

65G-4.0024 Tier Three Waiver.

(1) The total budget in a cost plan year for each Tier Three Waiver client shall not exceed \$35,000. A client must meet at least one of the following criteria for assignment to the Tier Three Waiver:

(a) The client resides in a licensed residential facility and is not eligible for the Tier One Waiver or the Tier Two Waiver; or

(b) The client is 21 or older, resides in their own home and receives Live-in In-Home Support Services and is not eligible for the Tier One Waiver or the Tier Two Waiver; or

(c) The client is 21 or older and is authorized to receive Personal Care Assistance services at the moderate level of support as defined in the DD Handbook.

(d) The client is 21 or older and is authorized to receive Skilled or Private Duty Nursing Services and not eligible for the Tier One Waiver or the Tier Two Waiver; or

(e) The client is 22 or older and is authorized to receive services of a behavior analyst and/or a behavior assistant.

(f) The client is under the age of 22 and authorized to receive the combined services of a behavior analyst and/or a behavior assistant for more than 60 hours per month and is not eligible for the Tier One Waiver or the Tier Two Waiver.

(g) The client is 21 or older and is authorized to receive at least one of the following services:

(i) Occupational Therapy; or

(ii) Physical Therapy; or

(iii) Speech Therapy; or

(iv) Respiratory Therapy.

(2) This rule shall take effect July 1, 2008.

Specific Authority 393.0661(3) FS. Law Implemented 393.0661(3) FS. History--New 7-1-08.

65G-4.0025 Tier Four Waiver.

(1) The total budget in a cost plan year for each Tier Four Waiver client shall not exceed \$14,792 per year.

(2) Clients who are not eligible for assignment to the Tier One Waiver, the Tier Two Waiver, or the Tier Three Waiver shall be assigned to the Tier Four Waiver. The criteria for the Tier 4 Waiver includes, but is not limited to:

(a) Clients who are currently assigned to receive services through the Family and Supported Living Waiver unless there is a significant change in condition or circumstance as described in subsection 65G-4.0021(4), F.A.C.; or

(b) Clients who are under the age of 22 and residing in their own home or the family home, or

(c) Clients who are dependent children who reside in residential facilities licensed by the Department of Children and Families under Section 409.175 F.S.;

(3) This rule shall take effect July 1, 2008.

Specific Authority 393.0661(3) FS. Law Implemented 393.0661(3) FS. History--New 7-1-08.

NAME OF PERSON ORIGINATING PROPOSED RULE: Linda Mabile, Bureau Chief, Home and Community-Based Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Jane E. Johnson, Director, Agency for Persons with Disabilities

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 19, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 7, 2007

Section III Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Environmental Services

RULE NO.:	RULE TITLE:
5E-14.142	Responsibilities and Duties – Records, Reports, Advertising, Applications

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 34, No. 6, February 8, 2008 issue of the Florida Administrative Weekly.

5E-14.142 Responsibilities and Duties – Records, Reports, Advertising, Applications.

(1) through (2) No change.

(3) Advertising:

(a) Pest control advertising on service vehicles, in telephone directories or other advertising media shall in all cases be factual and shall be set forth only under the licensee's name or trade name registered with the Department. Unregistered fictitious names are prohibited.

(b) All pest control telephone directory advertising, including ~~direct dial~~ long distance lines shall in all cases show the licensee's name or trade name registered with the Department, complete licensed business location address from where services will be performed and telephone numbers. ~~Blind (unidentified) telephone numbers are prohibited. All telephone numbers used in the solicitation and acceptance of pest control shall terminate in the licensed business location.~~

(c) Solicitation and acceptance of pest control must be performed by an identification card holder whether performed in person or by telephone.

(4) through (8) No change.

Specific Authority 482.051 FS. Law Implemented 482.021(21), 482.061, 482.071, 482.091, 482.111(5), (9), 482.161(1)(g), (h), 482.226(1), (6) FS. History–New 1-1-77, Amended 6-27-79, 6-22-83, 1-20-87, 10-25-90, Formerly 10D-55.142, Amended 8-11-93, 5-28-98, 4-29-02, 4-17-03,_____.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Environmental Services

RULE NO.: RULE TITLE:
5E-14.149 Enforcement and Penalties

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 4, January 25, 2008 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF TRANSPORTATION

RULE NO.: RULE TITLE:
14-100.003 Variable Rate Tolls for Express Lanes
NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 34, No. 6, February 8, 2008 issue of the Florida Administrative Weekly.

SUMMARY OF CHANGE: A public hearing was held on March 4, 2008, as scheduled in the notice of rulemaking. In addition, the Joint Administrative Procedures Committee review required changes and clarification.

1. 14-100.003(1): The word “fixed” is changed to “static” in the last sentence.
2. 14-100.003(2): The definition is revised by breaking the existing language into (a) and adding a new (b), which reads: “(b) Free-flow conditions are those conditions under which vehicles are generally unimpeded and typically able to safely operate at speeds of 45 MPH or greater along an uninterrupted expressway segment.”
3. 14-100.003(3): The words “which will be determined through in-road data measuring and reporting systems” is added between “following” and the colon.
4. 14-100.003(4): The word “varied” is changed to “fixed either” and “pre-established” is added before “time-of-day” in the lead in sentence.
5. 14-100.003(4)(a): The word “set” is changed to “established” and “demand” is changed to “volume..”
6. 14-100.003(4)(b) and (c): The word “pre-established” is added before “time-of-day. . .”
7. 14-100.003(4)(d): The word “demand” is changed to “volume” and a new sentence is added at the end to read: “Incremental rate changes will be established based on sensitivity analyses, and practices designed to ensure safe operations at points of ingress and egress.
8. 14-100.003(4)(e): The word “minimum” is deleted.

9. 14-100.003(4)(e)1.: The word “minimum” is deleted, “between” is added before “\$0.03,” and “and \$1.00” is added after “\$0.30.”
10. 14-100.003(4)(e)3.: The word “Be” is deleted at the beginning of the sentence and “at” is capitalized.
11. 14-100.003(4)(e)4.: A new “4.” is added to read as follows: “4. No more than that toll rate needed to maintain free-flow conditions within the express lanes.”
12. 14-100.003(4)(f): This paragraph is deleted in its entirety.

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

DEPARTMENT OF CORRECTIONS

RULE NO.: RULE TITLE:
33-402.101 Dental Services – General
NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 34, No. 7, February 15, 2008 issue of the Florida Administrative Weekly.

33-402.101 Dental Services – General.

- (1) No change.
- (2) Definitions.

(a) Emergency dental services include treatment for trauma, ~~emergency tooth extractions, severe tooth pain,~~ control of bleeding, and acute infection. Emergency dental services shall be available to inmates 24-hours a day.

- (b) through (d) No change.
- (3) through (10) No change.

Specific Authority 944.09, 945.6034, 945.6037 FS. Law Implemented 466.001, 466.003, 466.017, 466.023, 466.024, 944.09, 945.6034, 945.6037 FS. History–New_____.

DEPARTMENT OF ELDER AFFAIRS

Long-Term Care Ombudsman Program

RULE NOS.: RULE TITLES:
58L-1.001 Confidentiality and Disclosure
58L-1.005 Access
58L-1.006 Conflict of Interest
58L-1.007 Complaint Procedures

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 33, No. 41, October 12, 2007 issue of the Florida Administrative Weekly has been withdrawn.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: 59A-3.2085
 RULE TITLE: Department and Services
 NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 33, No. 39, September 28, 2007 issue of the Florida Administrative Weekly.

59A-3.2085 Department and Services.

(1) through (12) No change.

(13) Adult ~~Inpatient~~ Diagnostic Cardiac Catheterization Program. All licensed hospitals that establish adult diagnostic cardiac catheterization laboratory services under Section 408.0361, F.S., shall operate in compliance with the guidelines of the American College of Cardiology/American Heart Association regarding the operation of diagnostic cardiac catheterization laboratories. Hospitals are considered to be in compliance with American College of Cardiology/American Heart Association guidelines when they adhere to standards regarding staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety. The applicable guideline, herein incorporated by reference, is the American College of Cardiology/Society for Cardiac Angiography and Interventions Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards: Bashore et al, ACC/SCA&I Clinical Expert Consensus Document on Catheterization Laboratory Standards, JACC Vol. 37, No. 8, June 2001: 2170-214. Aspects of the guideline related to pediatric services or outpatient cardiac catheterization in freestanding non-hospital settings are not applicable to this rule. All licensed hospitals that establish an Adult Inpatient Diagnostic Cardiac Catheterization Program after July 1, 1997 pursuant to an exemption granted under Section 408.036(3)(n), F.S., shall comply with the provisions of the ACC/AHA Guidelines for Cardiac Catheterization and Cardiac Catheterization Laboratories JACC Volume 18, Number 5 of November 1, 1991, which establish the standards for Cardiac Catheterization and Cardiac Catheterization Laboratories, and which is hereby incorporated by reference, except as modified herein.

All such ~~exempted~~ licensed hospitals shall have a department, service or other similarly titled unit which shall be organized, directed and staffed, and integrated with other units and departments of the hospitals in a manner designed to assure the provision of quality patient care.

(a) Definitions. The following definitions shall apply specifically to all adult ~~inpatient~~ diagnostic cardiac catheterization programs, as described in this subsection 59A-3.2085(13), F.A.C.:

1.3. “Diagnostic Cardiac Catheterization” means a procedure requiring the passage of a catheter into one or more cardiac chambers of the left and right heart, with or without coronary arteriograms, for the purpose of diagnosing congenital or acquired cardiovascular diseases, or for determining measurement of blood pressure flow; and also includes the selective catheterization of the coronary ostia with injection of contrast medium into the coronary arteries.

~~1.~~ “ACC/AHA” means the American College of Cardiology/American Heart Association.

~~2.~~ “JACC” means the Journal of the American College of Cardiology.

2.4. “Adult ~~Inpatient~~” means a person fifteen years of age or older ~~who has been admitted for bed occupancy for the purposes of receiving inpatient hospital services.~~

~~5.~~ “Annual Program Volume” means the total number of inpatient and outpatient admissions to the adult cardiac catheterization program, for the purpose of diagnostic cardiac catheterization, for a 12 month period. A single admission is equivalent to one patient visit to the cardiac catheterization program. Each patient visit shall be counted in determining the actual program volume regardless of whether the patient is an inpatient or outpatient at the hospital performing the procedure, or has been admitted as an inpatient or outpatient at another facility.

3.(b) Therapeutic Procedures. An adult diagnostic cardiac catheterization program established pursuant to an ~~exemption granted under Section 408.0361, 408.036(3)(n), F.S., shall not provide therapeutic services, such as balloon angioplasty percutaneous coronary intervention or stent insertion, intended to treat an identified condition or the administering of intra-coronary drugs, such as thrombolytic agents.~~

4.(e) Diagnostic Procedures. Procedures performed in the adult diagnostic cardiac catheterization laboratory shall include, for example, the following:

~~a.1.~~ Left heart catheterization with coronary angiography and left ventriculography

~~b.2.~~ Right heart catheterization

~~c.3.~~ Hemodynamic monitoring line insertion

~~d.4.~~ Aortogram

~~e.5.~~ Emergency temporary pacemaker insertion

~~6.~~ Transesophageal electric pacing

~~f.7.~~ Myocardial biopsy

~~g.8.~~ Diagnostic trans-septal procedures

~~h.9.~~ Intra-coronary ultrasound (ICUS)

~~i.10.~~ Fluoroscopy

~~j.11.~~ Hemodynamic stress testing

~~(d) Annual Program Volume. The minimum program volume for an adult diagnostic cardiac catheterization service shall be either 300 admissions during the 12-month period commencing 18 months after a program becomes operational, or 150 admissions by at least one physician who performed~~

diagnostic cardiac catheterizations during that period, with a second physician with at least 100 admissions for adult diagnostic cardiac catheterization during the same period. The program volume standard shall be met during each subsequent 12-month period. An annual report of compliance with this requirement shall be forwarded to the Agency's Certificate of Need Office.

(b)(e) Support Equipment. A crash cart containing the necessary medication and equipment for ventilatory support shall be located in each cardiac catheterization procedure room. A listing of all crash cart contents shall be readily available. At the beginning of each shift, the crash cart shall be checked for intact lock; the defibrillator and corresponding equipment shall be checked for function and operational capacity. A log shall be maintained indicating review.

(c) Radiographic Cardiac Imaging Systems. A quality improvement program for radiographic imaging systems shall include measures of image quality, dynamic range and modulation transfer function. Documentation indicating the manner in which this requirement will be met shall be available for the Agency's review.

(d)(f) Physical Plant Requirements. Section 419.2.1.2, Florida Building Code, subsection 59A-3.081(53), F.A.C., contains the physical plant requirements for the adult diagnostic inpatient cardiac catheterization program.

(e)(g) Personnel Requirements. There shall be an adequate number of trained personnel available. At a minimum, a team involved in cardiac catheterization shall consist of a physician, one registered nurse, and one technician.

(f) Quality Improvement Program. A quality improvement program for the adult diagnostic cardiac catheterization program laboratory shall include an assessment of proficiency in diagnostic coronary procedures, as described in the American College of Cardiology/American Heart Association Guidelines. Essential data elements for the quality improvement program include the individual physician procedural volume and major complication rate; the institutional procedural complication rate; relevant clinical and demographic information about patients; verification of data accuracy; and procedures for patient, physician and staff confidentiality. Documentation indicating the manner in which this requirement will be met shall be available for the Agency's review.

(g)(h) Emergency Services. Cardiac catheterization programs in a hospital not performing open heart surgery shall have a written protocol for the transfer of emergency patients to a hospital providing open heart surgery, which is within thirty minutes travel time by emergency vehicle under average travel conditions.

1. All providers of adult diagnostic cardiac catheterization program services in a hospital not licensed as a Level II adult cardiovascular services provider shall have written transfer agreements developed specifically for diagnostic cardiac

catheterization patients with one or more hospitals that operate a Level II adult cardiovascular services program. Written agreements must be in place to ensure safe and efficient emergency transfer of a patient within 60 minutes. Transfer time is defined as the number of minutes between the recognition of an emergency as noted in the hospital's internal log and the patient's arrival at the receiving hospital. Transfer and transport agreements must be reviewed and tested at least every 3 months, with appropriate documentation maintained, including the hospital's internal log or emergency medical services data. Each program shall be capable of providing immediate endocardiac catheter pacemaking in case of cardiac arrest and pressure recording for monitoring and evaluating valvular disease, or heart failure. Documentation indicating the manner in which this requirement will be met shall be available for the Agency's review.

2. Patients at high risk for diagnostic catheterization complications shall be referred for diagnostic catheterization services to hospitals licensed as a Level II adult cardiovascular services provider. For example, patients actively infarcting should be defined as high risk and be immediately transported to a hospital where on-site open heart surgery is available. Hospitals not licensed as a Level II adult cardiovascular services provider must have documented patient selection and exclusion criteria and provision for identification of emergency situations requiring transfer to a hospital with a Level II adult cardiovascular services program. Documentation indicating the manner in which this requirement will be met shall be available for the Agency's review.

3. Each adult diagnostic cardiac catheterization program shall have the capability to rapid mobilization of its team 23 hours a day, 7 days a week. Documentation indicating the manner in which this requirement will be met shall be available for the Agency's review.

(h) Policy and Procedure Manual for Medicaid and Charity Care.

1. Each provider of adult diagnostic cardiac catheterization services shall maintain a policy and procedure manual, available for review by the Agency, which documents a plan to provide services to Medicaid and charity care patients.

2. At a minimum, the policy and procedure manual shall document specific outreach programs directed at Medicaid and charity care patients for adult diagnostic cardiac catheterization services.

(i) Enforcement. Enforcement of these rules shall follow procedures established in Rule 59A-3.253, F.A.C. Each diagnostic catheterization program shall provide a minimum of 2 percent of its admissions to charity and Medicaid patients each year. An annual report of compliance with this requirement shall be forwarded to the Agency's Certificate of Need Office.

(j) In case of conflict between the provisions of this rule and the guidelines of the American College of Cardiology, the provisions of this part shall prevail.

(14) through (15) No change.

(16) Level I Adult Cardiovascular Services.

(a) Licensure.

1. A hospital seeking a license for a Level I adult cardiovascular services program shall submit an application on a form provided by the Agency (See Form 1: Level I Adult Cardiovascular Services License Application Attestation; AHCA Form, Section 18(a) of this rule _____), signed by the chief executive officer of the hospital, attesting that, for the most recent 12-month period, the hospital has provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac catheterizations or, for the most recent 12-month period, has discharged or transferred at least 300 inpatients with the principal diagnosis of ischemic heart disease (defined by ICD-9-CM codes 410.0 through 414.9).

a. Reportable cardiac catheterization procedures are defined as single sessions with a patient in the hospital's cardiac catheterization procedure room(s), irrespective of the number of specific procedures performed during the session.

b. Reportable cardiac catheterization procedures shall be limited to those provided and billed for by the Level I licensure applicant and shall not include procedures performed at the hospital by physicians who have entered into block leases or joint venture agreements with the applicant.

2. The request shall attest to the hospital's intent and ability to comply with the *American College of Cardiology/Society for Cardiac Angiography and Interventions Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards: Bashore et al, ACC/SCA&I Clinical Expert Consensus Document on Catheterization Laboratory Standards, JACC Vol. 37, No. 8, June 2001: 2170-214; and the ACC/AHA/SCAI 2005 Guideline Update for Percutaneous Coronary Intervention A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (ACC/AHA/SCAI Writing Committee to Update the 2001 Guidelines for Percutaneous Coronary Intervention)*; including guidelines for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety.

3. The request shall attest to the hospital's intent and ability to comply with physical plant requirements regarding cardiac catheterization laboratories and operating rooms found Section 419.2.1.2, Florida Building Code.

4. The request shall also include copies of one or more written transfer agreements with hospitals that operate a Level II adult cardiovascular services program, including written transport protocols to ensure safe and efficient transfer of an emergency patient within 60 minutes. Transfer time is defined

as the number of minutes between the recognition of an emergency as noted in the hospital's internal log and the patient's arrival at the receiving hospital.

5. All providers of Level I adult cardiovascular services programs shall operate in compliance with subsection 59A-3.2085(13), F.A.C., and the guidelines of the American College of Cardiology/American Heart Association regarding the operation of adult diagnostic cardiac catheterization laboratories and the provision of percutaneous coronary intervention.

6. The applicable guidelines, herein incorporated by reference, are the *American College of Cardiology/Society for Cardiac Angiography and Interventions Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards: Bashore et al, ACC/SCA&I Clinical Expert Consensus Document on Catheterization Laboratory Standards, JACC Vol. 37, No. 8, June 2001: 2170-214; and the ACC/AHA/SCAI 2005 Guideline Update for Percutaneous Coronary Intervention A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (ACC/AHA/SCAI Writing Committee to Update the 2001 Guidelines for Percutaneous Coronary Intervention)*. Aspects of the guideline related to pediatric services or outpatient cardiac catheterization in freestanding non-hospital settings are not applicable to this rule. Aspects of the guideline related to the provision of elective percutaneous coronary intervention only in hospitals authorized to provide open heart surgery are not applicable to this rule.

7. Hospitals are considered to be in compliance with American College of Cardiology/American Heart Association guidelines when they adhere to standards regarding staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety. Hospitals must also document an ongoing quality improvement plan to ensure that the cardiac catheterization program and the percutaneous coronary intervention program meet or exceed national quality and outcome benchmarks reported by the American College of Cardiology-National Cardiovascular Data Registry.

8. Level I adult cardiovascular service providers shall report to the American College of Cardiology-National Cardiovascular Data Registry in accordance with the timetables and procedures established by the Registry. All data shall be reported using the specific data elements, definitions and transmission format as set forth by the American College of Cardiology-National Cardiovascular Data Registry.

a. Each hospital licensed to provide Level I adult cardiovascular services shall execute the required agreements with the American College of Cardiology-National Cardiovascular Data Registry to participate in the data registry.

b. Each hospital licensed to provide Level I adult cardiovascular services shall stay current with the payment of all fees necessary to continue participation in the American College of Cardiology-National Cardiovascular Data Registry.

c. Each hospital licensed to provide Level I adult cardiovascular services shall release the data reported by the American College of Cardiology-National Cardiovascular Data Registry to the Agency for Health Care Administration.

d. Each hospital licensed to provide Level I adult cardiovascular services shall use the American College of Cardiology-National Cardiovascular Data Registry data sets and use software approved by the American College of Cardiology for data reporting.

e. Each hospital licensed to provide Level I adult cardiovascular services shall ensure that software formats are established and maintained in a manner that meets American College of Cardiology-National Cardiovascular Data Registry transmission specifications and encryption requirements. If necessary, each hospital shall contract with a vendor approved by the American College of Cardiology-National Cardiovascular Data Registry for software and hardware required for data collection and reporting.

f. To the extent required by the American College of Cardiology-National Cardiovascular Data Registry, each hospital licensed to provide Level I adult cardiovascular services shall implement procedures to transmit data via a secure website or other means necessary to protect patient privacy.

g. Each hospital licensed to provide Level I adult cardiovascular services shall ensure that all appropriate data is submitted on every patient that receives medical care and is eligible for inclusion in the American College of Cardiology-National Cardiovascular Data Registry.

h. Each hospital licensed to provide Level I adult cardiovascular services shall maintain an updated and current institutional profile with the American College of Cardiology-National Cardiovascular Data Registry.

i. Each hospital licensed to provide Level I adult cardiovascular services shall ensure that data collection and reporting will only be performed by trained, competent staff and that such staff shall adhere to the American College of Cardiology-National Cardiovascular Data Registry standards.

j. Each hospital licensed to provide Level I adult cardiovascular services shall submit corrections to any data submitted to the American College of Cardiology-National Cardiovascular Data Registry as discovered by the hospital or by the American College of Cardiology-National Cardiovascular Data Registry. Such corrections shall be submitted within thirty days of discovery of the need for a correction or within such other time frame as set forth by the American College of Cardiology-National Cardiovascular Data Registry. Data submitted must be at a level that the

American College of Cardiology-National Cardiovascular Data Registry will include the data in national benchmark reporting.

l. By submitting data to the American College of Cardiology-National Cardiovascular Data Registry in the manner set forth herein, each hospital shall be deemed to have certified that the data submitted for each time period is accurate, complete and verifiable.
k. Each hospital licensed to provide Level I adult cardiovascular services shall designate an American College of Cardiology-National Cardiovascular Data Registry site manager that will serve as a primary contact between the hospital, the American College of Cardiology-National Cardiovascular Data Registry and the Agency with regard to data reporting. The identity of each site manager shall be provided to the Hospital and Outpatient Services Unit at the Agency for Health Care Administration in Tallahassee.

9. Notwithstanding American College of Cardiology/American Heart Association guidelines to the contrary, all providers of Level I adult cardiovascular services programs may provide emergency and elective percutaneous coronary intervention procedures. Aspects of the guidelines related to pediatric services or outpatient cardiac catheterization in freestanding non-hospital settings are not applicable to this rule.

10. Hospitals with Level I adult cardiovascular services programs are prohibited from providing the following procedures:

a. Any therapeutic procedure requiring transseptal puncture, or

b. Any lead extraction for a pacemaker, biventricular pacer or implanted cardioverter defibrillator.

11. Hospitals with Level I adult cardiovascular services programs must renew their licenses at the time of the hospital licensure renewal, providing the information in two through five above. Failure to renew the hospital's license or failure to update the information in two through five above shall cause the license to expire.

(b) Staffing.

1. Each cardiologist shall be an experienced physician who has performed a minimum of 75 interventional cardiology procedures, exclusive of fellowship training and within the previous 12 months from the date of the Level I adult cardiovascular licensure application or renewal application.

2. Physicians with less than 12 months experience shall fulfill applicable American College of Cardiology/American Heart Association training requirements prior to being allowed to perform emergency percutaneous coronary interventions in a hospital that is not licensed for a Level II adult cardiovascular services program.

3. The nursing and technical catheterization laboratory staff shall be experienced in handling acutely ill patients requiring intervention or balloon pump. Each member of the

nursing and technical catheterization laboratory staff shall have at least 500 hours of previous experience in dedicated cardiac interventional laboratories at a hospital with a Level II adult cardiovascular services program. They shall be skilled in all aspects of interventional cardiology equipment, and must participate in a 24-hour-per-day, 365 day-per-year call schedule.

4. The hospital shall ensure that a member of the cardiac care nursing staff who is adept in hemodynamic monitoring and Intra-aortic Balloon Pump (IABP) management shall be in the hospital at all times.

(c) Emergency Services.

1. A hospital provider of Level I adult cardiovascular services program must ensure it has systems in place for the emergent transfer of patients with intra-aortic balloon pump support to one or more hospitals licensed to operate a Level II adult cardiovascular services program. Formalized written transfer agreements developed specifically for emergency PCI patients must be developed with a hospital that operates a Level II adult cardiovascular services program. Written transport protocols must be in place to ensure safe and efficient transfer of a patient within 60 minutes. Transfer time is defined as the number of minutes between the recognition of an emergency as noted in the hospital's internal log and the patient's arrival at the receiving hospital. Transfer and transport agreements must be reviewed and tested at least every 3 months, with appropriate documentation maintained.

(d) Policy and Procedure Manual for Medicaid and Charity Care.

1. Each provider of Level I adult cardiovascular services shall maintain a policy and procedure manual, available for review by the Agency, which documents a plan to provide services to Medicaid and charity care patients.

2. At a minimum, the policy and procedure manual shall document specific outreach programs directed at Medicaid and charity care patients for Level I adult cardiovascular services.

(e) Physical Plant Requirements.

Section 419.2.1.2, Florida Building Code, contains the physical plant requirements for adult cardiac catheterization laboratories operated by a licensed hospital.

(f) Enforcement.

1. Enforcement of these rules shall follow procedures established in Rule 59A-3.253, F.A.C.

2. Unless in the view of the Agency there is a threat to the health, safety or welfare of patients, Level I adult cardiovascular services programs that fail to meet provisions of this rule shall be given 15 days to develop a plan of correction that must be accepted by the Agency.

3. Failure of the hospital with a Level I adult cardiovascular services program to make improvements specified in the plan of correction shall result in the revocation of the program license. The hospital may offer evidence of mitigation and such evidence could result in a lesser sanction.

(g) In case of conflict between the provisions of this rule and the guidelines of the American College of Cardiology, the provisions of this part shall prevail.

(17) Level II Adult Cardiovascular Services.

(a) Licensure.

1. A hospital seeking a license for a Level II adult cardiovascular services program shall submit an application on a form provided by the Agency (See Form 2: Level II Adult Cardiovascular Services License Application Attestation; AHCA Form _____, Section 18(b) of this rule _____) to the Agency, signed by the chief executive officer of the hospital, attesting that, for the most recent 12-month period, the hospital has provided a minimum of a minimum of 1,100 adult inpatient and outpatient cardiac catheterizations, of which at least 400 must be therapeutic cardiac catheterizations, or, for the most recent 12-month period, has discharged at least 800 patients with the principal diagnosis of ischemic heart disease (defined by ICD-9-CM codes 410.0 through 414.9).

a. Reportable cardiac catheterization procedures shall be limited to those provided and billed for by the Level II licensure applicant and shall not include procedures performed at the hospital by physicians who have entered into block leases or joint venture agreements with the applicant.

2. The request shall attest to the hospital's intent and ability to comply with applicable American College of Cardiology/American Heart Association guidelines including guidelines for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety.

3. The request shall attest to the hospital's intent and ability to comply with physical plant requirements regarding cardiac catheterization laboratories and operating rooms found Section 419.2.1.2, Florida Building Code.

4. All providers of Level II adult cardiovascular services programs shall operate in compliance with subsections 59A-3.2085(13) and 59A-3.2085(16), F.A.C. and the applicable guidelines of the American College of Cardiology/American Heart Association regarding the operation of diagnostic cardiac catheterization laboratories, the provision of percutaneous coronary intervention and the provision of coronary artery bypass graft surgery.

a. The applicable guidelines, herein incorporated by reference, are the *American College of Cardiology/Society for Cardiac Angiography and Interventions Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards: Bashore et al, ACC/SCA&I Clinical Expert Consensus Document on Catheterization Laboratory Standards, JACC Vol. 37, No. 8, June 2001: 2170-214;* and

b. *ACC/AHA/SCAI 2005 Guideline Update for Percutaneous Coronary Intervention A Report of the American College of Cardiology/American Heart Association Task Force*

on Practice Guidelines (ACC/AHA/SCAI Writing Committee to Update the 2001 Guidelines for Percutaneous Coronary Intervention; and

c. ACC/AHA 2004 Guideline Update for Coronary Artery Bypass Graft Surgery: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 1999 Guidelines for Coronary Artery Bypass Graft Surgery) Developed in Collaboration With the American Association for Thoracic Surgery and the Society of Thoracic Surgeons.

d. Aspects of the guidelines related to pediatric services or outpatient cardiac catheterization in freestanding non-hospital settings are not applicable to this rule.

5. Hospitals are considered to be in compliance with American College of Cardiology/American Heart Association guidelines when they adhere to standards regarding staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety. Hospitals must also document an ongoing quality improvement plan to ensure that the cardiac catheterization program, the percutaneous coronary intervention program and the cardiac surgical program meet or exceed national quality and outcome benchmarks reported by the American College of Cardiology-National Cardiovascular Data Registry and the Society of Thoracic Surgeons.

6. In addition to the requirements set forth in subparagraph (16)(a)7. of this rule, each hospital licensed to provide Level II adult cardiovascular services programs shall participate in the Society of Thoracic Surgeons National Database.

a. Each hospital licensed to provide Level II adult cardiovascular services shall report to the Society of Thoracic Surgeons National Database in accordance with the timetables and procedures established by the Database. All data shall be reported using the specific data elements, definitions and transmission format as set forth by the Society of Thoracic Surgeons.

b. Each hospital licensed to provide Level II adult cardiovascular services shall stay current with the payment of all fees necessary to continue participation in the Society of Thoracic Surgeons data registry.

c. Each hospital licensed to provide Level II adult cardiovascular services shall release the data reported by the Society of Thoracic Surgeons National Database to the Agency.

d. Each hospital licensed to provide Level II adult cardiovascular services shall use the most current version of the Society of Thoracic Surgeons National Database and use software approved by the Society of Thoracic Surgeons for data reporting.

e. Each hospital licensed to provide Level II adult cardiovascular services shall ensure that software formats are established and maintained in a manner that meets Society of Thoracic Surgeons transmission specifications and encryption

requirements. If necessary, each hospital shall contract with a vendor approved by the Society of Thoracic Surgeons National Database for software and hardware required for data collection and reporting.

f. To the extent required by the Society of Thoracic Surgeons National Database, each hospital licensed to provide Level II adult cardiovascular services shall implement procedures to transmit data via a secure website or other means necessary to protect patient privacy.

g. Each hospital licensed to provide Level II adult cardiovascular services shall ensure that all appropriate data is submitted on every patient who receives medical care and is eligible for inclusion in the Society of Thoracic Surgeons National Database.

h. Each hospital licensed to provide Level II adult cardiovascular services shall maintain an updated and current institutional profile with the Society of Thoracic Surgeons National Database.

i. Each hospital licensed to provide Level II adult cardiovascular services shall ensure that data collection and reporting will only be performed by trained, competent staff and that such staff shall adhere to Society of Thoracic Surgeons National Database standards.

j. Each hospital licensed to provide Level II adult cardiovascular services shall submit corrections to any data submitted to the Society of Thoracic Surgeons National Database as discovered by the hospital or by the Society of Thoracic Surgeons National Database. Such corrections shall be submitted within thirty days of discovery of the need for a correction or within such other time frame as set forth by the Society of Thoracic Surgeons National Database. Data submitted must be at a level that the Society of Thoracic Surgeons National Database will include the data in national benchmark reporting.

k. Each hospital licensed to provide Level II adult cardiovascular services shall designate a Society of Thoracic Surgeons National Database site manager that will serve as a primary contact between the hospital, the Society of Thoracic Surgeons National Database and the Agency with regard to data reporting. The identity of each site manager shall be provided to the Hospital and Outpatient Services Unit at the Agency for Health Care Administration in Tallahassee.

j. By submitting data to the Society of Thoracic Surgeons National Database and the American College of Cardiology-National Cardiovascular Data Registry in the manner set forth herein, each hospital shall be deemed to have certified that the data submitted for each time period is accurate, complete and verifiable.

7. Hospitals with Level II adult cardiovascular services programs must renew their licenses at the time of the hospital licensure renewal, providing the information in two through

four above. Failure to renew the hospital's license or failure to update the information in two through four above shall cause the license to expire.

(b) Staffing.

1. Each cardiac surgeon shall be Board certified.

a. New surgeons shall be Board certified within 4 years after completion of their fellowship.

b. Experienced surgeons with greater than 10 years experience shall document that their training and experience preceded the availability of Board certification.

2. Each cardiologist shall be an experienced physician who has performed a minimum of 75 interventional cardiology procedures, exclusive of fellowship training and within the previous 12 months from the date of the Level II adult cardiovascular licensure application or renewal application.

3. The nursing and technical catheterization laboratory staff shall be experienced in handling acutely ill patients requiring intervention or balloon pump. Each member of the nursing and technical catheterization laboratory staff shall have at least 500 hours of previous experience in dedicated cardiac interventional laboratories at a hospital with a Level II adult cardiovascular services program. They shall be skilled in all aspects of interventional cardiology equipment, and must participate in a 24-hour-per-day, 365 day-per-year call schedule.

4. The hospital shall ensure that a member of the cardiac care nursing staff who is adept in hemodynamic monitoring and Intra-aortic Balloon Pump (IABP) management shall be in the hospital at all times.

(c) Policy and Procedure Manual for Medicaid and Charity Care.

1. Each provider of adult Level II adult cardiovascular services shall maintain a policy and procedure manual, available for review by the Agency, which documents a plan to provide services to Medicaid and charity care patients.

2. At a minimum, the policy and procedure manual shall document specific outreach programs directed at Medicaid and charity care patients for Level II adult cardiovascular services.

(d) Physical Plant Requirements.

Section 419.2.1.2, Florida Building Code, contains the physical plant requirements for adult cardiac catheterization laboratories and operating rooms for cardiac surgery operated by a licensed hospital.

(e) Enforcement.

1. Enforcement of these rules shall follow procedures established in Rule 59A-3.253, F.A.C.

2. Unless in the view of the Agency there is a threat to the health, safety or welfare of patients, Level II adult cardiovascular services programs that fail to meet provisions of this rule shall be given 15 days to develop a plan of correction that must be accepted by the Agency.

3. Failure of the hospital with a Level II adult cardiovascular services program to make improvements specified in the plan of correction shall result in the revocation of the program license. The hospital may offer evidence of mitigation and such evidence could result in a lesser sanction.

(f) In case of conflict between the provisions of this rule and the guidelines of the American College of Cardiology, the provisions of this part shall prevail.

(18) Forms.

(a) Form 1: Level I Adult Cardiovascular Services License Application. AHCA Form _____.

Attestation

AHCA Facility Number:

Facility Name:

Facility/Premise Address:

12-month Reporting Period:

Volume:

Total number of adult cardiac catheterization patients/sessions:

Inpatient Sessions:

Outpatient Sessions:

Or

Total number of inpatient discharges or transfers with principal diagnosis of ischemic heart disease (ICD-9-CM codes 410.0 through 414.9)

Inpatient Discharges:

Inpatient Transfers:

I, the undersigned, upon oath and affirmation of belief and personal knowledge, attest that the above named hospital volume are true, accurate, and complete.

I, the undersigned, upon oath and affirmation of belief and personal knowledge, attest that the above named hospital will fully comply, where applicable, with the guidelines of the American College of Cardiology/American Heart Association guidelines for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure quality patient care and safety, except where they are in conflict with Florida law.

I, the undersigned, upon oath and affirmation of belief and personal knowledge, attest that the above named hospital will fully comply with the physical plant requirements regarding cardiac catheterization laboratories and operating rooms found in Section 419.2.1.2, Florida Building Code as applicable.

I, the undersigned, upon oath and affirmation of belief and personal knowledge, attest that the above named hospital has a formalized, written transfer agreement with a hospital that has a Level II adult cardiovascular program, including a written transport agreement(s) to ensure safe and efficient transfer of a patient within 60 minutes.

I, the undersigned, upon oath and affirmation of belief and personal knowledge, attest that the above named hospital will participate in the American College of Cardiology National Cardiovascular Data Registry.

I, the undersigned, upon oath and affirmation of belief and personal knowledge, attest that the above named hospital has a formalized plan to provide services to Medicaid and charity care patients in need of Level I adult cardiovascular services.

I, _____, hereby swear or affirm that the statements in this attestation are true and correct.

Signature of Chief Executive Officer Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____, _____
by _____.

This individual is personally known to me or produced the following identification: _____

Notary Public

NOTARY SEAL:

(b) Form 2: Level II Adult Cardiovascular Services License Application. AHCA Form _____.

Attestation

AHCA Facility Number:

Facility Name:

Facility/Premise Address:

12-month Reporting Period:

Volume:

Total number of adult cardiac catheterization patients/sessions:

Inpatient Sessions:

Outpatient Sessions:

Or

Total number of inpatient discharges or transfers with principal diagnosis of ischemic heart disease (ICD-9-CM codes 410.0 through 414.9)

Inpatient Discharges:

Inpatient Transfers:

I, the undersigned, upon oath and affirmation of belief and personal knowledge, attest that the above named hospital volume are true, accurate, and complete.

I, the undersigned, upon oath and affirmation of belief and personal knowledge, attest that the above named hospital will fully comply with the physical plant requirements regarding cardiac catheterization laboratories and operating rooms found in Section 419.2.1.2, Florida Building Code as applicable. I, the undersigned, upon oath and affirmation of belief and personal knowledge, attest that the above named hospital will fully comply with the guidelines of the American College of Cardiology/American Heart Association guidelines for

staffing, physician training and experience, operating procedures, equipment, physical plant, and patient selection criteria to ensure patient quality and safety.

I, the undersigned, upon oath and affirmation of belief and personal knowledge, attest that the above name hospital will participate in the American College of Cardiology National Cardiovascular Data Registry and the Society of Thoracic Surgeons National Database.

I, the undersigned, upon oath and affirmation of belief and personal knowledge, attest that the above name hospital/facility has a formalized plan to provide services to Medicaid and charity care patients in need of Level II adult cardiovascular services.

I, _____, hereby swear or affirm that the statements in this attestation are true and correct.

Signature of Chief Executive Officer Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____, _____
by _____.

This individual is personally known to me or produced the following identification: _____

Notary Public

NOTARY SEAL:

Specific Authority 395.1055, 395.3038, 395.401, 408.036, 408.0361(1) FS. Law Implemented 395.001, 395.1055, 395.1065, 395.3038, 395.401, 408.036, 408.0361, 957.05 FS. History—New 4-17-97, Amended 3-29-98, 8-23-99, 3-23-06, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NOS.:
59G-13.080

RULE TITLES:

Home and Community-Based Services Waivers

59G-13.083

Developmental Disabilities Waiver Services

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 34, No. 6, February 8, 2008 issue of the Florida Administrative Weekly.

These changes are in response to comments received from the Joint Administrative Procedures Committee and during the public hearing process.

59G-13.080(9). The subsection used both commas and semicolons to separate the names of the authorized Home and Community-Based Waiver programs. We replaced the commas separating the names of the waivers with semicolons. The subsection now reads, "(9) Home and Community-Based Services Waiver Programs. The following are authorized HCB services waivers: Adult Cystic Fibrosis Waiver; Adult Day

Health Waiver; Aged and Disabled Adult Waiver; Alzheimer's Disease Waiver; Assisted Living for the Elderly Waiver; Channeling Waiver; Consumer-Directed Care Waiver; Developmental Disabilities Waiver; Family Supported Living Waiver; Familial Dysautonomia Waiver; Model Waiver; Project AIDS Care Waiver; and Traumatic Brain Injury and Spinal Cord Injury Waiver."

59G-13.080(10)(b). We revised the first sentence to read, "The Agency contracts with the organized health care delivery system for the provision of these services to enrolled recipients." The following revisions were made to the list of services: 7. We deleted "Homemaker and" so the service reads, "Personal Care Services"; 8. We deleted "Housekeeping" so the service reads, "Chore Services"; we added, "9. In Home Counseling"; we renumbered 9 through 17 to 10 through 18; and we added, "19. Special Medical Equipment and 20. Special Medical Supplies"; and we renumbered 18. and 19. to 21. and 22.

59G-13.080(10)(c). In the second sentence, we corrected the rule citations to read, "59G-4.290 and 59G-4.180."

59G-13.080(10)(d). Provider enrollment is no longer accomplished through the contract procurement process as set forth in Chapter 287, F.S., and Chapter 13A-1, F.A.C. (transferred to Chapter 60A-1.045). We revised the sentence to read, "Provider enrollment is coordinated by the Channeling provider."

59G-13.080(10)(e). In the first sentence, we deleted "with a year-end cost settlement." In the third sentence, we changed "agreement" to "contract." We deleted the last sentence, which read, "The final amount paid shall not exceed the amount that would have been paid, on an aggregate basis, by Medicaid under fee-for-service for institutional care provided to a demographically similar population of recipients."

59G-13.080(11)(c)2. We corrected the abbreviation for the Children's Multidisciplinary Assessment Team to CMAT.

Rule 59G-13.083 incorporates by reference the Florida Medicaid Developmental Disabilities Waiver Services Coverage and Limitations Handbook, July 2007. The following revisions were made to the handbook.

On page 1-3, Direct Provider Billing, third paragraph; page 1-10, Purpose of This Handbook, second paragraph; page 1-15, Provider Responsibility Regarding HIPAA Requirements, second note, last sentence; page 2-9, Claim Form, second sentence; and page 3-2, Billing Procedures, first paragraph, last sentence, and the fourth paragraph, second sentence, we changed the date that the Non-Institutional 081 claim form will be replaced by the CMS-1500 claim form from March 1, 2008 to July 1, 2008.

Page 1-39, Projected Service Outcomes. We deleted the third bullet, which read, "Recipients in supported living live in homes occupied by no more than two other recipients with developmental disabilities and in areas in which persons with

disabilities account for no more than 10 percent of the houses or 10 percent of the units in an apartment complex, unless otherwise waived by APD."

Page 2-9, Cost Plan. Under examples of a significant change, we added "or" after the semicolon at the end of the second sentence.

Page 2-24, Behavioral Assistant Services, Description. In the first paragraph, last sentence, we corrected the rule citation to read, "65G-4.009."

Page 2-52, Personal Care Assistance, Description. We added the following sentence at the end of the paragraph, "Personal care assistance may not be used as a substitute for a meaningful day activity." Under Limitations, in the third sentence, we deleted, "up to 300 hours a month or 1200 quarter hour units a month, if they have intensive physical, medical or adaptive needs and such hours are essential for avoiding institutionalization." We revised the sentence to read, "A recipient having intensive physical, medical, or adaptive needs meeting the requirements for the intense level of personal care assistance, who needs additional hours over 180 to maintain their health and medical status, may request additional hours of personal care assistance services."

Page 2-53, Personal Care Assistance, Limitations, continued. In the first paragraph, after the second sentence, we added, "Standard and moderate level needs for the service cannot exceed 180 hours or 720 quarter hour units of the service per month." In the second bullet, we changed the third sentence from, "Additional hours a month, not to exceed 300 hours or 1200 quarter hour units of the service per month may be requested for intensive physical, medical or adaptive needs when the hours are essential to avoiding institutionalization," to read, "Additional hours a month over the 180 hour limit may be requested for intensive physical, medical or adaptive needs when the hours are essential to maintain the recipient's health and medical status." We added a fourth sentence to read, "Additional hours a month over the 180 hour limit may be requested for intensive physical, medical or adaptive needs when the hours are essential to maintain the recipient's health and medical status. Services will not be provided during routine sleep hours unless there is documentation from the recipient's physician that night-time services are required and the duties to be performed by the PCA provider are clearly delineated."

Page 2-57, Physical Therapy, Limitations, and page 2-87, Speech Therapy, Documentation Requirements. In the last sentence of the Note, we corrected the rule citation in which the Florida Medicaid Therapy Services Coverage and Limitations Handbook is incorporated by reference to read, "59G-4.320."

Page 2-65, Minimum Staffing Requirements for Standard and Behavior Focus Residential Habilitation Services Provided in a Licensed Facility. In the first sentence, after "providers of", we added, "standard and behavior focus." After the second

sentence, we added, “The provider will meet the minimum staffing levels on a per day basis for each home, or shall provide the required staffing over a seven day period for each home to accommodate for absences from the home and to establish optimal coverage on weekends.”

In the second paragraph, we revised the Direct Care Staff Hours per Person per 24 Hour Day to read, “Basic Level = 2 hours per day or 14 hours per week; Minimal Level = 5 hours per day or 35 hours per week; Moderate Level = 8 hours per day or 56 hours per week; Extensive 1 Level = 10 hours per day or 70 hours per week; Extensive 2 Level = 14 hours per day or 98 hours per week.”

In the third paragraph, we added a fourth sentence that reads, “The number of all available staff hours is multiplied by seven to establish a weekly minimum total.”

In the fourth paragraph, we revised the first sentence to read, “6 recipients X 8 direct care staff hours per person per 24 hour day = 48 available direct care staff hours per day, or 336 available direct care staff hours per week.”

We moved the last paragraph to page 2-66.

Page 2-66, Minimum Staffing Requirements for Standard and Behavior Focus Residential Habilitation Services Provided in a Licensed Facility, continued. We added to the end of last sentence, “and to optimize coverage on the weekends and holidays.”

Page 2-107, Supported Living Coaching, Description. In the first paragraph, second sentence, after “These services,” we added, “are provided by qualified supported living coaches to a recipient residing in a living setting meeting the requirements set forth in Rule 65G-5.004, F.A.C., and.” In the last paragraph, after Core Assurance, we added, “Chapter 59G-5, F.A.C.”

Page 1-108, Supported Living Coaching, Limitations. In the fourth paragraph, we revised the second sentence to read, “The homes of recipients receiving supported living coaching services shall meet requirements set forth in Rule 65G-5.004, F.A.C.” We deleted, “account for no more than ten percent of the housing in the smallest identifiable geographical area in which the homes are located, which may be a city block, subdivision, neighborhood, apartment complex or mobile home park. The recipient’s home shall be scattered, noncontiguous, and dispersed throughout that area. Waiver requests, regarding the density requirements can be submitted in writing to APD.” In the fifth paragraph, second sentence, we added, “However,” before “recipients.”

Page 3-1, Procedure Codes. In the first paragraph, we deleted, “The codes are part of the standard code set described in the Physician’s Current Procedure Terminology (CPT) book. Please refer to the CPT book for complete descriptions of the standard codes. CPT codes and descriptions are copyrighted 2007 by the American Medical Association. All rights

reserved.” This information is also in the second paragraph, where it is applicable. It had been erroneously repeated in the first paragraph.

DEPARTMENT OF ENVIRONMENTAL PROTECTION
Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

DEPARTMENT OF JUVENILE JUSTICE

Probation

RULE NOS.:	RULE TITLES:
63D-4.002	Definitions
63D-4.005	Admission of Youth
63D-4.006	Medication Management
63D-4.008	Release of Youth

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 34, No. 7, February 15, 2008 issue of the Florida Administrative Weekly.

63D-4.002 Definitions.

For purposes of this rule chapter, the following terms shall be defined as follows:

(1) through (2) No change.

(3) Criminal Street Gang – A formal or informal ongoing organization, association, or group that has as one of its primary activities the commission of criminal or delinquent acts, and that consist of three or more persons who have a common name or common identifying signs, colors, or symbols and who have two or more members who, individually or collectively, engage in or have engaged in a pattern of criminal street gang activity as defined in Chapter 874, F.S.

(4) through (10) No change.

Specific Authority 985.64 FS. Law Implemented 985.135 FS. History–New_____.

63D-4.005 Admission of Youth ~~to a JAC.~~

(1) In order to implement the statutory prohibition in Section 985.115(2), F.S., against the acceptance into the JAC of youth exhibiting symptoms or demonstrating behaviors that suggest the youth is in need of immediate evaluation or treatment due to physical illness/injury, mental illness, or intoxication, each youth must receive an initial medical clearance.

(2) Medical/Mental Health Screening process.

(a) Each youth must receive an initial medical and mental health clearance. Using the Probation Medical and Mental Health Clearance Form (Form HS 051) the screener shall evaluate the condition of each youth prior to being accepted into the JAC for detention screening. The clearance process

will help ensure an appropriate response when law enforcement delivers a youth for screening who appears to be physically impaired due to drugs, alcohol, injury, or illness.

(b) If the clearance process reveals one or more of the conditions described in the statute, the law enforcement officer must be informed immediately so they can transport the child to the appropriate facility or to be seen by a qualified health care professional as defined in this protocol. The original police report should not be left at the JAC, but should accompany the child.

(c) There may be situations in which the clearance process indicates one or more of the conditions described in the statute, however, the law enforcement officer disagrees with the resulting need for medical clearance and immediate transport to a more appropriate facility. If the DJJ screener and the law enforcement officer disagree, or if law enforcement refuses to transport the youth to the appropriate facility, the screener will provide the law enforcement officer with copies of Section 985.115(2)(c)-(d)(e), F.S., and the local interagency agreement. (Both should be posted in a prominent place.) If the disagreement has still not been resolved, the screener will contact his/her immediate supervisor who will contact the law enforcement officer's supervisor, or Shift Commander. The screening supervisor's decision will be final. Department staff (including providers) and law enforcement staff should subsequently resolve any issues of dispute following the appropriate chain of command

(d) No change.

(e) If EMS determines that the youth requires prompt medical attention or prompt treatment, the youth will be immediately transported to the hospital via ambulance, regardless of his or her screening status. The JAC interagency agreement must identify which staff will accompany the youth to and remain present at the hospital until such time as the parent or guardian arrives (in the case of a youth not eligible for secure detention).

(f) through (h) No change.

(3) No change.

Specific Authority 985.64 FS. Law Implemented 985.135 FS. History--New_____.

63D-4.006 Medication Management ~~While Youth are in a JAC.~~

(1) through (2) No change.

(3) If any youth taking the medication identified in (1) or (2) above is screened as eligible for secure detention, detention staff will be notified that a youth awaiting placement is using one of the critical medications. JAC staff will ~~need to~~ exhort the parents or guardians to deliver the youth's medication as soon as possible. Once the medication is available at the JAC, detention staff will be required to retrieve and transport the youth as soon as possible but no later than three (3) hours following notification.

(4) If the youth is on a ~~critical~~ medication, in need of the next dose, and is not eligible for secure detention, the parent or guardian will be notified (with notification attempts documented) to bring the medication when they come to the JAC to pick up their child. In the event that the screener cannot reach the parent or guardian or if they refuse to respond, the screener will make arrangements to transport the youth home, or to a responsible adult and the assigned staff member will verbally advise the parent or the responsible adult of the youth's need for medication or to a shelter.

(5) No change.

Specific Authority 985.64 FS. Law Implemented 985.135 FS. History--New_____.

63D-4.008 Release of Youth ~~from a JAC.~~

(1) through (3) No change.

(4) If a youth admitted to a JAC is identified through screening or other sources as a potential suicide threat, but he or she does not meet the criteria requiring immediate transportation to a facility for evaluation, the following is required:

(a) If the youth is to be released to the parent or guardian, the parent or guardian must be informed that suicide risk factors were disclosed during preliminary screening, and that a full assessment of suicide risk should be conducted by a qualified mental health professional. The parent or guardian shall be provided with the form entitled "Suicide Risk Screening Parent /Guardian Notification," ~~at Appendix O of the Mental Health and Substance Abuse Services Manual (2006).~~ A copy of the youth's "Suicide Risk Screening Parent /Guardian Notification" form signed by the parent or guardian, is to be permanently filed in the youth's case management record.

(b) If the youth is being detained in secure detention a Suicide Risk Alert must be immediately entered into JJIS and the youth placed on constant observation until an Assessment of Suicide Risk is conducted. The screener will write "suicide risk" on the top page of the detention packet, verbally notify the Detention Center Superintendent or designee prior to the youth's transfer from the JAC and notify the transportation staff upon arrival. All of the above must be chronologically documented.

Specific Authority 985.64 FS. Law Implemented 985.135 FS. History--New_____.

DEPARTMENT OF HEALTH

Board of Pharmacy

RULE NO.:
64B16-26.103

RULE TITLE:
Continuing Education Credits;
License Renewal; Consultant
Pharmacist License Renewal;
Nuclear Pharmacist License
Renewal

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 33, No. 45, November 9, 2007 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Mental Health Program

RULE NOS.: RULE TITLES:
 65E-5.100 Definitions
 65E-5.180 Right to Quality Treatment

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 34, No. 3, January 18, 2008 issue of the Florida Administrative Weekly. The date the Notice of Proposed Rule Development was published in the FAW was 9-1-06, not on 9-18-08 as previously published.

**Section IV
 Emergency Rules**

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF THE LOTTERY

RULE NO.: RULE TITLE:
 53ER08-18 Instant Game Number 743, SPADES
 SUMMARY: This emergency rule describes Instant Game Number 743, "SPADES," for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game; determination of prizewinners; estimated odds of winning; value and number of prizes in the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Faith L. Schneider, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER08-18 Instant Game Number 743, SPADES.

(1) Name of Game. Instant Game Number 743, "SPADES."

(2) Price. SPADES lottery tickets sell for \$2.00 per ticket.

(3) SPADES lottery tickets shall have a series of numbers in machine readable code (or bar code) on the back of the ticket, along with a validation number under the latex area on

the ticket. To be a valid winning SPADES lottery ticket, the ticket must meet the applicable requirements of Rule 53ER07-68, F.A.C.

(4) The "YOUR CARD" play symbols and play symbol captions are as follows:



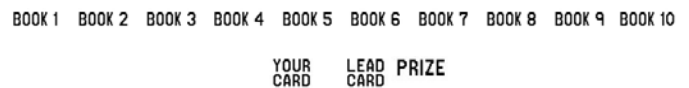
(5) The "LEAD CARD" play symbols and play symbol captions are as follows:



(6) The prize symbols and prize symbol captions are as follows:



(7) The legends are as follows:



(8) Determination of Prizewinners.

(a) There are ten books on a ticket. Each book is played separately. A ticket having a play symbol and corresponding play symbol caption in the YOUR CARD play area that beats the play symbol and corresponding play symbol caption in the LEAD CARD play area shall entitle the claimant to the corresponding prize shown for that book. A ticket having a

"WIND" symbol in a book shall entitle the claimant to the prize shown for that book.

(b) The prizes are: TICKET, \$2.00, \$4.00, \$5.00, \$6.00, \$10.00, \$15.00, \$20.00, \$25.00, \$40.00, \$50.00, \$100, \$500, \$1,000, \$5,000 and \$25,000. A claimant who is entitled to a prize of a "TICKET" shall be entitled to a prize of a \$2.00 instant ticket or combination of instant tickets with a total value of \$2.00, except as follows. A person who submits by mail a SPADES lottery ticket which entitles the claimant to a prize of a \$2.00 instant ticket and whose mailing address is outside the state of Florida will receive a check for \$2.00 in lieu of an actual ticket.

(9) The estimated odds of winning, value, and number of prizes in Instant Game Number 743 are as follows: