

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

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

DEPARTMENT OF CORRECTIONS

RULE NO.: RULE TITLE:
33-601.800 Close Management

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. 30, No. 39, (September 24, 2004), and Vol. 30, No. 44, (October 29, 2004) issue of the Florida Administrative Weekly:

- 33-601.800 Close Management.
- (1) No change.
- (2) Levels of Close Management.
- (a) Close Management I (CMI).
- 1. No change.

2. An inmate assigned to CMI will be ineligible for a work assignment. An inmate may be placed in CMI without having previously been in CMII or III. Any of the following factors constitutes a basis for placement of an inmate in CMI status:

- a. through b. No change.
- c. Any physical assault on staff shall result in a mandatory referral for review for placement in CMI status. If convicted of felony assault, the CM release provisions specified in paragraph (16)(g) shall be effective.

- c. through m. renumbered d. through n. No change.
- (b) through (c) No change.
- (3) through (15) No change.
- (16) Review of Close Management.
- (a) through (f) No change.

(g) Before an inmate who has been convicted of felony battery on a staff member is released from CM, written authorization must be obtained by the SCO from the Secretary, Deputy Secretary, or Assistant Secretary for Institutions.

- (17) through (19) No change.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE:
59G-4.050 Community Behavioral Health 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. 30, No. 40, October 1, 2004, issue of the Florida Administrative Weekly. These

changes are in response to written comments received prior to the public hearing and at the public hearing held on October 25, 2004.

The following language was added to the end of paragraph (3) These forms are available by photocopying them from the Florida Medicaid Community Behavioral Health Coverage and Limitations Handbook. The handbook is available from the Medicaid fiscal agent.

The rule incorporates by reference the Florida Medicaid Community Behavioral Health Coverage and Limitations Handbook, October 2004. The following changes were made to the handbook:

Page 1-6, Staff Qualifications, Behavioral Health Technician, first bullet, was changed to read, "Has a high school diploma or equivalent and in-service training in the treatment of mental health disorders, abuse regulations, and confidentiality; or"

Page 2-1-2, Service Requirements, Recipient Clinical Record, sixth bullet, "licensed practitioner of the healing arts" was added to list of providers who conduct the interview and sign and date the written description.

Page 2-1-27, Behavioral Health Therapy Services, Reimbursement Limitations, the following paragraph was added, "Medicaid will not reimburse for behavioral health day services the same day as psychosocial rehabilitation services."

Page 2-1-31, Psychosocial Rehabilitation Services, Reimbursement Limitations, the following sentence was added, "Medicaid will not reimburse for psychosocial rehabilitation the same day as services behavioral health day services."

Page 2-1-32, Clubhouse Services, Who Must Provide, was changed to read, "Clubhouse services must be provided, at a minimum, by a bachelor's level practitioner under the supervision of a master's level practitioner."

Page 2-1-33, Clubhouse Services, Specific Documentation Requirements, 2. was changed to read, "A referral from a psychiatrist, psychiatric ARNP, certified addictions professional, or licensed practitioner of the healing arts;"

Page 2-6-2, Provider Requirements for Therapeutic Group Care Services, Provider Agency Eligibility Requirements, second bullet, we deleted the reference to 64C-13, F.A.C.

Page 2-6-4, Certification Criteria for Therapeutic Group Care Providers, Required Provider Capabilities of Therapeutic Group Care Services, in paragraph 6, the F.A.C. cite was corrected to read, "6A-15, F.A.C."

Page 2-6-17, Focus and Intensity of Service Requirement, Hospital and Crisis Stabilization Unit Placements, in paragraph 2, the F.A.C. cite was corrected to read, "65C-14, F.A.C."

Page 2-7-2, Provider Requirements for Behavioral Health Overlay Services – Child Welfare, Provider Agency Requirements, in paragraph 3, the F.A.C. cite was corrected to read, "65C-14, F.A.C."

Page 2-7-3, Provider Requirements for Behavioral Health Overlay Services – Child Welfare, Provider Agency Certification Process, the third paragraph was revised to read, “If the program is found to be non-compliant, the provider must complete a corrective action plan within 60 days. If a provider does not earn a score of 70 percent or above, the site will be re-reviewed. The provider’s certification will be withdrawn if a program continues to be non-compliant with the certification criteria.”

Page 3-2, Units of Service, second paragraph, second sentence was corrected to read, “If multiple units are provided on the same day, the actual time spent must be totaled. If the minutes total ends in a 7 or less, round down to the nearest 15-minute increment. If the minutes total ends in 8 or more, round up to the nearest 15-minute increment. For example, 37 minutes is billed as two units of service; 38 minutes is billed as three units of services.”

Page 3-2, Copayment, second paragraph, the last sentence, “Recipients under the age of 18 are exempt from the copayment”, was deleted. Recipients under the age of 21 are exempt from the copayment.

Appendix O, page O-1, second bullet, the F.A.C. cite was corrected to read, “65C-14, F.A.C.”

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: 59G-4.170
 RULE TITLE: Intermediate Care Facility for the Developmentally Disabled Services, ICF/DD

NOTICE OF CHANGE

Notice is hereby given that substantial changes have been made to the proposed Rule 59G-4.170, F.A.C. In accordance with subparagraph 120.54(3)(d)1., F.S., publication of this change in the proposed rule is requested for the next volume of the Florida Administrative Weekly.

These changes are pursuant to comments and recommendations presented at the public hearing held September 27, 2004.

Following is the summary of changes made:

Handbook, page 1-2: Introduction – References to the Department of Children and Families have been changed to the Agency for Persons with Disabilities.

Handbook, page 2-1: Introduction – References to the Department of Children and Families have been changed to the Agency for Persons with Disabilities.

Handbook, page 2-2: Retroactive Eligibility – The reference to the Department of Children and Families has been changed to the Agency for Persons with Disabilities.

Handbook, page 2-3: Developmental Services Criteria – Reference to the Department of Children and Families has been changed to the Agency for Persons with Disabilities. The reference to the Department-approved assessment has been changed to the Agency-approved assessment.

Handbook, page 2-17: Admission to an ICF/DD under a Moratorium on Admissions – Reference to the Department of Children and Families has been changed to the Agency for Persons with Disabilities.

Handbook, page 2-20: Reserving an ICF/DD Bed – Since infirmary beds and ICF/DD beds are the same, references to infirmary beds and infirmary stays are being removed from the handbook.

Handbook, page 2-21: Infirmary Stays – Since infirmary stays are the same as ICF/DD beds, this entire section is being removed from the handbook.

Handbook, page 2-21: Hospitalization After an Infirmary Stay – This section title is now “Hospitalization”. Since infirmary stays and ICF/DD beds are the same, references to infirmary beds and infirmary stays are being removed from the handbook.

Handbook, page 2-22: Paid Bed-Hold Reservation – The marks indicating new text, were incorrectly placed at the second paragraph of this section. The new text is the “note” information; Note: Please refer to Title 42, CFR, Part 483.12 and Section 400.0255, F.S., for valid reasons for discharge.

The Florida Status Tracking Survey (FSTS) is being placed in the handbook following the “Medicaid Services Nursing Facility/ICF-DD Contribution Notice” form.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: 59G-5.020
 RULE TITLE: Provider Requirements

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. 30, No. 41, October 8, 2004, issue of the Florida Administrative Weekly. These changes are in response to written comments received prior to the public hearing.

Paragraph 2 of the rule text has been changed as follows: The form number for the State of Florida, Provider Inquiry Form, was corrected to read ISO5. The date of the Temporary Emergency Medicaid Card was corrected to read January 2004. The form number for the Notice and Proof of Presumptive Eligibility for Medicaid for Pregnant Women was corrected to read CF-ES 2681. We added the revision date of 03/2003 to the CTEC-07 in place of March 2003. We corrected the title of the ACS Florida Medicaid Claims Order Form.

The rule incorporates by reference the Florida Medicaid Provider General Handbook, January 2004. The following changes were made to the handbook: