Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329, (850)488-4197, extension 1218

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 4, 2009

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 21, 2008

# Section III
# Notices of Changes, Corrections and Withdrawals

**DEPARTMENT OF REVENUE**

**Miscellaneous Tax**

| RULE NO.: | RULE TITLE: |
|---|---|
| 12B-5.150 | Public Use Forms |

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. 51, December 19, 2008 issue of the Florida Administrative Weekly.

In response to written comments received from the Joint Administrative Procedures Committee, dated January 16, 2009, Forms DR-166, DR-176, and DR-904 will be changed.

The provisions under the category "Are there additional fees?" on Page 2 of Form DR-166, Florida Pollutant Tax Application, has been changed as follows:

Are there additional fees?

Most applicants are required to post a bond. The bond shall equal three times the average monthly pollutants tax paid or due during the past 12 months, not to exceed $100,000. If the three-month tax liability is less than $50, we do not require a bond. New registrants should base their bond on a reasonable estimate. ~~Certain~~ Applicants who do not hold a valid motor fuel, diesel fuel, or aviation fuel tax license issued pursuant to Parts I, II, or III of Chapter 206, F.S., are required to undergo a background investigation. The Department's investigation verifies the information supplied by the applicant on the Florida Pollutant Tax Application and the Investigative Background questionnaire. The Department will also conduct an investigation on the local and national level for criminal and civil violations. A local and national fingerprint check will be conducted by the Florida Department of Law Enforcement and the Federal Bureau of Investigation. The cost will be billed to the applicant.

The statement under the category "Affidavit of Applicants(s)," on page 2, Form DR-176, Application for Air Carrier Fuel Tax License, has been changed as follows:

Affidavit of Applicant(s)

I, the undersigned individual(s), or if a corporation for itself, its officers, and directors, hereby swear or affirm under penalty of perjury as provided in Section~~s 659.791, 552.45, and~~ 837.06, Florida Statutes, that I am duly authorized to make the foregoing application and ~~hereby swear or affirm~~ that the application and all attachments are true and correct representation(s) of the premises to be licensed. If ~~if~~ licensed, I agree that the place of business may be inspected and searched, during business hours or at any time business is being conducted on the premises, ~~without a search warrant~~ by officials and agents of the Department of Revenue for the purposes of determining compliance with Chapter 206, F.S. ~~the Florida fuel laws.~~

On page 3, Form DR-904, Pollutants Tax Return, the first line of the category "Filing Frequency" has been changed as follows:

Filing Frequency: Upon receiving a written request from the licensee, we will ~~We may~~ authorize:

**DEPARTMENT OF TRANSPORTATION**

| RULE NOS.: | RULE TITLES: |
|---|---|
| 14-10.004 | Permits |
| 14-10.0043 | Outdoor Advertising License and Permit Fees |

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. 32, August 8, 2008 issue of the Florida Administrative Weekly.

SUMMARY OF CHANGE:

A public hearing was conducted on September 8, 2008, and a rule challenge was filed with the Division of Administrative Hearings on September 18, 2008 (DOAH Case Number 08-4572RP). The rule challenge case was closed on January 6, 2009. The fee structure as originally proposed is adjusted as shown in this change notice. Also, the form, which is incorporated by reference is revised to reflect the revised rates and the revision date of that form is changed to 02/09.

14-10.004 Permits.

(1) An application for a new sign permit is made by completing and submitting an Application for Outdoor Advertising Permit, Form 575-070-04, Rev. 02/09 ~~10/06~~, incorporated herein by reference, to the address listed in subsection 14-10.003(2). Applications may be obtained from the State Outdoor Advertising License and Permit Office.

(a) through (e) No change.

(f) For purposes of (c), above, when a valid permit is being conditionally canceled pursuant to subsection 14-10.004(9), F.A.C., the Outdoor Advertising Permit Cancellation Certification, Form 575-070-12, Rev. 10/06, incorporated herein by reference, and Application for Outdoor Advertising Permit, Form 575-070-04, Rev. 02/09 ~~10/06~~, must be

submitted simultaneously to the Department. Form 575-070-12 may be obtained from the address listed in subsection 14-10.003(2), F.A.C. The date the Department receives the cancellation and complete application documents shall be considered the date the application is received.

(g) through (2)(d) No change.

(3) through (12)(b) No change.

Rule 14-10.0043 is changed to reflect revised fees in (2), (3)(a) through (3)(d):

14-10.0043 Outdoor Advertising License and Permit Fees.

(1) No change.

(2) The annual permit fee for each sign facing is $51.00 ~~$44.00~~ for 200 square feet or less, and $71.00 ~~$64.00~~ for more than 200 square feet. A permittee shall notify the Department in writing prior to making any changes in the dimensions of a conforming sign which would increase the area of the sign facing to over 200 square feet, and shall submit an additional $20.00.

(3) Permit fees for the year in which application is made may be prorated by paying one-fourth of the annual fee for each whole or partial quarter remaining in that year. Applications received after September 30 must include fees for the last quarter plus fees for the following year. The fee schedule is based on the date the application is received by the Department as follows:

(a) January 16 through April 15: $51.00 ~~$44.00~~ for each sign facing of 200 square feet or less; $71.00 ~~$64.00~~ for each facing greater than 200 square feet;

(b) April 16 through July 15: $38.25 ~~$33.00~~ for each sign facing of 200 square feet or less; $53.25 ~~$48.00~~ for each facing greater than 200 square feet;

(c) July 16 through September 30: $25.50 ~~$22.00~~ for each sign facing of 200 square feet or less; $35.50 ~~$32.00~~ for each facing greater than 200 square feet;

(d) October 1 through January 15: $63.75 ~~$55.00~~ for each sign facing of 200 square feet or less; $88.75 ~~$80.00~~ for each facing greater than 200 square feet.

(4) No change.

**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."

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Cost Management and Control**

RULE NO.: RULE TITLE:
59B-9.031 Definitions

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. 53, December 31, 2008 issue of the Florida Administrative Weekly.

59B-9.031 Definitions.

(1) through (2) No change.

~~(3) "Charity" means medical care provided by a health care entity to a person who has insufficient resources or assets to pay for needed the medical care without utilizing his resources which are required to meet the person's his basic need for shelter, food, or clothing. No patient shall be considered charity care whose family income, as applicable for the twelve (12) months preceding the determination, exceeds 200 percent of the federal poverty guidelines, unless the amount of health care charges due from the patient exceeds 25 percent of annual family income. However, in no case shall the facility charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity. This information should be provided based on the patient's status at time of reporting.~~

(3)~~(4)~~ No change.

(4)~~(5)~~ "E-code" means a Supplementary Classification of External Causes of Injury and Poisoning ICD-9-CM or ICD-10-CM codes where environmental events, circumstances, and conditions are the cause of injury, poisoning and other adverse effects as specified in the ICD-9-CM or ICD-10-CM manual and the conventions of coding.

(5)~~(6)~~ "Executive Officer" means a reporting facility's chief executive officer, chief financial officer, chief operating officer, president, or ~~any~~ vice president, of the facility in charge of a principal business unit, division or function (administration or finance).

(7) through (8) renumbered (6) through (7) No change.

(8)~~(9)~~ "NUBC" means National Uniform Billing Committee. A national body that defines the data elements ~~fields~~ that are reported on the Uniform Bill UB-04 and annually publishes an Official UB-04 Data Specifications Manual~~, which is published annually~~.

(9)~~(10)~~ No change.

(10)~~(11)~~ "NPI" means National Provider Identification. A NPI is an ~~A~~ unique identification number assigned to a provider by the Centers for Medicare & Medicaid Services.

(12) through (14) renumbered (11) through (13) No change.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Cost Management and Control**

RULE NO.: RULE TITLE:
59B-9.032 Ambulatory and Emergency Department Data Reporting and Audit Procedures

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59B-9.032 Ambulatory and Emergency Department Data Reporting and Audit Procedures.

(1) The following entities shall submit patient data reports to the Agency for Health Care Administration (AHCA or Agency):

(a) through (b) No change.

(c) All lithotripsy centers defined in Section 408.07, F.S.;

(d) All cardiac catheterization laboratories defined in Section 408.07, F.S.

(2) through (6) No change.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Cost Management and Control**

RULE NO.: RULE TITLE:
59B-9.033 Schedule for Submission of Ambulatory and Emergency Department Patient Data and Extensions

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. 53, December 31, 2008 issue of the Florida Administrative Weekly.

59B-9.033 Schedule for Submission of Ambulatory and Emergency Department Patient Data and Extensions.

(1) Beginning with the ambulatory data reporting for the 1st quarter of the year 2010, Ambulatory Ceenters and Emergency Departments shall report patient data according to the provisions in Rules 59B-9.030 through 59B-9.039, F.A.C.

(a) through (d) No change.

(2) through (3) No change.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Cost Management and Control**

RULE NO.: RULE TITLE:
59B-9.034 Reporting Instructions

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59B-9.034 Reporting Instructions.

Reporting instructions for all Ambulatory Centers beginning with the ambulatory data reporting for the 1st quarter of the year 2010,

(1) Ambulatory centers shall report data for:

(a) through (a)1. No change.

2. 92980 through 92998 ~~92996~~ and 93500 through 93599. Includes percutaneous transluminal coronary angioplasty (PTCA) and Cardiac Catheterization.

~~(b) Do not report CPT codes 36415 or 36416.~~

3. No change.

(2) through (2)(a) No change.

(b) An ED visit occurs even if the only service provided to a registered patient is triage or screening. If the registered patient leaves prior to being seen by a physician, report the discharge status as "07" "AMA/discontinued care" ~~and charges~~. Report zero if charges are are not incurred.

(c) No change.

(3) through (5)(a) No change.

(b) Reports sent to the Internet address shall be electronically transmitted with the zipped ambulatory data in a XML file using the Ambulatory Patient Data XML Schema available at http://ahca.myflorida.com/xmlschemas/asc22.xsd.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Cost Management and Control**

RULE NO.: RULE TITLE:
59B-9.035 Certification, Audits, and Resubmission Procedures

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59B-9.035 Certification, Audits, and Resubmission Procedures.

(1) All ambulatory centers submitting data in compliance with Rules 59B-9.030 through 59B-9.039, F.A.C., shall certify that the data submitted for each quarter period is accurate, complete and verifiable using Certification Form for Ambulatory Patient Data AHCA Form APD1, dated 7/1/95 and incorporated by reference. The completed certification form shall be submitted to the Agency for Health Care Administration, 2727 Mahan Drive, MS #16, Tallahassee, Florida 32308, Attention: Florida Center for Health Information and Policy Analysis or by facsimile to the Agency's office, or a scanned certification submitted by electronic mail.

(2) Beginning with the ambulatory data reporting for the 1st quarter of the year 2010, facilities not certified within five (5) calendar months following the last day of the reporting quarter shall be subject to penalties pursuant to Rule

59B-9.036, F.A.C. Extensions to this five (5) month period may be granted by the Agency Administrator, Office of Data Collection and Quality Assurance Unit or the Agency designee, for a maximum of 30 days following the certification due date in response to a written request signed by the facilities chief executive officer, ambulatory center director or authorized executive officer designee. A facility will not be penalized for delays caused by AHCA which is documented by the reporting facility to include on-line reporting system downtime or delays in receipt of reports from AHCA.

(3) Changes or corrections to certified data will be accepted from facilities to improve their data quality for a period of eighteen (18) months following the initial submission due date. The Administrator, Office of Data Collection and Quality Assurance or designee may grant approval for resubmitting previously certified data in response to a written request signed by the facility's chief executive officer, Ambulatory Center director or authorized executive officer designee. The written request must specify the reason for the corrections or changes, explain the cause contributing to the inaccurate reporting, describe a corrective action plan to prevent future errors, the total number of records affected by quarters and years, the data type and the date that the replacement file will be submitted to the Agency. Any changes to a facility's ~~hospital's~~ data after this eighteen-month period shall be subject to penalties pursuant to Rule 59B-9.036, F.A.C. Resubmission of previously certified data must be certified within thirty (30) days following receipt of the data file from the facility.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Cost Management and Control**

RULE NO.: RULE TITLE:
59B-9.036 Penalties for Ambulatory Patient Data Reporting and Deficiencies

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59B-9.036 Penalties for Ambulatory Patient Data Reporting and Deficiencies.

(1) For purposes of this rule, a report or other information is "incomplete" when it does not contain all data required by the Agency in this rule and in forms incorporated by reference or when it contains inaccurate data. The Agency shall to the extent practical, apply the same audit standards and use the same audit procedures for all facility's or audit a random sample of hospitals. The Agency will notify each facility of any possible errors discovered by audit and request that the facility either correct the data or verify that the data is complete and correct. A report or other information is "false" if done or made with the knowledge of the preparer or an administrator that it contains information or data which is not true or accurate.

(2) through (3) No change.

(4) The penalty period will begin on the first calendar ~~working~~ day following the initial due date and the first calendar day following the certification due date for purposes of penalty assessments.

(5) No changes.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Cost Management and Control**

RULE NO.: RULE TITLE:
59B-9.037 Header Record

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59B-9.037 Header Record.

Beginning with the ambulatory data reporting for the 1st quarter of the year 2010, the ~~The~~ first record in the data file shall be a header record, containing the information described below.

(1) through (7) No change.

(8) Medicare Number. Enter the Medicare number of the facility as assigned by Centers for Medicare & Medicaid Services (CMS). A valid identification number must contain seven (7) numeric digits. A required field.

(8) through (15) renumbered (9) through (16) No change.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Cost Management and Control**

RULE NO.: RULE TITLE:
59B-9.038 Ambulatory Data Elements, Codes and Standards

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59B-9.038 Ambulatory Data Elements, Codes and Standards.

Beginning with the ambulatory data reporting for the 1st quarter of the year 2010, all ~~All~~ data elements and data element codes listed below shall be reported. All facilities submitting data in compliance with Rules 59B-9.030 through 59B-9.039, F.A.C., shall report the following required data elements as stipulated by the Agency and described in the Official Data Specifications Manual published by the NUBC and NUCC.

(1) AHCA Facility Number. The identification number of the ambulatory center as assigned by AHCA for reporting purposes. ~~An identification number assigned by AHCA for reporting purposes~~. The number must match the facility number recorded on the header record. A valid identification number must contain at least eight digits and no more than 10 digits. A required entry.

(2) through (5) No change.

(6) Patient Race.

(a) 1 – American Indian or Alaskan Native. A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.

(b) through (g) No change.

(7) Patient Birth Date. The date of birth of the patient. A ten character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 1 to 12, DD represents numbered days of the month from 1 to 31, and YYYY represents the year in four digits. Use 9999-99-99 where type of service is "2" and efforts to obtain the patient's birth date have been unsuccessful. ~~Unknown birthdates should use the default of YYYY-01-01 where the year is based on approximate age~~. A birth date after the patient visit ending date is not permitted. A required entry.

(8) No change.

(9) Patient Zip Code. The five digit United States Postal Service ZIP Code of the patient's address ~~permanent residence~~. Use 00009 for foreign residences. Use 00007 for homeless patients. Use 00000 where efforts to obtain the information have been unsuccessful. A required entry.

(10) Patient Country Code. The country code of residence. A two (2) digit upper case alpha code from the Code for Representation of Names of Countries, ISO 3166 or latest release. A required entry for type of service "2". Use 99 where the country of residence is unknown, or where efforts to obtain the information have been unsuccessful, or if type of service is "1".

(11) Type of Service Code. A code designating the type of service, either an ambulatory center ~~surgery~~ or emergency department visit. A required entry. Must be a one (1) digit code as follows:

(a) through (b) No change.

1 – Ambulatory surgery, as described in subsection 59B-9.034 ~~59B9.032~~(1), F.A.C.

(b) 2 – Emergency department visit, as described in subsection 59B-9.034 ~~59B9.032~~(2), F.A.C.

(12) No change.

(13) Principal Payer Code. Describes the primary source of expected reimbursement for services rendered based on the patient's status at ~~discharge or~~ the time of reporting. ~~Report charity as defined in subsection 59B-9.031(3), F.A.C.~~ A required entry. Must be a one (1) character alpha field using upper case as follows:

(a) through (e) No change.

~~(f) F Commerical Liability Coverage. Patients whose health care is covered under a liability policy, such as automobile, homeowners or general business.~~

(g) through (i) renumbered (f) through (h) No change.

(i)~~(j)~~ K – Other State/Local Government. Patients covered by a state program or local government that does not fall into any of the payer ~~state funded~~ categories listed ~~above~~. This would include those covered by the Florida Department of Corrections or any county or local corrections department, patients covered by county or local government indigent care programs if the reimbursement is at the patient level; any out-of-state Medicaid programs and county health departments or clinics.

(k) through (l) renumbered (j) through (k) No change.

(l)~~(m)~~ N – Non-Payment ~~Charity~~. Includes charity, professional courtesy, no charge, research/clinical trial, refusal to pay/bad debt, Hill Burton free care, research/donor that is known at the time of reporting. ~~Include charity that is known at the time of discharge.~~

(n) through (o) renumbered (m) through (n) No change.

(o) Q- Commercial Liability Coverage. Patients whose health care is covered under a liability policy, such as automobile, homeowners or general business.

(14) through (15) No change.

(16) Evaluation and Management Code (1), Evaluation and Management Code (2), Evaluation and Management Code (3), Evaluation and Management Code (4), Evaluation and Management Code (5). A code representative of the patient acuity level for the services provided. If type of service is "2", must contain a valid Evaluation and Management (EM) Code range 99281-99285; 99288; 99291-99292; and G0380-G0384, even if the only service provided to a registered patient is triage or screening. If patient discharge status is "07" meaning patient left against medical advice or discontinued care, or where a visit occurs resulting in zero charges, enter default code 99999 to indicate that the patient was not evaluated by a physician. No more than five EM codes may be reported. Less than five entries is permitted. A required field.

~~(17) Principal CPT or HCPCS Procedure Code. A code representative of the primary services provided or procedures performed.~~

~~(a) Ambulatory surgery type of service "1" must contain a valid CPT code or HCPCS code as specified in 59B-9.034(1) excluding CPT codes 36415, 36416 representing the reason for the surgery or the encounter.~~

~~(b) Emergency Department visits type of service "2" must contain a valid CPT or HCPCS code if the patient discharge status is not "07" indicating that the patient left against medical advice or discontinued care. Must contain either a valid CPT or~~

~~HCPCS procedure code if type of service is "2" and patient discharge status is "07" indicating that the patient left against medical advice or discontinued care. The code must be five digits and valid for the reporting period. Do not report venipuncture codes 36415- 36416 as a principal CPT or procedure code.~~

(17)~~(18)~~ Other CPT or HCPCS Procedure Code (1), Other CPT or HCPCS Procedure Code (2), Other CPT or HCPCS Procedure Code (3), Other CPT or HCPCS Procedure Code (4), Other CPT or HCPCS Procedure Code (5), Other CPT or HCPCS Procedure Code (6), Other CPT or HCPCS Procedure Code (7), Other CPT or HCPCS Procedure Code (8), Other CPT or HCPCS Procedure Code (9), Other CPT or HCPCS Procedure Code (10), Other CPT or HCPCS Procedure Code (11), Other CPT or HCPCS Procedure Code (12), Other CPT or HCPCS Procedure Code (13), Other CPT or HCPCS Procedure Code (14), Other CPT or HCPCS Procedure Code (15), Other CPT or HCPCS Procedure Code (16), Other CPT or HCPCS Procedure Code (17), Other CPT or HCPCS Procedure Code (18), Other CPT or HCPCS Procedure Code (19), Other CPT or HCPCS Procedure Code (20), Other CPT or HCPCS Procedure Code (21), Other CPT or HCPCS Procedure Code (22), Other CPT or HCPCS Procedure Code (23), Other CPT or HCPCS Procedure Code (24), Other CPT or HCPCS Procedure Code (25), Other CPT or HCPCS Procedure Code (26), Other CPT or HCPCS Procedure Code (27), Other CPT or HCPCS Procedure Code (28), Other CPT or HCPCS Procedure Code (29), Other CPT or HCPCS Procedure Code (30). ~~Other CPT or HCPCS Procedure Codes 1 though 30~~. A code representing a~~n additional~~ procedure or service provided during the visit. ~~Other CPT or HCPCS procedure code data element fields are designated specific code ranges. If a principal CPT or HCPCS procedure is not reported, Other CPT or HCPCS Procedure Codes must not be reported unless the patient status is "07" indicating the patient left against medical advice or discontinued care.~~ If not space filled, must be a valid CPT or HCPCS code ~~The code must be five digits and valid~~ for the reporting period. Alpha characters must be in upper case. No more than thirty (30) other CPT or HCPCS procedure codes may be reported. Less than thirty (30) entries or no entry is permitted.

~~(a) Other CPT or HCPCS Procedure Code (1), Other CPT or HCPCS Procedure Code (2), Other CPT or HCPCS Procedure Code (3), Other CPT or HCPCS Procedure Code (4), Other CPT or HCPCS Procedure Code (5), Other CPT or HCPCS Procedure Code (6), Other CPT or HCPCS Procedure Code (7), Other CPT or HCPCS Procedure Code (8), Other CPT or HCPCS Procedure Code (9), Other CPT or HCPCS Procedure Code (10), Other CPT or HCPCS Procedure Codes 1-10 are designated for CPT procedure code ranges 10021-69999; 92980 through 92996; and 93500 through 93599 and corresponding HCPCS codes. Do not report CPT codes 36415 or 36416. If a principal CPT or HCPCS procedure is not reported, an Other CPT or HCPCS Procedure Code must not be reported. No more than ten other CPT or HCPCS procedure codes may be reported. Less than ten entries or no entry is permitted.~~

~~(b) Other CPT or HCPCS Procedure Code (11), Other CPT or HCPCS Procedure Code (12), Other CPT or HCPCS Procedure Code (13), Other CPT or HCPCS Procedure Code (14), Other CPT or HCPCS Procedure Code (15), Other CPT or HCPCS Procedure Code (16), Other CPT or HCPCS Procedure Code (17), Other CPT or HCPCS Procedure Code (18), Other CPT or HCPCS Procedure Code (19), Other CPT or HCPCS Procedure Code (20). Other CPT or HCPCS Procedure Codes 11-20 are designated for radiology services provided during the visit corresponding to CPT procedure code ranges 70000-79999 and associated HCPCS codes. No more than ten other CPT or HCPCS procedure codes may be reported. Less than ten entries or no entry is permitted.~~

~~(c) Other CPT or HCPCS Procedure Code (21), Other CPT or HCPCS Procedure Code (22), Other CPT or HCPCS Procedure Code (23), Other CPT or HCPCS Procedure Code (24), Other CPT or HCPCS Procedure Code (25), Other CPT or HCPCS Procedure Code (26), Other CPT or HCPCS Procedure Code (27), Other CPT or HCPCS Procedure Code (28), Other CPT or HCPCS Procedure Code (29), Other CPT or HCPCS Procedure Code (30). Other CPT fields 21-30 are designated to report laboratory services provided during the visit corresponding to CPT procedure code ranges 80000-89999 and associated HCPCS codes. No more than ten other CPT or HCPCS procedure codes may be reported. Less than ten entries or no entry is permitted.~~

(19) through (21) renumbered (18) through (20) No change.

(21)~~(22)~~ Operating or Performing Practitioner ~~Pratitioner~~ National Provider Identification (NPI). An unique ten (10) character identification number assigned to a provider. A required entry for providers in the US or its territories and providers not in US or its territories upon mandated HIPAA NPI implementation date. For military physicians, medical residents, or individuals not required to obtain a NPI number, use 9999999999.

(22)~~(23)~~ No change.

(23) Other Operating or Performing Practitioner National Provider Identification (NPI). An unique ten (10) character identification number assigned to a provider. A required entry for providers in the US or its territories and providers not in US or its territories upon mandated HIPAA NPI implementation date. For military physicians, medical residents, or individuals not required to obtain a NPI number, use 9999999999.

(24) through (41) No change.

(42) ED Hour of Discharge. The hour on a 24-hour clock during which the patient left the emergency department. A required entry. Use 99 where efforts to obtain the information have been unsuccessful or type of service is "1". Must be two digits as follows:

(43) through (45) No change.

(46) External Cause of Injury Code. External Cause of Injury Code (1), External Cause of Injury Code (2) and External Cause of Injury Code (3). A code representing circumstances or conditions as the cause of the injury, poisoning or other adverse effects recorded as a diagnosis. Assign the appropriate E-code for all initial encounters or treatments, but not for subsequent occurences. A Place of Occurence E-code (E849.X) should be included to describe where the event occurred if documented in the patient medical history. No more than three (3) external cause of injury codes may be reported. Less than three (3) or no entry is permitted. If not space filled, must be a valid ICD-9-CM or ICD-10-CM cause of injury code for the reporting period. An external cause of injury code cannot be used more than once for each encounter reported. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. Alpha characters must be in upper case.

(47) Service Location. A code designating services performed at an offsite emergency department location at facilities whose license includes a "offsite" emergency department. For type of service "2", enter an upper case "A" for services performed at the offsite emergency department location. No entry is permitted if type of service is "1" or for hospitals without an offsite location. ~~For type of service "2", an alpha character upper case A designation to identify services performed at facilities whose license includes a "offsite" emergency department. A required entry for offsite licensed facilities only where A-D correspond to the order of entities on the hospital license.~~

(48) through (49) No change.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Cost Management and Control**

RULE NO.: RULE TITLE:
59B-9.039 Public Records

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59B-9.039 Public Records.

(1) No change.

(2) Patient-specific records collected by the Agency pursuant to Rules 59B-9.030 through 59B-9.039. F.A.C., are exempt from disclosure pursuant to Section 408.061(7)~~(8),~~ F.S., and shall not be released unless modified to protect patient confidentiality as described in paragraph (2)(a) below and released in the manner described in paragraphs (2)(c) and (2)(d).

(a) through (d) No change.

(3) through (4) No change.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals**

RULE NO.: RULE TITLE:
59E-7.021 Definitions

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59E-7.021 Definitions.

As used in Rules 59E-7.021 through 59E-7.030 beginning with the inpatient data reporting for the 1st quarter of the year 2010:

(1) No change.

~~(2) "Charity" means medical care provided by a healthcare entity to a person who has insufficient resources to pay for the medical care without utilizing resources which are required to meet the person's basic need for food, shelter, and clothing. No patient shall be considered charity care whose family income, as applicable for (12) months preceding the determination, exceeds 200 percent of the federal poverty guidelines, unless the amount of health care charges due from the patient exceeds 25 percent of annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity. This information should be provided based on the patient's status at time of reporting.~~

(2)~~(3)~~ "Comprehensive Rehabilitation" means services provided in a Specialty Rehabilitation Hospital licensed under Chapter 395, F.S. or ~~and~~ services provided in a hospital rehabilitation distinct part unit.

~~(4) "Discharge" means an inpatient who is formally released from the care of the hospital; or is transferred within the hospital from one type of care to another type of care; or is transferred to another location for care unless the patient is returned the same day; or leaves the hospital against medical advice without a physician's order; or is a psychiatric patient who is discharged as away without leave (AWOL or elopement); or has died.~~

(3)~~(5)~~ No change.

(4)~~(6)~~ "E-code" means a Supplementary Classification of External Causes of Injury and Poisoning, ICD-9-CM or ICD-10-CM codes, where environmental events, circumstances, and conditions are the cause of injury, poisoning, and other adverse effects as specified in the ICD-9-CM or ICD-10-CM manual and the conventions of coding.

(5)~~(7)~~ "Executive Officer" means a reporting facility's chief executive officer, chief financial officer, chief operating officer, president, or ~~any~~ vice president of the facility in charge of a principal business unit, division or function (administration or finance).

(6)~~(8)~~ No change.

(7)~~(9)~~ "Newborn" means a baby born within the hospital ~~facility~~ or the initial admission of an infant to any hospital ~~acute care facility~~ within 24 hours of birth. Excludes babies born in a different hospital and transferred to the reporting hospital.

(10) through (12) renumbered (8) through (10) No change.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals**

RULE NO.: RULE TITLE:
59E-7.022 Inpatient Data Reporting and Audit Procedures

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59E-7.022 Inpatient Data Reporting and Audit Procedures.

(1) through (2) No change.

(3) All acute, intensive care, long term acute care, short term and long term psychiatric, substance abuse and comprehensive rehabilitation live discharges and deaths, including newborn live discharges and deaths, shall be reported. Submit one record per inpatient discharge, to include all newborn admissions, transfers and deaths. Patients receiving rehabilitation services while in the acute care setting (not discharged or transferred to a distinct part unit) are included in the inpatient reporting ~~record~~ for service type "1" ~~1~~. Report all rehabilitation services provided in either a rehabilitation hospital or in a non-acute distinct part unit in the inpatient reporting for service type 2.

(4) No change.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals**

RULE NO.: RULE TITLE:
59E-7.024 Reporting Instructions

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59E-7.024 Reporting Instructions.

(1) Beginning with the inpatient data report for the 1st quarter of the year 2010, reporting facilities shall submit a zipped inpatient discharge data file by Internet according to the specifications in paragraphs (a) through (c) below unless reporting by CD-ROM is approved by the Agency in the case of extraordinary or hardship circumstances.

(a) The Internet address for the receipt of inpatient data is https://ahcaxnet.fdhc.state.fl.us/patientdata.

(b) Data submitted to the Internet address shall be electronically transmitted with the zipped inpatient data in a XML file using the Inpatient Data XML Schema available at http://ahca.myflorida.com/xmlschemas/inppoa22.xsd. The Inpatient Data XML Schema is incorporated by reference.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals**

RULE NO.: RULE TITLE:
59E-7.025 Certification, Audits and Resubmission Procedures

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59E-7.025 Certification, Audits and Resubmission Procedures.

(1) No change.

(2) Beginning with the inpatient data reporting for the 1st quarter of the year 2010, h~~H~~ospitals whose data is not certified within five (5) calendar months following the last day of the reporting quarter shall be subject to penalties pursuant to Rule 59E-7.026, F.A.C. Extensions to this five (5) month period may be granted by the Agency Administrator, Office of Data Collection and Quality Assurance Unit or the Agency designee for a maximum of 30 days following the certification due date in response to a written request signed by the hospital's chief executive officer, chief financial officer, or authorized executive officer designee. A facility will not be penalized for delays caused by AHCA which is documented by the reporting facility to include on-line reporting system downtime or delays in receipt of reports from AHCA.

(3) No change.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals**

RULE NO.: RULE TITLE:
59E-7.027 Header Record

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59E-7.027 Header Record.

Beginning with the inpatient data reporting for the 1st quarter of the year 2010, the ~~The~~ first record in the data file shall be a header record containing the information described below.

(1) through (7) No change.

(7) AHCA Facility ~~Hospital~~ Number. Enter the identification number of the facility ~~hospital~~ as assigned by AHCA for reporting purposes. A valid identification number must contain at least eight (8) digits and no more than ten (10) digits. A required field.

(8) through (16) No change.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals**

| RULE NO.: | RULE TITLE: |
|---|---|
| 59E-7.028 | Inpatient Data Elements, Codes and Standards |

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59E-7.028 Inpatient Data Elements, Codes and Standards.

Beginning with the inpatient data reporting for the 1st quarter of the year 2010, all ~~All~~ hospitals submitting data in compliance with Rules 59E-7.021 through 59E-7.030, F.A.C., shall report the required data elements and data element codes listed below as stipulated by the Agency and described in the National Uniform Billing Committee Official UB-04 Data Specifications Manual ~~and as stipulated by the Agency~~.

(1) AHCA Facility ~~Hospital~~ Number. Enter the identification number of the facility ~~hospital~~ as assigned by AHCA for reporting purposes. A valid identification number must contain at least eight (8) digits and no more than ten (10) digits. A required field.

(2) through (5) No change.

(6) Patient Race. Self-designated by the patient, patient's parent or guardian. Use "Unknown" where efforts to obtain the information from the patient or from the patient's parent or guardian have been unsuccessful. The patient's racial background shall be reported as one choice from the following list of alternatives. A required entry. Must be a one (1) digit code as follows:

(a) 1 – American Indian or Alaska Native. A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.

(b) through (g) No change.

(7) Patient Birth Date. The date of birth of the patient. A ten (10) character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 01 to 12, DD represents numbered days of the month from 01 to 31, and YYYY represents the year in four (4) digits. Unknown birthdates should use the default of 1880 ~~YYYY~~-01-01 ~~where the year is based on approximate age~~. A birth date after the discharge date is not permitted. A required entry.

(8) No change.

(9) Patient Zip Code. The numeric five (5) digit United States Postal Service ZIP Code of the patient's address ~~permanent residence~~. Use 00009 for foreign residences. Use 00007 for homeless patients. Use 00000 where efforts to obtain the information have been unsuccessful. A required entry.

(10) Patient Country Code. The country code of residence. A two (2) digit upper case alpha code from the International Standard for Organization country code list, ISO 3166 or latest release. A required entry. Use 99 where the country of residence is unknown or where efforts to obtain the information have been unsuccessful.

(11) Type of Service Code. A code designating the type of discharges as either acute inpatient, long term care, short term and long term psychiatric, or comprehensive rehabilitation. A required entry. Must be a one digit code as follows:

(a) 1 – Inpatient, as described in Rule ~~paragraph~~ 59E-7.022~~(1)~~, F.A.C.

(b) 2 – Comprehensive Rehabilitation, as described in subsection 59E-7.021(2)~~(3)~~, F.A.C.

(12) Priority of Admission. No change.

(a) through (c) No change.

(d) 4 – Newborn. A baby born within the facility or the initial admission of an infant to any acute care facility within 24 hours of birth, as described in subsection 59E-7.021(7), F.A.C. Use of this code requires the use of a special Point of Origin for Admission code.

(e) No change.

(13) Source or Point of Origin for Admission. Must be a one (1) character alpha code or two (2) digit numeric code indicating the direct source of patient origin for the admission or visit. Codes 10 or ~~through~~ 13 are to be used only for newborn admissions. A required entry. Alpha characters must use upper case.

(a) through (m) No change.

(14) through (18) No change.

(19) Principal Payer Code. Describes the expected primary source of reimbursement for services rendered based on the patient's status at ~~discharge or~~ the time of reporting. ~~Report charity as defined in subsection 59E-7.021(2), F.A.C.~~ A required entry. Must be a one (1) character alpha field using upper case as follows:

(a) through (e) No change.

~~(f) F – Commercial Liability Coverage. Patients whose health care is covered under a liability policy, such as automobile, homeowners or general business.~~

(g) through (i) renumbered (f) through (h) No change.

(i)~~(j)~~ K – Other State/Local Government. Patients covered by a state program or local government that does not fall into any of the payer ~~state funded~~ categories listed ~~above~~. This would include those covered by the Florida Department of Corrections or any county or local corrections department, patients covered by county or local government indigent care programs if the reimbursement is at the patient level; any out-of-state Medicaid programs and county health departments or clinics.

(k) through (l) renumbered (j) through (k) No change.

(l)~~(m)~~ N – Non-Payment ~~Charity~~. Includes charity, professional courtesy, no charge, research/clinical trial, refusal to pay/bad debt, Hill Burton free care, research/donor that is known at the time of reporting. ~~Include charity that is known at the time of discharge.~~

(m)~~(n)~~ No change.

(n) Q- Commercial Liability Coverage. Patients whose health care is covered under a liability policy, such as automobile, homeowners or general business.

(20) through (29) No change.

(30) Operating or Performing Practitioner National Provider Identification (NPI). An unique ten (10) character identification number assigned to a provider who had primary responsibility for the Principal Procedure. A required identification number for providers in the US or its territories and providers not in US or its territories upon mandated HIPAA NPI implementation date. For military physicians, medical residents, or individuals not required to obtain a NPI number, use 9999999999. No entry is permitted if no principal procedure is reported.

(31) No change.

(32) Other Operating or Performing Practitioner National Provider Identification (NPI). An unique ten (10) character identification number assigned to a provider who assisted the operating or performing practitioner or performed a secondary procedure. A required identification number for providers in the US or its territories and providers not in US or its territories upon mandated HIPAA NPI implementation date. For military physicians, medical residents, or individuals not required to obtain a NPI number, use 9999999999. No entry is permitted if no principal procedure is reported.

(32) through (33) renumbered (33) through (34) No change.

(35)~~(34)~~ Nursery Level II Charges. Accommodation charges for services which include provision of ventilator services ~~and at least 6 hours of nursing care per day. Restricted to neonates of 1000 grams birth weight and over with the exception of those neonates awaiting transfer to Level III.~~ Report charges for revenue code 172 as used in the UB-04. Report in dollars rounded to the nearest whole dollar, without dollar signs or commas, excluding cents. Report zero (0) if there are no Level II Nursery Charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(36)~~(35)~~ Nursery Level III Charges. Accommodation charges for services which include ~~the provision of~~ continuous cardiopulmonary support services ~~12 or more hours of nursing care per day~~, complex pediatric surgery, neonatal cardiovascular surgery, pediatric neurology and neurosurgery, and pediatric cardiac catheterization. Report charges for revenue code 173 (Level III) as used in the UB-04. Report in dollars rounded to the nearest whole dollar, without dollar signs or commas, excluding cents. Report zero (0) if there are no Level III Nursery Charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(36) through (56) renumbered (37) through (57) No change.

(58)~~(57)~~ Total Gross Charges. The total of undiscounted charges for services rendered by the hospital. Include charges for services rendered by the hospital excluding professional fees. The sum of all charges reported above in paragraphs (33) through (57) must equal total charges, plus or minus thirteen (13) ~~ten (10)~~ dollars. Report in dollars rounded to the nearest whole dollar**,** without dollar signs or commas, excluding cents. Zero (0) or negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(59)~~(58)~~ Infant Linkage Identifier. The social security number of the patient's birth mother where the patient is less than two (2) years of age. A nine (9) digit field to facilitate retrieval of individual case records, to be used to link infant and mother records, and for medical research. Reporting 777777777 for the mother's SSN is acceptable for those patients where efforts to obtain the mother's SSN have been unsuccessful or the mother is ~~not~~ known to be from a country other than the United States. Infants in the custody of the State of Florida or adoptions, use 333333333 if the birth mother's SSN is not available. A required field for patients whose age is less than two (2) years of age at admission. No entry is permitted if the patient is two (2) years of age or older. A required entry.

(60)~~(59)~~ No change.

(61)~~(60)~~ External Cause of Injury Code (1), External Cause of Injury Code (2) and External Cause of Injury Code (3). A code representing circumstances or conditions as the cause of the injury, poisoning, or other adverse effects recorded as a diagnosis. Assign appropriate E-codes for all initial encounters or treatments, but not for subsequent occurences. A Place of Occurence E-code (E849.X) should be included to describe where the event occurred if documented in the patient medical history. No more than three (3) external cause of injury codes may be reported. Must be a valid ICD-9-CM or ICD-10-CM cause of injury code for the reporting period. An external cause of injury code cannot be used more than once

for each hospitalization reported. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. Alpha characters must be in upper case.

(61) through (63) renumbered (62) through (64) No change.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals**

RULE NO.: RULE TITLE:
59E-7.029 Public Records

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59E-7.029 Public Records.

(1) No change.

(2) Patient-specific records collected by the Agency pursuant to Rules 59E-7.021-7.030, F.A.C., are exempt from disclosure pursuant to Section 408.061(7)~~(8),~~ F.S., and shall not be released unless modified to protect patient confidentiality as described in paragraph (2)(a) below and released in the manner described in paragraphs (2)(c) and (2)(d) beginning with 1st quarter 2010 data.

(a)1. through 3. No change.

4. Admission Date. Deleted. ~~Substitute quarters 1-4~~ (admit month cannot be substituted).

5. Discharge Date. Substitute quarters 1-4. ~~Length of Stay (LOS) will be substituted.~~ (discharge month cannot be substituted)

6. through 9. No change.

10. ED Date of Arrival. Visit Time Hours (VTH) ~~Boarding time (BT)~~ will be substituted.

(b) through (d) No change.

(3) through (4) No change.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals**

RULE NO.: RULE TITLE:
59E-7.030 General Provisions

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. 53, December 31, 2008 of the Florida Administrative Weekly.

59E-7.030 General Provisions.

Hospitals submitting inpatient discharge data pursuant to the provisions contained in these rules shall be directed by the following specific general provisions for inpatient data reporting beginning 1st quarter 2010:

(1) Any inpatient who is transferred or discharged from the acute care setting into a rehabilitative care distinct part unit or free standing hospital ~~unit,~~ must be reported as a separate record from the patients acute care record. The acute care discharge record is assigned data type one (1), and the comprehensive rehabilitative therapy discharge record is assigned data type two (2).

(2) If inpatients are administratively transferred or formally discharged from the acute care setting into a distinct-part Medicare certified skilled nursing unit or to hospice care ~~of a hospital~~, reporting accountability ceases at the time of discharge or transfer. Patient's receiving sub-acute care in these setting are excluded from inpatient reporting requirements.

(3) No change.

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Building Code Administrators and Inspectors Board**

RULE NO.: RULE TITLE:
61G19-7.0015 Board Approved Comprehensive Standard Training Programs as Alternative Eligibility Requirements for Examination for Building Code Inspector or Plans Examiner Certification

SECOND NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 34, No. 19, of the May 9, 2008, issue of the Florida Administrative Weekly. The changes are in response to additional written comments submitted by the staff of the Joint Administrative Procedures Committee. A previous Notice of Change was published for this rule and appeared in Vol. 34, No. 51 of the December 19, 2008, Florida Administrative Weekly. The Board, at its meeting on December 11, 2008, voted to change the rule and when changed the rule shall read as follows:

61G19-7.0015 Board Approved Comprehensive Standard Training Programs as Alternative Eligibility Requirements for Examination for Building Code Inspector or Plans Examiner Certification.

Applicants seeking the first standard certification under Part XII of Chapter 468, F.S., as an Inspector or Plans Examiner having a minimum of 3 years verifiable experience in construction, as defined in subsection 61G19-1.009(8), F.A.C., shall satisfactorily complete a comprehensive initial training

program comprised of a 120 hour core curriculum common to all categories and not less than the following number of hours in the certification category sought:

(1) Building – 450 hours

(2) Electrical – 400 hours

(3) Plumbing – 270 hours

(4) Mechanical – 270 hours

The 20 hours required by Section 468.609(2), F.S., shall be embedded in each category.

Specific Authority 468.606, 468.609 FS. Law Implemented 455.2179, 468.609(2) FS. History–New _____.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Robyn Barineau, Executive Director, Building Code Administrators and Inspectors Board, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

**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."

**FLORIDA HOUSING FINANCE CORPORATION**

| RULE NO.: | RULE TITLE: |
|---|---|
| 67-32.004 | General Program Restrictions |

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 34, No. 47, November 21, 2008 issue of the Florida Administrative Weekly.

The Notice of Proposed Rulemaking indicated that the Notice of Rule Development was published on November 14, 2008. However, the Notice of Rule development was published on November 21, 2008.

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Accounting and Auditing**

| RULE NOS.: | RULE TITLES: |
|---|---|
| 69I-20.0011 | Full Disclosure Statement |
| 69I-20.0028 | General Principles for Joint Ownership of Property for Accounts that are not Unclaimed Demand, Savings or Checking Accounts Formerly Held by a Financial Institution |
| 69I-20.0029 | Survivorship Accounts Reported by a Financial Institution |

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. 27, July 3, 2008 issue of the Florida Administrative Weekly.

69I-20.0011 Full Disclosure Statement.

(1) through (3) No change.

(4) For purposes of the FULL DISCLOSURE STATEMENT codified in Sections 717.135(3) and 717.1351(2), F.S., the property category, date of last contact, and property remitted by or holder information from a single account that is being claimed must be disclosed in the FULL DISCLOSURE STATEMENT.

69I-20.0028 General Principles for Joint Ownership of Property for Accounts that are not Unclaimed Demand, Savings or Checking Accounts Formerly Held by a Financial Institution.

(1) through (3) No change.

Specific Authority 717.138 FS. Law Implemented 717.124, 717.126 FS. History–New _____.

69I-20.0029 Survivorship Accounts Reported by a Financial Institution.

No change.

Specific Authority 717.138 FS. Law Implemented 717.12403, 717.126 FS. History–New _____.

Cf. Sections 655.005, 655.79, F.S.

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Accounting and Auditing**

| RULE NO.: | RULE TITLE: |
|---|---|
| 69I-20.031 | Holder Due Diligence |

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 27, July 3, 2008 issue of the Florida Administrative Weekly has been withdrawn.

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Accounting and Auditing**

| RULE NO.: | RULE TITLE: |
|---|---|
| 69I-20.050 | Voluntary Disclosure Agreements, Examinations and Audits |

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. 27, July 3, 2008 issue of the Florida Administrative Weekly.

69I-20.050 Voluntary Disclosure Agreements, Examinations and Audits.

(1) The Department's mission ~~goal~~ is to collect and return unclaimed property to its rightful owners in accordance with the Florida Disposition of Unclaimed Property Act, Chapter 717, F.S. To achieve these results, the Department is encouraging businesses ("Holders") inside and outside the State of Florida who are in possession of unclaimed property to comply with Florida's Unclaimed Property Law. This

compliance can be achieved using a program called voluntary disclosure. This program provides the following benefits to a Holder ~~holder~~:

(a) It relieves the Holder of associated expense and liability holding unclaimed property; and

(b) Penalties and fines are not assessed by the Department~~;~~

~~(c) The reach back period for the review of the Holder's records is five years instead of ten years; and~~

~~(d) The audit period for verification of the disclosure is two years from the date that the report and remittance is accepted by the Department.~~

(2) To participate in this program, the Holder must not:

(a) Be currently under examination or audit; ~~or~~

(b) Have filed an annual report of unclaimed property with the Department;

(c) Have agreed to a Department-assisted or Contractor-assisted self-audit;

(d) Have been requested to conduct a Department-assisted or contractor-assisted self-audit; or

(e) Have been notified by the Department or by one of the Department's contract auditors of the intention or desire to conduct an examination or audit of the Holder.

(3) If companies in the same or similar line of business regularly report unclaimed property such as payroll or vendor checks, unclaimed accounts payable, and unclaimed escrow accounts, and the Holder does not, or if companies of the same approximate size regularly report unclaimed property such as payroll or vendor checks, unclaimed accounts payable, and unclaimed escrow accounts of a certain dollar amount, and the Holder has reported a lower dollar amount, an unclaimed property audit or self-audit should be conducted.

(a) The Department's contract auditors shall follow the procedures in Form DFS-UP-200, General Audit Process for the Identification, Authorization, General Ledger and/or Securities Audits, Contractor-Assisted Self-Audits, Collection and Delivery of Unclaimed Property for the State of Florida, effective _____.

(b) The Department's contract auditors shall provide Holders with Form DFS-UP-210, Procedures Applicable to the State Authorized Unclaimed Property General Ledger and Securities Audits and Contractor-Assisted Self-Audits, Conducted by Contractors, effective _____.

(c) The Department's auditors and supervisors shall follow the procedures in Form DFS-UP-220, State of Florida Bureau of Unclaimed Property Audit Manual, effective _____.

(d) The Department's auditors and supervisors shall follow the procedures in Form DFS-UP-230, State of Florida Bureau of Unclaimed Property Self-Audit Manual, effective _____.

(e) The forms referred to herein are hereby incorporated by reference and available from the Florida Department of Financial Services, Bureau of Unclaimed Property, 200 East Gaines Street, Tallahassee, Florida 32399-0358.

Specific Authority 717.117(1), 717.138 FS. Law Implemented 717.117, 717.119, 717.129, 717.1301, 717.133(5) FS. History–New 1-3-05, Amended _____.

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Worker's Compensation**

RULE NO.: RULE TITLE:
69L-6.028 Procedures for Imputing Payroll and Penalty Calculations

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. 51, December 19, 2008 issue of the Florida Administrative Weekly.

These changes are being made to address concerns expressed by the Joint Administrative Procedures Committee.

69L-6.028 Procedures for Imputing Payroll and Penalty Calculations.

**(**1) In the event an employer fails to provide business records sufficient for the department to determine the employer's payroll for the time period requested in the business records request for the calculation of the penalty pursuant to Section 440.107(7)(e), F.S., the department shall impute the employer's payroll at any time after ten, but before the expiration of twenty business days after receipt by the employer of a written request to produce such business records.

(2) The employer's period of non-compliance shall be either the same as the time period requested in the business records request for the calculation of the penalty or an alternative period of non-compliance as determined by the department, whichever is less. ~~The department may determine an alternative period of non-compliance by obtaining records from other sources during the department's investigation of the employer that evidence a period of non-compliance different than the time period requested in the business records request for the calculation of the penalty.~~

(a) For purposes of this rule, "non-compliance" means the employer's failure to secure the payment of workers' compensation pursuant to Chapter 440, F.S.

(3) When an employer fails to provide business records sufficient to enable the department to determine the employer's payroll for the time period requested in the business records request for purposes of calculating the penalty provided for in Section 440.107(7)(d), F.S., the imputed weekly payroll for each employee, corporate officer, sole proprietor or partner shall be calculated as follows:

(a) For each employee, other than corporate officers, identified by the department as an employee of such employer at any time during the period of the employer's non-compliance, the imputed weekly payroll for each week of the employer's non-compliance for each such employee shall be the statewide average weekly wage as defined in Section 440.12(2), F.S., that is in effect at the time the stop-work order was issued to the employer, multiplied by 1.5. Employees include sole proprietors and partners in a partnership.

(b) If the employer is a corporation, for each corporate officer of such employer identified as such on the records of the Division of Corporations at the time of issuance of the stop-work order, the imputed weekly payroll for each week of the employer's non-compliance for each such corporate officer shall be the statewide average weekly wage as defined in Section 440.12(2), F.S., that is in effect at the time the stop-work order was issued to the employer, multiplied by 1.5.

(c) If a portion of the period of non-compliance includes a partial week of non-compliance, the imputed weekly payroll for such partial week of non-compliance shall be prorated from the imputed weekly payroll for a full week.

(d) The imputed weekly payroll for each employee, corporate officer, sole proprietor, or partner shall be assigned to the highest rated workers' compensation classification code associated with the employer's business activities. If records demonstrate the assignment of an alternative workers' compensation classification code, such classification code will be applicable to all employees. However, the department shall ~~may~~ assign an alternative workers' compensation classification code for an employee based upon the investigator's physical observation of that employee's activities.

(4) If the department imputes the employer's payroll, the employer shall have twenty business days after service of the order assessing the penalty to provide business records sufficient for the department to determine the employer's payroll for the period requested in the business records request for the calculation of the penalty or for the alternative period of non-compliance. If the employer provides such business records, the department shall recalculate the employer's penalty pursuant to Section 440.107(7)(d), F.S. If business records sufficient for the department to determine the employer's payroll for the period requested in the business records request for the calculation of the penalty or for the alternative period of non-compliance are not provided to the department within twenty business days after service of the order assessing the penalty, the penalty based upon the time period requested for the calculation of the penalty imputing the employer's payroll for the time period in the business records request for the calculation of the penalty will remain in effect.

Specific Authority 440.107(9), 440.591 FS. Law Implemented 440.107(7)(e) FS. History–New 7-12-05, Amended 8-31-06, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Tasha Carter, Bureau Chief, Bureau of Compliance, Division of Workers' Compensation

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Alex Sink, Chief Financial Officer, Department of Financial Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 15, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 3, 2008

The remainder of the rule reads as previously published.

**FINANCIAL SERVICES COMMISSION**

**OIR – Insurance Regulation**

| RULE NOS.: | RULE TITLES: |
|---|---|
| 69O-163.0075 | Term and Evidence of Insurance |
| 69O-163.009 | Determination of Reasonableness of Benefits in Relation to Premium Charge |
| 69O-163.011 | Credit Disability Insurance Rates |

NOTICE OF CONTINUATION

Notice is hereby given that the above rule, as noticed in Vol. 34, No. 52, December 24, 2008 Florida Administrative Weekly has been continued from January 13, 2009 to February 10, 2009.

**FINANCIAL SERVICES COMMISSION**

**OIR – Insurance Regulation**

| RULE NO.: | RULE TITLE: |
|---|---|
| 69O-175.008 | Unfair Discrimination in Private Passenger Motor Vehicle Insurance Rates – Based on History of Accidents |

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 35, No. 4, January 30, 2009 issue of the Florida Administrative Weekly.

The public hearing has been rescheduled to be held:

DATE AND TIME: February 25, 2009, 1:00 p.m.

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

**FINANCIAL SERVICES COMMISSION**

**OIR – Insurance Regulation**

| RULE NOS.: | RULE TITLES: |
|---|---|
| 69O-186.003 | Title Insurance Rates |
| 69O-186.005 | Premium Schedule Applicable to "Truth in Lending" and Other Endorsements |

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 33, No. 25, June 22, 2007 issue of the Florida Administrative Weekly has been withdrawn.

**FINANCIAL SERVICES COMMISSION**

**OIR – Insurance Regulation**

| RULE NO.: | RULE TITLE: |
|---|---|
| 69O-204.101 | Disclosures to Viator of Disbursement |

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 33, No. 48, November 30, 2007 issue of the Florida Administrative Weekly has been withdrawn.

# 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 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."

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

**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."

**WATER MANAGEMENT DISTRICTS**

NOTICE IS HEREBY GIVEN THAT on January 29, 2009, the Suwannee River Water Management District, received a petition for variance from Janice Wood, 3510 185th Place, Wellborn, FL 32094, pursuant to Section 120.542, F.S. Petitioner is seeking a variance from subsection 40B-4.3030(12), F.A.C. The property owner constructed an unpermitted structure in Lafayette County in Township 6 South, Range 14 East, Section 28. These rules are intended to set forth criteria for development activities within a Work of the District. Comments on this petition should be filed with: Jon Dinges, District Clerk, SRWMD, 9225 CR 49, Live Oak, FL 32060, within 14 days of publication of this notice. The petition has been assigned ERP Number 08-0387.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Robin Lamm, Administrative Assistant, Suwannee River Water Management District, 9225 CR 49, Live Oak, FL 32060, (386)362-1001 or 1(800)226-1066 in Florida only.

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

NOTICE IS HEREBY GIVEN THAT on February 2, 2009, the Florida Department of Business and Professional Regulation, Division of Hotels and Restaurants, received a petition for a Routine Variance for subparagraph 61C-1.002(5)(a)2., Florida Administrative Code, from Street Corner Dogs Hot Dog Cart located in Neptune Beach. The above referenced F.A.C. addresses the requirement that a mobile food dispensing vehicle be vehicle mounted on axles. Specifically the Petitioner is requesting a variance to install casters on the unit rather than axle-mounted tires in order to make the unit otherwise movable from place to place.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Rhonda.Steele@DBPR.state.fl.us.

**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."

NOTICE IS HEREBY GIVEN THAT on January 30, 2009, the Florida Department of Environmental Protection has issued an order.

On August 21, 2008, the Department received a petition from Eagle Bay Landing, LLC, for a waiver under Section 120.542, Florida Statutes, from the provisions of subsection 62-312.080(7), F.A.C., which restrict the Department when issuing a permit for dredging and filling in Class II or III waters approved for shellfish harvesting. Notice of receipt of this petition was published in the Florida Administrative