

Chapter 5, Page 5-16, Placement and Discharge Section, In the Move to Another ALF information block after the last "ALE" in the first bullet insert a semicolon(;)

Chapter 5, Page 5-18, Termination of Services Section, Right to a Fair Hearing information block, delete "Appendix B" and insert Appendix G in the note.

Chapter 6, Page 6-1, Overview Section, In the Topic Chart delete "Appendix A" and "Appendix B" and insert "Appendix F" and "Appendix G." In the same chart Delete "A-1" and "B-1" and insert "F-1" and "G-1."

Chapter 6, Page 6-1, Reimbursement Section, In the Introduction information block, delete the first "Health Care Financing Administration (HCFA)" and insert "Healthcare" before the word "Common". Delete the last "HCFA" in the first sentence and insert "CMS, formerly known as HCFA."

Chapter 6, Page 6-2, Reimbursement Information Section, In the Procedure Code Table information block delete the first sentence and insert "ALE Waiver provider may bill for three waiver services and one state plan service provided in their facilities." In the same information block delete in the second sentence delete "Appendix A" and insert "Appendix F."

Chapter 6, Page 6-2, Reimbursement Information Section, Case Management Reimbursement information block, Last bullet delete the first and second "or(s)" and "Medicare case manager." After hospice in the same information block insert "Medicaid state plan and". In the same bullet after "with the hospice", insert "coordinator."

Chapter 6, Page 6-3, Reimbursement Information Section, Billing for Assisted Living Service Components Topic, Insert "and ACS" after service in the topic title. In the first sentence of the information block after components, insert "and assistive service components." Delete the first word of the third sentence and replace it with "The billing". In the last sentence of the information block before "DOS" insert "last."

Chapter 6, Page 6-4, Reimbursement Information Section, Billing for ACS and Assisted Living Waiver Services Topic, Delete the contents of the information block and insert:

"Facilities participating in the ALE Waiver are required to bill Medicaid for both the ACS state plan service and the ALE waiver services for some recipients.

Waiver Daily Rate Calculation Worksheet

Instructions for Worksheet

1. Insert the number of days in the month on Line A

2. Calculate the Maximum Waiver and ACS for the Month (Lines C and D)

3. Perform the calculations from Line F through Line L to obtain the daily waiver payment (L) to bill for the days the recipient received services in the facility.

4. If Line I is "0" (Zero), do not bill for ACS.

A.	Number of Days in the Month	
B.	Maximum Daily Waiver Rate	$28.00
C.	Maximum Waiver for the Month: A times B	
D.	Assistive Care Service Daily Rate	$9.28
E.	ACS for the Month: A times D	
F.	Is Resident Income Greater than $716.00 and less than $770.00? If YES, add C plus G and Subtract $54.00 IF NO, add C plus $716.00	

G.	Method I Recipient Income: Insert Income Social Security: _____ OSS (State Subsidy): _____ Other (Income, if any)_____ Total Income: _____	Method II (From Notice of Case Action) Needs Allowance: ____ Pat. Resp.: _____ Total Income _____	

H	Subtract G from F	
I.	Is recipient Income (G) more than $716.00? If Yes, Insert "0" (Zero). If No, Insert ACS for the month (E)	
J.	Subtract I from H	
K	Add J plus $54.00	
L.	Daily Waiver Rate: Divide K by A	

Chapter 6, Page 6-6, Reimbursement Information Section, Insert a new topic "Billing for ACS and Assisted Living Waiver Services, continued", Insert a new information block, "ALE waiver recipients with incomes up to $716.00 per month are eligible for ACS and ALE waiver payments.

The ALE waiver facility reimbursement under the waiver program is $1,500.00 for a 28 day month, $1,556.00 for a 30 day month, and $1,584.00 for a 31 day month."

Chapter 6, Page 6-6, Reimbursement Information Section, Partial Day Billing for Assistive Living Service Components Topic, In the topic title delete "Partial Day" and insert "Daily" and after Living insert "Waiver and State Plan Service Components." In the informational block insert a second sentence to the first paragraph, "However, no billing is permitted for partial days of service." From the second sentence in the original information block sentence delete "the ALE case manager must decide which ALE facility will bill for the partial day" and insert "the discharging facility can not bill for the date of discharge and the admitting facility can bill for the date of admission."

Appendix A, Page A-1, Delete "Appendix A" and insert "Appendix F". Under the Procedure Code Table and Fees Chart Insert the following " Note: ALE Waiver providers can bill for ACS state plan services using Procedure Code W-9657 for residents with income up to $716.00 per month. The daily reimbursement rate for ACS is $9.28. This procedure code can only be used by ALE Waiver providers billing on the 081 Billing Form."

Appendix F, Page A-1, Delete pagination A-1 and insert pagination F-1.

Appendix B, Delete "Appendix B" and insert "Appendix G." Delete pagination "B-1", and "B-2" and insert pagination "G-1" and "G-2"

NAME OF PERSON AND TELEPHONE TO CONTACT ABOUT THIS NOTICE OF CHANGE: Keith Young, (850)488-8715

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Commission

RULE NO.: RULE TITLE:
61J2-10.032 Notice Requirements

A RULE HEARING ON THE ABOVE REFERENCED PROPOSED RULE, WHICH PROPOSED RULE WAS PUBLISHED IN THE FLORIDA ADMINISTRATIVE WEEKLY ON AUGUST 24, 2001, WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 8:30 a.m., or as soon thereafter as possible, November 14, 2001

PLACE: Division of Real Estate, Commission Meeting Room 301, North Tower, 400 West Robinson Street, Orlando, Florida 32801

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE HEARING IS: Lori Crawford, Deputy Clerk, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N308, Orlando, Florida 32801

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring a special accommodation to participate in this hearing is asked to advise the agency at least forty-eight (48) hours prior to the meeting by contacting Lori Crawford, (850)488-0062. If you are hearing or speech impaired, please contact the agency by using the Florida Dual Party Relay System, which can be reached by calling 1(800)955-8770 (Voice) or 1(800)955-8771 (TDD).

DEPARTMENT OF HEALTH

Board of Dentistry

RULE NO.: RULE TITLE:
64B5-7.0025 Temporary Certificate Requirements for Dentists Practicing in State and County Government Facilities

NOTICE OF CHANGE

Pursuant to subparagraph 120.54(3)(d)1., F.S., notice is hereby given that the following changes have been made to the proposed rule, as published in Vol. 27, No. 34, August 24, 2001 issue of the Florida Administrative Weekly. The changes are in response to comments received from the staff of the Joint Administrative Procedures Committee. Subsection (3) of this rule shall now read as follows:

(3) Prior to issuance of a temporary certificate, the unlicensed dentist shall submit proof of having successfully completed a Board approved course on human immunodeficiency virus and acquired immune deficiency syndrome and proof of current CPR certification. The facility at which the unlicensed dentist intends to practice shall provide to the Board office the name(s) and license number(s) of the licensed dentist(s) under whose supervision the certificate holder shall work.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sue Foster, Executive Director, Board of Dentistry/MQA, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256

DEPARTMENT OF HEALTH

Board of Dentistry

RULE NO.: RULE TITLE:
64B5-13.005 Disciplinary Guidelines

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 27, No. 34, August 24, 2001, Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF HEALTH

Division of Environmental Health

RULE NO.: RULE TITLE:
64E-5.214 Expiration and Termination of Licenses and Decommissioning of Sites and Separate Buildings or Outdoor Areas

SECOND NOTICE OF CHANGE

Notice is hereby given that the following changes have been made in the proposed rules in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 27, No. 30, July 27, 2001, of the Florida Administrative Weekly:

The changes were made in response to comments received during the rulemaking hearing.

Rule 64E-5.214(4)(a)2., Florida Administrative Code, is changed, so that when adopted will read:

2. Remove residual radioactivity to the extent acceptable to the department.

Rule 64E-5.214(4)(a)5., Florida Administration Code, is changed, so that when adopted will read:

5. Submit a radiation survey report to confirm the absence of radioactive materials or to establish the levels of residual radioactivity, unless the licensee demonstrates the absence of residual radioactivity in some other manner. The licensee shall, as appropriate:

a. For gamma radiation, report levels of radiation in units of microroentgens per hour at 10 centimeters and at 1 meter from surfaces.

b. For alpha and beta radiation, report levels of radioactivity in units of transformations per minute or microcuries per 100 square centimeters removable and fixed on surfaces, microcuries per milliliter in water, and picocuries per gram in contaminated solids such as soils or concrete; and

c. Specify the instruments used and certify that each instrument is calibrated or tested properly.

Rule 64E-5.214(4)(b)1., Florida Administration Code, is changed, so that when adopted will read:

(b)1. If no residual radioactivity attributable to the activities conducted under the license is detected, the licensee shall submit a certification that no detectable residual radioactivity was found.

Rule 64E-5.214(4)(c)1., Florida Administration Code, is changed, so that when adopted will read:

(c)1. If detectable levels of residual radioactivity attributable to activities conducted under the license are found or licensee possesses other radioactive materials, the license continues in effect beyond the expiration date, if necessary, with respect to possession of residual radioactivity present or possession of radioactive material, until the department notifies the licensee in writing that the license is terminated. During this time, the license is subject to the provisions of (5), below.

Rule 64E-5.214(4)(c)7., Florida Administration Code, is changed, so that when adopted will read:

7. If the information submitted as specified in (4)(a)5. or (4)(c)6. of this section does not adequately demonstrate that the premises are suitable for unrestricted use or does not satisfy the requirements specified in Rules 64E-5.221, 64E-5.222, 64E-5.223, or 64E-5.224, F.A.C., the department will inform the licensee of the appropriate further actions required for termination of the license.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Family Safety and Preservation Program

RULE NO.: RULE TITLE:
65C-27.002 Timeframes

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 27, No. 30, July 27, 2001 issue of the Florida Administrative Weekly:

(2) ~~The Agency for Health Care Administration shall refer the initial suitability assessment request to a registered qualified evaluator and notify the department's representative who made the referral of the time and place for the evaluation.~~ It is the responsibility for the department to obtain from the Agency for Health Care Administration the time and place for the evaluation and transport the child and required clinical records to the appointment with the appointed qualified evaluator.

(3) After 14 working days the department shall contact the Agency for Health Care Administration to obtain a copy of the findings of the evaluator. ~~The suitability assessment must be scheduled to occur within 5 working days of the referral. Following the assessment of the child, the qualified evaluator will submit written findings to the Agency for Health Care Administration. The Agency for Health Care Administration will review the findings and submit copies of the findings to the agency and the department. The Agency for Health Care Administration shall submit findings to the department within 14 working days from the date of referral.~~

(4) For all children in the custody of the department that are placed in residential treatment, an independent review must be conducted at least every 90 days after the child's initial placement so long as the child remains placed in a residential treatment center. It is the department's responsibility to notify the Agency for Health Care Administration no later than 60 days from the child's initial placement in residential treatment and every 90 days thereafter so long as the child remains placed in a residential treatment center to request an independent review. ~~The Agency for Health Care Administration must contact a qualified evaluator to perform the independent review. The Agency for Health Care Administration must submit the completed independent review to the Department of Children and Family Services at least 10 days prior to the 90th day in residential treatment and every 90 days thereafter as long as the child remains in a residential treatment center.~~

Section IV
Emergency Rules

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE TITLE: RULE NO.:
Negative Drug Formulary 64B16ER01-2

SPECIFIC REASON FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Boards of Pharmacy and Medicine have voted to amend this rule to effectuate the removal of Digoxin, Warfarin, Quinidine Gluconate, and Phenytoin from the negative drug formulary, as required by Ch. 2001-146, Laws of Florida. The staff analysis for the enacting bill indicated that