

(5)(6) Processing. Applications to renew registration as a money transmitter shall be processed, where applicable, pursuant to the provisions of Rules 69V-560.101 through 69V-560.108, F.A.C.

Specific Authority 560.105(3) FS. Law Implemented 560.114(1), 560.205(2), (3), 560.207, 560.305, 560.308 FS. History—New 9-24-97, Amended 11-4-01, Formerly 3C-560.303, Amended

## Section II Proposed Rules

### DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

#### Division of Plant Industry

RULE NO.: 5B-2.010                      RULE TITLE: Special Inspection and Certification Fees

**PURPOSE AND EFFECT:** The purpose of this rule amendment is to raise the fees charged for samples taken for nematode certification from \$30.00 to \$50.00 per sample and fumigation services for loads exceeding 40 cu. ft. from \$300.00 to \$350.00. There would also be a new fee of \$50.00 plus mileage per inspection charged for follow-up quarantine inspections. The effect will enable the Department to recover the cost of providing the special inspection services associated with nematode certification and fumigations. It will also help to recover the costs of performing numerous inspections on regulated articles that were found to be infested with a plant pest and subsequently quarantined.

**SUMMARY:** This is an updated schedule of prescribed fees for special inspection and certification services provided by the division, when requested by farmers, growers or other interested parties. This includes, but not limited to special treatments, special pest identifications, special plant identifications, special investigations, and special regulatory activities.

**SUMMARY OF STATEMENT OF ESTIMATE REGULATORY COST:** No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated regulatory alternative must do so in writing within 21 days of this notice.

**SPECIFIC AUTHORITY:** 570.07(13), (23), 581.031(23) FS.  
**LAW IMPLEMENTED:** 581.031(1), (4), (5), (6), (7), 581.083, 581.101, 581.131, 581.141 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Connie Riherd, Assistant Director, Division of Plant Industry, Department of Agriculture and Consumer Services, P. O. Box 147100, Gainesville, FL 32614-7100

THE FULL TEXT OF THE PROPOSED RULE IS:

5B-2.010 Special Inspection and Certification Fees. Special inspection and certification services that may be provided by the division, when requested by farmers, growers or other interested parties may include special treatments, special pest identifications, special plant identifications, special investigations, and special regulatory activities not otherwise specifically provided for by Chapter 581, F.S. Governmental agencies requesting special inspections or permits for research purposes shall be exempt from fees. The prescribed fees for these special inspections and certifications shall be as follows:

Type of Certificate	Charge	Form
Inspection and state of origin certificate, Phytosanitary export certificate, Phytosanitary reexport certificate. <sup>2</sup>	Mileage <sup>1</sup> and \$50 minimum per inspection.	DACS-08014 <sup>3</sup> , Phytosanitary Export Certificate, Revised <u>3/05</u> <del>10/99</del> . DACS-08050 <sup>3</sup> , Inspection and State of Origin Certificate, Revised 7/99. DACS-08166 <sup>3</sup> , Attachment For State Phytosanitary Export Certificate, Revised <u>10/04</u> <del>6/99</del> .
Other special inspections. <sup>2</sup>	Mileage and \$50 minimum per inspection.	DACS-08211 <sup>3</sup> , Blueberry Certificate, Revised 8/99. DACS-08212 <sup>3</sup> , Apple Maggot Certificate, Revised <u>5/05</u> <del>8/99</del> . DACS-08046 <sup>3</sup> , Mamey Stamp, Revised 5/99. DACS-08213 <sup>3</sup> , Caribfly Fumigation Certificate, Revised <u>5/05</u> <del>10/99</del> . DACS-08240 <sup>3</sup> , Cold Treatment-California Caribbean Fruit Fly Quarantine, Revised <u>5/05</u> <del>12/99</del> . DACS-08221 <sup>3</sup> , California Hydrilla Quarantine, Revised <u>5/05</u> <del>12/99</del> . DACS-08260 <sup>3</sup> , Noxious Weed Certification, Revised 9/99.

Follow-Up Quarantine Inspections. No charge first inspection.	Mileage and \$50 minimum per inspection.	DACS-08001 <sup>3</sup> , Nursery Stock Dealer and Special Inspection Report, Revised 7/05.
Phytosanitary export certificate noncommercial (homeowner plants or homeowner plant products), and temporary certificate of inspection. Cut Flower, cut fern.	Mileage and \$25 minimum per inspection.  \$10 per acre per crop. Inspection plus mileage, \$25 minimum.	DACS-08014 <sup>3</sup> , Phytosanitary Export Certificate, Revised 3/05 10/99. DACS-08010 <sup>3</sup> , Temporary Certificate of Inspection, Revised 3/05 7/99. DACS-08289 <sup>3</sup> , Certificate for Cut Foliage, Flowers & Aquatic Plants, Revised 6/05 10/99.
Import inspection for commercial shipments of plants or plant products.	Mileage and \$50 per hour per inspection from time of arrival to departure, \$50 minimum.	DACS-08001 <sup>3</sup> , Nursery, Stockdealer & Special Inspection Report, Revised 7/05 12/99.
Growing season field inspection of bulbs, seed, vegetable and tobacco transplants.	\$10 per acre per inspection plus mileage, \$25 minimum.	DACS-08159 <sup>3</sup> , Growing Season Inspection Report, Revised 10/04 11/99. DACS-08237 <sup>3</sup> , Vegetable Inspection Report, Revised 3/05 10/99.
Witnessing budwood or graftwood cutting.	Mileage and \$5 per 1000 budes cut, \$10 minimum, \$25 maximum.	DACS-08172 <sup>3</sup> , Source Tree Bud Cutting Report, Revised 7/03 10/99. DACS-08111 <sup>3</sup> , Certification to Witness Registered Budwood, Revised 7/03 7/99.
Vegetable transplants, aquatic and annual (bedding) plants (greenhouse, hotbeds, or other growing units).	Mileage and \$25 minimum for first 10,000 square feet of growing unit space or less of additional growing space per inspection.	DACS-08237 <sup>3</sup> , Vegetable Inspection Report, Revised 3/05 10/99. DACS-08289 <sup>3</sup> , Certificate for Cut Foliage, Flowers & Aquatic Plants, Revised 6/05 8/99. DACS-08290 <sup>3</sup> , Tomato/Tobacco Plant Certificate, Revised 8/99.

Nematode Certification.	Mileage and \$50 per sample \$30.	DACS-08038 <sup>3</sup> , Citrus Nursery Stock Inspection Tag, Revised 10/03 7/99. DACS-08048 <sup>3</sup> , Burrowing Nematode Certificate, Revised 9/05 2/00. DACS-08049 <sup>3</sup> , Nematode Certificate of Inspection for Shipping Nursery Stock to California, Revised 11/03 7/99. DACS-08130 <sup>3</sup> , Reniform Nematode Certificate, Revised 10/05 2/00. DACS-08254 <sup>3</sup> , Nematode Certificate of Inspection for Shipping Nursery Stock to California From Stockdealers, Revised 10/04 2/00. DACS-08270 <sup>3</sup> , Consolidation Declaration For Florida, Revised 11/03 12/99.
Fumigation Services.	\$150 per fumigation of loads 40 cu. ft. or less, \$350.00 \$300.00 per fumigation of loads exceeding 40 cu. ft.	DACS-08207 <sup>3</sup> , Request for Fumigation, Revised 4/06 1/99. DACS-08099 <sup>3</sup> , Certificate of Treatment, Revised 6/03 1/00.
Irradiation treatment.	\$200 minimum, \$500 per hour.	
Special Diagnostic fees Entomology.	\$55 per sample.	DACS-08074 <sup>3</sup> , Entomology Specimen Identification, Revised 11/99.
Disease specimens.	\$55 per sample.	DACS-08079 <sup>3</sup> , Plant Pathology Specimen Report, Revised 1/00.
Lettuce mosaic samples.	\$90 per sample (\$180 if found positive).	
Nematology roots and soil.	\$25 per sample.	DACS-08077 <sup>3</sup> , Nematology Specimen Report, Revised 4/03.
Caribbean fruit fly protocol participation.	\$3.50 per acre per month.	DACS-08161 <sup>3</sup> , Application For Participation, Revised 4/06. DACS-08233 <sup>3</sup> , Caribfly Certification Program-Establishment of McPhail Traps, Revised 4/06.

Grades and standards regarding inspections.	Mileage and \$50 per hour per inspector from time of arrival to departure, \$50 minimum.	DACS-08228 <sup>3</sup> Standards-Regrading Inspection Report, Revised 6/05 10/99.
Permits for importing regulated organisms.	\$12.50 per species not to exceed \$50 per permit.	DACS-08208 <sup>3</sup> , Application and Permit to Move Regulated Organisms, Revised 10/05 01/00.

<sup>1</sup>Mileage shall be based on the prevailing state mileage rate.

<sup>2</sup>There shall be a \$15 charge for each additional phytosanitary export, phytosanitary reexport, inspection and state of origin, and other applicable special inspection certificate written at the same location provided no inspection was made.

<sup>3</sup>All DACS forms referenced above are supplied by the division and are incorporated herein by reference. Copies of any of these forms may be obtained from the Division of Plant Industry, Bureau of Plant and Apiary Inspection, P. O. Box 147100, Gainesville, Florida 32614-7100.

Specific Authority 570.07(23), 581.031(23) FS. Law Implemented 581.031 FS. History—Repromulgated 12-31-74, Amended 6-15-81, 10-28-85, Formerly 5B-2.01, Amended 7-27-86, 5-6-87, 11-19-89, 5-17-92, 11-29-95, 4-9-96, 10-8-96, 6-12-00, 3-31-02, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Danny Phelps, Assistant Bureau Chief of Plant Inspection, Division of Plant Industry, Department of Agriculture and Consumer Services, P. O. Box 147100, Gainesville, FL 32614-7100

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Craig Meyer, Deputy Commissioner, Florida Department of Agriculture and Consumer Services, The Capital, 400 South Monroe Street, Tallahassee, Florida 32399

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 28, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 3, 2006

**DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

**Division of Aquaculture**

RULE CHAPTER NO.: 5L-1  
 RULE CHAPTER TITLE: Comprehensive Shellfish Control Code

RULE NO.: 5L-1.003  
 RULE TITLE: Shellfish Harvesting Area Standards

PURPOSE AND EFFECT: This amendment proposes to reclassify shellfish harvesting areas #1212 East Bay Conditionally Approved Section 1 and #1222 East Bay

Conditionally Approved Section 2 in Bay and Gulf County. A sanitary survey has been conducted that evaluated current information on pollution sources and bacteriological water quality, and recommends reclassification of the East Bay shellfish harvesting area.

SUMMARY: The proposed reclassification of the East Bay shellfish harvesting area will not change the size of East Bay Conditionally Approved Section 1. The proposed reclassification of the East Bay shellfish harvesting area will increase the size of East Bay Section 2 conditionally approved area by 1,359 acres, from 2,762 acres to 4,121 acres, remove the current conditionally restricted area of 1,194 acres and decrease the size of the current prohibited areas by 4,669 acres, from 11,852 acres to 7,183 acres. The current management of East Bay Conditionally Approved Section 1 and Section 2 shellfish harvesting areas is seasonal and is based on local rainfall or river discharge. Proposed management of East Bay Conditionally Approved Section 1 and Section 2 shellfish harvesting areas is seasonal and is based on local rainfall or river discharge. The average closure frequency of the 1212 Conditionally Approved East Bay Section 1 is expected to decrease by 2.3 days per month, from 6.7 days to 4.4 days per month. The average closure frequency of the 1222 Conditionally Approved East Bay Section 2 is expected to decrease by 9.9 days per month, from 16.4 days to 6.5 days per month. A sanitary survey has been conducted that evaluated current information on pollution sources and bacteriological water quality, and recommends reclassification of the East Bay shellfish harvesting area.

These amendments place descriptions, references to shellfish harvesting area map numbers and operating criteria for the East Bay shellfish harvesting area #12 in the document Shellfish Harvesting Area Classification Boundaries and Management Plans. This document is hereby incorporated in subsection 5L-1.003(1), F.A.C. Additionally, these amendments provide an illustration of the East Bay shellfish harvesting area classification boundaries in the shellfish harvesting area map #12. This map is hereby incorporated by reference in subsection 5L-1.003(1), F.A.C.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated regulatory costs or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice. Proposed effective date is June 9, 2006.

SPECIFIC AUTHORITY: 597.020 FS.

LAW IMPLEMENTED: 597.020 FS.

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

DATE AND TIME: Monday, May 8, 2006, 10:00 a.m.  
 PLACE: 1203 Governor’s Square Boulevard, 5th Floor, Tallahassee, Florida

If accommodation for a disability is needed to participate in this activity, please notify Chris Brooks, Division of Aquaculture, at (850)488-4033 at least seven days before the meeting.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Chris Brooks, Division of Aquaculture, 1203 Governor’s Square Boulevard, 5th Floor, Tallahassee, Florida 32301, phone: (850)488-4033

THE FULL TEXT OF THE PROPOSED RULE IS:

5L-1.003 Shellfish Harvesting Area Standards.

(1) The Department shall describe and/or illustrate harvesting areas and provide harvesting area classifications as approved, conditionally approved, restricted, conditionally restricted, prohibited, or unclassified as defined herein, including criteria for opening and closing shellfish harvesting areas in accordance with Chapters II and IV of the National Shellfish Sanitation Program Model Ordinance. Copies of the document Shellfish Harvesting Area Classification Maps, revised ~~September 5, 2005~~, and the document Shellfish Harvesting Area Classification Boundaries and Management Plans, revised ~~September 5, 2005~~, containing shellfish harvesting area descriptions, references to shellfish harvesting area map numbers, and operating criteria herein incorporated by reference may be obtained by writing to the Department at 1203 Governor’s Square Boulevard, 5th Floor, Tallahassee, Florida 32301.

(2) through (10) No change.

Specific Authority 597.020 FS. Law Implemented 597.020 FS. History—New 1-4-87, Amended 8-10-88, 7-9-89, 12-23-91, Formerly 16R-7.004, Amended 7-3-95, 6-18-97, 7-1-97, 7-22-97, 10-12-97, 12-16-97, 12-28-97, 2-12-98, 2-25-98, 7-1-98, 7-20-98, 11-13-98, 12-28-98, 3-18-99, 7-1-99, Formerly 62R-7.004, Amended 6-19-00, 8-9-00, 10-14-01(1), 10-14-01(1), 8-17-04, 9-28-04, 9-5-05,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Chris Brooks

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Sherman Wilhelm, Director, Division of Aquaculture

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 29, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 20, 2006

INDEX OF SHELLFISH HARVESTING AREA CLASSIFICATION MAPS, BOUNDARIES AND MANAGEMENT PLANS

Revised \_\_\_\_\_ ~~September 5, 2005~~

Shellfish Harvesting Area Name	Area Number	Map Number(s)	Effective date
Apalachicola Bay System	16	16A, 16B	September 5, 2005
Alligator Harbor	18	18	October 14, 2001
Boca Ciega Bay	42	42	June 18, 1997
Body A	80	80	December 28, 1997
Body B	78	78	February 7, 1996
Body C	77	77A, 77B	January 1, 1994
Body D	76	76	August 1, 1996
Body E	75	75	January 1, 1994
Body F	74	74	April 5, 2000
Cedar Key	30	30	November 5, 1992
Choctawhatchee Bay	06	06	October 14, 2001
Citrus County	37	37	May 6, 1996
Duval County	96	96	January 31, 1996
East Bay	12	12	<del>January 1, 1995</del>
Gasparilla Sound	58	58	January 25, 1996
Horseshoe Beach	25	25A, 25B	March 18, 1999
Indian Lagoon	15	15A, 15B	September 5, 2005
Indian River/St. Lucie Counties	70	70	June 18, 1997
Lemon Bay	56	56	July 20, 1998
Lower Tampa Bay	48	48	June 18, 1997
Myakka River	60	60	October 28, 1998
North Bay	10	10	August 17, 2004
North Indian River	72	72	June 18, 1997
North St. Johns	92	92	January 1, 1995
Ochlockonee Bay	20	20	August 17, 2004
Pensacola Bay System	02	02	August 17, 2004
Pine Island Sound	62	62	December 28, 1998
Sarasota Bay	54	54	May 6, 1993
South Banana River	79	79	July 22, 1997
South St. Johns	88	88	December 16, 1997
South Volusia	82	82A, 82B	August 9, 2000
St. Joseph Bay	14	14	November 1986
Suwannee Sound	28	28	February 25, 1998
Ten Thousand Islands	66	66	June 18, 1997
Waccasassa Bay	32	32	November 5, 1992
Wakulla County	22	22A, 22B	August 17, 2004
West Bay	08	08A, 08B	December 28, 1998
Withlacoochee Bay	34	34	November 5, 1992

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection’s home page at <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

**STATE BOARD OF ADMINISTRATION**

RULE NO.: 19-8.028  
 RULE TITLE: Reimbursement Premium Formula

PURPOSE AND EFFECT: This rule is promulgated to implement Section 215.555, Florida Statutes, regarding the Florida Hurricane Catastrophe Fund, for the 2006-2007 contract year.

SUMMARY: Proposed amended Rule 19-8.028, F.A.C., establishes the premium formula and adopts the rates for the 2006-2007 contract year.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 215.555(3) FS.

LAW IMPLEMENTED: 215.555(2), (3), (4), (5), (6), (7) FS.

REGARDLESS OF WHETHER OR NOT REQUESTED, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: May 11, 2006, 9:00 a.m. – 12:00 Noon  
 PLACE: Room 116 (Hermitage Conference Room), 1801 Hermitage Blvd., Tallahassee, FL 32308

Any person requiring special accommodations to participate in this proceeding is asked to advise Patti Elsbernd at least five (5) calendar days before such proceeding. Patti Elsbernd may be reached by telephone at (850)413-1346 or by mail at P. O. Box 13300, Tallahassee, FL 32317-3300.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jack E. Nicholson, Senior FHCF Officer of the Florida Hurricane Catastrophe Fund, State Board of Administration, P. O. Box 13300, Tallahassee, FL 32317-3300; telephone (850)413-1340

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

19-8.028 Reimbursement Premium Formula.

(1) through (2)(1) No change.

~~(m) Section I as described in the Data Call.~~

~~(n) Section II as described in the Data Call.~~

(3)(a) through (h) No change.

(i) For the 2006-2007 Contract Year, the Formula developed by the Board's Independent Consultant, "Florida Hurricane Catastrophe Fund: 2006 Ratemaking Formula Report to the State Board of Administration of Florida, March 15, 2006" is hereby adopted and incorporated by reference. The basic premium rates developed in accordance with the Premium Formula methodology approved by the Board on April 4, 2006, are hereby adopted and incorporated by reference in Form FHCF-Rates 2006, "Florida Hurricane

Catastrophe Fund Proposed 2006 Rates, March 15, 2006." The forms may be obtained from the Fund's Administrator at the address stated in subsection (5).

(4)(a) Special Circumstances.

1. Allocation of Premium. Premiums paid to the FHCF with reference to property covered by Quota Share Primary Insurance Arrangements, as that phrase is defined in Section 627.351(6)(c)2.a.(I), Florida Statutes, will be allocated by the FHCF between the Insurer and Citizens in accordance with the percentages specified in the Quota Share Primary Insurance Arrangement for the purposes of premium billing, calculating retentions and determining reimbursement payments.

2. Special Rating Circumstances. Section II Exposure. The Premium Formula for policies that, based upon sound actuarial principles, require individual ratemaking and which are not excluded by rule ~~Section II exposure~~ will be based on the use of computer modeling for each individual Company for which it is applicable, i.e. portfolio modeling. ~~Because of the difference in potential loss exposure between Section I and Section II, it is not equitable to apply FHCF rates developed for Section I exposures to Section II exposures. Therefore, The Independent Consultant will recommend guidelines for individual company Section II portfolio reporting and modeling to estimate individual company FHCF expected losses. Individual company FHCF expected losses for portfolio modeling Section II exposures will be loaded for investments and expenses on the same basis as the FHCF premium rates used for non-portfolio modeling Section I exposures, but will also include a loading for the additional cost of individual company modeling. The minimum exposure threshold for FHCF portfolio modeling Section II rating will be sufficient to generate estimated FHCF premium greater than the cost of modeling and other considerations; and will be calculated by the~~ The Independent Consultant will calculate the minimum threshold of Section II exposure required for the separate coverage levels of 45%, 75%, and 90% using the Section I rates established pursuant to subsection (3) herein. The methodology used by the Independent Consultant will be based on sound actuarial principles to establish greater actuarial equity in the premium structure. Companies with exposure meeting the definition of Section II, shall report the said exposure under Section II using Section II reporting specifications.

(b) through (c)2. No change.

3. This subparagraph applies to Companies writing new business on or after June 1 but prior to December 1 of the Contract Year.

a. through (5) No change.

Specific Authority 215.555(3) FS. Law Implemented 215.555(2), (3), (4), (5), (6), (7) FS. History—New 9-20-99, Amended 7-3-00, 9-17-01, 7-17-02, 7-2-03, 7-29-04, 7-17-05,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
 Jack E. Nicholson, Senior FHCF Officer, Florida Hurricane  
 Catastrophe Fund, State Board of Administration of Florida  
 NAME OF SUPERVISOR OR PERSON WHO APPROVED  
 THE PROPOSED RULE: The Trustees of the State Board of  
 Administration of Florida  
 DATE PROPOSED RULE APPROVED BY AGENCY  
 HEAD: April 4, 2006  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT  
 PUBLISHED IN FAW: December 23, 2005, Vol. 31, No. 51

**LAND AND WATER ADJUDICATORY COMMISSION**

**River Hall Community Development District**

RULE CHAPTER NO.: 42YY-1  
 RULE CHAPTER TITLE: River Hall Community  
 Development District

RULE NO.: 42YY-1.002  
 RULE TITLE: Boundary

PURPOSE, EFFECT AND SUMMARY: The purpose of this proposed rule amendment is to expand the boundaries of the River Hall Community Development District (“CDD”), pursuant to Chapter 190, F.S. The Petition, as amended, was filed by the River Hall Community Development District with its registered office located at 2401 River Hall Parkway, Alva, Florida 33920. The Petition, as amended, proposes to modify the land area presently serviced by the District by amending its boundary to add approximately 30 acres of property adjacent to the District. The District currently covers approximately 1,926.03 acres of land and after expansion the District will encompass approximately 1,958.43 acres. Petitioner has written consent to expand the District from the owners of the real property to be added to the District. Pursuant to Section 190.046(1)(e), F.S., the filing of the Petition, as amended, for expansion by the District Board of Supervisors constitutes consent of the landowners.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: In association with the Petition, as amended, the Petitioner has caused a Statement of Estimated Regulatory Costs (“SERC”) to be prepared in compliance with Section 120.541, F.S. The SERC was amended on November 30, 2005. The complete text of the amended SERC is contained at Exhibit “I” to the Petition. By way of summary, the amended SERC estimates the principal individuals and entities likely to be required to comply with the amended rule are the state, Lee County, Florida, the current property owners within the existing District and the landowners within the District’s proposed amended boundary. The amended SERC estimates the type of individuals likely to be affected by the amended rule as landowners within the District’s amended boundary. The amended SERC estimates that rule amendment implementation and enforcement costs to the above-described entities will be minimal, are concurrently budgeted or not burdensome, and/or are offset by the payment of requisite

filing and annual fees; and, estimates there will be no effect on state and local revenues from the proposed amendment of the rule. With respect to an estimate of the transactional costs likely to be incurred by individuals and entities required to comply with the requirements of the rule, the amended SERC indicates that to fund the cost of maintaining infrastructure that the District maintains, operation and maintenance assessments may be imposed on the District property owners. The amended SERC notes, as with the special assessments for infrastructure acquisition and construction, the property owner will be responsible for payment of these assessments on the basis of the amount of benefited property owned. Persons choosing to acquire property in the expansion area will be responsible for such assessments in addition to the taxes or assessments imposed by Lee County or other taxing authorities. In exchange for payment of these assessments, there are potential benefits derived by the future property owners. Finally, the amended SERC concludes that the expansion of the District’s boundary will have no impact on small businesses and should not have negative impact on small cities or counties as the cost to construct the infrastructure is borne entirely by the property owners within the District. Lee County is not a “small” county as defined by Section 120.52, F.S. According to the amended SERC, the SERC analysis is based on data provided by the developer/petitioner and represents the best information available. Other data was provided by Rizzetta & Company and was based on observations, analysis and experience with private development and other community development districts in various stages of existence.

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

DATE AND TIME: Tuesday, May 9, 2006, 10:00 a.m.  
 PLACE: Room 1802M, The Capitol, Tallahassee, Florida

Any person requiring a special accommodation to participate in the hearing because of a disability should contact: Barbara Leighty, (850)487-1884, at least two (2) business days in advance to make appropriate arrangements.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Barbara Leighty, Senior Policy Analyst, Florida Land and Water Adjudicatory Commission, The Capitol, Room 1802, Tallahassee, Florida 32399-0001, (850)487-1884

THE FULL TEXT OF THE PROPOSED RULE IS:

42YY-1.002 Boundary.  
 The boundaries of the District are as follows:

Parcel in  
Sections 25, 26, 27, 34, 35 and 36,  
Township 43 South, Range 26 East  
Lee County, Florida

A tract or parcel of land lying in Sections 25, 26, 27, 34, 35 and 36, Township 43 South, Range 26 East, Lee County, Florida, said tract or parcel of land being more particularly described as follows:

Beginning at the Southeast ~~corner~~ corner of said Section 34 run N00°59'34"W along the East line of the Southeast Quarter (SE  $\frac{1}{4}$  ~~1/4~~) of said Section 34 for 2,654.70 feet to the East Quarter Corner of said Section 34; thence run S89°15'30"W along the North line of the South Half (S  $\frac{1}{2}$  ~~1/2~~) of said Section 34 for 5,100.92 feet to a point on a non-tangent curve at the intersection with the Easterly line of lands described in a deed recorded in Official Record Book 4107, at Page 886, Lee County Records; thence run northwesterly along said Easterly line and along an arc of curve to the left of radius 240.00 feet (delta 21°30'24") (chord bearing N34°21'11"W) (chord 89.56 feet) for 90.09 feet to a point of tangency; thence run N45°06'23"W along said Easterly line for 156.71 feet to a point of curvature; thence run northwesterly along said Easterly line and along an arc of curve to the left of radius 240.00 feet (delta 06°54'55") (chord bearing N48°33'50"W) (chord 28.95 feet) for 28.97 feet to an intersection with the West line of the Northwest Quarter (NW  $\frac{1}{4}$  ~~1/4~~) of said Section 34; thence run N00°49'55"W along said West line for 2,437.57 feet to the Southwest Corner of said Section 27; thence run N00°49'48"W along the West line of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of said Section 27 for 659.59 feet to the Southwest corner of the Northwest Quarter (NW  $\frac{1}{4}$  ~~1/4~~) of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of said Section 27; thence run N89°06'39"E along the South line of the North Half (N  $\frac{1}{2}$  ~~1/2~~) of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of said Section 27 for 1,318.66 feet to the Southeast corner of the Northeast Quarter (NE  $\frac{1}{4}$  ~~1/4~~) of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of said Section 27; thence run N00°50'33"W along the East line of said Fraction for 660.48 feet to the Northeast Corner of said Fraction; thence run S89°04'20"W along the North line of said Fraction for 659.26 feet to the Southeast corner of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of the Northwest Quarter (NW  $\frac{1}{4}$  ~~1/4~~) of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of said Section 27; thence run N00°50'10"W along the East line of said Fraction for 660.23 feet to the Northeast Corner of said Fraction; thence run S89°02'22"W along the North line of said Fraction for 659.19 feet to an intersection with the West line of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of said Section 27; thence run N00°49'48"W along said West line for 659.85 feet to the West Quarter Corner of said Section 27; thence run N00°47'16"W along the West line of the Northwest Quarter (NW  $\frac{1}{4}$  ~~1/4~~) of said Section 27 for 1,328.51 feet to an intersection with the Southerly right of way line of State Road

80, (150 feet wide); thence run N77°10'14"E along said Southerly right of way line for 2,020.27 feet to an intersection with the West line of the Southeast Quarter (SE  $\frac{1}{4}$  ~~1/4~~) of the Northeast Quarter (NE  $\frac{1}{4}$  ~~1/4~~) of the Northwest Quarter (NW  $\frac{1}{4}$  ~~1/4~~) of said Section 27; thence run S00°50'17"E along said West line for 421.56 feet to the Southwest Corner of said Fraction, being designated as POINT "A"; thence run N88°54'52"E along the South line of said Fraction for 658.74 feet to an intersection with the West line of the East Half (E  $\frac{1}{2}$  ~~1/2~~) of said Section 27; thence run S00°51'17"E along said West line for 2,065.72 feet to an intersection with the Southwesterly line of Conservation Easement CE-5, described in a deed recorded in Official Record Book 3492, at Page 568, Lee County Records; thence run along said Southwesterly line the following courses: S89°09'06"W for 37.27 feet to a point on a non-tangent curve; northwesterly along an arc of curve to the left of radius 544.11 feet (delta 28°08'56") (chord bearing N29°19'43"W) (chord 264.63 feet) for 267.31 feet to a point on a non-tangent curve; northerly along an arc of curve to the right of radius 76.19 feet (delta 50°10'58") (chord bearing N18°17'17" W) (chord 64.62 feet) for 66.73 feet to a point on a non-tangent curve; and northerly along an arc of curve to the left of radius 294.98 feet (delta 04°38'23") (chord bearing N04°29'11"E) (chord 23.88 feet) for 23.89 feet; thence run S89°59'57"W along a non-tangent line for 290.94 feet to a point on a non-tangent curve and an intersection with the Southerly line of Conservation Easement CE-6, described in a deed recorded in Official Record Book 3492, at Page 568, Lee County Records; thence run along said Southerly line the following courses: southerly along an arc of curve to the left of radius 366.19 feet (delta 02°13'10") (chord bearing S03°58'21"W) (chord 14.18 feet) for 14.19 feet; S69°32'12"W along a non-tangent line for 112.75 feet to a point on a non-tangent curve; southwesterly along an arc of curve to the left of radius 175.00 feet (delta 102°58'00") (chord bearing S52°06'04"W) (chord 273.85 feet) for 314.49 feet; S88°44'23"W along a non-tangent line for 23.42 feet; S71°47'56"W for 48.67 feet; S07°58'00"W for 35.55 feet; S03°55'13"E for 56.03 feet; S23°32'56"W for 47.94 feet; S33°25'14"W for 36.18 feet; S12°58'58"W for 61.88 feet; N86°33'52"W for 89.92 feet; and S82°52'46"W for 49.35 feet; thence run S84°07'47"W along said Southerly line and the extension thereof for 87.43 feet to a point on a non-tangent curve; thence run southeasterly along an arc of curve to the left of radius 700.00 feet (delta 34°14'28") (chord bearing S52°26'02"E) (chord 412.14 feet) for 418.33 feet to a point of tangency; thence run S69°33'15"E for 283.26 feet to a point of curvature; thence run southeasterly along an arc of curve to the right of radius 550.00 feet (delta 53°24'45") (chord bearing S42°53"E) (chord 494.36 feet) for 512.72 feet to a point of tangency; thence run S16°08'30"E for 429.10 feet to a point of curvature; thence run southerly along an arc of curve to the left of radius 700.00 feet (delta 02°04'24") (chord bearing S17°10'43"E) (chord 25.33 feet) for 25.33 feet to an

intersection with the Northerly right of way line of the former Seaboard All Florida Railroad (100 feet wide) and Florida Power & Light Co. Easement (100 feet wide), described in a deed recorded in Deed Book 230, at Page 106, Lee County Records; thence run N89°00'08"E along a non-tangent line and said Northerly right of way line for 112.79 feet to an intersection with the West line of the East Half (E  $\frac{1}{2}$  ~~1/2~~) of said Section 27; thence run S00°51'17"E along said West line for 50.00 feet to an intersection with the North line of the South 50 feet of said former Seaboard All Florida Railroad right of way (100 feet wide); thence run N89°00'08"E along said North line for 7,949.61 feet to an intersection with the West line of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of said Section 25; thence run N00°33'55"W along said West line for 50.00 feet to an intersection with the Northerly right of way line of the former Seaboard All Florida Railroad (100 feet wide); thence run N89°00'08"E along said right of way line for 5,295.61 feet to an intersection with the East line of the Southeast Quarter (SE  $\frac{1}{4}$  ~~1/4~~) of said Section 25; thence run S01°39'28"E along said East line for 629.62 feet to the Northeast Corner of said Section 36 being designated as POINT "B"; thence run S00°16'51"E along the East line of the Northeast Quarter (NE  $\frac{1}{4}$  ~~1/4~~) of said Section 36 for 2,647.36 feet to the East Quarter Corner of said Section 36; thence run S00°45'42"E along the East line of the Southeast Quarter (SE  $\frac{1}{4}$  ~~1/4~~) of said Section 36 for 2,644.68 feet to the Southeast Corner of said Section 36; thence run S89°12'27"W along the South line of the Southeast Quarter (SE  $\frac{1}{4}$  ~~1/4~~) of said Section 36 for 2,644.62 feet to the South Quarter Corner of said Section 36; thence run S89°11'43"W along the South line of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of said Section 36 for 2,643.63 feet to the Southeast Corner of said Section 35; thence run S88°54'06"W along the South line of the Southeast Quarter (SE  $\frac{1}{4}$  ~~1/4~~) of said Section 35 for ~~2643.62~~ 2,643.62 feet to the South Quarter Corner of said Section 35; thence run S88° 53'41"W along the South line of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of said Section 35 for 2,642.70 feet to the POINT OF BEGINNING.

LESS and EXCEPT the following described parcels. From the point designated as POINT "A" run S88°54'52"W along the South line of the Northeast Quarter (NE  $\frac{1}{4}$  ~~1/4~~) of the Northwest Quarter (NW  $\frac{1}{4}$  ~~1/4~~) of said Section 27 for 658.74 feet to the Northeast Corner of the Northeast Quarter (NE  $\frac{1}{4}$  ~~1/4~~) of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of the Northwest Quarter (NW  $\frac{1}{4}$  ~~1/4~~) of said Section 27 and POINT OF BEGINNING.

From said Point of Beginning run S00°49'17"E along the East line of said Fraction for 660.13 feet to the Southeast Corner of said Fraction; thence run S88°57'38"W along the South line of said Fraction for 658.93 feet to the Southwest Corner of said Fraction; thence run N00°48'16"W along the West line of said Fraction for 659.60 feet to the Northwest Corner of said Fraction; thence run N88°54'52"E along the North line of said Fraction for 658.74 feet to the POINT OF BEGINNING.

AND

LESS and EXCEPT the following described parcel.

From the point designated as POINT "B" run S88°44'46"W along the South line of the Southeast Quarter (SE  $\frac{1}{4}$  ~~1/4~~) of said Section 25 for 2,674.22 feet to the South Quarter Corner of said Section 25; ~~thence and POINT OF BEGINNING. From said Point of Beginning~~ run S89°12'44"W along the South line of the Southwest Quarter (SW  $\frac{1}{4}$  ~~1/4~~) of said Section 25 for 2,633.46 feet to the Southeast Corner of said Section 26 and the POINT OF BEGINNING; ~~thence~~

From said Point of Beginning run S89°14'15"W along the South line of the Southeast Quarter (SE  $\frac{1}{4}$  ~~1/4~~) of said Section 26 for 1,327.50 feet to the Southwest Corner of the Southeast Quarter (SE  $\frac{1}{4}$  ~~1/4~~) of the Southeast Quarter (SE  $\frac{1}{4}$  ~~1/4~~) of said Section 26; thence run N00°23'46"W along the West line of said Fraction for 526.48 feet to an intersection with the Southerly right of way line of the former Seaboard All Florida Railroad (100 feet wide); thence run N89°00'08"E along said Southerly right of way line for ~~1,325.98~~ 3,955.59 feet to an intersection with the East line of the Southeast Southwest Quarter (SE  $\frac{1}{4}$  SW  $\frac{1}{4}$ ) of said Section ~~26~~ 25; thence run S00° ~~33'58'~~ 55'43"E along said East line for ~~531.91~~ 541.54 feet to the POINT OF BEGINNING.

Containing a Total Area of ~~1958.43~~ 1,926.03 Acres, more or less.

Bearings hereinabove mentioned are State Plane for the Florida West Zone (1983/90 adjustment) and are based on the west line of the Northwest Quarter (NW  $\frac{1}{4}$  ~~1/4~~) of said Section 34 to bear N00°49'55"W.

Specific Authority 190.005, ~~190.046~~ FS. Law Implemented 190.004, 190.005, ~~190.046~~ FS. History—New 4-21-05, Amended.

NAME OF PERSON ORIGINATING PROPOSED RULE: Teresa Tinker, Florida Land and Water Adjudicatory Commission, Room 1801, The Capitol, Tallahassee, Florida 32399-0001

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Teresa Tinker, Florida Land and Water Adjudicatory Commission.

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 3, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 24, 2006

## DEPARTMENT OF MANAGEMENT SERVICES

### Agency for Workforce Innovation

RULE NO.: 60BB-3.029  
 RULE TITLE: Public Use Forms

PURPOSE AND EFFECT: This rule sets forth two forms to be used by the Agency for Workforce Innovation in the administration of its Unemployment Compensation Program. AWI Form AWA-01 (Rev. 3/2005) is used to process request for confidential unemployment compensation records and AWI



form ERWC (New 02/06) implements the statutory provisions regarding release of confidential unemployment compensation information in workers' compensation cases set forth in Sections 443.171(5), 443.1715(1), and 443.1715(2)(b)1., Florida Statutes.

SUMMARY: Rule 60BB-3.029, F.A.C., sets forth forms to be used by the Agency for Workforce Innovation to aid in the administration of its Unemployment Compensation Program. AWI Form AWA-01 (Rev. 3/2005) is used to process request for confidential unemployment compensation records and AWI form ERWC (New 02/06) implements the statutory provisions regarding release of confidential unemployment compensation information in workers' compensation cases set forth in Sections 443.171(5), 443.1715(1), and 443.1715(2)(b)1., Florida Statutes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 443.1317(1)(b) FS.

LAW IMPLEMENTED: 443.171(5), 443.1715(1), 443.1715(2)(b)1. FS.

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

DATE AND TIME: April 28, 2006, 10:00 a.m. – 11:00 a.m.

PLACE: Agency for Workforce Innovation, Caldwell Building, 107 E. Madison Street, Room B-49, Tallahassee, Florida 32399

Any person requiring special accommodations to participate in this hearing is asked to advise the agency at least forty-eight (48) hours before the meeting by contacting: Ms. Nicole Cutchin, (850)245-7150.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John Perry, Senior Attorney, 107 East Madison Street, MSC 110, Tallahassee, Florida 32399-4128, (850)245-7150

THE FULL TEXT OF THE PROPOSED RULE IS:

60BB-3.029 Public Use Forms.

(1) The following forms and instructions are used by the Agency for Workforce Innovation in its dealings with the public in the administration of the unemployment compensation program, and are hereby incorporated by reference into this rule:

(a) AWI Form ERWC (New 02/06).

(b) AWI Form AWA-01 (Rev. 3/2005).

(2) These forms may be found at: [http://www.floridajobs.org/unemployment/uc\\_emp\\_forms.html](http://www.floridajobs.org/unemployment/uc_emp_forms.html).

Specific Authority 443.1317(1)(b) FS. Law Implemented 443.171(5), 443.1715(1), 443.1715(2)(b)1. FS. History—New

NAME OF PERSON ORIGINATING PROPOSED RULE: John Perry, Senior Attorney, 107 East Madison Street, MSC 110, Tallahassee, Florida 32399-4128, (850)245-7150

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Mindy Raymaker, Deputy General Counsel, 107 East Madison Street, MSC 110, Tallahassee, Florida 32399-4128, (850)245-7150

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 4, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 24, 2006

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Florida Real Estate Commission**

RULE NO.: 61J2-24.003  
 RULE TITLE: Notification of Noncompliance

PURPOSE AND EFFECT: The purpose of the proposed rule is to bring the rule into compliance with statutory changes, remove out-dated language, and update references to other Commission rules.

SUMMARY: The rule conforms the Section to current statutory authority, deletes outdated language, and conforms to changes in other referenced existing Commission rules.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 475.05 FS.

LAW IMPLEMENTED: 120.695, 455.225(3) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Lori Crawford, Deputy Clerk, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N801, Orlando, Florida 32801

THE FULL TEXT OF THE PROPOSED RULE IS:

61J2-24.003 Notification of Noncompliance.

(1) Pursuant to Sections 455.225(3) and 120.695, F.S., the Commission sets forth below those statutes and rules which are considered minor violations for which the DBPR shall provide a licensee, registrant or permitholder with a notice of noncompliance. A violation is considered a minor violation if it does not result in economic or physical harm to a person or adversely affect the public health, safety, or welfare or create a

significant threat of such harm. The notice of noncompliance shall only be issued for an initial offense of a listed minor violation.

(a) 61J2-3.009(5)(e) – failure to have a distance education correspondence course instructor available.

(b) through (c) No change.

(d) 61J2-5.016 – sales associate salesperson or broker associate broker-salesperson serving as officer or director of a registered brokerage corporation.

(e) 61J2-5.019(1) – failure to ensure that the corporation or partnership is properly registered; failure to ensure each officer, director and sales associate salesperson is properly licensed.

(f) through (k) No change.

~~(l) 61J2-10.035 – failure to obtain the seller’s consent to place a “sold” sign on the property prior to closing.~~

(m) through (t) renumbered (1) through (s) No change.

(2) through (3) No change.

Specific Authority 475.05 FS. Law Implemented 120.695, 455.225(3) FS. History–New 1-9-94, Amended 1-1-96, 11-10-97, 6-30-98, 10-25-98, 9-17-00,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Florida Real Estate Commission

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Florida Real Estate Commission

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 15, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 6, 2006

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection’s home page at <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

**DEPARTMENT OF HEALTH**

**Board of Dentistry**

RULE NO.: 64B5-14.002  
RULE TITLE: Prohibitions

PURPOSE AND EFFECT: The Board proposes the amendment to the rule to clarify that a dentist may employ or administer propofol, methohexital, thiopental, or etomidate to a patient only if the dentist possesses a valid general anesthesia permit.

SUMMARY: The rule amendment is to clarify that a dentist must possess a valid general anesthesia permit issued by the Board to administer propofol, methohexital, thiopental, or etomidate to a patient.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 466.004(4)(m), 466.017(3) FS.

LAW IMPLEMENTED: 466.017(3) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sue Foster, Executive Director, Board of Dentistry/MQA, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULE IS:

64B5-14.002 Prohibitions.

(1) through (7) No change.

(8) The following general anesthetic drugs shall not be employed on or administered to a patient by a dentist unless the dentist possesses a valid general anesthesia permit issued by the Board pursuant to the requirements of this chapter: propofol, methohexital, thiopental, or etomidate.

Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History–New 1-31-80, Amended 4-20-81, 2-13-86, Formerly 21G-14.02, 21G-14.002, Amended 12-20-93, Formerly 61F5-14.002, Amended 8-8-96, Formerly 59Q-14.002, Amended 3-9-03, 11-4-03,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Dentistry

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 10, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 3, 2006

**DEPARTMENT OF HEALTH**

**Board of Opticianry**

RULE NO.: 64B12-8.021  
RULE TITLE: Citations

PURPOSE AND EFFECT: The Board proposed amendment will cite practicing opticianry with a retired status as a violation and will fine accordingly.

SUMMARY: The proposed rule amendment will impose a fine of \$500 against individuals practicing opticianry with a retired license.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 456.077, 484.005 FS.

LAW IMPLEMENTED: 456.035(1), 456.073, 456.077, 484.014 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Sue Foster, Executive Director, Board of Opticianry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B12-8.021 Citations.

(1) through (2) No change.

(3) The Board hereby designates the following as citation violations, which shall result in the indicated penalty:

(a) through (i) No change.

(j) Practicing opticianry with an active or retired status license, so long as the license has been inactive for a period not to exceed two months, pursuant to Section 456.036(1), F.S., \$500.00;

(k) through (n) No change.

(4) through (5) No change.

Specific Authority 456.077, 484.005 FS. Law Implemented 456.035(1), 456.073, 456.077, 484.014 FS. History--New 1-19-92, Amended 5-27-92, Formerly 21P-8.021, Amended 5-2-94, Formerly 61G13-8.021, Amended 12-4-95, Formerly 59U-8.021, Amended 8-6-97, 6-14-01, 8-16-04, 8-28-05.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Opticianry

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 13, 2006

DATE NOTICED OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 17, 2006

DEPARTMENT OF HEALTH

Board of Optometry

RULE NOS.:

64B13-3.006

64B13-3.007

RULE TITLES:

Licenses and Signs in Office

Minimum Procedures for Vision

Analysis

64B13-3.009

False, Fraudulent, Deceptive and Misleading Advertising Prohibited; Policy; Definitions; Affirmative Disclosure

64B13-3.012

Prescriptions

PURPOSE AND EFFECT: 64B13-3.006 – To require that the notification that a licensee is not a certified optometrist be in easily readable type size.

64B13-3.007 – To clarify that visual screens for research purposes do not require the minimum procedures set forth in the rule if the patient gives informed consent.

64B13-3.009 – To establish type size in advertisements for free or discounted services.

64B13-3.012 – To add additional information required on prescriptions.

SUMMARY: 64B13-3.006 – It is required that the notification that a licensee is not a certified optometrist be in easily readable type size.

64B13-3.007 – It is clarified that visual screens for research purposes do not require the minimum procedures set forth in the rule if the patient gives informed consent.

64B13-3.009 – Type size in advertisements for free or discounted services is established.

64B13-3.012 – Additional information required on prescriptions is added.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 463.005 FS.

LAW IMPLEMENTED: 456.072(1)(a),(m), 463.002(3), 463.005, 463.011, 463.012, 463.0135, 463.014, 463.016(1)(f),(g),(k) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Joe Baker, Jr., Executive Director, Board of Chiropractic Medicine, 4052 Bald Cypress Way, Bin C07, Tallahassee, Florida 32399-3259

THE FULL TEXT OF THE PROPOSED RULES IS:

64B13-3.006 Licenses and Signs in Office.

(1) No change.

(2) A licensed practitioner who is not a certified optometrist shall display at every location at which he practices optometry a sign in Times New Roman 40 point font size or Courier New 44 point font size, or equivalent size which states:

“I am a Licensed Practitioner, not a Certified Optometrist, and I am not able to prescribe topical ocular pharmaceutical agents.”

Specific Authority 463.005(1) FS. Law Implemented 463.002(3), 463.011 FS. History–New 11-13-79, Amended 3-13-81, 6-29-82, Formerly 21Q-3.06, Amended 12-16-86, 2-13-90, Formerly 21Q-3.006, 61F8-3.006, 59V-3.006, Amended.

64B13-3.007 Minimum Procedures for Vision Analysis.

(1) through (6) No change.

(d) Drug therapy and contact lenses research.

(7) No change.

Specific Authority 463.005(1) FS. Law Implemented 463.005(1), 463.0135, 463.016(1)(g), (k) FS. History–New 11-13-79, Amended 4-17-80, 7-29-85, Formerly 21Q-3.07, Amended 7-18-90, Formerly 21Q-3.007, 61F8-3.007, 59V-3.007, Amended 4-3-00, 4-5-04, \_\_\_\_\_.

64B13-3.009 False, Fraudulent, Deceptive and Misleading Advertising Prohibited; Policy; Definitions; Affirmative Disclosure.

(1) through (7) No change.

(8) Any advertisement for free or discounted services must contain the disclaimer required by Section 456.062, F.S., in Times New Roman 40 point font or Courier New 44 point font, or an equivalent size type.

Specific Authority 463.005 FS. Law Implemented 456.072(1)(a), (m), 463.014, 463.016(1)(f), (g) FS. History–New 11-13-79, Amended 4-17-80, 8-20-81, Formerly 21Q-3.09, Amended 1-8-86, 12-16-86, Formerly 21Q-3.009, 61F8-3.009, 59V-3.009, Amended 1-2-02, \_\_\_\_\_.

64B13-3.012 Prescriptions.

(1) through (3) No change.

(4) Spectacle and contact lens prescriptions shall include ~~are defined as follows:~~

(a) Spectacle prescriptions:

1. through 3. No change.

4. Prism amount, if necessary,–

5. Multifocal add power, if necessary.

6. Any other information necessary to accomplish the objective of the prescription.

(b) Contact lens prescriptions, including prescriptions for cosmetic, non-corrective lenses, as applicable:

1. through 3. No change.

4. ~~Range of S~~pecific contact lens type/brand,

5. ~~Range of B~~ase curve, if not included in type/brand,

6. ~~Range of D~~iameter, if not included in type/brand,

7. No change.

(5) No change.

Specific Authority 463.005 FS. Law Implemented 463.005, 463.012, 463.0135, 463.016(1)(k) FS. History–New 4-10-84, Formerly 21Q-3.12, Amended 3-4-86, 8-30-87, Formerly 21Q-3.012, 61F8-3.012, Amended 2-5-96, Formerly 59V-3.012, Amended 1-2-02, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Optometry

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: July 20, 2005

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 19, 2005

**FLORIDA HOUSING FINANCE CORPORATION**

RULE NOS.:

67-51.001

67-51.002

67-51.003

67-51.004

67-51.005

67-51.006

67-51.007

RULE TITLES:

Definitions

Notice of Funding Availability

General Program Restrictions

Application Procedures

Terms and Conditions of Loans

Loan Processing

Fees

PURPOSE AND EFFECT: The purpose of Rule Chapter 67-51, Florida Administrative Code (F.A.C.), is to establish the procedures by which the Florida Housing Finance Corporation shall: administer and implement HAMI Loan Program provisions authorized by Florida Statutes, Section 420.507(41), F.S., and identify the definitions for terms when used in conjunction with the Single Family Revenue Bond Program.

SUMMARY: The proposed Rule prescribes the processes and procedures used for allocating Homeownership Assistance for Moderate Income Loan Program.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 420.507(12), (24), (41) FS.

LAW IMPLEMENTED: 420.507(41), 420.509(11)(c) FS.

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

DATE AND TIME: May 9, 2006, 2:00 p.m.

PLACE: Florida Housing Finance Corporation, Fifth Floor, Formal Conference Room, 227 North Bronough Street, Tallahassee, FL 32301-1329

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Wallisa Cobb, Single Family Bonds Program Administrator, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, FL 32301-1329, (850)488-4197

THE FULL TEXT OF THE PROPOSED RULES IS:

## 67-51.001 Definitions.

(1) "Act" means the Florida Housing Finance Corporation Act as found in Chapter 420, Part V, F.S., as amended.

(2) "Corporation" means the Florida Housing Finance Corporation.

(3) "Down Payment Assistance Loan or Loan" means a Florida Homeownership Assistance for Moderate Income Program Loan in the amount up to \$5,000.

(4) "Eligible Borrower" means a person or persons or family or families:

(a) Who intend to permanently reside as a household in the Home as their principal single-family residence;

(b) Whose total annual family income at time of closing is equal to or greater than 80.01 percent of the State or local median income, whichever is greater and does not exceed the income limits set forth by the Single-Family Bond Program ~~115 percent of the local median income limits.~~

(c) Who are participating in the Corporation's Single-Family Bond Program.

(5) "FannieMae" means the Federal National Mortgage Association, a corporation organized and existing under the Federal National Mortgage Association Charter Act, 12 U.S.C. 1716 et seq.

(6) "FHA" means the Federal Housing Administration of the U.S. Department of Housing and Urban Development.

(7) "First Mortgage" means the recorded mortgage secured via the Corporation's First Time Home Buyer Program to which the Down Payment Assistance Loan is subordinated and which is superior to any other lien or encumbrance on the property.

(8) "Freddie Mac" means the Federal Home Loan Mortgage Corporation.

(9) "Home" means a residential unit used as a single-family residence, which is taxed as real property under the laws of the State of Florida and is located within the State, including a condominium unit and a manufactured home meeting conventional or FHA standards, which is acceptable to any insurer providing private mortgage insurance, FHA, VA or RD. The dwelling structure shall consist of two-, three- or four-family dwelling units, one unit of which is to be occupied by the mortgagor of the units and all of which units were first occupied as homes at least five (5) years before the Loan with respect to such Home which:

(a) Is designed and intended primarily for residential housing;

(b) Is determined by a qualified appraisal to have an expected useful life of not less than 30 years or the term of the First Mortgage, whichever is less;

(c) Will be occupied by the owner as his or her principal residence within 60 days after financing is provided.

(d) Has a sales price which does not exceed the Maximum Acquisition Price as defined in subsection 67-51.001(10), F.A.C., of this rule.

(e) Maintains the basic livability of the residence and will not be used for business purposes to generate additional income for the Eligible Borrower (including child care services on a regular basis for compensation) unless such income is used to qualify the borrower for the Loan.

(10) "Maximum Acquisition Price" means the maximum purchase price of a Single Family Residence, as prescribed in IRS Revenue Procedures 2006-17 ~~2004-24~~, hereby incorporated by reference. The Acquisition Price limits are also subject to the FHA/VA/RD limits, hereby incorporated by reference. Copies may be obtained by contacting the Single Family Bonds Program Administrator at 227 North Bronough Street, Suite 5000, Tallahassee, FL 32301-1329.

(11) "Participating Lender" means the entity signing a Master Mortgage Purchase Agreement and the Supplements to the Master Mortgage Purchase Agreement, which by virtue of executing, represents that it is a home mortgage lending institution or entity:

(a) Participating in the local private home lending market;

(b) That is an FHA-approved mortgagee (with direct endorsement underwriting authority preferred), or a VA-approved lender (with automatic approval authority preferred), or an RD approved lender (unless waived by the Corporation or its designee);

(c) That with respect to Conventional Mortgage loans, is a FannieMae or Freddie Mac approved lender in good standing, has errors and omissions coverage of at least \$300,000, has a minimum net worth of \$250,000, and is acceptable to a FannieMae or Freddie Mac PMI Insurer;

(d) Which can make the representations and warranties and covenants set forth in Section 2 of the Mortgage Purchase Agreement; and

(e) Which has agreed to and will originate First Mortgage Loan itself or through correspondent mortgage lending institutions.

(12) "RD" means Rural Development Service (formerly the Farmers Home Administration) of the United States Department of Agriculture.

(13) "Second Mortgage" means the recorded mortgage securing the Down Payment Assistance Loan, which is subordinate only to the lien of the First Mortgage.

(14) "Single-Family Bond Program" means the Single-Family Mortgage Revenue Bond Program implemented pursuant to Rule Chapter 67-25, F.A.C., or any other public or private loan program approved by the Corporation's Board of Directors as a substitute for the Single-Family Mortgage Revenue Bond Program.

(15) "VA" means the Department of Veterans Affairs, an agency of the United States of America.

Specific Authority 420.507(12), (24) FS. Law Implemented 420.509, 420.509(11)(c) FS. History–New 12-7-03, Amended 2-2-05, \_\_\_\_\_.

67-51.002 Notice of Funding Availability.

~~The Corporation shall publish a notice in the Florida Administrative Weekly announcing its intent to provide funding for qualified mortgage loans under the Single Family Bond Program and the Down Payment Assistance Loan Program. Such notice shall be published at least sixty (60) days prior to the anticipated availability of Loan funds.~~

Specific Authority 420.507(12), 420.507(24) FS. Law Implemented 420.509, 420.509(11)(c) FS. History–New 12-7-03, Repealed \_\_\_\_\_.

67-51.003 General Program Restrictions.

Loans will be subject to the following restrictions:

(1) In no case shall an Eligible Borrower receive more than one Down Payment Assistance Loan or any other second mortgage loan offered by the Corporation.

(2) Loans shall be made available only to Eligible Borrowers to finance Homes which do not exceed the Maximum Acquisition Price.

(3) Loans will be serviced by the Corporation or its designated servicer.

(4) Loans shall be evidenced by a properly executed note as evidence of the indebtedness and shall be secured by a properly executed and recorded mortgage, subject only to the lien of the First Mortgage.

(5) Prepayment of the Loans shall be permitted without penalty.

(6) Loans are not assumable.

Specific Authority 420.507(12), 420.507(24) FS. Law Implemented 420.509, 420.509(11)(c) FS. History–New 12-7-03, Repromulgated \_\_\_\_\_.

67-51.004 Application Procedures.

(1) Eligible Borrowers shall apply for a Down Payment Assistance Loan with any Participating Lender that is processing the applicant’s First Mortgage ~~L~~oan application.

(2) Prior to receiving funding for a Down Payment Assistance Loan, Eligible Borrowers shall meet all eligibility requirements as specified in the Single-Family Bond Program documents as further described in subsection 67-25.006(2), F.A.C.

(3) Eligible Borrowers shall execute a note and mortgage for this ~~L~~oan.

Specific Authority 420.507(12), 420.507(24) FS. Law Implemented 420.509, 420.509(11)(c) FS. History–New 12-7-03, Amended \_\_\_\_\_.

67-51.005 Terms and Conditions of Loans.

(1) All Down Payment Assistance Loans must be in compliance with the Act and shall adhere to the terms and conditions outlined in this Rule Chapter.

(2) The ~~L~~oan is amortized for a 10-year period with the interest rate to set between a minimum of 3 percent and a maximum interest rate of ~~10~~ 5 percent, which shall be adjusted to be competitive with market rates.

(3) Repayment is due in the event of sale, transfer, refinancing or failure to occupy the Home as the primary residence without prior approval by the Corporation as outlined in Rule 67-25.014, F.A.C., in which case the Loan is due and payable in full at that time.

(4) The Down Payment Assistance Loan shall be used for down payment and closing costs associated with the purchase of the Home financed with Single-Family Bond Program funds.

Specific Authority 420.507(12), 420.507(24) FS. Law Implemented 420.509, 420.509(11)(c) FS. History–New 12-7-03, Amended \_\_\_\_\_.

67-51.006 Loan Processing.

(1) All applications and Loans shall be processed by the Participating Lenders in accordance with the Participating Lender’s standard underwriting criteria and any additional criteria imposed by FHA, VA, FannieMae, RD or other parties insuring or guaranteeing the First Mortgage loan.

(2) Loan applications shall be reviewed by the lender originating the First Mortgage on a first-come, first-served basis.

(3) If funds are not available in the full amount of the Loan as requested, the application shall be deferred to a waiting list maintained by the Corporation or its designee on a first-come, first-served basis. Such application shall be considered as soon as sufficient funds become available to finance the Loan.

Specific Authority 420.507(12), 420.507(24) FS. Law Implemented 420.509, 420.509(11)(c) FS. History–New 12-7-03, Repromulgated \_\_\_\_\_.

67-51.007 Fees.

In connection with the origination of a Down Payment Assistance Loan, the Corporation shall collect from the Eligible Borrower a \$75 application and \$150 servicing fee, payable at the time of application.

Specific Authority 420.507(12), 420.507(24), 420.507(4) FS. Law Implemented 420.509, 420.509(11)(c) FS. History–New 12-7-03, Repromulgated \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Wallisa Cobb, Single Family Bonds Administrator, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329, (850)488-4197  
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: David R. Westcott, Deputy Development Officer, Homeownership, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 14, 2005, Corporation Board Meeting  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: Vol. 32, No. 11, March 17, 2006

Any person requiring special accommodation at this hearing because of a disability or physical impairment should contact Wallisa Cobb at the above address. If you are hearing or speech impaired, please use the Florida Dual Party Relay system, which can be reached at 1(800)955-8770 (Voice) or 1(800)955-9771 (TDD).

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of State Fire Marshal**

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
69A-53	Uniform Fire Safety Standards for Hospitals and Nursing Homes
RULE NOS.:	RULE TITLES:
69A-53.005	Purpose and Scope
69A-53.0051	Definitions
69A-53.0052	Fire Sprinkler Requirements for Nursing Homes
69A-53.0053	State Fire Marshal Nursing Home Loan Guarantee Program: Application Procedures
69A-53.0054	State Fire Marshal Nursing Home Loan Guarantee Program: Eligibility and Coordination of Construction with Loan Requirements

PURPOSE AND EFFECT: To adopt rules providing for requirements and procedures to utilize the nursing home loan guarantee program as required by Section 633.0245(11), F.S.

SUMMARY: Provides requirements and procedures for the loan guarantee program for sprinklers in nursing homes.

SPECIFIC AUTHORITY: 633.01(1), 633.022(1), 633.0245 FS.

LAW IMPLEMENTED: 633.022(4), 633.024, 633.0245 FS.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Regulatory Costs was prepared.

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

IF REQUESTED A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW. (IF A HEARING IS NOT REQUESTED, NO HEARING WILL BE HELD.)

DATE AND TIME: Thursday, May 11, 2006, 9:00 a.m.

PLACE: Room 116, Larson Building, 200 East Gaines Street, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Jim Goodloe, Chief, Bureau of Fire Prevention, 200 East Gaines Street, Tallahassee, Florida 32399-0342, telephone (850)413-3173, Fax. (850)414-6119, email: [Jim.Goodloe@fldfs.com](mailto:Jim.Goodloe@fldfs.com).

Pursuant to the provisions of the Americans with Disabilities Act and Section 286.26, Florida Statutes, any person requiring special accommodations to participate in this program, please advise the Department at least 48 hours before the program by contacting Millicent King, (850)413-3173

THE FULL TEXT OF THE PROPOSED RULES IS:

**PART II STATE FIRE MARSHAL NURSING HOME LOAN GUARANTEE PROGRAM FOR INSTALLATION OF FIRE PROTECTION EQUIPMENT**

69A-53.005 Purpose and Scope.

This part implements Sections 633.022(4), 633.024, and 633.0245, F.S. (2005), by providing procedures for owners of eligible nursing homes to participate in the State Fire Marshal Nursing Home Loan Guarantee Program, a limited state guarantee program intended to mobilize private funding for the installation of required fire sprinkler systems in unprotected, eligible nursing homes within Florida.

Specific Authority 633.01(1), 633.022(1), 633.0245(11) FS. Law Implemented 633.022(4), 633.024, 633.0245 FS. History—New \_\_\_\_\_.

69A-53.0051 Definitions.

(1) “Eligible Nursing Home” means a facility that provides nursing services as defined in Chapter 464, F.S., is licensed under part II of Chapter 400, F.S., and is certified by the Agency for Health Care Administration to lack an installed fire protection system as defined in Section 633.021(8), F.S.

(2) “Hazardous area” means each:

(a) Boiler and fuel fired heater room.

(b) Central and bulk laundry more than 100 square feet in area.

(c) Paint shop.

(d) Repair shop.

(e) Soiled linen room.

(f) Trash collection room.

(g) Storage room larger than 50 square feet in area which contain combustible supplies or equipment in quantities deemed hazardous by the authority having jurisdiction, pursuant to the applicable provisions of the Florida Fire Prevention Code adopted in Rule Chapter 69A-60, F.A.C.

(h) Laboratories employing flammable or combustible materials.

(i) Other areas posing a higher degree of hazard than that normally associated with the occupancy as determined by the authority having jurisdiction, pursuant to the applicable provisions of the Florida Fire Prevention Code adopted in Rule Chapter 69A-60, F.A.C.



Specific Authority 633.01(1), 633.022(1), 633.0245(11) FS. Law Implemented 633.022(4), 633.024, 633.0245 FS. History–New \_\_\_\_\_.

69A-53.0052 Fire Sprinkler Requirements for Nursing Homes.

(1) Section 633.022(4), F.S., mandates that the owner of each eligible nursing home provide protection by the installation of a fire sprinkler system throughout the entire facility in accordance with Chapter Nine (9) of the Florida Edition of NFPA 101, the Life Safety Code, 2003 edition, adopted in Rule 69A-3.012, F.A.C., pursuant to the following schedule:

(a) Each hazardous area of an eligible nursing home shall be protected by an approved fire sprinkler system by no later than December 31, 2008.

(b) Each eligible nursing home, in its entirety, shall be protected by an approved fire sprinkler system by no later than December 31, 2010.

(2) The State Fire Marshal shall, within thirty days of the effective date of this rule, provide written notice to the owner of each eligible nursing home of the requirement for the installation of fire sprinklers pursuant to the schedule provided above. The notice shall include:

(a) The fire sprinkler requirements and the schedule for compliance as listed in this section.

(b) An application for approval of the system and for funding through the State Fire Marshal Nursing Home Loan Guarantee Program.

(3) The Division may grant a maximum of two one-year extensions to the final date of compliance with subsections (1)(a) and (b) above, for the hazardous area portion of the retrofitting project, only after establishing that the nursing home has been prevented from complying for reasons beyond its control. Such reasons may include:

(a) A last-minute, unexpected loss of funding for all or a portion of the project that is unrelated to an action by, or the financial standing of, the nursing home.

(b) Unexpected structural issues with the planned retrofitting of the nursing home that have resulted in a need for additional labor, equipment, planning or funding.

(c) Any other reason the owner can establish that are:

1. Unrelated to either delay or inattention on the part of the owner, and

2. Of sufficient import or magnitude that the project cannot feasibly be completed by the applicable deadline.

(4) A request for extension under subsection (3) must:

(a) Be received by the Division prior to the expiration of the deadline in question.

(b) Be accompanied by sufficient information and data to clearly establish the factual basis for the request, and

(c) Also establish the owner's ability to complete the project by the end of the extension period.

Specific Authority 633.01(1), 633.022(1), 633.0245(11) FS. Law Implemented 633.022(4), 633.024, 633.0245 FS. History–New \_\_\_\_\_.

69A-53.0053 State Fire Marshal Nursing Home Loan Guarantee Program: Application Procedures.

(1) An owner of an eligible nursing home who wishes to participate in the State Fire Marshal Nursing Home Loan Guarantee Program must make application on Form DFS-K3-1659 which is hereby adopted and incorporated herein, and which may be obtained by contacting the Division of State Fire Marshal, Bureau of Fire Prevention, 200 East Gaines Street, Tallahassee, Florida 32399-0342. The application must be accompanied by the conceptual design documentation for the proposed fire sprinkler system as prepared by or on behalf of a person certified under Section 633.521, F.S.

(2)(a) Upon submission of an application for funding through the Loan Guarantee Program, the State Fire Marshal shall evaluate the proposed fire protection system and determine whether it complies with all applicable fire safety code provisions.

(b) All properly completed applications, which must include acceptable documentation for the conceptual design, for participation in the Nursing Home Loan Guarantee Program must be received by the State Fire Marshal on or before June 30, 2006.

(3) If the proposed fire protection system does not comply with the applicable fire safety code provisions, the Division of State Fire Marshal shall notify the owner in writing of each area of deficiency and the specific code provision governing the deficiency, and shall take no further action until each deficiency has been corrected.

(4) Upon receipt of an application that meets the requirements of this rule chapter and provides for the construction of a fire protection system that complies with the applicable fire safety code provisions, the State Fire Marshal shall issue a conditional approval of the application.

(5) If the loan application is approved for funding pursuant to Section 69A-53.0054, F.A.C., the nursing home owner shall provide the State Fire Marshal with a final set of sealed construction plans for the project, which must be approved by the State Fire Marshal prior to initiation of construction. Installation will then be permitted to commence, so long as all applicable building permits for the project have been issued.

(6) During construction of the fire protection system, the State Fire Marshal shall conduct as many on-site inspections as deemed necessary to ensure that the installation of the required fire sprinkler system is in accordance with the approved plans. All required inspections of the installation must be performed by the State Fire Marshal or by an authorized local fire official. Final approval will be granted only when the system has been installed in accordance with Chapter 69A-46, F.A.C.

(7) The installing contractor shall coordinate all required operational testing with the State Fire Marshal.



(8) The State Fire Marshal shall witness a final operational test of the complete fire sprinkler system prior to issuing final approval.

Specific Authority 633.01(1), 633.022(1), 633.0245(11) FS. Law Implemented 633.022(4), 633.024, 633.0245 FS. History–New

69A-53.0054 State Fire Marshal Nursing Home Loan Guarantee Program: Eligibility and Coordination of Construction with Loan Requirements.

(1)(a) Within 30 days from the effective date of this rule, the Division of State Fire Marshal shall provide the names and addresses of all qualified public depositories in this state to each eligible nursing home.

(b) Upon receipt of a conditionally approved application from the State Fire Marshal, if the nursing home seeks to participate in the State Fire Marshal Nursing Home Loan Guarantee Program, it shall present the loan application to a lender which is a qualified public depository. Approval of an individual loan with an individual nursing home owner is at the discretion of the qualified public depository/lender.

(2) Upon final approval of the loan by the qualified public depository/lender and of the fire protection system by the State Fire Marshal, a limited loan guarantee document will be presented to the qualified public depository/lender. The State’s limited loan guarantee will provide for a guarantee of no more than 50 percent of the principal sum loaned by the qualified public depository/lender. The guarantee will not cover late fees, accelerated interest, or other charges assessed as a result of the default of the nursing home owner.

(3) As some installations may be complex and lengthy, a draw program may be required. In such a case, a draw schedule and retainage requirement will be established by the qualified public depository/lender.

Specific Authority 633.01(1), 633.022(1), 633.0245(11) FS. Law Implemented 633.022(4), 633.024, 633.0245 FS. History–New

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Jim Goodloe, Chief, Bureau of Fire Prevention, Division of State Fire Marshal, Department of Financial Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Randall Napoli, Director, Division of State Fire Marshal, Department of Financial Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 5, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 20, 2006

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Workers’ Compensation**

RULE NO.:  
69L-7.602

RULE TITLE:  
Florida Workers' Compensation Medical Services Billing, Filing and Reporting Rule

PURPOSE AND EFFECT: The purpose of this rule amendment is to address ministerial changes made to Rule 69L-7.602, F.A.C., and to update the Florida Workers’ Compensation Medical EDI Implementation Guide (MEIG), 2006, to reflect its most current edition and additional data reporting requirements. The effect of this rule amendment is to promote compliance by insurers and submitters with the requirements associated with electronic submission, filing, and reporting, as they relate to the Florida Workers’ Compensation Medical Services Billing Rule, streamline the application of administrative fines and penalties on insurers for non-compliance, and update relevant reference material to reflect the most current edition.

SUMMARY: Rule amendment reflecting changes and updates to reference materials associated with the Florida Workers’ Compensation Medical Services Billing Rule.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 440.13(4), 440.15(3)(b), (d), 440.185(5), 440.525(2), 440.591, 440.593(5) FS.

LAW IMPLEMENTED: 440.09, 440.13(2)(a), (3), (4), (6), (11), (12), (14), (16), 440.15(3)(b), (d), 440.185(5), (9), 440.20(6), 440.525(2), 440.593 FS.

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

DATE AND TIME: May 8, 2006, 10:00 a.m.  
PLACE: Room 104J, Hartman Building, 2012 Capital Circle, S. E., Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Don Davis, Division of Workers’ Compensation, Office of Data Quality and Collection, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4226, phone (850)413-1711

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Department at least 5 calendar days before the program by contacting the person listed above.

## THE FULL TEXT OF THE PROPOSED RULE IS:

69L-7.602 Florida Workers' Compensation Medical Services Billing, Filing and Reporting Rule.

(1) No change.

(a) through (c) No change.

(d) "Billing" means the process by which a health care provider submits a claim to an insurer, service company/third party administrator (~~TPA~~) or any entity acting on behalf of the insurer, to receive reimbursement for medical services provided to an injured employee.

(e) "Catastrophic Event" means the occurrence of an event outside the control of an insurer, submitter, service company/third party administrator (~~TPA~~) or any entity acting on behalf of the insurer, such as a natural disaster, an act of terrorism (including but not limited to cyber terrorism) or a telecommunications failure, in which recovery time will prevent an insurer, submitter, service company/third party administrator TPA or any entity acting on behalf of the insurer from meeting the filing and reporting requirements of Chapter 440, F.S., and this rule.

(f) No change.

(g) "Charge Master" means a comprehensive listing of all goods and services for which the hospital or ambulatory surgical center maintains a separate charge with the hospital's or ambulatory surgical center's charges for each of the goods and services, regardless of payer type. The charge master shall be maintained and produced when requested for the purpose of verifying its usual charges pursuant to Section 440.13(12)(d), F.S. "Charge Master" means a comprehensive coded list developed by a hospital or an ambulatory surgical center representing its usual charges for specific services and supplies.

(h) Claims-Handling Entity File Number" means the number assigned to the claim file by the insurer or service company/third party administrator TPA for purposes of internal tracking.

(i) No change.

(j) "Date Insurer Paid" or "Date Insurer Paid, Adjusted and Paid, Disallowed or Denied" means the date the insurer, service company/third party administrator TPA, submitter or any entity acting on behalf of the insurer mails, transfers or electronically transmits payment to the health care provider or the health care provider representative. If payment is disallowed or denied, "Date Insurer Paid" or "Date Insurer Paid, Adjusted and Paid, Disallowed or Denied" means the date the insurer, service company/third party administrator or any entity acting on behalf of the insurer mails, transfers or electronically transmits the appropriate notice of disallowance or denial to the health care provider or the health care provider representative. See paragraph (5)(l) for the requirement to accurately report the "date insurer paid".

(k) "Date Insurer Received" means the date that a Form DFS-F5-DWC-9, DFS-F5-DWC-10 (or insurer pre-approved alternate form), DFS-F5-DWC-11, DFS-F5-DWC-90 or the electronic form equivalent is in the possession of delivered to, and manually or electronically date stamped by the insurer, service company/third party administrator TPA, submitter or any entity acting on behalf of the insurer. See paragraph (5)(l) for the requirement to accurately report the "date insurer received".

(l) "Deny" means to determine that no payment is to be made for a specific procedure code or other service reported by a health care provider to an insurer, service company/third party administrator TPA or any entity acting on behalf of the insurer on a bill.

(m) "Department" means Department of Financial Services as defined in Section 440.02(12), F.S. "Division" means the Division of Workers' Compensation (DWC) as defined in Section 440.02(14), F.S.

(n) "Disallow" means to determine that no payment is to be made for a specific procedure code or other service reported by a health care provider to an insurer, service company/third party administrator TPA or any entity acting on behalf of the insurer for reimbursement, based on identification of a billing error, inappropriate utilization or over utilization, use of an incorrect billing form, only one line-item billed and the bill has an invalid code, or required information is inaccurate, missing or illegible.

(o) "Division" means the Division of Workers' Compensation (DWC) as defined in Section 440.02(14), F.S.

(p)(~~o~~) "Electronic Filing" means the computer exchange of medical data from a submitter to the Division in the standardized format defined in the Florida Workers' Compensation Medical EDI Implementation Guide (MEIG), 20065.

(q)(~~p~~) "Electronic Form Equivalent" means the format, provided in the Florida Workers' Compensation Medical EDI Implementation Guide (MEIG), 20065, to be used when a submitter electronically transmits required data to the Division. Electronic form equivalents do not include transmission by facsimile, data file(s) attached to electronic mail, or computer-generated paper-forms.

(r)(~~q~~) "Electronically Filed with the Division" means the date an electronic filing has been received by the Division and has successfully passed structural and data-quality edits.

(s)(~~r~~) "Entity" means any party, involved in the provision of or the payment for medical services, care or treatment rendered to the injured employee, excluding the insurer, service company/third party administrator TPA or health care provider as identified in this section.

(t)(~~s~~) "Explanation of Bill Review" (EOBR) means the notice of payment or notice of adjustment and payment, disallowance or denial sent by an insurer, service company/third party administrator or any entity acting on

behalf of an insurer to a health care provider containing code(s) and code descriptor(s), in conformance with paragraph (5)(o) of this rule codes and written explanation of an insurer's reimbursement decision sent to the health care provider as notice of payment, denial, disallowance or adjustment.

~~(u)(t)~~ “Florida ~~Workers’ Compensation~~ Medical EDI Implementation Guide (MEIG), 2006~~5~~” is the Florida Division of Workers’ Compensation’s reference document containing the specific electronic formats and data elements required for insurer reporting of medical data to the ~~D~~ivision.

(u) through (y) renumbered (v) through (z) No change.

~~(aa)(z)~~ “Insurer Code Number” means the number the ~~D~~ivision assigns to each individual insurer, self-insured employer or self-insured fund.

(aa) through (ff) renumbered (bb) through (gg) No change.

~~(hh)(gg)~~ “Report” means any form related to medical services rendered, in relation to a workers’ compensation injury, which is required to be filed with the ~~D~~ivision under this rule.

~~(ii)(hh)~~ No change.

~~(jj)(ii)~~ “Service Company/Third Party Administrator (TPA) Code Number” means the number the ~~D~~ivision assigns to a service company, adjusting company, managing general agent or each third party administrator, claims administrator or servicing company.

~~(kk)(jj)~~ “Submitter” means an insurer, service company/TPA, entity or any other party acting as an agent or vendor on behalf of an insurer, service company/TPA; or any entity to fulfill any insurer responsibility to electronically transmit required medical data to the ~~D~~ivision.

~~(ll)(kk)~~ “UB-92, National Uniform Billing Data Element Specifications as Adopted by the Florida State Uniform Billing Committee, February April 2006~~5~~” (UB-92 manual) is the reference document providing billing and reporting completion instructions for the Form DFS-F5-DWC-90 (UB-92 HCFA-1450, Uniform Bill, Rev. 1992).

(2) No change.

(a) Form DFS-F5-DWC-9 (CMS-1500 Health Insurance Claim Form, Rev. 12/90); Form DFS-F5-DWC-9-A (Completion Instructions for Form DFS-F5-DWC-9); A ~~(~~comprised of three sets of completion instructions for use by health care providers, ambulatory surgical centers, and work hardening and pain management programs); Rev. 5/26/2005 ~~5-26-05~~; Form DFS-F5-DWC-10 (Statement of Charges for Drugs and Medical Supplies Form), Rev. 2/14/2006 ~~5/26/2005~~; Completion Instructions for Form DFS-F5-DWC-10 – A, Rev. 5-26-05; Form DFS-F5-DWC-11 (American Dental Association Dental Claim Form, Rev. 2002); Form DFS-F5-DWC-11-A (Completion Instructions for Form DFS-F5-DWC-11)-A, Rev. 5/May 26/; 2005; Form DFS-F5-DWC-25 (Florida Workers’ Compensation Uniform Medical Treatment/Status Reporting Form), Rev. 2/14/2006 ~~5/26/2005~~; Completion/Submission Instructions for Form

~~DFS-F5-DWC-25, Rev. May 26, 2005~~; and Form DFS-F5-DWC-90 (UB-92 HCFA-1450, Uniform Bill, Rev. 1992) are hereby incorporated by reference into this rule.

1. A copy of the Form DFS-F5-DWC-9 can be obtained from the CMS web site: <http://www.cms.hhs.gov/forms/>. Completion instructions can be obtained from the Department of Financial Services/Division of Workers’ Compensation (DFS/DWC) web site: <http://www.fldfs.com/WC/forms.html#7>.

2. through 4. No change.

5. A copy of the Form DFS-F5-DWC-90 can be obtained from the CMS web site: <http://cms.hhs.gov/forms/>. Completion instructions can be obtained from the UB-92, National Uniform Billing Data Element Specifications as Adopted by the Florida State Uniform Billing Committee (Rev. February April 2006~~5~~) and subparagraph (4)~~(d)(e)~~~~5~~ of this rule.

(b) No change.

1. No change.

2. The form provides all information required to be submitted to the Division, pursuant to the Florida Medical EDI Implementation Guide (MEIG), 2006, on the Form DFS-F5-DWC-10. Forms DFS-F5-DWC-9, DFS-F5-DWC-11 or DFS-F5-DWC-90 shall not be submitted as an alternate form.

(3) No change.

(a) UB-92, National Uniform Billing Data Element Specifications as Adopted by the Florida State Uniform Billing Committee (Rev. February June 2006~~5~~). A copy of this manual can be obtained from the Florida Hospital Association by calling (407)841-6230.

(b) The Florida ~~Workers’ Compensation~~ Medical EDI Implementation Guide (MEIG), 2006~~5~~. The Florida ~~Workers’ Compensation~~ Medical EDI Implementation Guide (MEIG), 2006~~5~~ can be obtained from the DFS/DWC web site: [http://www.fldfs.com/WC/edi\\_med.html](http://www.fldfs.com/WC/edi_med.html) ~~http://www.fldfs.com/WC/pdf/MedDataElecFilingManual2005\_5-26-05.pdf~~.

(c) through (e) No change.

(f) The 2006~~5~~ ICD-9-CM Professional for Hospitals, Volumes 1, 2 and 3, International Classification of Diseases, 9th Revision, Clinical Modification, ~~Sixth Edition~~, Copyright 2005 2004, Ingenix, Inc.

(g) The Physician ICD-9-CM 2006~~5~~, Volumes 1 & 2, International Classification of Diseases, 9th Revision, Clinical Modification, Copyright 2005 2004, Ingenix, Inc. ~~American Medical Association~~.

(h) through (k) No change.

(4) No change.

(a) No change.

(b) Each health care provider is responsible for submitting any additional form completion information and supporting documentation requested, in writing, by the insurer at the time of authorization, or at the time a reimbursement request is received.

(c) Insurers and health care providers shall utilize only the Form DFS-F5-DWC-25 for physician reporting of the injured employee's medical treatment/status. Any other reporting forms may not be used in lieu of or supplemental to the Form DFS-F5-DWC-25.

1. through 2. No change.

(d) 1. through 2. No change.

3. Regardless of the employment arrangement under which the services are rendered or the party submitting the bill, the following health care providers, who render direct billable services for which reimbursement is sought from an insurer, service company/TPA or any entity acting on behalf of the insurer, service company/TPA, shall enter his/her Florida Department of Health license number in Field 33 on the Form DFS-F5-DWC-9:

a. through b. No change.

c. Any licensed non-physician health care providers ~~whose licensure permits independent billing who is seeking reimbursement under his or her license number issued by the Florida Department of Health.~~

4. No change.

a. Inpatient billing – Hospitals shall: in addition to filing a Form DFS-F5-DWC-90, attach an itemized statement with charges based on the facility's Charge Master.

~~I. In addition to filing a Form DFS-F5-DWC-90, attach an itemized statement with charges based on the facility's Charge Master; and~~

~~II. Enter the ZIP Code applicable to the hospital's physical location in Form Locator 84 – 'Remarks', on the DFS-F5-DWC-90. The ZIP Code must be the first entry within the 'Remarks' area when multiple entries are made in Form Locator 84; and~~

b. No change.

I. In addition to filing a Form DFS-F5-DWC-90, enter the CPT, HCPCS, or unique workers' compensation code (provided in the Florida Workers' Compensation Health Care Provider Reimbursement Manual adopted in Rule 69L-7.020, F.A.C.) in Form Locator 44 on the Form DFS-F5-DWC-90, to bill outpatient radiology, clinical laboratory and physical, occupational or speech therapy charges; and

II. Make written entry "scheduled" or "non-scheduled" in Form Locator 84 – 'Remarks' on the DFS-F5-DWC-90, directly after entry of the hospital's physical location ZIP code, when billing outpatient surgery or outpatient surgical services; and Enter a surgical CPT code in Form Locator 44 when billing outpatient surgery or surgical services; and

~~III. Enter the date of service on Form DFS-F5-DWC-90, in Form Locator 45, for outpatient billing; and~~

~~III. IV. Attach an itemized statement with charges based on the facility's Charge Master if there is no line item detail shown on the Form DFS-F5-DWC-90; and~~

~~V. Enter the ZIP Code applicable to the hospital's physical location in Form Locator 84 – 'Remarks' on the DFS-F5-DWC-90. The ZIP Code must be the first entry within the 'Remarks' area when multiple entries are made in Form Locator 84.~~

5. Certified, licensed physician assistants, anesthesia assistants and registered nurse first assistants who provide services as a surgical assistant, in lieu of a second physician, on procedures with codes permitting an assistant surgeon-physician shall bill on a Form DFS-F5-DWC-9 entering the CPT code(s) plus modifier(s), which represent the service(s) rendered, in Field 24D, and must enter his/her Florida Department of Health license number in Field 33.

6. Ambulatory Surgical Centers (ASCs) shall bill on a Form DFS-F5-DWC-9 with itemized line-item charges based on the ASC's Charge Master.

7. through 8. No change.

9. No change.

a. through e. No change.

f. Dispensing physicians, physician assistants or ARNPs shall bill by entering code 99070 in Field 24D, on a Form DFS-F5-DWC-9, when supplying over-the-counter drugs and shall submit documentation ~~an invoice~~ indicating the name, dosage, package size and cost of the drug(s).

g. No change.

10. No change.

11. Health care providers receiving reimbursement under any payment plan (pre-payment, prospective pay, capitation, etc.) must accurately complete the Form DFS-F5-DWC-9 and submit the form to the insurer on the date of service. A Form DFS-F5-DWC-9 must be submitted to the insurer within 30 calendar days following the date of each service.

12. Health care providers and other insurer-authorized providers rendering ~~health care~~ services reimbursable under workers' compensation, whose billing requirements are not otherwise specified in this rule (e.g. home health agencies, independent, non-hospital based ambulance services, transportation services, translation services, etc.), shall bill on their invoice or business letterhead. These providers shall not submit the Forms DFS-F5-DWC-9, DFS-F5-DWC-11 or DFS-F5-DWC-90 as an invoice.

(e) No change.

1. Bills shall be legibly and accurately completed by all health care providers, regardless of location or reimbursement methodology, as set forth in this section paragraph.

2. Billing elements required by the Division to be completed by a health care provider are identified in specific Form DFS-F5-DWC-9 – A (completion instructions), available at the following websites:

a. through c. No change.

3. Billing elements required by the Division to be completed for Pharmaceutical or Medical Supplier Billing are identified in specific Form DFS-F5-DWC-10 (completion instructions) available at website: <http://www.fldfs.com/WC/forms.html#7> ~~http://www.fldfs.com/wc/pdg/DWC-10.pdf~~.

4. Billing elements required by the Division to be completed for Dental Billing are identified in specific Form DFS-F5-DWC-11-A (completion instructions), available at website: <http://www.fldfs.com/WC/forms.html#7>.

5. Billing elements required by the Division to be completed for Hospital Billing are identified in the UB-92 Manual and subparagraph (4)(d)4. of this rule.

6. An insurer can require a health care provider to complete additional data elements that are not required by the Division on Forms DFS-F5-DWC-9 or DFS-F5-DWC-11.

(f) Health Care Provider Bill Submission/Filing and Reporting Requirements.

1. through 2. No change.

3. Medical claim form(s) or bill(s) shall be filed by the health care provider with an insurer, service company/TPA or any entity acting on behalf of the insurer, ~~according to the following requirements:~~ The health care provider must submit required documentation that supports the medical necessity of services rendered. This requirement does not apply to Pharmacies, Medical Suppliers, Ambulatory Surgical Centers or Hospitals except as requested in conjunction with an insurer audit.

a. Health Care Providers (excluding hospitals):

~~Within 30 calendar days of initial or additional service or treatment and accompanied by required documentation that supports medical necessity. This requirement includes Pharmacies, Medical Suppliers, and Ambulatory Surgical Centers.~~

b. Hospitals:

~~(I) Within 30 calendar days following emergency room or initial outpatient treatment.~~

~~(II) Within 30 calendar days of an injured employee's discharge from an in-patient hospital stay or follow-up outpatient treatment.~~

(5) No change.

(a) An insurer is responsible for meeting its obligations under this rule regardless of any business arrangements with any service company/TPA, submitter or any entity acting on behalf of the insurer under which claims are paid, adjusted and paid, disallowed, denied, or otherwise processed or submitted to the Division.

(b) At the time of authorization for medical service(s) or at the time a reimbursement request is received, an insurer shall notify each health care provider, in writing, of additional form ~~from~~ completion requirements or supporting documentation that are necessary for reimbursement determinations.

(c) No change.

(d) Insurers, service company/TPAs or entities acting on behalf of insurers and health care providers shall utilize only the Form DFS-F5-DWC-25 for physician reporting of an injured employee's medical treatment/status. Any other reporting forms may not be used in lieu of or supplemental to the Form DFS-F5-DWC-25.

(e) Required data elements on Forms DFS-F5-DWC-9, DFS-F5-DWC-10, DFS-F5-DWC-11, and DFS-F5-DWC-90, for both medical only and lost-time cases, shall be filed with the Division within 45-calendar days of insurer, service company/TPA or any entity acting on behalf of the insurer, payment, adjustment and payment, disallowance or denial. This 45-calendar day requirement includes initial submission and correction and re-submission of all errors identified in the "Medical Claim Processing Report", as defined in the Florida ~~Workers' Compensation~~ Medical EDI Implementation Guide (MEIG), 20065.

(f) An insurer shall be responsible for accurately completing required data filed with the Division, as of the effective date of this rule, pursuant to the Florida ~~Workers' Compensation~~ Medical EDI Implementation Guide (MEIG), 20065 and subparagraphs (4)(e)2.-5. of this rule.

(g) When an injured employee does not have a Social Security Number or division-assigned number, the insurer must contact the Division via information provided on the following website: <http://www.fldfs.com/WC/organization/odqc.html> (under Records Management) to obtain a division-assigned number prior to submitting the medical report to the Division.

(h) An insurer, ~~or~~ service company/TPA or any entity acting on behalf of an insurer must report to the Division the procedure, diagnosis or modifier code(s) or amount(s) charged, as billed by the health care provider.

(i) An insurer, service company/TPA or any entity acting on behalf of the insurer shall manually or electronically date stamp accurately completed Forms DFS-F5-DWC-9, DFS-F5-DWC-10 (or insurer pre-approved alternate form), DFS-F5-DWC-11, DFS-F5-DWC-90 or ~~a submitter shall date stamp~~ the electronic form equivalent on with the "date insurer received" as defined in paragraph (1)(k) of this rule.

(j) No change.

1. No change.

2. An invalid code is used or a required code is omitted and is the only line-item billed on the form; or

3. Required billing information is illegible, inaccurate, or omitted on the form.

(k) An insurer, service company/TPA or any entity acting on behalf of the insurer shall pay, adjust and pay, disallow or deny billed charges within 45-calendar days from the date insurer received, pursuant to Section 440.20(2)(b), F.S.

(l) In the medical bill claims-handling process, the receipt of medical bills may be based upon receipt by the insurer or there may be an "entity" acting on behalf of an insurer for

purposes of receipt of medical bills. Likewise, the payment of medical bills may be based upon payment by the insurer or there may be an “entity” acting on behalf of an insurer for purposes of payment of medical bills. Therefore, to properly reflect receipt date and payment date of medical bills, the medical bill reporting process must accommodate various receipt and payment options.

1. The receipt and payment option utilized by an insurer and reported to the Division must meet one of the following:

a. Both receipt and payment of medical bills are handled by the insurer. This option may be utilized only when the “date insurer received” is the date the insurer gained possession of the health care provider’s medical bill, and the “date insurer paid” is the date the health care provider’s payment is mailed, transferred or electronically transmitted by the insurer. This option may not be utilized when a health care provider is required by the insurer to submit medical billings to any “entity” other than the insurer.

b. Both receipt and payment of medical bills are handled by any “entity” acting on behalf of the insurer. This option may be utilized only when the “date insurer received” is the date the “entity” acting on behalf of the insurer gained possession of the health care provider’s medical bill, and the “date insurer paid” is the date the health care provider’s payment is mailed, transferred or electronically transmitted by the “entity” acting on behalf of the insurer. This option may not be utilized when a health care provider is required by the insurer to submit medical billings directly to the insurer.

c. Receipt of medical bills is handled by the insurer and payment of medical bills is handled by the “entity” acting on behalf of the insurer. This option may be utilized only when the “date insurer received” is the date the insurer gained possession of the health care provider’s medical bill, and the “date insurer paid” is the date the health care provider’s payment is mailed, transferred or electronically transmitted by the “entity” acting on behalf of the insurer. This option may not be utilized when a health care provider is required by the insurer to submit medical billings to any “entity” other than the insurer.

d. Receipt of medical bills is handled by any “entity” acting on behalf of the insurer and payment of medical bills is handled by the insurer. This option may be utilized only when the “date insurer received” is the date the “entity” acting on behalf of the insurer gained possession of the health care provider’s medical bill, and the “date insurer paid” is the date the health care provider’s payment is mailed, transferred or electronically transmitted by the insurer. This option may not be utilized when a health care provider is required by the insurer to submit medical billings directly to the insurer.

2. The insurer must document the option(s) selected in subparagraph (5)(1)1. of this rule, must identify the specific effective date for each option selected, must specify the role of each “entity” acting on the insurers behalf in the option

selected, and must make this written documentation available to the Division for audit purposes pursuant to Section 440.525, F.S. When the insurer selects options b., c., or d. from subparagraph (5)(1)1. of this rule, there must be written documentation from the “entity” acknowledging its responsibilities concerning “date insurer received” and “date insurer paid” for each option. The written documentation maintained by the insurer must identify the applicability of the options selected in sufficient detail to allow verification of the coding of each medical bill under subparagraph (5)(1)4. of this rule.

3. An insurer and entity may select multiple options for medical bill claims handling between the insurer and the entity based on business practices or whether medical bills are submitted to the insurer electronically or on paper.

4. The option in subparagraph (5)(1)1. of this rule selected by the insurer must be identified on each medical report electronic submission to the Division, in accordance with paragraph (6)(e) of this rule, and must utilize the following coding methodology:

a. If the “date insurer received” is the date the insurer gains possession of the health care provider’s medical bill and the “date insurer paid” is the date the health care provider’s payment is mailed, transferred or electronically transmitted by the insurer, then Payment Code “x”1 must be transmitted on each individual form-type electronic submission. (“x” must equal ‘R’, ‘M’ or ‘C’ as denoted in Appendix D of the Florida Medical Implementation EDI Guide (MEIG), 2006.) When submitting Payment Code “x”1 to the Division, the insurer is declaring that no “entity” as defined in paragraph (1)(s) of this rule is involved in the medical bill claims-handling processes related to “date insurer received” or “date insurer paid”.

b. If the “date insurer received” is the date the “entity” acting on behalf of the insurer gains possession of the health care provider’s medical bill and the “date insurer paid” is the date the health care provider’s payment is mailed, transferred or electronically transmitted by the “entity” acting on behalf of the insurer, then Payment Code “x”2 must be transmitted on each individual form-type electronic submission. (“x” must equal ‘R’, ‘M’ or ‘C’ as denoted in Appendix D of the Florida Medical Implementation EDI Guide (MEIG), 2006.) When submitting Payment Code “x”2 to the Division, the insurer is declaring that the specified “entity” is acting on behalf of the insurer for purposes of the medical bill claims-handling processes related to “date insurer received” and “date insurer paid”.

c. If the “date insurer received” is the date the insurer gains possession of the health care provider’s medical bill and “date insurer paid” is the date the health care provider’s payment is mailed, transferred or electronically transmitted by the “entity” acting on behalf of the insurer, then Payment Code “x”3 must be transmitted on each individual form-type electronic submission. (“x” must equal ‘R’, ‘M’ or ‘C’ as

denoted in Appendix D of the Florida Medical Implementation EDI Guide (MEIG), 2006.) When submitting Payment Code “x”3 to the Division, the insurer is declaring that no “entity” as defined in paragraph (1)(s) of this rule is involved in the medical bill claims-handling process related to “date insurer received”.

d. If the “date insurer received” is the date the “entity” acting on behalf of the insurer gains possession of the health care provider’s medical bill and the “date insurer paid” is the date the health care provider’s payment is mailed, transferred or electronically transmitted by the insurer, then Payment Code “x”4 must be transmitted on each individual form-type electronic submission. (“x” must equal ‘R’, ‘M’ or ‘C’ as denoted in Appendix D of the Florida Medical Implementation EDI Guide (MEIG), 2006.) When submitting Payment Code “x”4 to the Division, the insurer is declaring that no “entity” as defined in paragraph (1)(s) is involved in the medical bill claims-handling processes related to “date insurer paid”.

~~(m)~~(t) An insurer, service company/TPA or any entity acting on behalf of the insurer, when reporting paid medical claims data to the ~~D~~ivision, shall report the dollar amount paid by the insurer or reimbursed to the employee for healthcare service(s) or supply(ies). When reporting disallowed or denied charges, the dollar amount paid shall be reported as \$0.00.

~~(n)~~(m) An insurer, service company/TPA or any entity acting on behalf of the insurer shall not report as medical payment data, those payments made for failed appointments for scheduled independent medical examinations.

~~(o)~~(n) A submitter, filing electronically, shall submit to the ~~D~~ivision the Explanation of Bill Review (EOBR) code(s), relating to the adjudication of each line item billed and:

1. No change.
2. Use the EOBR codes and code descriptors as follows:
  - a. through b. No change.
  - c. 03 Services related to a denied work injury: Form DFS-F2-DWC-12 on file with the ~~D~~ivision.
  - d. No change.
  - e. 05 Documentation does not support the level, intensity, frequency, ~~or~~ duration or provision of service(s) billed. (Insurer must specify to the health care provider.)
  - f. through j. No change.
  - k. 11 Reimbursement is based on insurer re-coding. (Insurer must specify to the health care provider.)
    - l. No change.
    - m. 13 Reimbursement is included in the allowance of another service. (Insurer must specify procedure to the health care provider.)
    - n. 14 Hospital Itemized statement not submitted with billing form.
    - o. 15 Invalid procedure code. (Use only when other valid procedure codes are present.)

- p. No change.
- q. 17 Required supplemental documentation not filed with the bill. (Insurer must specify required documentation to the health care provider.)
- r. No change.
- s. No change.
- t. 20 Other: Unique EOBR code descriptor~~ion~~. Use of EOBR code “20” is restricted to circumstances when an above-listed EOBR code does not explain the reason for payment, adjustment and payment, disallowance or denial of payment. When using EOBR code “20”, an insurer must reflect code “20” and include the specific explanation of the code on the EOBR sent to the health care provider. The insurer, service company/TPA or any entity acting on behalf of the insurer must maintain a standardized EOBR code descriptor~~ion~~ list.

~~(p)~~(t) An insurer, service company/TPA, submitter or any entity acting on behalf of the insurer shall make available to the ~~D~~ivision and to the Agency, upon request and without charge, a legibly reproduced copy of the electronic form equivalents or Forms DFS-F5-DWC-9, DFS-F5-DWC-10 (or insurer pre-approved alternate form), DFS-F5-DWC-11, DFS-F5-DWC-25, DFS-F5-DWC-90, supplemental documentation, proof of payment, EOBR and standardized EOBR code “20” descriptor~~ion~~ list, and the insurer written documentation required in subparagraph (5)(1)2. of this rule.

~~(q)~~(p) An insurer, service company/TPA or any entity acting on behalf of the insurer to pay, adjust and pay, disallow or deny a filed bill shall submit to the health care provider an Explanation of Bill Review, utilizing the EOBR codes and code descriptor~~sions~~, as set forth listed in paragraph ~~(o)~~ of this section, and shall include the insurer name and specific insurer contact information. An insurer, service company/TPA or any entity acting on behalf of the insurer shall notify the health care provider of notice of payment or notice of adjustment and payment, disallowance or denial only through an EOBR. An EOBR shall specifically state that the EOBR constitutes notice of disallowance or adjustment of payment within the meaning of Section 440.13(7), F.S. An EOBR shall specifically identify the name and mailing address of the entity the carrier designates to receive service on behalf of the “carrier and all affected parties” for the purpose of receiving the petitioner’s service of a copy of a petition for reimbursement dispute resolution by certified mail, pursuant to Section 440.13 (7)(a), F.S.

~~(r)~~(q) No change.

(6) Insurer Electronic Medical Report Filing to the ~~D~~ivision.

(a) Effective March 16, 2005, all required medical reports shall be electronically filed with the ~~D~~ivision by all insurers.

~~1. Additionally, an insurer shall be responsible for accurately completing the electronic record layout programming requirements for the reporting of the Form DFS F5 DWC 9 Claim Detail Record Layout Revision “C”~~

and the Form DFS-F5-DWC-10 Claim Detail Record Layout—Revision “C”, Form DFS-F5-DWC-11 Claim Detail Record Layout—Revision “C” and Form DFS-F5-DWC-90 Claim Detail Record Layout—Revision “C” in accordance with the Florida Workers’ Compensation Medical Implementation Guide (MEIG), 2005, to the Division in accordance with the phase in schedule as denoted below in sub-subparagraphs a., b., and c. of this section. The electronic record layout for Form DFS-F5-DWC-9 in the MEIG, 2005, adds the new field 30A for submission of the pre-payment/employee payment indicator and the new field 31A for submission of the duplicate override indicator and adds the new field 18B for submission of the National Drug Code (NDC) number. The electronic record layout for Form DFS-F5-DWC-10 in the MEIG, 2005, adds the new field 24A for submission of the pre-payment/employee payment indicator and the new field 25A for the submission of the duplicate override indicator and adds a claim detail record layout, which includes form fields 7, 8, 9, 10, 11, 12, 13, 14 and 15 for Section 2—Prescription Drugs. The electronic record layout for Form DFS-F5-DWC-11 in the MEIG, 2005, adds the new field 27A for submission of the pre-payment/employee payment indicator and the new field 28A for submission of the duplicate override indicator. The electronic record layout for Form DFS-F5-DWC-90 in the MEIG, 2005, adds the new field 40A for submission of the pre-payment/employee payment indicator and the new field 41A for submission of the duplicate override indicator. The conversion implementation schedule is as follows:

a. Submitters who have been approved for reporting production data with the Medical Data System (Record Layout—Revision “B”), between August 2, 2004 and November 9, 2004 shall begin testing on December 5, 2005 and shall be in production with the new record layouts no later than January 13, 2006.

b. Submitters who have been approved for reporting production data with the Medical Data System (Record Layout—Revision “B”), between November 10, 2004 and February 28, 2005 shall begin testing on January 16, 2006 and shall be in production with the new record layouts no later than February 24, 2006.

c. Submitters who have been approved for reporting production data with the Medical Data System (Record Layout—Revision “B”), between March 1, 2005 and the effective date of this rule shall begin testing on February 27, 2006 and shall be in production with the new record layouts no later than April 7, 2006.

2. The Division will, resources permitting, allow submitters that volunteer to complete test transmission to production transmission processes earlier than the schedule denoted above. Each voluntary submitter shall have six weeks to complete test transmission to production transmission

processes, for all electronic form equivalents, that comply with requirements set forth in the Florida Workers’ Compensation Medical EDI Implementation Guide (MEIG), 2005.

(b) Required data elements shall be submitted in compliance with the instructions and formats as set forth in the Florida Workers’ Compensation Medical EDI Implementation Guide (MEIG), 2006.

(c) The Division will notify the insurer on the “Medical Claim Processing Report” of the corrections necessary for rejected medical reports to be electronically re-filed with the Division. An insurer shall correct and re-file all rejected medical claim reports to meet the filing requirements of paragraph (5)(e) of this rule.

(d) Submitters who experience a catastrophic event resulting in the insurer’s failure to meet the reporting requirements in paragraph (5)(e) of this rule, shall submit a written request within 15 3 business days of the catastrophic failure to the Division for approval to submit in an alternative reporting method and an alternative filing timeline. Approval must be obtained from the Division’s Office of Data Quality and Collection, 200 East Gaines Street, Tallahassee, Florida 32399-4226. Approval to submit in an alternative reporting method and an alternative filing timeline shall be granted if a catastrophic event beyond the control of the submitter prevents electronic submission.

(e) Effective September 1, 2006, each insurer shall be responsible for accurately completing the additional electronic Revision C record-layout programming requirements in accordance with the Florida Medical EDI Implementation Guide (MEIG), 2006. The additional requirements include:

1. The electronic record layout in the Florida Medical EDI Implementation Guide (MEIG), 2006, for Form DFS-F5-DWC-10 adds the new Field 16B for submission of the Amount Paid by Insurer.

2. The electronic record layout in the Florida Medical EDI Implementation Guide (MEIG), 2006, amends the Payment Plan Code values in Appendix D for Field 23A on the Form DFS-F5-DWC-9, Field 24A on the Form DFS-F5-DWC-10, Field 24A on the Form DFS-F5-DWC-11, and Field 36A on the Form DFS-F5-DWC-90 in order to collect and specify the insurer’s particular medical bill claims-handling arrangements for “date insurer received” and for “date insurer paid, adjusted and paid, disallowed, or denied” for each individual medical bill form type. The data field name is changed from “Payment Plan Code” to “Payment Code” to reflect these modifications to the values.

3. The designation of the claims-handling arrangement affirms the option selected by the insurer in subparagraph (5)(d)1. of this rule.

(7) Insurer Administrative Penalties and Administrative Fines for Untimely Health Care Provider-Payment or Disposition of Medical Bills.



(a) ~~Insurer administrative penalties for untimely provider payment or disposition of medical bills.~~ The Department shall impose insurer administrative penalties for failure to comply with the payment, adjustment and payment, disallowance or denial requirements pursuant to Section 440.20(6)(b), F.S. Timely performance standards for timely payments, adjustments and payments, disallowances or denials, reported on Forms DFS-F5-DWC-9, DFS-F5-DWC-10, DFS-F5-DWC-11 and DFS-F5-DWC-90, shall be calculated and applied on a monthly basis for each separate form category that was received within a specific calendar month.

(b) ~~Insurer administrative fines for failure to submit, untimely submission, filing and reporting of medical data requirements.~~ Pursuant to Section 440.185(9), F.S., the Department shall impose insurer administrative fines for failure to comply with the submission, filing or reporting requirements of this rule. Insurer administrative fines shall be applied as follows:

1. Calculated on a monthly basis for each separate form category (Forms DFS-F5-DWC-9, DFS-F5-DWC-10, DFS-F5-DWC-11; and DFS-F5-DWC-90) received and accepted by the Division within a specific calendar month; and

2. Insurers are required to report all medical reports timely pursuant to paragraph (5)(e) of this rule. Insurers that fail to submit a minimum of 95% of all medical reports timely are subject to an administrative fine. Each untimely filed medical report which falls below the 95% requirement is subject to the following penalty schedule: Imposed for each failure to file, untimely filed, rejected and not re-submitted, or rejected and re-submitted untimely medical data report according to the following schedule:

- a. 1 – ~~30~~ 15 calendar days late \$~~5~~ 40.00;
- b. ~~31~~ 16 – ~~60~~ 30 calendar days late \$~~1~~ 20.00;
- c. ~~61~~ 31 – ~~90~~ 45 calendar days late \$~~25~~ 30.00;
- d. ~~91 or greater~~ 46 – ~~60~~ calendar days late \$~~100~~ 40.00;
- e. ~~61~~ 75 calendar days late \$~~50.00~~;
- f. ~~76~~ 90 calendar days late \$~~100.00~~; and
- g. ~~91~~ calendar days or greater \$~~500.00~~.

3. Each medical report that does not pass the electronic reporting edits shall be rejected by the Division and considered not filed pursuant to paragraph (5)(e) of this rule. If the medical report remains rejected and not corrected, resubmitted and accepted by the Division for greater than 90 days, an administrative fine shall be assessed in the amount of \$100.00 for each such medical report. Rejected and not resubmitted medical reports will not be included in the 95% timely reporting requirement.

4. Untimely filed medical reports for a given month will be excluded from the administrative fine set forth in subparagraph (7)(b)3. above as falling within the performance standard between 100% and 95% in the following order:

- a. Medical Reports filed 1 – 30 calendar days late; then
- b. Medical Reports filed 31 – 60 calendar days late; then
- c. Medical Reports filed 61 – 90 calendar days late; then
- d. Medical Reports filed 91+ calendar days late.

Specific Authority 440.13(4), 440.15(3)(b), (d), 440.185(5), 440.525(2), 440.591, 440.593(5) FS. Law Implemented 440.09, 440.13(2)(a), (3), (4), (6), (11), (12), (14), (16), 440.15(3)(b), (d), 440.185(5), (9), 440.20(6), 440.525(2), 440.593 FS. History—New 1-23-95, Formerly 38F-7.602, 4L-7.602, Amended 7-4-04, 10-20-05,

NAME OF PERSON ORIGINATING PROPOSED RULE: Don Davis, Office of Data Quality and Collection, Division of Workers' Compensation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Dan Sumner, Assistant Director, Division of Workers' Compensation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 4, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 30, 2005

### Section III Notices of Changes, Corrections and Withdrawals

#### DEPARTMENT OF REVENUE

##### Sales and Use Tax

RULE NO.:

12A-15.011

RULE TITLE:

Coin-Operated Amusement and Vending Machines, and Other Devices

#### NOTICE OF CHANGE

Notice is hereby given that the following changes have been made in accordance with subparagraph 120.54(3)(d)1., F.S., to the proposed amendments to Rule 12A-15.011, F.A.C., published in Vol. 32, No. 2, pp. 83-84, January 13, 2006, issue of the Florida Administrative Weekly.

The Department has withdrawn the proposed change in paragraph (b) of subsection (2) of Rule 12A-15.011, F.A.C., to amend the divisor rate for other items of tangible personal property in counties imposing a 3/4 percent surtax. When adopted, that paragraph will read as follows:

(b) Divisors for counties imposing surtax at the following rates are:

Surtax Rate	Divisor for Food and Beverages	Divisor for Other Items of Tangible Personal Property
No Surtax	1.0645	1.0659
1/4%	<u>1.06655</u> <del>1.0425</del>	1.0683
1/2%	1.0686	1.0707
3/4%	1.0706	1.0727