

DEPARTMENT OF ENVIRONMENTAL PROTECTION

RULE NO.: 62-210.200
RULE TITLE: Definitions

PURPOSE AND EFFECT: The Department issued a Notice of Rule Development on April 4, 2008, for Chapter 62-210, F.A.C., Stationary Sources – General Requirements, involving corrective and clarifying amendments. This proposed rule development involves two additional amendments to rule language in Chapter 62-210, F.A.C. The amendments correct typographical/grammatical errors in the definitions of “Best Available Control Technology” or “BACT” and “Net Emissions Increase.”

SUBJECT AREA TO BE ADDRESSED: The proposed rule amendments address the department’s general requirements for stationary sources of air pollutant emissions.

SPECIFIC AUTHORITY: 403.061 FS.

LAW IMPLEMENTED: 403.031, 403.061, 403.087 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Ms. Terri Long at (850)921-9556 or terri.long@dep.state.fl.us

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

DEPARTMENT OF HEALTH

Division of Medical Quality Assurance

RULE NO.: 64B-9.002
RULE TITLE: Physician Survey Procedures

PURPOSE AND EFFECT: To update and expand the rule relating to physician workforce surveys.

SUBJECT AREA TO BE ADDRESSED: Physician Survey Procedures.

SPECIFIC AUTHORITY: 458.3191(4), 459.0081(4) FS.

LAW IMPLEMENTED: 381.4018, 458.3191, 459.0081 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Lola Pouncey, Bureau Chief, 4052 Bald Cypress Way, Bin #C10, Tallahassee, Florida 32399-3255

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Economic Self-Sufficiency Program

RULE NO.: 65A-4.220
RULE TITLE: Amount and Duration of Cash Payment

PURPOSE AND EFFECT: This proposed rule amendment explains agency error policy for purposes of cash assistance benefits. The effect of the proposed rule amendment is to clarify when agency policy will not result in a redetermination of cash assistance benefit amount.

SUBJECT AREA TO BE ADDRESSED: The proposed rule amendment clarifies agency policy pertaining to agency error and the effect of agency error on the calculation of the cash assistance benefit amount.

SPECIFIC AUTHORITY: 414.45 FS.

LAW IMPLEMENTED: 414.095 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: June 16, 2008, 1:30 p.m.

PLACE: 1317 Winewood Boulevard, Building 3, Room 455, Tallahassee, Florida 32399-0700

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Cindy Keil, ACCESS Florida Program Policy, 1317 Winewood Boulevard, Building 3, Room 413, Tallahassee, Florida 32399-0700, telephone (850)410-3291

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

**Section II
Proposed Rules**

DEPARTMENT OF LEGAL AFFAIRS

Division of Victim Services and Criminal Justice Programs

RULE NO.: 2A-8.005
RULE TITLE: Adjustments to Reflect Consumer Price Index

PURPOSE AND EFFECT: The proposed rule amendments are intended to reflect changes to benefits with regard to the recent changes in the Consumer Price Index.

SUMMARY: The proposed rule amendments reflect revised benefit payments in response to adjustments to the Consumer Price Index.

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

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

SPECIFIC AUTHORITY: 112.19 FS.

LAW IMPLEMENTED: 112.19 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Rick Nuss, Chief, Bureau of Criminal Justice Programs, Department of Legal Affairs, PL-01, The Capitol, Tallahassee, Florida 32399-1050

THE FULL TEXT OF THE PROPOSED RULE IS:

2A-8.005 Adjustments to Reflect Consumer Price Index.

(1) Section 112.19(2)(j), Florida Statutes, requires the Bureau to adjust the statutory amount on July 1 of each year based on the Consumer Price Index for all urban consumers published by the United States Department of Labor, using the most recent figures available. The Bureau will utilize the previous March Consumer Price Index published by the United States Department of Labor and the benefits shall be adjusted from the benefit amount of the year before.

(2) The Consumer Price Index amount in March 2008 ~~2007~~ was 4.0 ~~2.8~~ percent. Therefore, the statutory amount for the period July 1, 2008 ~~2007~~ through June 30, 2009 ~~2008~~, is:

(a) For those benefits paid or to be paid under paragraph (a) of subsection (2); \$59,694.46 ~~\$57,398.52~~.

(b) For those benefits paid or to be paid under paragraph (b) of subsection (2); \$59,694.46 ~~\$57,398.52~~.

(c) For those benefits paid or to be paid under paragraph (c) of subsection (2); \$179,083.29 ~~\$172,195.47~~.

Specific Authority 112.19 FS. Law Implemented 112.19 FS. History—New 12-10-03, Amended 8-17-04, 7-26-05, 7-26-06, 7-15-07, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Rick Nuss, Chief, Bureau of Criminal Justice Programs

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Bill Stewart, Deputy Chief of Staff

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 25, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 2, 2008

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 NOS.:	RULE TITLES:
33-104.201	Representation of News Media at Executions
33-104.202	Procedures to be Applied to News Media Representatives Attending Executions
33-104.203	News Media Access to Inmates Under Sentence of Death

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to provide consistency and maintain security and order for visitation of inmates under the sentence of death and attending executions.

SUMMARY: The proposed rule amends Rules 33-104.201, 33-104.202, and 33-104.203, F.A.C. to replace "United Press International Wire Service" with "Florida Radio Network." The proposed rule amends Rule 33-104.201 to require designated representatives and alternate names be received by the department at least seven (7) working days prior to the execution. The proposed rule amends Rule 33-104.202 to prohibit media representatives from bringing cell phones into the execution observation room. The proposed rule amends Rule 33-104.203 in the following ways: removing the language requiring news media representatives to make prior arrangements where state holidays fall on Tuesday, Wednesday, or Thursday and giving the decision of whether to allow media interviews on those days to the Warden; requiring that inmates request group and individual interviews within one (1) week after his or her execution date is set; and by allowing all media representative to bring the same types of equipment and assistants.

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

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

SPECIFIC AUTHORITY: 922.11, 944.09, 944.23 FS.

LAW IMPLEMENTED: 922.11, 944.23 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Jamie Leigh Jordan, Office of the General Counsel, Department of Corrections, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE FULL TEXT OF THE PROPOSED RULES IS:

- 33-104.201 Representation of News Media at Executions.
- (1) No change.

(a) The ~~Director Florida Editor~~ of the ~~Florida Radio Network United Press International Wire Service~~ may designate one news reporter to be its media representative.

(b) through (d) No change.

(2) The names of the news reporters who will represent each of the above-mentioned classes of news media and designated alternates shall be sent in writing to the Secretary of the Department of Corrections and signed by the person authorized to make the designation. Only properly designated representatives or their designated alternates whose names are received by the Secretary at least seven working days 72 hours prior to the execution, or a shorter time period when determined necessary by the Secretary, shall be admitted to witness the execution. In the event that any designee fails to appear as set out in Rule 33-104.202, F.A.C., the next available alternate designated for such class shall be admitted to attend in the absent designee's place.

(3) No change.

(4) In the event of a stay, the same media witnesses will be retained so long as the execution is rescheduled and held within sixty days.

Specific Authority 922.11, 944.09, 944.23 FS. Law Implemented 922.11, 944.23 FS. History--New 10-11-77, Amended 3-10-80, Formerly 33-15.01, 33-15.001, Amended.

33-104.202 Procedures to be Applied to News Media Representatives Attending Executions.

(1) The following procedures shall apply to representatives of the news media who are selected to witness executions:

(a) No change.

(b) No electronic or mechanical devices, including but not limited to still, moving picture or video-tape cameras, tape recorders or similar devices, cell phones, or artistic paraphernalia, will be permitted in the execution observation room.

(c) No change.

(2) through (4) No change.

Specific Authority 922.11, 944.09, 944.23 FS. Law Implemented 922.11, 944.23 FS. History--New 10-11-77, Amended 3-10-80, Formerly 33-15.02, 33-15.002, Amended.

33-104.203 News Media Access to Inmates Under Sentence of Death.

(1) Regularly scheduled news media interviews with inmates under sentence of death will be permitted each week on Tuesday, Wednesday, and Thursday, between the hours of 1:00 p.m. and 3:00 p.m., and will be contingent upon the consent of the inmate. If a state holiday falls on Tuesday, Wednesday, or Thursday, the warden may set interviews on another day during the week at his discretion. The warden may authorize additional visits if staff are available and the need exists. ~~News media representatives who have made prior~~

~~arrangements with the Office of Public Affairs may be allowed admittance to regularly scheduled news media interviews to the extent that accommodations are available and security risks are not created.~~

(2) through (3) No change.

(4)(a) During the calendar week of the execution, the offender sentenced to death will be allowed to have one group interview with a total of thirty media representatives and one (1) individual interview with a news media representative selected by the offender sentenced to death, provided the inmate requests said interviews in writing no later than one week after an execution date is set.

(b) The group and individual ~~Said~~ interviews shall ~~will~~ be conducted within forty-eight hours prior to the scheduled time of execution at a place and time designated by the warden of Florida State Prison and shall not exceed one hour each in duration.

~~(c)(b)~~ Within a reasonable period of time prior to the scheduled group interview, the Secretary or a person designated by the Secretary will notify the office of the ~~Director Florida Editor~~ of the ~~Florida Radio Network United Press International Wire Service~~, the office of the Florida Bureau Chief of the Associated Press Wire Service, the Florida Association of Broadcasters, and the Florida Press Association of the date, time and place of the group interview. A total of thirty media representatives will be permitted to attend the group interview. The ~~Florida Radio Network United Press International~~ and the Associated Press will each be entitled to two representatives at the group interview. The Florida Association of Broadcasters and the Florida Press Association will each be permitted to designate thirteen representatives and designated alternates. Such representatives may include photographers, cameramen and sound operators, and they may bring and use a reasonable amount of appropriate equipment and paraphernalia.

~~(d)(e)~~ A print media ~~R~~representatives selected for the individual interview, including print media, radio and television representatives, may use the following: a tape recorder, camera, and sound equipment. Representatives and may designate the following to assist during the interview: a bona fide still photographer, ~~to participate in the interview.~~ A radio representative selected may use a tape recorder and may designate a technical assistant, for the interview. ~~A television representative selected may designate a camera operator, and sound operator to assist during the interview.~~

(5) No change.

Specific Authority 922.11, 944.09, 944.23 FS. Law Implemented 922.11, 944.23 FS. History--New 3-10-80, Formerly 33-15.03, 33-15.003, Amended 3-22-05, Amended.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Gretl Plessinger, Public Affairs Director, Office of the Secretary
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Richard D. Davison, Deputy Secretary
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 13, 2008
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: April 11, 2008

WATER MANAGEMENT DISTRICTS

St. Johns River Water Management District

RULE NOS.:	RULE TITLES:
40C-1.003	The Governing Board
40C-1.010	Procedure for Voting Conflicts of Interest

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to amend the sections of Chapter 40C-1, F.A.C., that address operation of the Governing Board The rule development proposes to: (1) change the date of the regular meeting of the Governing Board; (2) provide for the creation of standing committees of the Board and appointment of committee members; (3) provide for the annual election of Board officers; (4) amend the circumstances in which a Governing Board member may abstain from voting on an official decision; and (5) repeal Rule 40C-1.010, F.A.C.

SUMMARY: The proposed rule amends provisions relating to the operation of the Governing Board and changes the circumstances in which Governing Board members may abstain from voting on an official decision.

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

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

SPECIFIC AUTHORITY: 373.044, 373.113 FS.

LAW IMPLEMENTED: 112.326, 373.073, 373.079, 373.083, 373.103 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: July 8, 2008, following the regularly scheduled Regulatory/Governing Board Meeting, which begins at 1:00 p.m.

PLACE: St. Johns River Water Management District Headquarters, 4049 Reid Street, Palatka, Florida 32177-2529

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by

contacting: Sandy Bertram, District Clerk at (386)329-4127 or (386)329-4450 (TDD). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Norma K. Messer, Rules Coordinator, Office of General Counsel, St. Johns River Water Management District, 4049 Reid Street, Palatka, Florida 32178-2529, (386)329-4459, email address: nmesser@sjrwmd.com

THE FULL TEXT OF THE PROPOSED RULES IS:

40C-1.003 The Governing Board.

(1) No change.

(2) The Governing Board will meet the second Tuesday ~~Wednesday and preceding Tuesday~~ of each month unless otherwise announced.

(3) The Governing Board may create standing committees, and the chair of the Board shall appoint members to each standing committee. The Chairman of the Board may appoint standing committees or ad hoc committees.

(4) On an annual basis ~~Immediately after appointment, and annually thereafter,~~ Board members will meet and elect a chair chairman, vice chair chairman, secretary, and treasurer ~~and secretary-treasurer~~. The Executive Director will serve as the assistant secretary-~~treasurer~~.

(5) through (6) No change.

(7) The Board may vote only when a quorum of its members is present and only at a public meeting which has been properly noticed. A quorum consists of five members. A simple majority of members present is necessary to carry a motion. ~~All members of the Board, including the chairman, shall vote on every issue or publicly state a conflict of interest as specified in Rule 40C 1.010, F.A.C.~~

(8) No member of the Governing Board who is present at any meeting at which an official decision, ruling, or other official act is to be taken or adopted may abstain from voting in regard to any such decision, ruling, or act; and a vote shall be recorded or counted for each such member present, except when, with respect to any such member, there is, or appears to be, a possible conflict of interest under the provisions of Sections 112.311, 112.313, or 112.3143, F.S. In such case, the member shall comply with the disclosure requirements of Section 112.3143, F.S.

Specific Authority ~~120.53(1),~~ 373.044, 373.113 FS. Law Implemented 112.326, 120.53(1), 373.073, ~~373.076,~~ 373.079, 373.083, 373.103; ~~373.174~~ FS. History—New 8-1-89, Amended 10-8-91,_____.

40C-1.010 Procedure for Voting Conflicts of Interest.

Specific Authority 120.53(1), 373.044, 373.113 FS. Law Implemented 112.3143, 120.53, 373.079 FS. History—New 4-18-83, Formerly 40C-1.20, 40C-1.201, Amended 8-1-89, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Kathryn Mennella, General Counsel, Office of General Counsel, St. Johns River Water Management District, 4049 Reid Street, Palatka, Florida 32177-2529, (386)329-4215
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Governing Board of the St. Johns River water Management District
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 13, 2008
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 23, 2008

WATER MANAGEMENT DISTRICTS

St. Johns River Water Management District

RULE NO.: 40C-2.101
 RULE TITLE: Publications Incorporated by Reference

PURPOSE AND EFFECT: The purpose and effect of this proposed rule is to amend section 5.4.2.1 of the Applicant’s Handbook: Consumptive Uses of Water, incorporated by reference, to change the date of regular meetings of the Governing Board.

SUMMARY: The subject area of proposed rule is the operation of the Governing Board, specifically the meeting dates of the Board.

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

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

SPECIFIC AUTHORITY: 373.044, 373.113 FS.

LAW IMPLEMENTED: 373.073, 373.079, 373.103 FS.

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

DATE AND TIME: July 8, 2008, following the regularly scheduled Regulatory/Governing Board Meeting, which begins at 1:00 p.m.

PLACE: St. Johns River Water Management District Headquarters, 4049 Reid Street, Palatka, Florida 32177-2529

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Sandy Bertram, Asst. District Clerk, (386)329-4127. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Norma K. Messer, Rules Coordinator, Office of General Counsel, St. Johns River Water Management District, 4049 Reid Street, Palatka, Florida 32178-2529, (386)329-4459, email address: nmesser@sjrwmd.com

THE FULL TEXT OF THE PROPOSED RULE IS:

40C-2.101 Publications Incorporated by Reference.

(1) The Governing Board hereby adopts by reference parts I, II, and III, the “Water Conservation Public Supply” requirements in Appendix I, and “Legal Description of the Central Florida Coordination Area of the St. Johns River Water Management District” in Appendix L of the document entitled “Applicant’s Handbook, Consumptive Uses of Water,” *(effective date)* ~~2-13-08~~.

(2) No change.

Specific Authority 373.044, 373.113, 373.118, 373.171 FS. Law Implemented ~~373.073, 373.079, 373.103, 373.109, 373.196, 373.219, 373.223, 373.229, 373.233, 373.236, 373.239, 373.250~~ FS. History—New 1-1-83, Amended 5-31-84, Formerly 40C-2.101, 40C-2.0101, Amended 10-1-87, 1-1-89, 8-1-89, 10-4-89, 7-21-91, 7-23-91, 11-12-91, 9-16-92, 1-20-93, 12-6-93, 2-15-95, 7-10-95, 4-25-96, 10-2-96, 1-7-99, 2-9-99, 4-10-02, 2-15-06, 2-13-08,_____.

APPLICANT’S HANDBOOK SECTION:

5.4.2 Regulatory Meeting

5.4.2.1 The Governing Board of the SJRWMD normally meets on the second Tuesday ~~preceding the second Wednesday~~ of each month to act on permit applications. At each regulatory meeting the Board has copies of the staff reports, along with the staff’s recommendations, which were provided to them several days before the meeting to allow time for consideration. When applications are formally presented to the Board for action, the Board invites comments from the applicants, District staff, persons who may be impacted by the use, and members of the general public.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Kathryn Mennella, General Counsel, Office of General Counsel, St. Johns River Water Management District, 4049 Reid Street, Palatka, Florida 32177-2529, (386)329-4215

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Governing Board of the St. Johns River water Management District

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 13, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 23, 2008

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

RULE NO.: 61G4-16.0021
 RULE TITLE: Written Examination for Swimming Pool Specialty Contractors

PURPOSE AND EFFECT: The Board proposes the rule amendment to update the time limit the Board will accept practical examination for licensure of any category of swimming pool specialty contractor as specified in Rule 61G4-15.032, F.A.C.

SUMMARY: The rule amendment will update the time limit the Board will accept practical examination for licensure of any category of swimming pool specialty contractor as specified in Rule 61G4-15.032, F.A.C.

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

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

SPECIFIC AUTHORITY: 455.217(1), 489.113(6), 489.115(5) FS.

LAW IMPLEMENTED: 455.217(1), 489.113(6), 489.115(5) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: G. W. Harrell, Executive Director, Construction Industry Licensing Board, 1940 North Monroe Street, Tallahassee, Florida 32399

THE FULL TEXT OF THE PROPOSED RULE IS:

61G4-16.0021 Written Examination for Swimming Pool Specialty Contractors.

(1) The examination for licensure for any category of swimming pool specialty contractor as specified in Rule 61G4-15.032, F.A.C., shall consist of a written examination or until January 1, 2012 ~~2008~~, a practical examination. The written examination shall test the applicant's ability to perform the scope of work for the category of swimming pool specialty contractor for which the applicant applied.

(2) through (4) No change.

Specific Authority 455.217(1), 489.113(6), 489.115(5) FS.
 Law Implemented 455.217(1), 489.113(6), 489.115(5) FS.
 History--New 3-21-06, Amended_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Construction Industry Licensing Board

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Construction Industry Licensing Board

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 8, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 2, 2008

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 ENVIRONMENTAL PROTECTION

RULE NO.: 62-204.800
 RULE TITLE: Federal Regulations Adopted by Reference

PURPOSE, EFFECT AND SUMMARY: The proposed rule amendments update, through March 31, 2008, the department's adoption-by-reference of air pollution regulations promulgated by the U.S. Environmental Protection Agency (EPA) at 40 CFR Parts 50, 60, 63, 65, 72 and 75.

SPECIFIC AUTHORITY: 403.8055 FS.

LAW IMPLEMENTED: 403.061, 403.087, 403.8055 FS.

THIS RULEMAKING IS UNDERTAKEN PURSUANT TO SECTION 403.8055, F.S. WRITTEN COMMENTS MAY BE SUBMITTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE TO: Ms. Patricia E. Comer, Office of General Counsel, Department of Environmental Protection, 3900 Commonwealth Blvd., MS 35, Tallahassee, Florida 32399-3000.

SUBSTANTIALLY AFFECTED PERSONS MAY WITHIN 14 DAYS OF THE DATE OF THIS NOTICE, FILE AN OBJECTION TO THIS RULEMAKING WITH THE AGENCY. THE OBJECTION SHALL SPECIFY THE PORTIONS OF THE PROPOSED RULE TO WHICH THE PERSON OBJECTS AND THE SPECIFIC REASONS FOR THE OBJECTION.

THE FULL TEXT OF THE PROPOSED RULE IS:

62-204.800 Federal Regulations Adopted by Reference.

All federal regulations cited throughout the air pollution rules of the Department are adopted and incorporated by reference in this rule. The purpose and effect of each such federal regulation is determined by the context in which it is cited. Procedural and substantive requirements in the incorporated federal regulations are binding as a matter of state law only where the context so provides.

(1) through (12) No change.

13. 40 CFR 50, Appendix N, Interpretation of the National Ambient Air Quality Standards for PM_{2.5}; promulgated October 17, 2006, at 71 FR 61143; amended January 9, 2008, at 73 FR 1497.

14. No change.

(2) through (7) No change.

(8) Title 40, Code of Federal Regulations, Part 60, Standards of Performance for New Stationary Sources.

(a) No change.

(b) Standards Adopted. The following Standards of Performance for New Stationary Sources contained in 40 CFR Part 60, revised as of July 1, 2001, or later as specifically indicated, are adopted and incorporated by reference:

1. through 50. No change.

51. 40 CFR 60, Subpart VV, Equipment Leaks of VOC in the Synthetic Organic Chemicals Manufacturing Industry; amended November 16, 2007, at 72 FR 64859; except that the Secretary is not the Administrator for the purposes of 40 CFR 60.482-1(c)(2) and 40 CFR 60.484.

52. 40 CFR 60, Subpart VVa, Standards of Performance for Equipment Leaks of VOC in the Synthetic Organic Chemicals Manufacturing Industry; for Which Construction, Reconstruction, or Modification Commenced After November 7, 2006; promulgated November 16, 2007, at 72 FR 64859; except that the Secretary is not the Administrator for purposes of 40 CFR 60.484a.

(52) through (56) renumbered (53) through (57) No change.

~~58,57-~~ 40 CFR 60, Subpart GGG, Equipment Leaks of VOC in Petroleum Refineries; amended August 2, 2001, at 66 FR 40121; amended August 6, 2003, at 68 FR 46489; amended November 16, 2007, at 72 FR 64859.

59. 40 CFR 60, Subpart GGGa, Standards of Performance for Equipment Leaks of VOC in Petroleum Refineries for which Construction, Reconstruction, or Modification Commenced After November 7, 2006; promulgated November 16, 2007, at 72 FR 64859; except that the Secretary is not the Administrator for purposes of 40 CFR 60.592a(c).

(58) through (75) renumbered (60) through (77) No change.

~~78,76-~~ 40 CFR 60, Subpart IIII, Standards of Performance for Stationary Compression Ignition Internal Combustion Engines; promulgated July 11, 2006, at 71 FR 39153; except that the Secretary is not the Administrator for purposes of 40 CFR 60.4201, 60.4202, 60.4203, and 60.4210.

79. 40 CFR 60, Subpart JJJJ, Standards of Performance for Stationary Spark Ignition Internal Combustion Engines; promulgated January 18, 2008, at 73 FR 3567; except that the Secretary is not the Administrator for purposes of 40 CFR 60.4231, 60.4232, 60.4238, 60.4239, 60.4240, 60.4241, 60.4242, and 60.4247.

~~(80)(77)~~ No change.

(c) No change.

(d) General Provisions Adopted. The general provisions of 40 CFR Part 60, Subpart A, revised as of July 1, 2001; amended August 27, 2001, at 66 FR 44978; amended July 8, 2004, at 69 FR 41346; amended May 18, 2005, at 70 FR 28605; amended December 16, 2005, at 70 FR 74869; amended June 1, 2006, at 71 FR 31100; amended July 6, 2006, at 71 FR 38481; amended July 11, 2006, at 71 FR 39153; amended May 16, 2007, at 72 FR 27437; amended June 13, 2007, at 72 FR 32709; amended November 16, 2007, at 72 FR 64859; amended January 18, 2008, at 73 FR 3567; are adopted and incorporated by reference except that the Secretary is not the Administrator for purposes of 40 CFR 60.4, 40 CFR 60.8(b)(2) and (3), 40 CFR 60.11(e)(7) and (8), 40 CFR 60.13(g), (i) and (j)(2), and 40 CFR 60.16.

(e) Appendices Adopted. The following appendices of 40 CFR Part 60, revised as of July 1, 2001, or later as specifically indicated, are adopted and incorporated by reference:

1. No change.

2. 40 CFR 60, Appendix A-2, Test Methods 2G through 3C; amended May 15, 2006, at 71 FR 28081; ~~amended September 7, 2007, at 72 FR 51365.~~

3. No change.

4. 40 CFR 60, Appendix A-4, Test Methods 6 through 10B; amended May 15, 2006, at 71 FR 28081; ~~amended September 7, 2007, at 72 FR 51365.~~

5. through 6. No change.

7. 40 CFR 60, Appendix A-7, Test Methods 19 through 25E; amended May 15, 2006, at 71 FR 28081; amended September 21, 2006, at 71 FR 55119; ~~amended September 7, 2007, at 72 FR 51365.~~

8. through 12. No change.

(9) through (10) No change.

(11) Title 40, Code of Federal Regulations, Part 63, National Emission Standards for Hazardous Air Pollutants for Source Categories.

(a) No change.

(b) Standards Adopted. The following National Emission Standards for Hazardous Air Pollutants contained in 40 CFR Part 63, revised as of July 1, 2001, or later as specifically indicated, are adopted and incorporated by reference:

1. through 81. No change.

82. 40 CFR 63, Subpart ZZZZ, Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines, promulgated June 15, 2004, at 69 FR 33473; amended April 20, 2006, at 71 FR 20445; amended June 23, 2006, at 71 FR 36014; amended January 18, 2008, at 73 FR 3567.

83. through 86. No change.

87. 40 CFR 63, Subpart EEEEE, Iron and Steel Foundries; promulgated April 22, 2004, at 69 FR 21905; amended May 20, 2005, at 70 FR 29399; amended April 20,

2006, at 71 FR 20445; amended February 7, 2008, at 73 FR 7210; except that the Secretary is not the Administrator for the purposes of 40 CFR 63.7761(c)(1) through (4).

88. through 101. No change.

~~102.~~ 40 CFR 63, Subpart YYYYYY, National Emission Standards for Hazardous Air Pollutants for Area Sources: Electric Arc Furnace Steelmaking Facilities; promulgated December 28, 2007, at 72 FR 74087; except that the Secretary is not the Administrator for purposes of 40 CFR 63.10691(c)(1) through (6).

~~103.~~ 40 CFR 63, Subpart ZZZZZ, National Emission Standards for Hazardous Air Pollutants for Iron and Steel Foundries Area Sources; promulgated January 2, 2008, at 73 FR 225; except that the Secretary is not the Administrator for purposes of 40 CFR 63.10905(c)(1) through (6).

(102) through (105) renumbered (104) through (107) No change.

~~108.~~~~406.~~ 40 CFR 63, Subpart LLLLLL, National Emission Standards for Hazardous Air Pollutants for Acrylic and Modacrylic Fibers Production Area Sources, promulgated July 16, 2007, at 72 FR 38863; amended March 26, 2008, at 73 FR 15923; except that the Secretary is not the Administrator for purposes of 40 CFR 63.11399(b)(1) through (4).

~~109.~~~~407.~~ 40 CFR 63, Subpart MMMMMM, National Emission Standards for Hazardous Air Pollutants for Carbon Black Production Area Sources, promulgated July 16, 2007, at 72 FR 38863; amended March 26, 2008, at 73 FR 15923; except that the Secretary is not the Administrator for purposes of 40 CFR 63.11406(b)(1) through (4).

~~110.~~~~408.~~ 40 CFR 63, Subpart NNNNNN, National Emission Standards for Hazardous Air Pollutants for Chemical Manufacturing Area Sources: Chromium Compounds, promulgated July 16, 2007, at 72 FR 38863; amended March 26, 2008, at 73 FR 15923; except that the Secretary is not the Administrator for purposes of 40 CFR 63.11413(b)(1) through (4).

~~111.~~~~409.~~ 40 CFR 63, Subpart OOOOOO, National Emission Standards for Hazardous Air Pollutants for Flexible Polyurethane Foam Production and Fabrication Area Sources, promulgated July 16, 2007, at 72 FR 38863; amended March 26, 2008, at 73 FR 15923; except that the Secretary is not the Administrator for purposes of 40 CFR 63.11420(b)(1) through (4).

~~112.~~~~410.~~ 40 CFR 63, Subpart PPPPPP, National Emission Standards for Hazardous Air Pollutants for Lead Acid Battery Manufacturing Area Sources, promulgated July 16, 2007, at 72 FR 38863; amended March 26, 2008, at 73 FR 15923; except that the Secretary is not the Administrator for purposes of 40 CFR 63.11427(b)(1) through (4).

~~113.~~~~411.~~ 40 CFR 63, Subpart QQQQQQ, National Emission Standards for Hazardous Air Pollutants for Wood Preserving Area Sources, promulgated July 16, 2007, at 72 FR

38863; amended March 26, 2008, at 73 FR 15923; except that the Secretary is not the Administrator for purposes of 40 CFR 63.11434(b)(1) through (4).

~~114.~~ 40 CFR 63, Subpart RRRRRR, National Emission Standards for Hazardous Air Pollutants for Clay Ceramics Manufacturing Area Sources; promulgated December 26, 2007, at 72 FR 73179; except that the Secretary is not the Administrator for purposes of 40 CFR 63.11445(c)(1) through (4).

~~115.~~ 40 CFR 63, Subpart SSSSSS, National Emission Standards for Hazardous Air Pollutants for Glass Manufacturing Area Sources; promulgated December 26, 2007, at 72 FR 73179; except that the Secretary is not the Administrator for purposes of 40 CFR 63.11460(b)(1) through (4).

~~116.~~ 40 CFR 63, Subpart TTTTTT, National Emission Standards for Hazardous Air Pollutants for Secondary Nonferrous Metals Processing; promulgated December 26, 2007, at 72 FR 73179; except that the Secretary is not the Administrator for purposes of 40 CFR 63.11473(c)(1) through (4).

(c) No change.

(d) General Subparts Adopted. The following general subparts of 40 CFR Part 63, revised as of July 1, 2001, or later as specifically indicated, are adopted and incorporated by reference:

1. 40 CFR Part 63, Subpart A, General Provisions; amended February 27, 2002, at 67 FR 9156; amended April 5, 2002, at 67 FR 16581; amended February 18, 2003, at 68 FR 7706; amended April 21, 2003, at 68 FR 19375; amended May 20, 2003, at 68 FR 27645; amended May 23, 2003, at 68 FR 28605; amended May 27, 2003, at 68 FR 28774; amended May 28, 2003, at 68 FR 31745; amended May 29, 2003, at 68 FR 32171; amended May 30, 2003, at 68 FR 32585; amended November 13, 2003, at 68 FR 64431; amended December 19, 2003, at 68 FR 70959; amended January 2, 2004, at 69 FR 129; amended February 3, 2004 at 69 FR 5038; amended April 19, 2004, at 69 FR 20967; amended April 22, 2004, at 69 FR 21905; amended April 26, 2004, at 69 FR 22601; amended June 15, 2004, at 69 FR 33473; amended July 30, 2004, at 69 FR 45943; amended April 15, 2005, at 70 FR 19991; amended May 20, 2005, at 70 FR 29399; amended October 12, 2005, at 70 FR 59401; amended April 20, 2006, at 71 FR 20445; amended December 6, 2006, at 71 FR 70651; amended January 3, 2007, at 72 FR 26; amended January 23, 2006, at 72 FR 2929; amended May 16, 2007, at 72 FR 27437; amended July 16, 2007, at 72 FR 38863; amended October 29, 2007, at 72 FR 61060; amended November 16, 2007, at 72 FR 64859; amended December 26, 2007, at 72 FR 73179; amended December 28, 2007, at 72 FR 74087; amended January 2, 2008, at 73 FR 225; amended January 18, 2008, at 73 FR 3567; amended February 7, 2008, at 73 FR 7210; except that the

Secretary is not the Administrator for purposes of 40 CFR 63.5(e), 40 CFR 63.5(f), 40 CFR 63.6(g), 40 CFR 63.6(h)(9), 40 CFR 63.6(j), 40 CFR 63.13, and 40 CFR 63.14.

2. through 5. No change.

(e) No change.

(12) No change.

(13) Title 40, Code of Federal Regulations, Part 65, Consolidated Federal Air Rule. The following subparts of 40 CFR Part 65, revised as of July 1, 2001, or later as specifically indicated, are adopted and incorporated by reference.

(a) 40 CFR 65, Subpart A, General Provisions; amended April 20, 2006, at 71 FR 20445; amended August 27, 2007, at 72 FR 48938; amended December 28, 2007, at 72 FR 73625.

(b) through (g) No change.

(14) through (15) No change.

(16) Title 40, Code of Federal Regulations, Part 72, Permits Regulation.

(a) The following subparts of 40 CFR Part 72, revised as of July 1, 2005, or later as specifically indicated, are adopted and incorporated by reference:

1. 40 CFR 72, Subpart A, Acid Rain Program General Provisions; amended April 28, 2006, at 71 FR 25327; amended September 7, 2007, at 72 FR 51493; amended January 24, 2008, at 73 FR 4311.

2. through 9. No change.

(b) No change.

(17) through (18) No change.

(19) Title 40, Code of Federal Regulations, Part 75, Continuous Emission Monitoring.

(a) The following subparts of 40 CFR Part 75, revised as of July 1, 2005, or later as specifically indicated, are adopted and incorporated by reference:

1. 40 CFR 75, Subpart A, General; amended January 24, 2008, at 73 FR 4311.

2. 40 CFR 75, Subpart B, Monitoring Provisions; amended September 7, 2007, at 72 FR 51493; amended January 24, 2008, at 73 FR 4311.

3. 40 CFR 75, Subpart C, Operation and Maintenance Requirements; amended September 7, 2007, at 72 FR 51493; amended January 24, 2008, at 73 FR 4311.

4. 40 CFR 75, Subpart D, Missing Data Substitution Procedures; amended January 24, 2008, at 73 FR 4311.

5. No change.

6. 40 CFR 75, Subpart F, Recordkeeping Requirements; amended January 24, 2008, at 73 FR 4311.

7. 40 CFR 75, Subpart G, Reporting Requirements; amended January 24, 2008, at 73 FR 4311.

8. 40 CFR 75, Subpart H, NO_x Mass Emissions Provisions; amended January 24, 2008, at 73 FR 4311.

9. 40 CFR 75, Subpart I, Hg Mass Emission Provisions; amended January 24, 2008, at 73 FR 4311.

(b) The following appendices of 40 CFR Part 75, revised as of July 1, 2005, or later as specifically indicated, are adopted and incorporated by reference:

1. Appendix A, Specifications and Test Procedures; amended January 24, 2008, at 73 FR 4311.

2. Appendix B, Quality Assurance and Quality Control Procedures; amended January 24, 2008, at 73 FR 4311.

3. No change.

4. Appendix D, Optional SO₂ Emissions Data Protocol for Gas-Fired and Oil-Fired Units; amended January 24, 2008, at 73 FR 4311.

5. Appendix E, Optional NO_x Emissions Estimation Protocol for Gas-Fired Peaking Units and Oil-Fired Peaking Units; amended January 24, 2008, at 73 FR 4311.

6. Appendix F, Conversion Procedures; amended January 24, 2008, at 73 FR 4311; amended February 13, 2008, at 73 FR 8408.

7. Appendix G, Determination of CO₂ Emissions; amended January 24, 2008, at 73 FR 4311.

8. through 10. No change.

11. Appendix K, Quality Assurance and Operating Procedures for Sorbent Trap Monitoring Systems; amended January 24, 2008, at 73 FR 4311.

(20) through (26) No change.

Specific Authority 403.061, 403.8055 FS. Law Implemented 403.031, 403.061, 403.087, 403.8055 FS. History—New 3-13-96, Amended 6-25-96, 10-7-96, 10-17-96, 12-20-96, 4-18-97, 6-18-97, 7-7-97, 10-3-97, 12-10-97, 3-2-98, 4-7-98, 5-20-98, 6-8-98, 10-19-98, 4-1-99, 7-1-99, 9-1-99, 10-1-99, 4-1-00, 10-1-00, 1-1-01, 8-1-01, 10-1-01, 4-1-02, 7-1-02, 10-1-02, 1-1-03, 4-1-03, 10-1-03, 1-1-04, 4-1-04, 7-1-04, 10-1-04, 1-1-05, 4-1-05, 7-1-05, 10-1-05, 1-1-06, 4-1-06, 7-1-06, 9-4-06, 9-6-06, 1-8-07, 1-31-07, 4-2-07, 5-31-07, 7-2-07, 10-1-07, 2-1-08, 7-1-08.

DEPARTMENT OF JUVENILE JUSTICE

Residential Services

RULE NOS.:	RULE TITLES:
63E-7.001	Purpose and Scope
63E-7.002	Definitions
63E-7.004	Youth Intake
63E-7.008	Facility and Food Services
63E-7.009	Behavior Management
63E-7.012	Transfer, Release and Discharge
63E-7.013	Safety and Security
63E-7.016	Program Administration

PURPOSE AND EFFECT: The amendments update and clarify portions of the rule governing the operation of residential commitment programs as follows: The amendments expand the scope of the rule to cover sex offender programs. They also eliminate an unnecessary medical authorization form, and clarify references to “treatment” so as to differentiate criminogenic intervention from clinical treatment. Best practices are incorporated with corresponding definitions.

Intake classification factors are clarified in subsection 63E-7.004(8), F.A.C., and consistent amendments are made in subsection 63E-7.013(7), F.A.C. The need for digital video cameras and recording equipment is modified to accommodate smaller facilities, and an amendment clarifies the escape notification procedure.

SUMMARY: The amended rule expands the scope to cover sex offender programs, clarifies the distinction between treatment and intervention, modifies youth classification, incorporates effective practices, modifies facility requirements for video recording, and clarifies escape notification procedures.

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

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

SPECIFIC AUTHORITY: 20.316, 985.64, 985.601(3)(a) FS.

LAW IMPLEMENTED: 985.601(3)(a), 985.03(44), 985.441(1)(b), 985.48 FS.

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

DATE AND TIME: Thursday, June 26, 2008, 10:00 a.m.

PLACE: DJJ Headquarters, 2737 Centerview Dr., General Counsel's Conference Room 3223, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: John Milla, 2737 Centerview Dr., Ste. 3200, Tallahassee, FL 32399-3100, e-mail: john.milla@djj.state.fl.us

THE FULL TEXT OF THE PROPOSED RULES IS:

63E-7.001 Purpose and Scope.

This rule establishes the requirements for the department's administration and operation of residential commitment programs for juvenile offenders, with the exception of serious habitual offender programs, intensive residential treatment programs, ~~sex offender programs~~, sheriff's training and respect programs, and expedition programs specifically addressed in Chapters 63E-3, 63E-4, ~~63E-5~~, 63E-6, and 63E-8, F.A.C., respectively.

Specific Authority 985.64, 985.601(3)(a), 20.316 FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b), 985.48 FS. History—New 9-30-07, Amended.

63E-7.002 Definitions.

For the purpose of this rule chapter, the following words shall have the meanings indicated.

(1) Accountability – Refers to a youth taking personal responsibility for his or her actions and harm caused to others, making amends or restoring loss to those harmed, and changing behavior to reduce future harm and victimization.

~~(2)(4)~~ Admission – The admitting of a youth, committed by the court, into a specific residential commitment facility.

~~(3)(2)~~ Alert System – A method of alerting staff that a youth has physical health, mental health, or security issues that may require individual attention or closer supervision. An alert system is a tool for staff to use in making treatment, security and safety decisions as they relate to youth behavior, but does not provide detailed information about the conditions that resulted in the youth being identified for inclusion in the alert system.

~~(4)(3)~~ Apology letter – A youth's letter to the victim of his or her crime, or the next of kin in cases of homicide, or the parent or legal guardian in cases involving minor victims, in which the youth acknowledges personal accountability for the harm he or she caused the victim, as well as sincerely expresses remorse.

~~(5)(4)~~ Assessment – An evaluation of the youth to determine delinquency intervention and treatment needs. A residential commitment program's assessment process is a gender-specific, comprehensive assessment of a youth that is based on the systematic review of ~~all~~ existing information and updated information secured through interviews and assessment tools. The assessment process identifies risk factors and protective factors, including the youth's strengths, and culminates in prioritization of the youth's ~~criminogenic~~ needs.

~~(6)(5)~~ Authority for Evaluation and Treatment (AET) or ~~Authority for Evaluation and Treatment For Youth Over 18 Years of Age~~ – The document that, when signed by a parent or guardian ~~if the youth is 18 years or younger or signed by the youth if he or she is over 18 years of age~~, gives the department the authority to assume responsibility for the provision of necessary and appropriate physical and mental health care to a youth in the department's physical custody. The Authority for Evaluation and Treatment (HS 002, May 2007) ~~is and the Authority for Evaluation and Treatment For Youth Over 18 Years of Age (HS 003, May 2007) are~~ incorporated into this rule and ~~is~~ are accessible electronically at http://www.djj.state.fl.us/forms/health_services_forms_index.html.

~~(6) Balanced Approach to Restorative Justice (BARJ) – A blueprint for putting the restorative justice philosophy into practice that involves active participation of victims, the community, and youthful offenders. The BARJ approach focuses on accountability to victims and the community, competency development, and community safety.~~

~~(a) Accountability – Refers to a youth taking personal responsibility for his or her actions and harm caused to others, making amends or restoring loss to those harmed, and changing behavior to reduce future harm and victimization.~~

~~(b) Competency Development — Refers to opportunities for youth to obtain and practice social, vocational, employability, academic, and other life skills so he or she is more capable of living responsibly and productively in the community upon release from a residential commitment program.~~

~~(c) Community Safety — Refers to a physically and emotionally safe environment or condition that exists when a community manages behavior so that its members live in peace and mutual respect, with minimal threat of victimization and harm. A residential commitment program promotes community safety by:~~

~~1. Implementing strategies that focus on the short-term external control of youth to reduce immediate or imminent risk of harm; and~~

~~2. Developing youths' capacity to manage their behavior to deter future victimization.~~

~~(7) Case Management Process — Refers to the process a residential commitment program uses to assess a youth, develop goals to address the youth's prioritized criminogenic risks and needs, review and report the youth's progress, and plan for the youth's transition to the community upon release. This process is implemented within the context of BARJ that focuses on accountability, competency development and community safety.~~

~~(8) Central Communications Center (CCC) — A 24-hour 7-day per week system to which incidents occurring at department or contract operated facilities or programs are reported.~~

~~(9) Classification and Placement Administration — The Department's unit responsible for providing statewide direction and oversight responsibilities to regional placement supervisors and their commitment staff.~~

~~(10) Commitment Manager — A department employee responsible for coordinating the placement of youth in residential commitment programs with the department's Classification and Placement Administration and the programs.~~

~~(11) Commitment/Transfer Packet — A compilation of legal, medical, mental health, substance abuse, and social history documents provided to a residential commitment program for each youth admitted to the program.~~

~~(12) Commitment/Transfer Packet Checklist — A checklist to ensure that documents needed for an admission, including a transfer, to a residential commitment program are included in the Commitment/Transfer Packet. The Commitment/Transfer Packet Checklist (JJ/IS Form 20, September 2006) is incorporated into this rule and is accessible electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.~~

~~(13) Community Safety — Refers to a physically and emotionally safe environment or condition that exists when a community manages behavior so that its members live in peace~~

and mutual respect, with minimal threat of victimization and harm. A residential commitment program promotes community safety by:

1. Implementing strategies that focus on the short-term external control of youth to reduce immediate or imminent risk of harm; and

2. Developing youths' capacity to manage their behavior to deter future victimization.

~~(14)(13) Community Service — A structured public service activity wherein youth contribute to the community and make amends, while developing community awareness and skill competencies.~~

~~(15) Competency Development — Refers to opportunities for youth to obtain and practice social, vocational, employability, academic, and other life skills so he or she is more capable of living responsibly and productively in the community upon release from a residential commitment program.~~

~~(16)(14) Comprehensive Physical Assessment — A comprehensive physical assessment (exam) performed by a physician (MD), osteopathic physician (DO), physician's assistant (PA), or advanced registered nurse practitioner (ARNP). The purpose of this assessment is the establishment of a data point which is used to facilitate the following:~~

~~(a) Identification and treatment of acute, chronic, and functional medical and dental problems;~~

~~(b) Promotion of growth and development;~~

~~(c) Prevention of communicable diseases; and~~

~~(d) Provision of health education.~~

~~(17)(15) Conflict Resolution — A dialogue process wherein all parties involved in a conflict feel safe and have a chance to be heard while working out differences and reaching a reasonable and fair agreement.~~

~~(18)(16) Continuity of Operations Plan (COOP) — For purposes of this rule, a plan that provides for the continuity of mission-essential functions of a residential commitment program in the event an emergency prevents occupancy of its primary physical plant or facility.~~

~~(19)(17) Contracted Provider — An entity contractually providing juvenile services to the department.~~

~~(20)(18) Controlled Observation — An immediate, short-term strategy, not intended as punishment or discipline, wherein a youth in a residential commitment program is placed in a safe and secure room in response to a sudden or unforeseen onset of behavior that substantially threatens the physical safety of others, creating a volatile situation that requires staff to quickly regain control to avert serious injuries, security breaches, or major property destruction.~~

~~(a) The Controlled Observation Report (RS 001, June 2008 ~~September 2006~~), that documents the approval, use and administrative review of each use of controlled observation, is incorporated into this rule and is accessible electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.~~

(b) The Controlled Observation Safety Checks form (RS 002, June 2008 ~~September 2006~~), that documents monitoring of youth and their behavior while placed in controlled observation, is incorporated into this rule and is accessible electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.

~~(21)(19)~~ Criminogenic – Refers to the factors or characteristics found in empirical research studies to be predictors of delinquency and recidivism.

(22) Criminogenic Assessment Tool – An assessment tool that is based on factors demonstrated in empirical research to have strong predictive and context validity relative to delinquency, criminogenic need and recidivism and that have been validated and normed on the population to which the instrument is administered.

(23) Delinquency Intervention Services – Those services implemented or delivered by program staff to address youths' performance plan goals.

~~(24)(20)~~ Designated Health Authority – The individual who is responsible for the provision of necessary and appropriate health care to youth in a residential commitment program. Individual Designated Health Authorities must be a physician (MD) or osteopathic physician (DO) who holds a clear and active license pursuant to Chapter 458 or Chapter 459, F.S., respectively, and meets all requirements to practice independently in the State of Florida.

~~(25)(21)~~ Designated Mental Health Authority – A licensed mental health professional who is a psychiatrist licensed pursuant to Chapter 458 or 459, F.S., psychologist licensed pursuant to Chapter 490, F.S., mental health counselor, clinical social worker, or marriage and family therapist licensed pursuant to Chapter 491, F.S., or psychiatric nurse as defined in Section 394.455(23), F.S., who, through employment or contract, is designated as accountable to the facility superintendent for ensuring appropriate coordination and implementation of mental health and substance abuse services in a departmental facility or program.

~~(26)(22)~~ Direct-Care Staff – An employee whose primary job responsibility is to provide care, custody, and control of youth committed to a residential commitment program. This definition includes those who directly supervise staff responsible for the daily care, custody, and control of youth.

~~(27)(23)~~ Disaster Plan – A plan that addresses a residential commitment program's response to potential disaster or emergency situations.

~~(28)(24)~~ Discharge – The release of a youth from a residential commitment program who is no longer under the jurisdiction of the court.

~~(29)(25)~~ DJJ ID Number – A number generated by the Juvenile Justice Information System (JJIS) that is used to identify each youth entered into JJIS.

~~(30)(26)~~ Evidence-based Delinquency Interventions Treatment and Practices – Interventions Treatment and practices, which have been independently evaluated and found to reduce the likelihood of recidivism or at least two criminogenic needs, with a juvenile offending population. The evaluation must have used sound methodology, including, but not limited to, random assignment, use of control groups or matched comparison groups, valid and reliable measures, low attrition, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects of adequate size and duration. In addition, there must be evidence that replication by different implementation teams at different sites is possible with similar positive outcomes.

~~(31)(27)~~ Exit Conference – A conference that a residential commitment program conducts at least 14 days prior to a youth's targeted release date, wherein the youth, residential program staff, the youth's Juvenile Probation Officer and/or post-residential services counselor, the youth's parent or guardian, and other pertinent parties, review the status of the youth's transitional activities and finalize plans for the youth's release and re-entry into the community.

~~(32)(28)~~ Expedition Program – A wilderness based residential program for committed youth wherein the primary program component is a mobile environmental experience such as a canoe or hiking expedition.

~~(33)(29)~~ Face Sheet – Youth specific demographic information that is generated by the department's Juvenile Justice Information System (JJIS).

~~(34)(30)~~ Facility Entry Physical Health Screening – A standardized initial health screening, conducted at the time of a youth's admission or re-admission to each residential commitment program. The purpose of this screening is to ensure that the youth has no immediate health conditions or medical needs that require emergency services. The Facility Entry Physical Health Screening form (HS 010, May 2007), used to conduct and document the screening, is incorporated into this rule and is available electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.

~~(35)(31)~~ Facility Entry Screening – The gathering of preliminary information used in determining a youth's need for emergency services, further evaluation, assessment, or referral.

~~(36)(32)~~ Grievance Procedure – A procedure for addressing youth grievances in residential commitment programs.

~~(37)(33)~~ High-risk Restrictiveness Level – One of five statutorily authorized restrictiveness levels, defined in Section 985.03(44), F.S., to which courts commit youth to the department.

~~(38)(34)~~ Home Visit – A court-approved, temporary release of a youth from a residential commitment program wherein the youth is under the care, supervision and control of a parent or guardian for a period not to exceed three days before returning to the program.

(a) The Home Visit Plan/Notification form (RS 003, September 2006), that notifies the committing court, the parent or guardian, the Juvenile Probation Officer, and other pertinent parties of a planned home visit and goals for the youth to accomplish during the visit, is incorporated into this rule and is accessible electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.

(b) The Home Visit Plan Approval form (RS 004, September 2006), that the program sends to the committing court with the Home Visit Plan/Notification form to secure the court's approval for the home visit, is incorporated into this rule and is accessible electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.

~~(39)~~~~(35)~~ Individual Healthcare Record – The unified cumulative collection of records, histories, assessments, treatments, diagnostic tests and other documents which relate to a youth's medical, mental/behavioral, and dental health, and which have been obtained to facilitate care while the youth is in the custody of a detention center or residential commitment program or which document care provided while the youth is in the custody of these facilities.

~~(40)~~~~(36)~~ Individual Management Record – The organized collection of records and documents that relate to a youth's care, custody and treatment in a residential commitment program, with the exception of records relating to the youth's medical, mental/behavioral, and dental health that comprise the youth's individual healthcare record as defined in this rule.

~~(37) Institutional Review Board (IRB) Process – The department's IRB reviews research proposals that seek access to departmental records or youth in the department's care, custody, or under the department's supervision. The board reviews all aspects of a research proposal and evaluates potential risks and benefits to participating juveniles and the department, as well as the researcher's plan to diminish risks. Based on this evaluation, the IRB makes recommendations to the department's Secretary or his or her designee who decides whether or not the proposal is approved.~~

(41) Intervention and Treatment Team – A multidisciplinary team responsible for implementing the case management process that focuses on planning for and ensuring delivery of coordinated delinquency intervention and treatment services to meet the youth's prioritized needs. The team is comprised of the youth, representatives from the program's administration and residential living unit, and others responsible for delinquency intervention and treatment services for the youth. Refer to the definition of case management process included in this rule section.

~~(42)~~~~(38)~~ Involuntary Civil Commitment of Sexually Violent Predators: Refers to Sections 394.910 – 394.932, F.S., that sets forth the process that determines if individuals whose offense(s) has been of a sexual nature meet the statutory criteria for civil commitment to the Department of Children and Family Services.

~~(43)~~~~(39)~~ Jimmy Ryce Act For Violent Sexual Offenders/Residential Program Notification Checklist – A checklist that a residential commitment program sends, along with supporting documents, to the youth's Juvenile Probation Officer to be reviewed by the Department of Children and Family Services to determine eligibility for civil commitment as a sexually violent predator pursuant to Chapter 394, F.S. The Jimmy Ryce Act For Violent Sexual Offenders/Residential Program Notification Checklist form (DJJ/BCS Form 23, February 2005) is incorporated into this rule and is accessible electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.

~~(44)~~~~(40)~~ Juvenile Justice Information System (JJIS) – The department's electronic information system used to gather and store information on youth having contact with the department.

~~(45)~~~~(41)~~ Juvenile Probation Officer (JPO) – Serves as the primary case manager for the purpose of managing, coordinating and monitoring the services provided and sanctions required for youth on probation, post-commitment probation or conditional release supervision. In this chapter, whenever a reference is made to the tasks and duties of a JPO, it shall also apply to case management staff of a provider agency contracted to perform these duties and tasks.

(46) Juvenile Sex Offender – A juvenile who has been found by the court under Section 985.35, F.S., to have committed a violation of Chapters 794, 796, and 800, Section 827.071 or Section 847.0133, F.S.

~~(47)~~~~(42)~~ Length of Stay – Refers to the length of time a youth resides in a residential commitment program or to the designed length of stay for a particular residential commitment program, reflecting the anticipated time it will take most youth placed in the program to successfully complete it.

~~(48)~~~~(43)~~ Licensed Mental Health Professional – A psychiatrist licensed pursuant to Chapter 458 or 459, F.S., who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or who has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination, a psychologist licensed pursuant to Chapter 490, F.S., a mental health counselor, marriage and family therapist, or clinical social worker licensed pursuant to Chapter 491, F.S., or a psychiatric nurse as defined in Section 394.455, F.S.

~~(49)~~~~(44)~~ Low-risk Restrictiveness Level – One of five statutorily authorized restrictiveness levels, defined in Section 985.03(44), F.S., to which courts commit youth to the department.

~~(50)~~~~(45)~~ Massachusetts Youth Screening Instrument, Second Version (MAYSI-2) – The mental health and substance abuse screening instrument designed to identify signs of mental/emotional disturbance or distress and authorized by the department for use at intake into the juvenile justice system and upon admission to a residential commitment program.

(51)(46) Maximum-risk Restrictiveness Level – One of five statutorily authorized restrictiveness levels, defined in Section 985.03(44), F.S., to which courts commit youth to the department.

(52)(47) Moderate-risk Restrictiveness Level – One of five statutorily authorized restrictiveness levels, defined in Section 985.03(44), F.S., to which courts commit youth to the department.

~~(48) Nationally Validated Criminogenic Assessment Tool – An assessment tool that has been demonstrated in national, empirical peer-reviewed research literature to have strong predictive and context validity relative to delinquency and recidivism and that has been validated and normed on the population to whom the instrument is administered.~~

(53)(49) Notification of Escape – A form used by a residential commitment program to notify law enforcement and the department when a youth escapes or absconds and is away from the facility premises without permission. It provides youth-specific information that might be helpful in locating the youth. The Notification of Escape form (RS 005, September 2006) is incorporated into this rule and is accessible electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.

(54)(50) Notification of Transfer Staffing – A form letter that a residential commitment program uses to notify a youth's parent or guardian that a transfer staffing or conference has been scheduled to address the youth's potential transfer to another program. The Notification of Transfer Staffing form (RS 006, September 2006) is incorporated into this rule and is accessible electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.

(55)(51) Official Youth Case Record – A case record, comprised of the individual management record and the individual healthcare record, that a residential commitment program maintains on each youth.

(56)(52) Off-campus Activity – Any activity that involves youth leaving the residential commitment program's premises.

(57)(53) Orientation – The process that begins within 24 hours of the youth's admission whereby facility staff inform the youth of the rules, expectations, services, and goals of the residential program.

(58)(54) Performance Plan – A youth's individualized plan that addresses needed delinquency interventions identified through the assessment process and includes his or her criminogenic risks and needs through measurable goals that the youth is expected to achieve prior to release from a residential commitment program. Any treatment service as defined in this rule section is addressed in a separate treatment plan.

(59)(55) Performance Summary – A written document used to inform the youth, committing court, the youth's JPO, parent or guardian, and other pertinent parties of the youth's performance in the program, including status of and progress toward performance plan goals, academic status, behavior and

adjustment to the program, significant incidents (positive and negative), and justification for a request for release, discharge or transfer, if applicable. The Performance Summary form (RS 007, September 2006) is incorporated into this rule and is accessible electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.

(60)(56) Physically Secure – The use of hardware security devices, such as security fences and locks, to ensure that all facility entrances and exits of a residential commitment program are under the exclusive control of program staff, preventing youth from leaving the program without permission.

(61)(57) Positive Achievement Change Tool (PACT) – A JJIS web-based assessment tool that is scored automatically to determine the risk of a youth to reoffend. The PACT, incorporated into Chapter 63D-5, F.A.C., uses a series of risk factors such as antisocial attitudes, delinquent peers, impulsivity, substance abuse, mental illness or family history that have proven to be related to future offending. As progress is made in the problem areas specific to each child, the PACT is used to calculate and document how the risk level has increased or decreased over time.

(62)(58) Post-residential Services Counselor – The person supervising the youth's post-commitment probation or conditional release after the youth's release or discharge from a residential commitment program.

(63) Practices with Demonstrated Effectiveness – Practices based on general principles, strategies, and modalities reported in criminological, psychological, or other social science research as being effective with a juvenile offending population. These practices must be outlined in a format that ensures consistent delivery by the facilitator across multiple groups.

(64)(59) Predisposition Report (PDR) – Pursuant to Rule 63D-1.002, F.A.C., a multidisciplinary assessment reporting the youth's needs, recommendations as to a classification of risk for the youth in the context of his or her program and supervision needs, and a plan for treatment that recommends the most appropriate placement setting to meet the youth's needs with the minimum program security that reasonably ensures public safety.

(65)(60) Pre-Release Notification and Acknowledgement – A three-part form initiated by a residential commitment program to give prior notification to the JPO of a youth's planned release, then allows for the JPO to add additional information pertinent to the release, and finally allows for the court's approval of the release. The Pre-Release Notification and Acknowledgement form (RS 008, September 2006) is incorporated into this rule and is accessible electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.

~~(66)(64)~~ Program Director – The on-site administrator of a residential commitment program, whether state or privately operated, who is accountable for the on-site operation of the program.

~~(67)(62)~~ Protective Action Response (PAR) – As defined in Rule 63H-1.002, F.A.C.

~~(68)(63)~~ Protective Action Response (PAR) Certification – As defined in Rule 63H-1.002, F.A.C.

~~(69)~~ Residential Services Management System (RSMS) – A web-based component of JJIS and software application designed to store information pertaining to each residential commitment program's performance that, in the case of a contracted program, reflects the program's compliance with their contract terms and conditions.

~~(70)(64)~~ Release – Refers to when a youth re-enters his or her home community after successfully completing and exiting a residential commitment program.

~~(71)(65)~~ Request for Notification When Youth Is Ready for Release – This form is completed by a residential commitment program and provided to law enforcement when a youth is removed from the program for incarceration in a county jail. The Request for Notification When Youth is Ready for Release form (RS 009, September 2006) is incorporated into this rule and is available electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.

~~(72)(66)~~ Request for Transfer – A form initiated by a residential commitment program to request and justify a transfer of a youth to another program and that allows for approval of the request by a transfer administrator designated by the department. The Request for Transfer form (RS 010, September 2006) is incorporated into this rule and is available electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.

~~(73)(67)~~ Residential Commitment Program – A low-risk, moderate-risk, high-risk, or maximum-risk residential delinquency program for committed youth. Although serious habitual offender programs, intensive residential treatment programs, sex offender programs, sheriff's training and respect programs, and expedition programs are considered residential commitment programs, for purposes of this chapter of this rule, they are excluded.

~~(74)(43)~~ Residential Community – The community within a residential commitment program comprised of its youth, staff, and other service providers.

~~(75)(69)~~ Responsivity – Refers to a youth's amenability to treatment and the capacity to respond to programming due to his or her characteristics, such as gender, mental health status, physical health status, cognitive performance, age, and prior victimization.

~~(76)(70)~~ Restitution – The court-ordered requirement that an adjudicated youth financially compensate his or her crime victim in cash or through performance of a beneficial service.

~~(77)(71)~~ Restrictiveness Level – As defined in Section 985.03, F.S.

~~(78)(72)~~ Sexually Violent Predator (SVP) – As defined in Section 394.912, F.S. For purposes of this chapter of this rule, SVP eligible refers to a youth being subject to the requirements of Sections 394.910 – 394.932, F.S.

~~(79)(73)~~ Staff Secure – The provision of 24-hour awake supervision in a residential commitment program, with staffing levels sufficient to preclude the need for physical security features, such as security fences and locks.

~~(80)(74)~~ Temporary Release – As defined in Section 985.03, F.S.

~~(81)(75)~~ Transfer – For purposes of this rule, the movement of a youth from one residential commitment program to another, at the same, lower or higher restrictiveness level.

~~(82)(76)~~ Transition Conference – A conference, conducted at least 60 days prior to a youth's anticipated release from a residential commitment program, wherein the youth, residential program staff, the youth's JPO and/or post-residential services counselor, and the youth's parent or guardian establish transition activities, with accompanying responsibilities and timelines, to facilitate the youth's successful release and reintegration into the community.

~~(83)(77)~~ Transition Planning – The process of establishing transition activities to facilitate a youth's successful release from a residential commitment program and reintegration into the community.

~~(84)~~ Treatment Plan – For purposes of this rule chapter, a written guide that structures the focus of a youth's short-term or ongoing treatment services in the areas of mental health, substance abuse, developmental disability or physical health services.

~~(85)~~ Treatment Services – Services delivered by clinicians in accordance with a mental health, substance abuse, physical health, or developmental disability treatment plan. This includes implementation of any curriculum specifically designed to be delivered by clinicians.

~~(78)~~ Treatment Team – A multidisciplinary team, comprised of representatives from the program's administrative, educational, vocational, residential, medical, mental health, substance abuse, and counseling components, which assesses each youth to identify needs and risk factors, develops rehabilitative treatment goals, ensures service delivery, and assesses and reports the youth's progress. The youth is a member of the treatment team.

~~(86)(79)~~ Victim – A person who suffers physical, financial or emotional harm as a result of a crime and who is identified on a law enforcement victim notification card, a police report, or other official court record as a victim.

~~(87)(80)~~ Victim Notification of Release – A letter that a residential commitment program sends to the victim, or the next of kin in cases of homicide, or the parent or legal guardian

in cases involving minor victims, prior to any discharge or release, including a temporary release, of a youth whose committing offense meets the criteria for victim notification pursuant to Chapter 960, F.S. The Victim Notification of Release form (RS 011, September 2006) is incorporated into this rule and is accessible electronically at http://www.djj.state.fl.us/forms/residential_rule63E_forms.html.

~~(81) Victim Speaker—A victim of a crime who speaks to others about a personal experience as a crime victim and its impact on his or her life.~~

Specific Authority 985.64, 985.601(3)(a), 20.316 FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History—New 9-30-07, Amended.

63E-7.004 Youth Intake.

(1) through (7) No change.

(8) Based on a review of all documentation and interactions with a newly admitted youth, a residential commitment program shall classify the youth for purposes of assigning to a room or living area. Factors to consider when classifying the youth shall include, at a minimum but are not limited to, physical characteristics including sex, height, weight and general physical stature, gender, age and maturity, size, physical or mental health problems, identified special needs, including mental, developmental or intellectual, and physical disabilities, history of violence, criminal behavior, or sexual aggression or vulnerability to victimization, security risks, identified or suspected risk factors such as medical, suicide, and escape or security risks, and gang affiliations and skill levels.

(9) through (11) No change.

Specific Authority 985.64, 985.601(3)(a), 20.316 FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History—New 9-30-07, Amended.

63E-7.008 Facility and Food Services.

(1) through (5) No change.

(6) The siting of any new facility or structure for the purpose of operating a residential commitment program shall be in accordance with the following:

(a) Local zoning codes and ordinances per Section 125.01, F.S.;

(b) Provisions as specified in Rule Title 62, F.A.C., pertaining to new construction and site development;

(c) Florida Building Code and Florida Fire Prevention Code pursuant to Section 125.56, F.S.;

(d) Office of State Fire Marshall requirements for new construction pursuant to Section 633.01, F.S.;

(e) Provisions as outlined in Section 985.03(44), F.S., based on the restrictiveness level of the program; and

(f) Additional minimum requirements to include:

1. Sleeping quarters.

a. 35 square feet unencumbered space, defined as usable space that is not encumbered by furnishings or fixtures, per youth in the sleeping quarters, with at least one dimension of the unencumbered space no less than seven feet;

b. One partition for every four youth in shared sleeping areas; and

c. A bed, a mattress that meets the national fire safety performance requirements, a pillow, a desk, a chair or stool, and personal storage space for every youth.

2. 35 square feet per youth for dayroom and multi-purpose room activities;

3. 50 square feet outdoor recreational space per youth;

4. 56.25 square feet per youth for rooms used for educational purposes, with a classroom size based on a maximum of 16 youth;

5. Natural and artificial light to accommodate daily activities of the program;

6. Heating and air conditioning equipment with the capacity to maintain indoor temperatures between 68 and 75 degrees Fahrenheit;

7. Space to accommodate dining, individual counseling, group meetings and other activities involving youth and staff that are integral to the program design; and

8. A closed circuit television system that includes but is not limited to, a color digital recording device. The digital video recorder (DVR) must be capable of a minimum of 30 days recorded event storage within the hard drive, have a minimum setting of eight frames per second, and be capable of remote viewing. Programs with 15 beds or more must have a minimum of 16 camera inputs, and be capable of remote viewing. All equipment must be surge protected and have a universal surge protector backup and be connected to an emergency power supply.

(7) Any facility, building or structure newly leased for the purpose of operating a residential commitment program or any facility or structure whose usage is being changed to house a residential commitment program shall be in accordance with paragraphs 63E-7.008(6)(a), 63E-7.008(6)(c), 63E-7.008(6)(e) and, for programs with 15 beds or more, 63E-7.008(6)(f) and 7.008(6)(e)-(f), F.A.C. Additionally, newly leased facilities shall be in accordance with the Office of State Fire Marshall requirements for leased space as specified in Section 633.01, F.S.

(8) through (12) No change.

Specific Authority 985.64, 985.601(3)(a), 20.316 FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History—New 12-24-07, Amended.

63E-7.009 Behavior Management.

(1) Consistent with its approach to treatment and delinquency intervention treatment approach, a residential commitment program shall establish a behavior management system, utilizing practices with demonstrated effectiveness

~~evidence-based techniques~~, that is responsive to the unique characteristics of the program's population. Only someone with training or experience in behavior management techniques or systems shall develop or modify a program's behavior management system. A program's behavior management system shall foster accountability for behavior and compliance with the residential community's rules and expectations.

(2) A residential commitment program's behavior management system shall be described in writing and designed to:

(a) Maintain order and security;

(b) Promote safety, respect, fairness, and protection of rights within the residential community;

(c) Provide constructive discipline and a system of positive and negative logical consequences to encourage youth to meet expectations for behavior;

(d) Provide opportunities for positive reinforcement and recognition for accomplishments and positive behaviors;

(e) Promote socially acceptable means for youth to meet their needs;

(f) Include a process that addresses the following and is conducted in a manner that accommodates the cognitive capacity of individual youth:

1. Staff explain to the youth the reason for any sanction imposed;

2. The youth is given an opportunity to explain his or her behavior; and

3. Staff and the youth discuss the behavior's impact on others, reasonable reparations for harm caused to others, and alternative acceptable behaviors;

(g) Promote dialogue and peaceful conflict resolution;

(h) Minimize separation of youth from the general population; and

(i) Complement the performance planning process, including coordination with any individual behavior plan when applicable. A copy of an individual behavior plan for any youth who has been identified as a client of the Agency for Persons with Disabilities will be provided to that agency.

(3) through (4) No change.

(5) A moderate-risk, high-risk, or maximum-risk residential commitment program with a bed capacity of 50 beds or more may designate a living unit within the facility as a behavior management unit. The purpose of a behavior management unit is to provide a delinquency intervention and a treatment environment that provides opportunities for youth to make positive changes in behavior that will facilitate progress in his or her overall treatment in the program. Any behavior management unit shall be designed and operated as follows:

(a) The program shall document the following before a youth is placed in a behavior management unit:

1. The youth continues to demonstrate a pattern of maladaptive behavior that is highly disruptive to his or her responsivity to delinquency interventions and treatment, as well as other youths' ongoing rehabilitation treatment, after the program has documented attempts to address the behavior using less restrictive alternative intervention strategies that have proven to be ineffective;

2. The youth is assessed and it is determined that he or she is not a danger to self and there are no identified mental health, physical health or other factors that contraindicate placement; and

3. At least two members of the youth's intervention and treatment team recommends the youth's placement in the behavior management unit, and the program director approves the placement or, in his or her absence, a program management level staff person designated by the program director grants approval.

(b) A behavior management unit's bed capacity shall not exceed 15. The unit may be secure with locking exit doors, but shall not be comprised of secure rooms wherein youth placed in the unit are kept in lock-down status. Sleeping rooms for youth shall have a minimum of 35 square feet of unencumbered space and shall meet the following specifications:

1. Solid core hardwood or metal door with a shatter-resistant observation window;

2. Vents not easily accessible from the toilet, sink or bed that are covered with small mesh or a metal plate (holes no larger than 3/16 inch) with no edges exposed;

3. A mattress that meets national fire safety performance requirements and that is suitable for use on the floor or a suicide-resistant bed;

4. Recessed light fixtures covered with shatter-resistant material or alternative lighting reviewed and approved by the department;

5. Shatter-resistant windows or, if glass windows that are not shatter resistant, covered with security-rated screens or other materials that prevent access to the glass;

6. No electrical outlets; and

7. Electrical switches located outside the sleeping rooms or covered and secured if located inside the rooms.

(c) The staff-to-youth ratio in a behavior management unit shall be at least that provided in the general population and sufficient to operate the unit safely and securely. Staff whose regular assignment is to work in the behavior management unit shall be trained in implementation of the program's behavior management system, as well as specific intervention strategies as needed to implement the behavioral goals for each youth in the unit.

(d) The unit shall provide an intervention and treatment environment that focuses specifically on youths' maladaptive behavior and provides opportunities for the youth to make positive changes in behavior that facilitate progress in their

overall ~~rehabilitation treatment~~. Additionally, the program shall provide basic rights, care and services to any youth in a behavior management unit consistent with the other sections of this rule chapter.

(e) Consistent with the cognitive capacity of each youth placed in the behavior management unit, staff shall engage the youth in a process as follows:

1. Staff shall discuss with the youth the pattern of maladaptive behavior that resulted in placement in the behavior management unit, as well as the consequences of behavior, alternative acceptable behaviors, harm caused to others as a result of the maladaptive behavior and possible reparations.

2. Staff shall advise the youth that release from the behavior management unit is based upon his or her achievement of short-term goals established by the treatment team to address maladaptive behavior. Staff shall also explain that making positive behavior changes while in the behavior management unit will help him or her progress in the overall program.

(f) Reviews and Release.

1. The youth's intervention and treatment team shall review the case within 72 hours of the youth being placed in a behavior management unit. If the ~~treatment~~ team decides to continue the youth's placement in the unit, they ~~team~~ shall develop short-term goals to assist the youth with accountability for behavior and changing or controlling maladaptive behaviors. The youth shall be present when the intervention and treatment team meets and be given an opportunity to give input.

2. Release from the behavior management unit is contingent upon a youth's completion of his or her behavioral goals. While the youth is in the behavior management unit, the intervention and treatment team may revise the youth's behavioral goals to assist him or her in changing the targeted pattern of maladaptive behavior and facilitate release from the unit.

3. If the youth remains in the behavior management unit for 14 days, the intervention and treatment team shall review the youth's progress in attaining the short-term goals to determine whether the youth is to be released or placement continued.

4. Every 72 hours that the youth remains in the behavior management unit after the 14-day review, the intervention and treatment team shall review the youth's progress toward meeting his or her behavioral goals and recommend continued placement or release. At this stage, continued placement requires approval of the program director or, in his or her absence, a management level staff person designated by the program director.

5. If possible, the youth shall participate in all intervention and treatment team reviews, but if not, a representative of the ~~treatment~~ team shall discuss review findings with the youth.

6. The program director or, in his or her absence, a management level staff person designated by the program director, may approve release of a youth from the behavior management unit at any time it is determined that continued placement would be detrimental to the youth's well being.

(g) Mechanical restraints may be used in the behavior management unit only as a last resort and any use shall be pursuant to Rule 63H-1.005, F.A.C., and documented pursuant to Rule 63H-1.007, F.A.C.

(h) A program with a behavior management unit shall establish a system of documentation and record maintenance to include, at a minimum, the following:

1. Ongoing log of placements, including the name of each youth placed, date of placement, date of release, and the name of the program director or designee who approved the placement;

2. Documentation of intervention and treatment team meetings and reviews while the youth is in the behavior management unit, including initial short-term goals and any subsequent modifications, review date and signatures of participants, description of the youth's progress, and recommendations; and

3. Documentation of the program director's or his or her designee's approval of a recommendation for continued placement resulting from any 72-hour review conducted after the youth's 14th day in the unit.

Specific Authority 985.64, 985.601(3)(a), 20.316 FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History—New 12-24-07, Amended.

63E-7.012 Transfer, Release and Discharge.

(1) No change.

(2) Release.

(a) through (b) No change.

(c) In addition to complying with the provisions of paragraph (2)(a) or (2)(b) of this section of this rule chapter, when planning for the release of any sex offender who is identified on his or her commitment packet as being subject to registration requirements pursuant to Section 943.0435, F.S., a residential commitment program shall take a digitized photograph of the youth within 60 days prior to release. Prior to the youth's release, the program shall provide the digitized photograph to the youth's JPO or, if there is a web camera, the program shall download the youth's photograph into JJIS for inclusion in the youth's file.

(3) through (5) No change.

Specific Authority 985.64, 985.601(3)(a), 20.316 FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History—New 1-3-08, Amended.

63E-7.013 Safety and Security.

(1) through (6) No change.

(7) Classification of Youth. A residential commitment program shall establish a classification system that promotes safety and security, as well as effective delivery of treatment services, based on determination of each youth's individual needs and risk factors, that addresses, at a minimum, the following:

(a) Classification factors to include, at a minimum, the following:

1. Physical characteristics, including sex, height, weight, and general physical stature;

2. Age and maturity level;

3. Identified special needs, including mental, developmental or intellectual, and physical disabilities;

4. History of violence ~~Seriousness of the current offense, including whether or not the offense was against person or property;~~

5. Gang affiliations ~~Prior delinquent history and background, including gang affiliation, if applicable;~~

6. Criminal behavior ~~Current or past involvement in assaultive or aggressive behavior, sexual misconduct, or demonstration of emotional disturbance; and~~

7. Sexual aggression or vulnerability to victimization; and

8.7. Identified or suspected risk factors, such as medical, suicide, and escape or security risks;

(b) Initial classification of each newly admitted youth for the purpose of assigning him or her to a living unit, sleeping room, and youth group or staff advisor;

(c) Reassessment of a youth's needs and risk factors and reclassification, if warranted, prior to considering:

1. An increase in the youth's privileges or freedom of movement;

2. The youth's participation in work projects or other activities that involve tools or instruments that may be used as potential weapons or means of escape; and

3. The youth's participation in any off-campus activity; and

(d) A continually updated, internal alert system that is easily accessible to program staff and keeps them alerted about youth who are security or safety risks, including escape risks, suicide or other mental health risks, medical risks, sexual predator risks, and other assaultive or violent behavior risks. The program shall design and implement this system to reduce risks by alerting program staff when there is a need for specific follow-up or precautionary measures or more vigilant or increased levels of observation or supervision, and by assisting staff when making treatment or safety and security decisions. Although a direct care, supervisory, or clinical staff may place a youth on alert status if he or she meets the criteria for inclusion in the program's alert system, only the following may recommend downgrading or discontinuing a youth's alert status:

1. A licensed mental health professional or mental health clinical staff person for suicide risks or other mental health alerts;

2. A medical staff person for medical alerts upon verification that the health condition or situation no longer exists; or

3. The program director, assistant program director, or on-site supervisor for security alerts.

(8) through (16) No change.

(17) Escapes. For purposes of this rule, the definition of escape is consistent with Section 985.721, F.S.

(a) When a youth escapes from the facility or escapes from supervised activities away from the facility or while in transit to and from such activities, the program shall report the incident by telephone to law enforcement and the department's Central Communications Center immediately or within a timeframe not to exceed two hours of becoming aware of the escape. The program shall notify the youth's parent or guardian immediately or as soon as is practicable thereafter, with the first attempt at notification being made within a timeframe not to exceed two hours of becoming aware of the escape. Additionally, the program shall telefax the completed Notification of Escape form to the following persons or entities as soon as practicable or within a timeframe not to exceed four hours:

1. Local law enforcement agency having jurisdiction over the locale where the program is sited;

2. The state attorney in the jurisdiction where the delinquency petition was filed;

3. The sentencing judge;

4. The department's residential regional director or designee;

5. The youth's JPO or his or her supervisor; and

6. ~~The youth's parents or legal guardian; and~~

6.7. Detention screening.

(b) The program shall maintain a separate log that documents each notification, including each person contacted, the date and time of contact, and the program staff making the contact. In addition, all pertinent information relating to the escape shall be documented in the program's daily logbook and the youth's individual management record.

(c) If law enforcement declines to accept a report alleging that a youth has committed the felony offense of escape, the program shall notify the youth's JPO or his or her supervisor who will request the court of jurisdiction to issue an order to take the youth into custody.

(d) If the youth is not apprehended within 48 hours of the escape, the program shall release the youth from the program in the department's JJIS Bed Management System or, if the program does not have direct access to JJIS, shall notify the department's regional commitment manager via telephone.

(e) As soon as possible after the program becomes aware of the youth's apprehension, the program shall advise all parties whom they previously notified of the escape.

(f) The program shall review circumstances pertinent to an escape within 48 hours, cooperate with the department in any review or investigatory activities following an escape, and implement corrective actions as needed to prevent future escapes.

(g) If a youth absconds while on temporary release status and does not return to the program as expected, the program shall contact:

1. The youth's family within four hours of becoming aware of the event to request their assistance in facilitating the youth's return to the program; and

2. The youth's JPO or his or her supervisor to request their assistance in facilitating the youth's return or to expedite issuance of a pick-up order. The program shall make this contact as soon as is practicable, but no later than the end of the same workday in which the program becomes aware of the event if it falls within the traditional workweek or, if not, before the end of the next traditional workday.

(18) through (22) No change.

Specific Authority 985.64 FS. Law Implemented 985.601(3)(a), 985.441(1)(b), 985.03(44) FS. History--New 4-13-08, Amended _____.

63E-7.016 Program Administration.

(1) through (2) No change.

(3) A residential commitment program's written description shall, at a minimum, address the following:

(a) The program's delinquency intervention strategy and, if specialized services are provided, the treatment model approach;

(b) Services the program provides; and

(c) The program's service delivery system.

(4) through (7) No change.

(8) A residential commitment program shall update information in the department's Juvenile Justice Information System (JJIS) as follows:

(a) Updates to the Bed Management System to include:

1. Any youth admission, transfer, release or discharge within 24 hours of the event; and

2. Placement of any youth on inactive status within 48 hours of an escape or admission to a juvenile detention center or jail; and

~~(b) Updates in the Residential Services Monitoring System (RSMS), a web-based component of JJIS and software application designed to store information pertaining to each residential commitment program's performance that, in the ease of a contracted program, reflects the program's compliance with their contract terms and conditions.~~

(9) through (14) No change.

Specific Authority 985.64 FS. Law Implemented 985.601(3)(a) FS. History--New 4-13-08, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Pamela Brantley, Residential Services, Policy Development and Planning

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Rex Uberman, Assistant Secretary for Residential Services

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

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 2, 2008

DEPARTMENT OF HEALTH

Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

RULE NO.: 64B4-5.006 RULE TITLE: Probable Cause Panel

PURPOSE AND EFFECT: The Board proposes the rule amendment to delete unnecessary language and to add new language to clarify who will serve on the probable cause panels and when they shall meet.

SUMMARY: The rule amendment will delete unnecessary language and to add new language to clarify who will serve on the probable cause panels and when they shall meet.

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

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

SPECIFIC AUTHORITY: 456.073, 491.004(5) FS.

LAW IMPLEMENTED: 456.073 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Foster, Executive Director, Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling/MQA, 4052 Bald Cypress Way, Bin # C08, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULE IS:

64B4-5.006 Probable Cause Panel.

(1) through (2) No change.

~~(3) There shall be two probable cause panels.~~ The Probable Cause Panels shall consist of at least two professional members and one consumer member if one is available and

willing to serve. Any of the appointments may be a past Board member, but at least one must be a current member of the Board.

(4) The probable cause panel members shall be assigned by the Chairman of the Board and each panel shall meet as necessary ~~on an alternating basis.~~

Specific Authority 456.073, 491.004(5) FS. Law Implemented 456.073 FS. History–New 1-3-91, Amended 2-24-93, Formerly 21CC-5.006, 61F4-5.006, 59P-5.006, Amended 8-9-00,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Social Work, Marriage and Family Therapy and Mental Counseling

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Social Work, Marriage and Family Therapy and Mental Counseling

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 8, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: April 11, 2008

DEPARTMENT OF HEALTH

Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

RULE NOS.:	RULE TITLES:
64B4-6.002	Approved Courses for Continuing Education
64B4-6.0025	Approved Continuing Education Course for Supervisory Training
64B4-6.004	Approval of Continuing Education Providers

PURPOSE AND EFFECT: The Board proposes the rule amendment to delete unnecessary language and to add language to update and clarify approved courses for continuing education, approved continuing education course for supervisory training and for approved continuing education providers.

SUMMARY: The rule amendment delete unnecessary language and add language to update and clarify approved courses for continuing education, approved continuing education course for supervisory training and for approved continuing education providers.

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

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

SPECIFIC AUTHORITY: 456.013(6), 491.004(5), 491.085 FS.

LAW IMPLEMENTED: 456.013(6), 491.007, 491.0085 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Susan Foster, Executive Director, Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling/MQA, 4052 Bald Cypress Way, Bin # C08, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULES IS:

64B4-6.002 Approved Courses for Continuing Education.

(1) through (3) No change.

(4) Three (3) hours of continuing education credit in risk management may be obtained once per biennium by attending one day of a Board meeting at which disciplinary hearings are conducted by the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, in compliance with the following:

(a) through (c) No change.

(5) through (6) No change.

Specific Authority 456.013(6), 491.004(5), 491.0085 FS. Law Implemented 456.013(6), 491.007(2), 491.0085(1) FS. History–New 4-4-89, Amended 10-16-90, 6-19-91, 9-2-91, 8-24-92, Formerly 21CC-6.002, Amended 1-9-94, Formerly 61F4-6.002, Amended 10-4-94, 12-22-94, 1-7-96, 12-29-96, Formerly 59P-6.002, Amended 12-11-97, 2-9-99, 8-9-00, 6-30-02, 7-8-03, 2-8-05, 5-14-06, 12-17-06,_____.

64B4-6.0025 Approved Continuing Education Course for Supervisory Training.

The continuing education course required to meet the qualifications for a qualified supervisor pursuant to Section 491.005, F.S., and subparagraphs 64B4-11.007(3)(a)2., paragraph 64B4-21.007(3)(b), and subparagraph 64B4-31.007(3)(a)2., F.A.C., must be offered by a Board approved provider of continuing education and consist of the following:

(1) No change.

(2) It must be 16 clock hours of in person didactic and interactional instruction; and

(3) No change.

Specific Authority 491.004(5), 491.0085 FS. Law Implemented 491.007, 491.0085 FS. History–New 12-29-96, Formerly 59P-6.0025, Amended 12-11-97,_____.

64B4-6.004 Approval of Continuing Education Providers.

(1) No change.

(2) Continuing education provider status shall be granted to continuing education providers who satisfy the following requirements:

(a) through (f) No change.

(g) Provide a Statement about what steps would be taken if a course participant submitted a grievance about the course.

(3) through (6) No change.

Specific Authority 491.004(5), 491.0085(1), (3), (4) FS. Law Implemented 491.0085(1) FS. History—New 1-9-94, Formerly 61F4-6.004, Amended 10-2-94, 12-29-96, Formerly 59P-6.004, Amended 12-11-97, 2-9-99, 6-30-02,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 8, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: April 11, 2008

DEPARTMENT OF HEALTH

Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

RULE NO.: 64B4-10.003
 RULE TITLE: Psychotherapist – Client Relationship

PURPOSE AND EFFECT: The Board proposes the rule amendment to update language to modify the time frame defining the length of time for the psychotherapist-client relationship.

SUMMARY: The rule amendment will update language to modify the time frame defining the length of time for the psychotherapist-client relationship.

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

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

SPECIFIC AUTHORITY: 491.004(5), 491.0111 FS.

LAW IMPLEMENTED: 491.0111 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Foster, Executive Director, Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling/MQA, 4052 Bald Cypress Way, Bin # C08, Tallahassee, Florida 32399-3258

THE FULL TEXT OF THE PROPOSED RULE IS:

64B4-10.003 Psychotherapist – Client Relationship.

A psychotherapist-client relationship is established between a psychotherapist and a person once a psychotherapist renders, or purports to render, clinical social work, marriage and family therapy or mental health services including, but not limited to, psychotherapy, counseling, assessment or treatment to that person. A formal contractual relationship, the scheduling of professional appointments, or payment of a fee for services are not necessary conditions for the establishment of a psychotherapist-client relationship, although each of these may be evidence that such a relationship exists.

(1) No change.

(2) For purposes of determining the existence of sexual misconduct the psychotherapist-client relationship, once established, is deemed to continue for a minimum of 2 years after termination of psychotherapy or the date of the last professional contact with the client. However, beyond that 2 year time period, the mere passage of time since the client’s last visit with the psychotherapist is not the sole determinative of whether or not the psychotherapist-client relationship has been terminated. Some of the factors considered by the Board in determining whether the psychotherapist-client relationship has terminated include, but are not limited to, the following:

- (a) Formal termination procedures;
- (b) Transfer of the client’s case to another psychotherapist;
- (c) The length of the professional relationship;
- (d) The extent to which the client has confided personal or private information to the psychotherapist;
- (e) The nature of the client’s problem; and
- (f) The degree of emotional dependence that the client has on the psychotherapist.

(3) The psychotherapist shall not engage in or request sexual contact with a former client at any time if engaging with that client would be exploitative, abusive or detrimental to that client’s welfare or if the sexual contact is a result of the exploitation of trust, knowledge, influence or emotions, derived from the professional relationship.

(4) A client’s consent to, initiation of, or participation in sexual behavior or involvement with a psychotherapist does not change the nature of the conduct nor lift the prohibition.

Specific Authority 491.004(5), 491.0111 FS. Law Implemented 491.0111 FS. History—New 3-5-90, Formerly 21CC-10.003, 61F4-10.003, 59P-10.003, Amended 5-21-98,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 8, 2008
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 7, 2007

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 2, 2008
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 7, 2008

DEPARTMENT OF HEALTH

Board of Osteopathic Medicine

RULE NO.: 64B15-19.008
RULE TITLE: Mediation

PURPOSE AND EFFECT: The Board proposes the rule amendment in order include an additional offense which may be mediated.

SUMMARY: An additional offense which may be mediated will be added to the rule.

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

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

SPECIFIC AUTHORITY: 456.078 FS.

LAW IMPLEMENTED: 456.078 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Pamela King, Executive Director, Board of Osteopathic Medicine, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B15-19.008 Mediation.

(1) No change.

(2) The board finds that the following offenses may be mediated if the offense meets the criteria of Section 456.078, F.S.:

(a) through (e) No change.

(f) Section 459.015(1)(g), F.S., failure to perform any statutory or legal obligation placed upon a licensed osteopathic physician; through a violation of Section 456.072(1)(w), F.S., by failing to comply with the requirements for profiling and credentialing.

Specific Authority 456.078 FS. Law Implemented 456.078 FS. History–New 11-30-94, Formerly 59W-19.008, Amended 5-3-05,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Osteopathic Medicine

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

FINANCIAL SERVICES COMMISSION

OIR – Administration

RULE NO.: 69N-121.066
RULE TITLE: Informal Conferences

PURPOSE AND EFFECT: The rule sets out the process the Office is to follow after an examination of an insurer is performed and the Office provides the insurer with a draft of the report of examination. The rule should be repealed as it is unnecessary as the statute is self-explanatory.

SUMMARY: The rule is unnecessary as the statute is self-explanatory.

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

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

SPECIFIC AUTHORITY: 120.05(5), 120.53, 624.308 FS.

LAW IMPLEMENTED: 120.53, 120.54, 120.56, 120.57, 120.58, 624.307(1), 624.319, 624.324 FS.

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

DATE AND TIME: June 26, 2008, 9:30 a.m.

PLACE: 142 Larson Building, 200 East Gaines Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Bob Prentiss, Assistant General Counsel, Office of Insurance Regulation, E-mail: Bob.Prentiss@fldfs.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Bob Prentiss, Assistant General Counsel, Office of Insurance Regulation, E-mail: Bob.Prentiss@fldfs.com

THE FULL TEXT OF THE PROPOSED RULE IS:

69N-121.066 Informal Conferences.

Specific Authority 120.05(5), 120.53, 624.308 FS. Law Implemented 120.53, 120.54, 120.56, 120.57, 120.58, 624.307(1), 624.319, 624.324 FS. History--New 1-1-75, Formerly 4-38.37, Amended 2-5-87, Formerly 4-38.037, Amended 12-19-94, Formerly 4-121.066, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE: Bob Prentiss, Assistant General Counsel, Office of Insurance Regulation, E-mail: Bob.Prentiss@fldfs.com

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Steven H. Parton, General Counsel, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 21, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 16, 2005

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NOS.:	RULE TITLES:
69O-149.0025	Definitions
69O-149.005	Reasonableness of Benefits in Relation to Premiums
69O-149.006	Actuarial Memorandum

PURPOSE AND EFFECT: To answer questions on health rate filings.

SUMMARY: Section 627.410(6)(b), F.S., states that the Commission may establish by rule procedures to be used in ascertaining the reasonableness of benefits in relation to premium rates. These rules establish such procedures. The rule is being amended to clarify the standards for credibility in using company experience as support for rate filings. Though these standards are in the present rules, the standards have not been stated clearly enough to guarantee that the intent of the existing rule is being met. Consequently, these amendments will tighten up the language.

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

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

SPECIFIC AUTHORITY: 624.308 FS.

LAW IMPLEMENTED: 627.410 FS.

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

DATE AND TIME: June 25, 2008, 9:30 a.m.

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

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Gerry Smith, L&H Product Review, Office of Insurance Regulation, E-mail: gerry.smith@fldfs.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Gerry Smith, L&H Product Review, Office of Insurance Regulation, E-mail: gerry.smith@fldfs.com

THE FULL TEXT OF THE PROPOSED RULES IS:

69O-149.0025 Definitions.

(1) through (5) No change.

(6) Credible Data:

(a) Except as provided in paragraph (b), if a policy form has 2,000 or more policies in force, then full (100 percent) credibility is given to the experience; if fewer than 500 policies are in force, then zero (0 percent) credibility is given.

(b)1. For policy forms with low expected claims frequency, the data from the fewest number of years, starting with the most recent experience year and looking back year by year as necessary, to accumulate such as accident and long term care at least 1,000 claims, over a period not to exceed the most recent 5-year period, shall be assigned 100 percent credibility; 200 claims shall be assigned 0 percent credibility. If 100 percent credibility is not achieved by using the most recent five year period, the data from the most recent five year period only shall be used. The determination of low expected claims frequency is determined at issue and not at different durations of the coverage.

(I) Policy forms that are determined not to be low expected claims frequency forms include, but are not limited to: Medicare Supplement, vision, dental, hospital indemnity, medical expense and other coverage described in Section 627.6561(5), F.S., as creditable coverage.

(II) Policy forms that are determined to be low expected claims frequency forms include, but are not limited to: accident, disability with benefit periods of 24 months or longer, coverage subject to the Long Term Care Insurance Policies Act, s. 627.9401 et. al., cancer, specified disease, and critical illness.

2. For purposes of this section, a claim is counted as the first incidence or diagnosis of an event resulting in a covered benefit or series of covered benefits. It is not each provider encounter or service that may provide care or benefits due to such event.

3. A distinct incident resulting from a recurring chronic condition may be considered as a new claim if the incident triggering the claim is distinct from the incident triggering the prior claim, and the insured had recovered from the prior claim.

(c) Linear interpolation is used for inforce amounts between the low and high values in paragraph (a) or (b).

(d) For group policy forms, the numbers in this definition refer to individual group certificates or subscribers, not policies.

(e) For coverage that is not subject to paragraph (f) below:

1. Florida only experience shall be used if it is 100 percent credible.

2.a. If Florida experience is not 100 percent credible, a combination of Florida and nationwide experience shall be used.

b. The Florida data shall be given the weight of the ratio of the Florida credibility to the nationwide credibility. For example, if Florida data is 10 percent credible and nationwide is 40 percent credible, the Florida data will be given the weight of $[10\%/40\%]$ 25 percent.

c. The nationwide data shall be given the weight of the ratio of the nationwide credibility less the Florida credibility to the nationwide credibility. In the above example, the nationwide data will be given the weight of $[(40\%-10\%)/40\%]$ 75 percent.

d. The data is combined using the indicated weights (in the example above, the experience data would be weighted 25%/75%). The combination of the two weights will always equal 100 percent. A rate change is determined from the blended data. If the nationwide credibility is less than 100 percent, the indicated rate change is weighted by the nationwide credibility (40 percent in the above example) and medical trend, if applicable, by the complement of the nationwide credibility (60 percent in the above example). If nationwide credibility is 100 percent, there would be no trend component.

3. The analysis in subparagraph 2. above is equivalent to determining the indicated rate increase from the Florida only data and the total nationwide data separately, and then weighting the resulting rate changes from each distinct analysis by the credibility of each distinct component. In the example above, the Florida rate increase would be weighted by 10 percent, the nationwide rate increase would be weighted by 30 percent ($40\%-10\%$ = the non-Florida credibility component) and trend would be weighted by the complement of the nationwide credibility ($1-40\%$) 60 percent.

(f) Due to the geographic pricing of medical expense coverage, Florida-only data shall be used. When Florida data is not fully credible, the complement of the experience credibility factor shall be weighted with medical trend.

(7) Durational Loss Ratio Table: The table of annual loss ratios where a loss ratio is the ratio of incurred claims divided by earned premium for each policy duration, by policy duration determined from the original actuarial memorandum when the form was first approved.

(a) No change.

(b) The approved durational loss ratio table is the durational loss ratio table contained in the filing when the form was originally approved, or any subsequent durational loss ratio table filed where the Office explicitly approved the table. The present value of these durational loss ratios is designated as the lifetime target loss ratio.

(8) through (23) No change.

(24) Target Loss Ratio: The lifetime loss ratio and the present value of the durational loss ratios developed in initial pricing projections as may be subsequently amended and approved pursuant to this rule chapter. For annually rated groups, the anticipated loss ratio over the rating period.

Specific Authority 624.308(1), 627.410(6)(b), (e) FS. Law Implemented 627.410(1), (2), (6), 627.411(1)(e) FS. History—New 6-19-03, Formerly 4-149.0025, Amended 5-18-04, 12-22-05,_____.

69O-149.005 Reasonableness of Benefits in Relation to Premiums.

(1) No change.

(2) A premium schedule is not excessive if the following are true:

(a) No change.

(b)1. For individual forms, and group policy forms other than annually rated group policy forms, approved on or after 2/1/94 or issued on or after 6/1/94, the Premium Schedule satisfies the following:

a. No change.

b. The current lifetime loss ratio, as defined in subparagraph 69O-149.006(3)(b)24., F.A.C., is not less than the initial filed target loss ratio for the form as may be subsequently amended and approved pursuant to this rule chapter.

2. For annually rated group policy forms, the target loss ratio is not less than the loss ratio anticipated in the current premium schedule, as may be subsequently amended and approved pursuant to this rule chapter.

(c) through (d) No change.

Specific Authority 624.308(1), 626.9611, 627.410(6)(b), (d), (e) FS. Law Implemented 626.9541(1), 627.410(6)(d), (e), 627.410(7), 627.411(1)(a), (e), 627.9175 FS. History—New 7-1-85, Formerly 4-58.05, 4-58.005, Amended 4-18-94, 11-20-02, Formerly 4-149.005, Amended 5-18-04, 11-2-06, 6-18-07,_____.

69O-149.006 Actuarial Memorandum.

(1) through (2) No change.

(3) Descriptions.

(a) No change.

(b) The descriptions, by item number, of the terms listed above in subsection (2) follow:

1. through 19. No change.

20. Anticipated Loss Ratio: This section shall provide the anticipated loss ratio and the interest rate(s) used in the determination of the value. The target loss ratio for an annually rated group policy form may be reduced upon demonstration and justification of an increase in administrative costs, but not less than the minimum required standard for the policy form.

a. No change.

b. This section shall also include the current approved durational loss ratio table for the form.

(I) through (III) No change.

(IV) A new table shall produce a lifetime loss ratio at least as great as the lifetime loss ratio developed from the current approved loss ratio table and shall become the lifetime standard or target loss ratio for the form.

(V) No change.

21. through 22. No change.

23. Experience on the Form (Past and Future Anticipated): This section shall display the actual experience on the form and that expected for the future.

a. No change.

b. Future periods where the projected values are based on inforce experience:

(I) The experience period used as the basis for determining projected values shall be clearly indicated.

(II) The experience period shall reflect the most current data available. For forms subject to the credibility standards of paragraph 69O-149.0025(6)(b), F.A.C., the experience period shall be generally the most recent 12 months for coverage subject to medical inflation or, the period of time used to determine credible data pursuant to paragraph subsection 69O-149.0025(6)(b), F.A.C. For other forms, the experience period shall be the period consisting of the most recently completed four (4) calendar quarters, where such period must end at least 45 days before the date of the filing. (For example, the experience period for a filing submitted on August 1 would be April 1 of the prior year through March 31 of the current year. The experience period for a filing submitted on September 1 would be July 1 of the prior year through June 30 of the current present year). Use of other data shall be justified to the office as to why the requisite data is not available or appropriate to use.

(III) through (VIII) No change.

c. through d. No change.

24. through 28. No change.

Specific Authority 624.308(1), 627.410(6)(b), (e) FS. Law Implemented 627.410(1), (2), (6), 627.411(1)(e) FS. History—New 7-1-85, Formerly 4-58.06, 4-58.006, Amended 4-18-94, 4-9-95, 11-20-02, 6-19-03, Formerly 4-149.006, Amended 5-18-04, 11-2-06,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Gerry Smith, L&H Product Review, Office of Insurance Regulation, E-mail: gerry.smith@fldfs.com

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: MaryBeth Senkewicz

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 6, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 18, 2008

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NO.: 69O-149.003 RULE TITLE: Rate Filing Procedures

PURPOSE AND EFFECT: This rule change is being made to accommodate the rate filing collection system which is currently being developed for Medicare Supplement products. The rule revision is needed to require issuers to submit their rate information using the rate collection system rather than the format of their choice. This is in response to the Legislature in 2007 allocating funds to establish a system to collect Medicare Supplement rates and publish a premium search and comparison tool on the consumer website.

SUMMARY: The Legislature in 2007 allocated funds for the Office to establish a system to collect Medicare Supplement rates and publish a premium search and comparison tool on the Office’s consumer website. This tool would allow consumers to shop and compare, online, Medicare Supplemental products from the different insurers. This rule change is being made to adopt the new rate filing collection system which allows this search and comparison tool to work.

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

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

SPECIFIC AUTHORITY: 624.308(1), 624,424(1)(c), 627.410(6)(b), (e) FS.

LAW IMPLEMENTED: 119.07(1)(b), 624.307(1), 626.9541(1), 627.410 FS.

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

DATE AND TIME: July 1, 2008, 2:00 p.m.

PLACE: 142 Larson Building, 200 East Gaines Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by

contacting: Gerry Smith, L&H Product Review, Office of Insurance Regulation, E-mail: gerry.smith@fldfs.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Gerry Smith, L&H Product Review, Office of Insurance Regulation, E-mail: gerry.smith@fldfs.com

THE FULL TEXT OF THE PROPOSED RULE IS:

69O-149.003 Rate Filing Procedures.

(1) No change.

(2) Filing Format for Individual Policies and Group Policies and Certificates.

(a)1. All filings shall be made in accordance with paragraph (b) below.

2. No change.

(b) A health insurance rate filing shall consist of the following items:

1. A brief letter explaining the type and nature of the filing. The letter shall indicate if the filing is for a new policy form, a benefit revision, a rate revision, justification of existing rates, or a resubmission. If the filing is a resubmission, the letter shall indicate the Florida filing number of the prior filing.

2. Form OIR-B2-1507, "Office of Insurance Regulation Life and Health Forms and Rates Universal Standardized Data Letter" as adopted in Rule 69O-149.022, F.A.C., completely filled out in accordance with Form OIR-B2-1507A, "Office of Insurance Regulation Life and Health Forms and Rates Universal Standardized Data Letter Instruction Sheet" as adopted in Rule 69O-149.022, F.A.C.

3. The actuarial memorandum, completed as required by Rule 69O-149.006, F.A.C.

4. Rate pages that define all proposed rates, rating factors and methodologies for determining rates applicable in the state.

a. For companies that have a complete rate manual on file with the Office, only the pages that are being changed need to be filed, unless requested by the Office.

b. For Medicare Supplement filings, rates must be submitted through the on-line Medicare Supplement Rate Collection System which is part of the i-file system.

(3) Filings shall be submitted electronically to <https://iportal.fldfs.com/>.

(4) through (6) No change.

Specific Authority 624.308(1), 624,424(1)(c), 627.410(6)(b), (e) FS. Law Implemented 119.07(1)(b), 624.307(1), 626.9541(1), 627.410 FS. History--New 7-1-85, Formerly 4-58.03, 4-58.003, Amended 8-23-93, 4-18-94, 8-22-95, 4-4-02, 10-27-02, 6-19-03, Formerly 4-149.003, Amended 5-18-04, 12-22-05, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Gerry Smith, L&H Product Review, Office of Insurance Regulation, E-mail: gerry.smith@fldfs.com

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: MaryBeth Senkewicz

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 22, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 7, 2008

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NOS.:	RULE TITLES:
69O-149.003	Rate Filing Procedures
69O-149.005	Reasonableness of Benefits in Relation to Premiums
69O-149.007	Annual Rate Certification (ARC) Filing Procedures

PURPOSE AND EFFECT: To provide more pooling of cancer forms and to make a few clarifications to existing provisions.

SUMMARY: Provides for more spreading of risk in cancer pools. All forms where more than half the benefits are attributable to cancer claims will be pooled, regardless of whether the benefits are paid on an indemnity or an expense basis.

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

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

SPECIFIC AUTHORITY: 624.424, 627.410 FS.

LAW IMPLEMENTED: 627.9175 FS.

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

DATE AND TIME: June 27, 2008, 9:00 a.m.

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

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Gerry Smith, L&H Product Review, Office of Insurance Regulation, E-mail: gerry.smith@fldfs.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Gerry Smith, L&H Product Review, Office of Insurance Regulation, E-mail: gerry.smith@fldfs.com

THE FULL TEXT OF THE PROPOSED RULES IS:

69O-149.003 Rate Filing Procedures.

(1)(a) Pooling. For purposes of submitting a rate filing under this part for individual policy forms and for group Medicare supplement and long-term care group policy forms, in order to encourage adequate risk sharing for all generations of policyholders, the experience of all policy forms providing similar benefits, whether open or closed, shall be combined.

1. Separate rating pools may be used for policy forms defined in subsections 69O-149.005(5) and (6), F.A.C., and for stop-loss insurance policy forms.

2. Once policy forms have been combined, they remain so for all rating purposes, unless otherwise approved by the Office. This combining of the experience of policy forms is referred to as pooling. All policy forms within a pool are reviewed based on the analysis of the aggregate experience.

3. The same percentage rate adjustment shall be applicable to all policy forms within the pool.

4. In lieu of subparagraph 3., above, percentage rate adjustments that are not the same for all policy forms within the pool shall be permitted subject to the following:

a. Resulting premium rate schedules are actuarially equivalent based on benefit differences or different regulatory standards, such as margins or retentions, between the policy forms within the pool;

b. Assumptions used to determine future experience and actuarial equivalence shall be based on the same set of common morbidity assumptions for all policy forms within the pool;

c. Policy forms with existing premium rate schedules not meeting the standards of sub-subparagraphs a. and b. above shall not be required to reduce rates to bring the policy forms into compliance, but any proposed rate adjustment shall be required to improve the relationship of the policy forms' premium rate schedules to bring them closer to compliance with sub-subparagraphs a. and b. above; and

d. Non-uniform rate increases shall be subject to the implementation provisions of sub-sub-subparagraph 69O-149.006(3)(b)20.b.(V), F.A.C., on a revenue neutral basis as though a level percentage adjustment had been applied.

5. The experience of policies and policy forms where the rate schedule is not subject to change, such as non-cancellable policy forms and paid up policies, shall not be pooled with policy forms where the rates are subject to change.

6. The rate increase for a Medicare supplement form may be adjusted, on a revenue neutral basis, to mitigate the impact on the refund credit calculation required for the form pursuant

to Rule 69O-156.011, F.A.C., where the company can demonstrate that without such adjustment, the rate increase will result in refunds being required.

7. Notwithstanding the provisions of subsection 69O-149.0025(22), F.A.C., the experience of all policy forms with at least 50% of anticipated claims costs within the form at the time of the filing attributed to cancer claims and claims related to the cancer treatment shall be combined. This percentage of anticipated claims would be determined over the next projection year. If so indicated, notwithstanding the provisions of subparagraph 69O-149.003(1)(a)2., F.A.C., form(s) may be required to move from one pool to another. In such a situation, all experience associated with a form likewise changes pools. When forms are moved into a pool, all forms shall be reevaluated subject to 4. above with any rate increase due to the transfer of experience being phased in over a three year period.

(b) Credibility. In analyzing the experience of policy forms, and to improve the statistical credibility and predictability of anticipated experience, credible data shall be used.

(2) Filing Format for Individual Policies and Group Policies and Certificates.

(a)1. All filings shall be made in accordance with paragraph (b) below.

2.a. For purposes of the rules in this part and the time periods in Section 627.410, F.S., a filing is considered "filed" with the Office upon the receipt of the material required by paragraph (b), on business days between the hours of 8:00 a.m. and 5:00 p.m. eastern time. Filings received after 5:00 p.m. shall be considered to be received the following business day.

b. For purposes of the rules in this Part, the term "filed" does not mean "approved." The term "filed" refers to the date on which the filing is filed with the Office and is the date on which the approval process of Section 627.410, F.S., commences.

c. Filings shall be made on a company distinct basis.

(b) A health insurance rate filing shall consist of the following items:

1. A brief letter explaining the type and nature of the filing. The letter shall indicate if the filing is for a new policy form, a benefit revision, a rate revision, justification of existing rates, or a resubmission. If the filing is a resubmission, the letter shall indicate the Florida filing number of the prior filing.

2. Form OIR-B2-1507, "Office of Insurance Regulation Life and Health Forms and Rates Universal Standardized Data Letter" as adopted in Rule 69O-149.022, F.A.C., completely filled out in accordance with Form OIR-B2-1507A, "Office of Insurance Regulation Life and Health Forms and Rates Universal Standardized Data Letter Instruction Sheet" as adopted in Rule 69O-149.022, F.A.C.

3. The actuarial memorandum, completed as required by Rule 69O-149.006, F.A.C.

4. Rate pages that define all proposed rates, rating factors and methodologies for determining rates applicable in the state. For companies that have a complete rate manual on file with the Office, only the pages that are being changed need to be filed, unless requested by the Office.

(3) Filings shall be submitted electronically to <https://portal.fldfs.com/>.

(4)(a) Every insurer submitting a rate filing shall be notified as to whether the filing has been affirmatively approved by the Office or has been disapproved by the Office within any statutory review period of the date of receipt of the filing.

(b) Submissions that do not include the required material to meet the definition of a filing, or that include material that is illegible, shall not be accepted and shall be returned as incomplete without processing.

(c) Every insurer submitting a rate filing which does not comply with the requirements of Rules 69O-149.002 through 69O-149.006, F.A.C., or for which the Office determines that additional information is necessary for a proper review, will be notified of the additional information necessary within the statutory limit. Every insurer shall submit the required data by a date certain stated in the clarification letter, to allow the Office sufficient time to perform a proper review. Failure to correct the filing by the date certain in the clarification letter will result in an affirmative disapproval of the filing by the Office.

(5)(a) Insurers with fewer than 1,000 Florida policyholders, under medical expense forms with coverage meeting the definition of Section 627.6561(5)(a)2., F.S., or any form or pooled group of Medicare supplement forms with fewer than 1,000 nationwide policyholders, or medical expense forms with coverage meeting the definition of Section 627.6561(5)(a)2., F.S., may, at their option, file a streamlined rate increase filing where the annualized rate increase does not exceeding annual medical trend as provided in subsection (6) below.

(b) The number indicated in paragraph (5)(a) above represents the individual primary insureds and does not include spouses or dependants.

(c) For group coverage, the number indicated in paragraph (5)(a) above represents the individual certificateholders or subscribers.

(d) For Medicare supplement business, this provision applies for each type considered separately: Standard, Pre-standard and Select Medicare supplement coverage.

(e) The filing:

1. Shall be made in accordance with paragraph 69O-149.003(2)(b), F.A.C.; and

2. Shall provide a certification that the filing includes all forms with similar benefits in lieu of the actuarial memorandum referenced in subparagraph 69O-149.003(2)(b)3., F.A.C.

(f) This provision is an option available to the company. The company may choose, at its option, to make a complete filing in accordance with paragraph 69O-149.003(2)(b), F.A.C., including a complete actuarial memorandum in accordance with Rule 69O-149.006, F.A.C.

(6) No change.

Specific Authority 624.308(1), 624.424(1)(c), 627.410(6)(b), (e) FS. Law Implemented 119.07(1)(b), 624.307(1), 626.9541(1), 627.410 FS. History—New 7-1-85, Formerly 4-58.03, 4-58.003, Amended 8-23-93, 4-18-94, 8-22-95, 4-4-02, 10-27-02, 6-19-03, Formerly 4-149.003, Amended 5-18-04, 12-22-05, _____.

69O-149.005 Reasonableness of Benefits in Relation to Premiums.

(1) Benefits will be determined to be reasonable in relation to the premium rates charged if the premium schedule is not excessive, not inadequate and not unfairly discriminatory. In determining whether a premium schedule satisfies these requirements, the Office will consider all items presented in the filing with special emphasis placed on the information included in the actuarial memorandum.

(2) A premium schedule is not excessive if the following are true:

(a) For a new policy form, group or individual,

1. The anticipated loss ratio is not less than the indicated adjusted entry in the loss ratio tables, in subsection (4), below.

2. The insurer does not knowingly price any individual rate within the rate schedule to be charged to an insured to be excessive. This requirement does not apply to any group policy where the final premium charged to the employer is an average of the premium charged to the individual members.

(b)1. For individual forms, and group policy forms other than annually rated group policy forms, approved on or after 2/1/94 or issued on or after 6/1/94, the Premium Schedule satisfies the following:

a. An Anticipated Loss Ratio test such that the present value of projected claims is not less than the present value of expected claims over the entire future lifetime of the form. This is equivalent to the present value of the future A/E ratio not being less than 1.0; and

b. The current lifetime loss ratio, as defined in subparagraph 69O-149.006(3)(b)24., F.A.C., is not less than the initial filed loss ratio for the form as may be subsequently amended and approved pursuant to this rule chapter.

2. For annually rated group policy forms, the target loss ratio is not less than the loss ratio anticipated in the current premium schedule, as may be subsequently amended and approved pursuant to this rule chapter.

(c) For an existing Individual Policy Form issued up to 6/1/94 for forms approved prior to 2/1/94, the Premium Schedule satisfies subparagraphs 1. and 2., below:

1. The anticipated Loss Ratio is not less than the initial filed loss ratio; and

2. The current lifetime Loss Ratio is not less than the initial filed loss ratio.

(d) For an existing group policy form issued up to 6/1/94 for forms approved prior to 2/1/94, the anticipated loss ratio is not less than the appropriate adjusted entry in the loss ratio tables in subsection (3), below.

(3) Loss Ratios for Individual Policies and Group Certificates issued up to 6/1/94 for forms approved prior to 2/1/94. The loss ratios in the table in paragraph (d), below, are adjusted pursuant to paragraph (a), (b), or (c), below, where

$$I = (\text{CPI-U, year N-1})/103.9$$

N-1 is the calendar year immediately preceding the calendar year (N) in which the rate filing is submitted in Florida, and

CPI-U is the consumer price index for all urban consumers, for all items and for all regions of the U.S. combined, as determined by the U.S. Department of Labor, Bureau of Labor Statistics; and the CPI-U for any year is the value as of September.

(a) If the average annual premium per individual policy or group certificate, (X), is less than \$ 300xI, then the minimum loss ratio is adjusted to R' by the following formula: $R' = R \times ((800xI + X)/(1100xI))$, where the reduction cannot exceed 10 percentage points.

(b) If the average annual premium per individual policy or group certificate, (X) exceeds \$ (I*2000), then the minimum loss ratio is adjusted to R' by the following formula: $R' = R \times ((I*9000)+X)/(I*11000)$. R' cannot exceed R by more than 10 percentage points.

(c) For group insurance certificates, there is an additional adjustment R".

1. For E greater than 0 and less than or equal to 100

$$R'' = R' \times ((550 + E) / 550)$$

2. For E greater than 100

$$R'' = R' \times ((6400 + E) / 5500)$$

3. E is normally the average number of certificateholders in a group rating class.

4. However, where a group is composed of subgroups, e.g., multiple employer trusts, E is the average number of certificateholders per subgroup. Where a group is composed of certificateholders issued as a result of solicitations of individuals through the mail or by mass media advertising, including both print and broadcast advertising, E shall be 50. In no event will R" be greater than 80%. The average annual premium (X) shall be per certificate under a group policy and shall be estimated by the insurer based on an anticipated distribution of business considering all significant criteria having a rate difference. Such estimate shall assume an annual mode for all certificates, i.e., the fractional premium loading shall not affect the average annual premium or anticipated loss ratio calculation. The value of X shall be determined on the basis of the rates being filed.

(d) Loss Ratio Table:

Renewal Clauses	Loss Ratio in %
Optionally Renewable	60
Conditionally Renewable	55
Guaranteed Renewable	55
Non-cancellable	50
Non-renewable	50

(4) Loss Ratios for Individual Policies and Group Certificates approved on or after 2/1/94 or issued on or after 6/1/94. These tables are not applicable to Medicare Supplement or Long-Term Care Policy Forms. The minimum loss ratios for those policy forms are found in Rule Chapters 69O-156 and 69O-157, F.A.C., respectively.

(a) The loss ratios in the tables below are adjusted in accordance with the following formula, where

R = the loss ratio from the table,

A = the average annual premium per individual policy or per group certificate,

R' = the adjusted loss ratio, and

I is as defined in subsection 69O-149.005(3), F.A.C.

Then $R' = (A-25I)R/A$ and R' cannot be more than 10 percentage points less than R, for coverage with at least 12 months and pro rata for coverage with less than 12 months, nor less than 50 percent; except R' cannot be less than 45 percent as to accident only non-cancellable policies.

(b) Loss Ratio Table – Group Policy Forms

Group Size	Medical Expense Loss Ratio	Medical Indemnity or any policy with an average annual premium per certificate less than \$1000 Loss Ratio
Fewer than 51 certificates	65%	57.5%
51 through 500 certificates	70%	62.5%
All others	75%	67.5%

(c)1. Loss Ratio Table – Individual and Stop-loss Policy Forms.

Renewal Clause	Medical Expense Loss Ratio %	Medical Indemnity, Loss of Income Loss Ratio
Non-Cancellable	55%	50%
Non-Renewable	60%	55%
Guaranteed	65%	60%
Renewable		
All Other	70%	65%
Minimum Acceptable	55%	50%

2. For purposes of determining the minimum required loss ratio for stop-loss policies, the average annual premium for purposes of determining the R' above, shall be the average premium per employee covered by the employer's stop-loss policy.

(5)(a) Group conversion insurance, other than long-term care and medicare supplement insurance, issued on either a group or an individual basis, is exempt from the loss ratios required above.

(b) The loss ratio for group conversion insurance shall not be less than 120 percent.

(c) The insurer may charge the excess of the group conversion loss ratio over that required for group insurance on active lives to the experience for insurance on active lives.

(d) The premium to be charged for group conversion insurance subject to Section 627.6675, F.S., shall not exceed the limits of Section 627.6675(3), F.S., based on the standard risk rates as established in Part X of this rule chapter.

(6) Blanket Insurance is exempt from the loss ratios required above. The minimum loss ratio for blanket insurance is 65%.

(7) As provided by Section 627.411(3)(a), F.S., the minimum loss ratio in the above tables for health insurance coverage as described in Section 627.6561(5)(a)2., F.S., shall be at least 65 percent.

(8) Anticipated loss ratios lower than those otherwise required by this part shall not be permitted unless the insurer demonstrates that the proposed loss ratios are in accordance with sound actuarial principles; do not result in unfair discrimination in sales practices; and are otherwise in substantial compliance with the requirements of this part.

(9) A premium schedule shall not be disapproved on the grounds of inadequacy if:

(a) The expected profit margin on the policy form is non-negative. This margin equals the sum of premium income and investment income, minus the sum of benefit payments, expenses, taxes and contingency margins;

(b) The premium schedule incorporates for the entire future lifetime of the policy, the projected entire effects of insurance trend; and

(c) The premium schedule is determined such that if all assumptions are satisfied, the annual rate increases needed will not be greater than medical trend, as defined in subparagraph 69O-149.006(3)(b)18., F.A.C.

(10) through (14) No change.

(15) Rates charged for periods where a certification has been made to the office that the rates, at the time of the certification, met the standards of Florida law and promulgated rules and which after investigation by the office have been determined to fail to meet such standards, or are for periods where the insurer has failed to make the required annual filing, shall constitute an unfair and deceptive trade practice in violation of Section 626.9541(1)(e), F.S.

(a) In making the determination that the benefits are not reasonable in relationship to the rates charged for any rating period, the office shall make its determination based on the information used and relied upon by the actuary, as well as all company related information and other information that was

readily available to the company's actuary upon using due diligence, which information would provide an impact to the analysis using generally accepted actuarial standards and practices, at the time the certification was made.

(b) For purposes of this rule, the office shall limit its investigation of rates to the period beginning twelve months subsequent to the date of the most recent rate filing, filed under Section 627.410(7)(b)1., F.S., explicitly approved by the office, e.g. the office shall limit its investigation to rates charged after 7/1/07 where the last approved rate was 7/1/06.

(c) If the office determines that such violation has occurred:

1. The insurer may agree that any subsequent rate increase to existing insureds shall be implemented over a period equal to the length of time the rates charged have failed to comply with the provisions of Section 627.410(6) or (7), F.S. and these rules. The rate for any new insured shall be an adequate rate approved by the office.

2. Benefit enhancements, rate reductions, rate credits refunds, or any combination thereof, shall be determined to return the rates to a level that meet the standards of these rules, to be implemented through a filing submitted to the Office for approval within 30 days of the determination by the Office that such a violation has occurred.

(d) If the insurer does not agree to the corrective actions outlined in paragraph (c), then the Office may pursue administrative action and remedies, including the penalties provided by Section 624.418, F.S.

(e) Nothing in this rule effects or limits in anyway the remedies and penalties that are available under Chapter 626, Part IX, F.S.

Specific Authority 624.308(1), 626.9611, 627.410(6)(b), (d), (e) FS. Law Implemented 626.9541(1), 627.410(6)(d), (e), 627.410(7), 627.411(1)(a), (e), 627.9175 FS. History--New 7-1-85, Formerly 4-58.05, 4-58.005, Amended 4-18-94, 11-20-02, Formerly 4-149.005, Amended 5-18-04, 11-2-06, 6-18-07,_____.

69O-149.007 Annual Rate Certification (ARC) Filing Procedures.

(1) This rule applies to filings made pursuant to Section 627.410(7)(b)2., F.S., in which no rate change is proposed.

(2) The filings required by this rule shall be on an individual company basis.

(3) This rule is not applicable for Medicare supplement coverage. Medicare supplement forms are subject to Rule 69O-149.003, F.A.C.

(4) Non-cancellable coverages which are no longer available for sale and which have not been sold or marketed for at least 5 years and are in compliance with the reasonableness standards of Rule 69O-149.005, F.A.C., shall be exempt from the filing requirements of this rule. If a company is subsequently discovered not to have met the standards, they shall, in addition to other administrative remedies, be required

to enhance benefits and make premium refunds to bring the form into full compliance with the loss ratio standards of Rule 69O-149.005, F.A.C.

(5) An ARC filing shall consist of:

(a) A cover letter indicating the nature of the filing;

(b) Form OIR-B2-1507, as adopted in Rule 69O-149.022, F.A.C.; Form OIR-B2-1507, "Office of Insurance Regulation Life and Health Forms and Rates Universal Standardized Data Letter" as adopted in Rule 69O-149.022, F.A.C., completely filled out in accordance with Form OIR-B2-1507A, "Office of Insurance Regulation Life and Health Forms and Rates Universal Standardized Data Letter Instruction Sheet" as adopted in Rule 69O-149.022, F.A.C.; and

(c) A certification by an actuary, that is in accordance with subparagraph 69O-149.006(3)(b)28., F.A.C. In addition, the certification should include a statement that, based on current experience and projection assumptions, rates schedules are not forecast to increase over the next twelve (12) months.

(6) A filing shall include only forms that are pooled together for rating purposes as provided by subsection 69O-149.003(1), F.A.C. Separate filings shall be made for separate rating pools.

(7) For noncredible blocks of business on a nationwide basis, the company may request a waiver of the requirement. The request shall be made annually and be accompanied by a letter indicating the nature of the filing, the type of product, and the reason for the request.

(8) When a company using a current rate schedule is unable to demonstrate that the minimum loss ratio standards in Rule 69O-149.005, F.A.C., are met, it shall make a rate filing with the Office pursuant to Rule 69O-149.003, F.A.C., to reduce rates, enhance benefits, make refunds, or a combination of these to satisfy the standards.

(a) A company may make a certification in compliance with this rule without such change to benefits, refunds, or premiums if the A/E ratio for the past experience periods are, both in pattern and aggregate value, consistently at or in excess of .85; or

(b) For rating pools that are not fully credible, the company may make a certification in compliance with this rule if both the lifetime A/E ratio and the future A/E ratio are at or in excess of .85 when assuming best estimate assumptions in determining projected values.

(c) If the certification in paragraph (a) or (b) is unable to be made, and the company has been in compliance with these rules, the company shall make a rate filing pursuant to Rule 69O-149.003, F.A.C., to reduce rates, enhance benefits, make refunds, or a combination of these which shall target a future A/E ratio of at least 1.0.

(9) A company may request exemption from all future ARC filings upon demonstration that the form or rating pool consists only of policy forms which are no longer available for sale and:

(a) The company has no other form with similar benefits that is currently available for sale,

(b) The accumulated experience from inception to date exceeds the required lifetime loss ratio standard for the form,

(c) The present value of future premiums is less than 10 percent of the accumulated value of past earned premiums or the data is 0 percent credible, and

(d) The company certifies that it will not increase premiums in the future.

(10) All filings made pursuant to this rule shall be on a company distinct basis and submitted electronically to <https://iportal.fldfs.com>.

Specific Authority 624.308 FS. Law Implemented 627.410 FS. History—New 5-14-92, Amended 11-20-02, Formerly 4-149.007, Amended 5-18-04, 11-2-06,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Gerry Smith, L&H Product Review, Office of Insurance Regulation, E-mail: gerry.smith@fldfs.com

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: MaryBeth Senkewicz

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 6, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 7, 2008

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NOS.:	RULE TITLES:
69O-157.301	Rate Increase Standards
69O-157.302	Facility Only Rates
69O-157.303	Home Health Care Only Rates
69O-157.304	Comprehensive Only Rates

PURPOSE AND EFFECT: To establish a framework for evaluating rate increases for long term care insurance, and to ensure that the rate increases are not excessive.

SUMMARY: Section 627.9407(7)(c), Florida Statutes, provides that rates charged to an insured for renewal of an existing long term care insurance policy may not exceed the price the insurer charges for newly issued policies. The problem this statute addresses relates to “closed blocks” of business. A closed block of business occurs when a particular approved policy is no longer being sold to new customers. There will be a group of insureds who have the insurance, and they will continue to be renewed, but no new customers will be sold that policy. This statute protects those insureds in that closed block by precluding an insurer from having higher renewal rates than its rates for new business. This new rule implements this statute by defining terms used in the statute and explaining how calculations are to be done so the insurer can be sure it is in compliance with the statute.

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

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

SPECIFIC AUTHORITY: 627.9408(1) FS.

LAW IMPLEMENTED: 627.031(1)(a), 627.062, 627.9407(7) FS.

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

DATE AND TIME: July 2, 2008, 9:00 a.m.

PLACE: 142 Larson Building, 200 East Gaines Street, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Gerry Smith, L&H Product Review, Office of Insurance Regulation, E-mail: gerry.smith@fldfs.com

THE FULL TEXT OF THE PROPOSED RULES IS:

69O-157.301 Rate Increase Standards.

(1) Rate increase filings for long term care insurance shall be filed in accordance with filing requirements and standards of Rule Chapters 69O-149 and 69O-157, F.A.C.

(2) The term "policies with similar coverage" has the same meaning as "similar policy forms" as defined in subsection 69O-157.103(17), F.A.C.

(3) The footnote following Section 627.9407, F.S., states that Section 11, Ch. 2006-254, L.O.F., provides that "[t]his act shall apply to long-term care insurance policies issued or renewed on or after July 1, 2006. For any long-term care insurance policy issued prior to July 1, 2006, the provisions of [Section 627.94076, F.S.] shall apply to such policy only upon renewal of such policy on or after July 1, 2008, and the policy shall so provide by endorsement to the policy."

(4) Pursuant to the provisions of Section 627.9407(7)(c), F.S., for insurers that are currently actively marketing and issuing similar coverage, the rates resulting after a rate increase filing shall not exceed the insurer's new business rate.

(5)(a) Section 627.9407(7)(c), F.S., requires that the office annually determine and publish the currently available new business rates for similar coverage being sold in Florida. The published new business rates represent the maximum annual rate that may be charged after a rate increase for insurers not currently issuing new coverage.

(b) The published rates shall be determined by first identifying those carriers currently issuing policies with similar coverage. For each of the similar coverage categories, the Florida new business earned premium, defined as first year

premium in Florida, is determined for the prior calendar year. Those insurers reporting at least the top 80% of that earned premium, cumulatively, starting with the largest, will be used to tabulate the new business rate. The new business rate shall be the weighted average of the insurers' rates, using the market share, as measured by first year premium in Florida, as the weight.

(c)1. The new business rates are for the standard underwriting class for the insurer. Standard underwriting class is the underwriting class with the most predominant sales, measured by number of policies, regardless of the name given to it by the insurer.

2. The new business rates for other underwriting classes, as well as for more liberal or more restrictive standards for benefit triggers as defined by Section 627.94074, F.S., or area factors, shall bear the same relationship to the standard rate schedules that the insurer has filed and approved. For example, if an insurer's preferred rate is 85% of its standard rate, the premium limit applicable to the rate increase for business sold as preferred will be 85% of the standard rate schedule.

(d)1. The published new business rates represent the particular benefit configuration listed. If an insurer has policies in force that have benefits different from the benefit used to determine the published rates, including differences in benefit triggers, the insurer may contact the office for the new business rate that reflect the different benefits.

2. The office shall determine the new business rates for the requested benefit configuration in the same manner as it used for determining the published rates. The resulting rates shall be consistent with the published new business rates reflecting benefit differences only.

3. Insurers needing a different benefit configuration should make such request of the office in advance of a rate filing so as to give the office time to determine such rates and provide them to the insurer.

4. If the office is unable to determine the rates by a tabulation of the insurers currently selling similar coverage, the office shall use its best actuarial judgment in determining the new business rates using the information available from the insurers in the 80% market share. Alternatively in such cases, If the Office is unable to determine the new business rates based on the above procedures, at the option of the insurer, the insurer may, at its option, submit the results of a model used to price new long term care products by an actuarial consulting firm currently pricing long term care for other clients, who is independent of the insurer, acceptable to the office, and contracted by the insurer. The assumptions used shall be available to the office for review and approval. The model will be used to develop the new business pricing for the insurer's policy benefit configuration, the new business pricing for the published benefit configuration, and to develop a factor which is the ratio of the insurer's policy benefits to the published benefits. It is noted that the provisions of Section

627.9407(7)(c), F.S., provide that the differences shall be benefit differences only; all other provisions of the two policies being modeled shall be identical. Such factor, representing benefit differences only, shall be used to adjust the published new business rates. Independent, as used in this section, shall mean that the actuarial consulting firm or the actuary to be involved in the project has no relationship currently or for the last three years with the insurers for pricing, valuation, or other reviews.

(e) If the application of this rule results in different increases being applied to different plans within the filing, the requirements of subparagraph 69O-149.003(1)(a)4., F.A.C., shall apply.

~~(f) The published rates apply to sales in Hillsborough County. For all other counties, the rate from the published table should be adjusted by the insurer's current area factor applicable in that county relative to the insurer's area factor in Hillsborough County.~~

~~(g)(f)~~ The premium for all additional benefits provided in the policy or by rider to the policy shall be the same proportion of the base rates after any rate change as they were before such change.

Specific Authority 627.9408(1) FS. Law Implemented 627.9407(7) FS. History—New 11-1-07, Amended _____.

69O-157.302 Facility Only Rates.

(1) The footnote following Section 627.9407, F.S., states that Section 11, Ch. 2006-254, L.O.F., provides that “[t]his act shall apply to long-term care insurance policies issued or renewed on or after July 1, 2006. For any long-term care insurance policy issued prior to July 1, 2006, the provisions of [Section 627.94076, F.S.] shall apply to such policy only upon renewal of such policy on or after July 1, 2008, and the policy shall so provide by endorsement to the policy.”

(2) The following maximum new business rates are effective for ~~2006 rate increase filings and for 20087 and later~~ rate filings until new rates are published: These annual rates are appropriate for:

- (a) Tax qualified policies;
- (b) A benefit of \$100/day;
- (c) An elimination period of 90 days.
- (d) Policies offering Restoration of Benefits, and
- (e) Sales in Hillsborough County. For all other counties, the rate from this table should be adjusted by the insurer's current area factor applicable in that county relative to the insurer's area factor in Hillsborough County.

(f) Insurers who did not use area factors in the closed blocks for which a rate change is being requested may calculate the new business rate as a weighted average of the Hillsborough and the South Florida area factors, where the weights used are in-force premium by county. For the purposes

of this calculation, the South Florida area factors are those that apply in Broward, Duval and Palm Beach county. The South Florida area factor is equal to 1.00.

(3)(a) Facility Only Rates:

<u>Issue Age</u>	<u>3-Yr Benefit Period</u>	<u>5-Yr. Benefit Period</u>	<u>Unlimited Benefit Period</u>
30	\$284.03	\$350.92	\$459.40
31	\$287.49	\$356.69	\$468.20
32	\$291.06	\$362.46	\$477.10
33	\$294.63	\$368.43	\$486.30
34	\$298.31	\$374.41	\$495.60
35	\$301.98	\$380.48	\$505.10
36	\$305.97	\$386.97	\$514.70
37	\$310.07	\$393.46	\$524.50
38	\$314.16	\$400.05	\$534.50
39	\$318.36	\$406.75	\$544.70
40	\$322.67	\$413.65	\$555.00
41	\$326.97	\$420.55	\$565.60
42	\$331.28	\$427.66	\$576.40
43	\$335.69	\$434.87	\$587.40
44	\$340.20	\$442.18	\$598.60
45	\$344.72	\$449.60	\$610.00
46	\$350.81	\$458.76	\$623.20
47	\$357.00	\$468.14	\$636.70
48	\$363.30	\$477.71	\$650.50
49	\$369.71	\$487.50	\$664.60
50	\$376.22	\$497.49	\$679.00
51	\$382.83	\$507.69	\$693.80
52	\$389.55	\$518.09	\$708.80
53	\$396.38	\$528.70	\$724.20
54	\$403.41	\$539.51	\$739.90
55	\$410.55	\$550.54	\$755.90
56	\$440.48	\$588.75	\$809.80
57	\$472.61	\$629.64	\$867.50
58	\$507.05	\$673.31	\$929.30
59	\$543.90	\$720.07	\$995.50
60	\$583.59	\$770.03	\$1,066.40
61	\$626.12	\$823.49	\$1,142.40
62	\$671.79	\$880.65	\$1,223.80
63	\$733.74	\$962.95	\$1,339.80
64	\$801.47	\$1,052.97	\$1,466.80
65	\$865.58	\$1,126.68	\$1,569.48
66	\$934.83	\$1,216.81	\$1,679.34
67	\$1,009.62	\$1,314.16	\$1,796.89
68	\$1,090.38	\$1,419.29	\$1,930.23
69	\$1,211.81	\$1,547.81	\$2,150.64
70	\$1,340.75	\$1,729.87	\$2,396.25
71	\$1,540.77	\$1,933.44	\$2,669.85
72	\$1,735.55	\$2,160.93	\$2,974.77
73	\$1,924.97	\$2,433.75	\$3,335.67
74	\$2,109.14	\$2,740.95	\$3,740.31
75	\$2,346.15	\$3,087.00	\$4,194.18
76	\$2,642.60	\$3,476.81	\$4,702.95
77	\$2,976.56	\$3,915.74	\$5,273.55
78	\$3,282.46	\$4,316.20	\$5,783.13
79	\$3,619.73	\$4,757.64	\$6,342.03
80	\$3,991.68	\$5,244.13	\$6,954.93
81	\$4,401.81	\$5,867.91	\$7,804.10
82	\$4,854.18	\$6,530.20	\$8,685.00
83	\$5,343.31	\$7,198.98	\$9,574.40
84	\$5,881.77	\$7,874.25	\$10,472.40
85	\$6,474.57	\$8,556.00	\$11,379.10
86	\$7,127.00	\$9,704.97	\$12,907.30
87	\$7,845.30	\$10,842.09	\$14,419.60
88	\$8,524.85	\$11,967.26	\$15,916.00
89	\$9,263.27	\$13,080.28	\$17,396.40

Issue Age	3-Yr Benefit Period	5-Yr. Benefit Period	Unlimited Benefit Period
35	\$247.43	\$302.74	\$378.50
45	\$363.53	\$446.70	\$555.75
55	\$522.32	\$646.08	\$810.43
65	\$1,126.33	\$1,406.97	\$1,750.61
75	\$3,073.57	\$3,879.00	\$4,769.07

(b) The insurers used to tabulate the above rates are:

Insurer	Weighing Percentage
Metropolitan Life Insurance Company	25.5%
Bankers Life & Casualty Company	90.3%
Penn Treaty Network America Insurance Company	74.5% 9.7%

Specific Authority 627.9408(1) FS. Law Implemented 627.9407(7) FS. History--New 11-1-07, Amended.

69O-157.303 Home Health Care Only Rates.

(1) The footnote following Section 627.9407, F.S., states that Section 11, Ch. 2006-254, F.S., provides that “[t]his act shall apply to long-term care insurance policies issued or renewed on or after July 1, 2006. For any long-term care insurance policy issued prior to July 1, 2006, the provisions of [Section 627.94076, F.S.] shall apply to such policy only upon renewal of such policy on or after July 1, 2008, and the policy shall so provide by endorsement to the policy.”

(2) The following maximum new business rates are effective for ~~2006 rate increase filings and for 20087 and later~~ rate filings until new rates are published. These annual rates are appropriate for:

- (a) Tax qualified policies;
- (b) A benefit of \$100/day;
- (c) An elimination period of 90 days;
- (d) Policies offering Restoration of Benefits, and
- (e) Sales in Hillsborough County. For all other counties, the rate from this table should be adjusted by the insurer’s current area factor applicable in that county relative to the insurer’s area factor in Hillsborough County.

(f) Insurers who did not use area factors in the closed blocks for which a rate change is being requested may calculate the new business rate as a weighted average of the Hillsborough and the South Florida area factors, where the weights used are in-force premium by county. For the purposes of this calculation, the South Florida area factors are those that apply in Broward, Duval and Palm Beach county. The South Florida area factor is equal to 1.30.

(3)(a) Home Health Care Only Rates:

Issue Age	3-Yr Benefit Period	5-Yr. Benefit Period	Unlimited Benefit Period
30	\$269.87	\$312.28	\$349.95
31	\$269.87	\$312.28	\$349.95
32	\$269.87	\$312.28	\$349.95
33	\$269.87	\$312.28	\$349.95
34	\$269.87	\$312.28	\$349.95
35	\$289.72	\$338.50	\$387.94

36	\$289.72	\$338.50	\$387.94
37	\$289.72	\$338.50	\$387.94
38	\$289.72	\$338.50	\$387.94
39	\$289.72	\$338.50	\$387.94
40	\$322.79	\$378.01	\$432.23
41	\$322.79	\$378.01	\$432.23
42	\$322.79	\$378.01	\$432.23
43	\$322.79	\$378.01	\$432.23
44	\$322.79	\$378.01	\$432.23
45	\$369.28	\$443.74	\$508.03
46	\$369.28	\$443.74	\$508.03
47	\$369.28	\$443.74	\$508.03
48	\$369.28	\$443.74	\$508.03
49	\$369.28	\$443.74	\$508.03
50	\$419.54	\$503.66	\$578.79
51	\$432.77	\$523.33	\$597.70
52	\$452.62	\$536.43	\$623.00
53	\$465.85	\$562.65	\$648.29
54	\$485.87	\$582.50	\$673.50
55	\$529.97	\$636.44	\$726.61
56	\$556.75	\$663.03	\$768.52
57	\$590.32	\$699.83	\$810.60
58	\$630.64	\$749.93	\$865.74
59	\$670.96	\$796.74	\$921.05
60	\$708.00	\$853.39	\$976.28
61	\$754.93	\$903.67	\$1,034.35
62	\$802.05	\$956.95	\$1,095.97
63	\$865.99	\$1,040.67	\$1,184.05
64	\$933.27	\$1,124.47	\$1,281.90
65	\$1,010.63	\$1,214.83	\$1,376.28
66	\$1,087.98	\$1,301.72	\$1,476.97
67	\$1,165.25	\$1,398.64	\$1,583.96
68	\$1,262.76	\$1,515.59	\$1,707.65
69	\$1,366.99	\$1,642.56	\$1,844.12
70	\$1,477.73	\$1,772.81	\$1,986.80
71	\$1,595.09	\$1,912.89	\$2,135.79
72	\$1,712.46	\$2,056.24	\$2,297.47
73	\$1,840.71	\$2,204.01	\$2,445.41
74	\$1,968.78	\$2,355.32	\$2,599.83
75	\$2,106.93	\$2,516.29	\$2,763.85
76	\$2,248.33	\$2,680.72	\$2,930.87
77	\$2,389.72	\$2,848.23	\$3,104.12
78	\$2,571.75	\$3,056.67	\$3,308.54
79	\$2,753.77	\$3,268.58	\$3,519.36
80	\$2,949.12	\$3,483.48	\$3,726.71
81	\$3,151.09	\$3,715.14	\$3,950.13
82	\$3,359.66	\$3,949.80	\$4,179.86
83	\$3,571.71	\$4,188.29	\$4,410.21
84	\$3,793.92	\$4,433.35	\$4,656.64
85	\$4,025.90	\$4,688.13	\$4,899.59
86	\$4,267.96	\$4,952.94	\$5,158.79
87	\$4,513.17	\$5,224.30	\$5,420.66
88	\$4,885.73	\$5,633.61	\$5,792.96
89	\$5,261.44	\$6,049.38	\$6,171.47

Issue Age	3-Yr Benefit Period	5-Yr. Benefit Period	Unlimited Benefit Period
35	\$166.18	\$203.65	\$242.26
45	\$245.38	\$306.44	\$366.65
55	\$369.58	\$455.50	\$548.26
65	\$691.78	\$836.06	\$989.23
75	\$1,318.83	\$1,520.52	\$1,702.93

(b) The insurers used to tabulate the above rates are:

Insurer	Weighing Percentage
Bankers Life & Casualty Company	97.2% 79.2%

Colonial American Life Insurance Company	2.3% <u>20.8%</u>	43	<u>\$434.51</u>	<u>\$552.75</u>	<u>\$733.25</u>
Penn Treaty Network America Insurance Company	0.5%	44	<u>\$445.46</u>	<u>\$558.21</u>	<u>\$740.15</u>
		45	<u>\$457.15</u>	<u>\$588.24</u>	<u>\$767.35</u>
		46	<u>\$469.07</u>	<u>\$593.07</u>	<u>\$782.73</u>
Specific Authority 627.9408(1) FS. Law Implemented 627.9407(7) FS. History--New 11-1-07, <u>Amended</u>		47	<u>\$474.02</u>	<u>\$599.22</u>	<u>\$790.99</u>
		48	<u>\$479.33</u>	<u>\$605.50</u>	<u>\$799.51</u>
69O-157.304 Comprehensive Only Rates.		49	<u>\$492.01</u>	<u>\$611.69</u>	<u>\$822.72</u>
(1) The footnote following Section 627.9407, F.S., states that Section 11, Ch. 2006-254, L.O.F., provides that “[t]his act shall apply to long-term care insurance policies issued or renewed on or after July 1, 2006. For any long-term care insurance policy issued prior to July 1, 2006, the provisions of [Section 627.94076, F.S.] shall apply to such policy only upon renewal of such policy on or after July 1, 2008, and the policy shall so provide by endorsement to the policy.”		50	<u>\$502.21</u>	<u>\$631.63</u>	<u>\$839.32</u>
		51	<u>\$518.00</u>	<u>\$648.72</u>	<u>\$859.73</u>
		52	<u>\$533.51</u>	<u>\$674.20</u>	<u>\$887.15</u>
		53	<u>\$550.58</u>	<u>\$693.44</u>	<u>\$918.49</u>
		54	<u>\$568.09</u>	<u>\$721.86</u>	<u>\$949.96</u>
		55	<u>\$588.25</u>	<u>\$733.65</u>	<u>\$980.98</u>
		56	<u>\$626.56</u>	<u>\$787.13</u>	<u>\$1,040.83</u>
		57	<u>\$661.34</u>	<u>\$841.03</u>	<u>\$1,109.08</u>
(2) The following maximum new business rates are effective for 2006 rate increase filings and for 20087 and later rate filings until new rates are published. These annual rates are appropriate for:		58	<u>\$705.13</u>	<u>\$905.55</u>	<u>\$1,179.64</u>
(a) Tax qualified policies;		59	<u>\$741.88</u>	<u>\$954.58</u>	<u>\$1,260.83</u>
(b) A benefit of \$100/day;		60	<u>\$795.99</u>	<u>\$1,022.36</u>	<u>\$1,336.52</u>
(c) An elimination period of 90 days;		61	<u>\$852.97</u>	<u>\$1,093.08</u>	<u>\$1,431.38</u>
(d) Policies offering Restoration of Benefits, and		62	<u>\$919.59</u>	<u>\$1,166.20</u>	<u>\$1,537.41</u>
(e) Sales in Hillsborough County. For all other counties, the rate from this table should be adjusted by the insurer’s current area factor applicable in that county relative to the insurer’s area factor in Hillsborough County.		63	<u>\$991.75</u>	<u>\$1,254.51</u>	<u>\$1,661.23</u>
		64	<u>\$1,059.64</u>	<u>\$1,337.42</u>	<u>\$1,777.18</u>
		65	<u>\$1,130.19</u>	<u>\$1,414.66</u>	<u>\$1,895.31</u>
		66	<u>\$1,239.89</u>	<u>\$1,554.84</u>	<u>\$2,083.84</u>
		67	<u>\$1,369.00</u>	<u>\$1,719.56</u>	<u>\$2,290.03</u>
		68	<u>\$1,512.16</u>	<u>\$1,894.92</u>	<u>\$2,524.36</u>
(f) <u>Insurers who did not use area factors in the closed blocks for which a rate change is being requested may calculate the new business rate as a weighted average of the Hillsborough and the South Florida area factors, where the weights used are in-force premium by county. For the purposes of this calculation, the South Florida area factors are those that apply in Broward, Duval and Palm Beach county. The South Florida area factor is equal to 1.00.</u>		69	<u>\$1,651.51</u>	<u>\$2,086.98</u>	<u>\$2,776.71</u>
		70	<u>\$1,802.07</u>	<u>\$2,295.68</u>	<u>\$3,049.92</u>
		71	<u>\$2,041.92</u>	<u>\$2,572.02</u>	<u>\$3,414.19</u>
		72	<u>\$2,293.64</u>	<u>\$2,876.35</u>	<u>\$3,811.27</u>
		73	<u>\$2,557.01</u>	<u>\$3,196.06</u>	<u>\$4,229.60</u>
		74	<u>\$2,833.53</u>	<u>\$3,547.08</u>	<u>\$4,682.75</u>
		75	<u>\$3,132.41</u>	<u>\$3,931.85</u>	<u>\$5,162.40</u>
		76	<u>\$3,519.05</u>	<u>\$4,396.08</u>	<u>\$5,779.67</u>
(3)(a) Comprehensive Only Rates:		77	<u>\$3,925.72</u>	<u>\$4,914.88</u>	<u>\$6,453.45</u>
		78	<u>\$4,344.97</u>	<u>\$5,450.22</u>	<u>\$7,131.36</u>
Issue Age	3-Yr Benefit Period	5-Yr. Benefit Period	Unlimited Benefit Period		
30	<u>\$357.66</u>	<u>\$452.19</u>	<u>\$592.98</u>	79	<u>\$4,779.15</u>
31	<u>\$359.27</u>	<u>\$454.73</u>	<u>\$596.13</u>	80	<u>\$5,206.95</u>
32	<u>\$360.91</u>	<u>\$457.15</u>	<u>\$599.55</u>	81	<u>\$5,695.37</u>
33	<u>\$362.81</u>	<u>\$467.83</u>	<u>\$610.09</u>	82	<u>\$6,200.20</u>
34	<u>\$372.25</u>	<u>\$470.36</u>	<u>\$613.92</u>	83	<u>\$6,772.84</u>
35	<u>\$392.37</u>	<u>\$485.24</u>	<u>\$646.03</u>	84	<u>\$7,380.07</u>
36	<u>\$394.19</u>	<u>\$495.83</u>	<u>\$656.91</u>	85	<u>\$8,971.35</u>
37	<u>\$396.24</u>	<u>\$498.95</u>	<u>\$660.88</u>	86	<u>\$10,532.62</u>
38	<u>\$398.57</u>	<u>\$501.94</u>	<u>\$664.98</u>	87	<u>\$11,566.04</u>
39	<u>\$408.46</u>	<u>\$505.21</u>	<u>\$669.38</u>	88	<u>\$12,659.68</u>
40	<u>\$422.18</u>	<u>\$538.84</u>	<u>\$704.43</u>	89	<u>\$13,799.95</u>
41	<u>\$426.52</u>	<u>\$542.98</u>	<u>\$711.03</u>		
42	<u>\$430.28</u>	<u>\$547.83</u>	<u>\$717.94</u>		

Issue Age	3-Yr Benefit Period	5-Yr. Benefit Period	Unlimited Benefit Period
35	\$332.88	\$414.10	\$574.47
45	\$474.36	\$592.44	\$822.62
55	\$666.65	\$824.77	\$1,151.34
65	\$1,313.19	\$1,640.75	\$2,259.55
75	\$3,288.22	\$4,210.08	\$5,603.51

(b) The insurers used to tabulate the above rates are:

Insurer	Weighting Percentage
Allianz Life Insurance Company of North America	3.3%
Bankers Life & Casualty Insurance Company	4.1% 52.7%
Blue Cross Blue Shield of Florida	8.1% 5.1%
Genworth Life Insurance Company	23.3% 11.5%
Great American Life Insurance Company	9.8%
John Hancock Life Insurance Company	25.5% 14.2%
Metropolitan Life Insurance Company	20.5% 6.7%
New York Life Insurance Company	3.0%
Northwestern Long Term Care Insurance Company	3.6%
Provident Life & Accident Insurance Company	3.1%
Unum Life Insurance Company of America	5.5%

Specific Authority 627.9408(1) FS. Law Implemented 627.9407(7) FS. History--New 11-1-07, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Gerry Smith, L&H Product Review, Office of Insurance Regulation, E-mail: gerry.smith@fldfs.com

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: MaryBeth Senkewicz

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 9, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 28, 2007

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NOS.:	RULE TITLES:
690-220.001	Pre-Qualification and Licensure of Emergency Adjusters
690-220.051	Conduct of Public Adjusters
690-220.201	Ethical Requirements

PURPOSE AND EFFECT: Repealing Chapter 690-220, F.A.C., establishes the Department of Financial Services as the administrative agency responsible for regulating these laws, and eliminates confusion over whether the Office of Insurance Regulation or the Department of Financial Services is the regulatory agency for these issues.

SUMMARY: When the Department of Insurance (DOI) was reorganized into the Office of Insurance Regulation (OIR) and the Department of Financial Services (DFS), the regulation of insurance adjusters, Chapter 626, Part VI, F.S., was assigned to DFS. All DOI rules became rules of either DFS, OIR or both agencies. The rules regulating adjusters, rule Chapter 4-144, F.A.C., were assigned to both agencies, for joint administration.

The Office has determined that only DFS has regulatory authority over adjusters, pursuant to Chapter 626, Part VI, F.S.; OIR does not have any authority. Nor does the Commission have any authority to promulgate rules to regulate adjusters. Consequently, this OIR rule chapter needs to be repealed. DFS actively regulates the adjusters and has rules implementing the applicable statutes.

SUMMARY: Rule 690-220.001, F.A.C., states default rules for licensure of emergency adjusters, including methods and timelines for filing applications. Rule 690-220.051, F.A.C., declares policies and regulations regarding solicitation and advertising by public adjusters. Rule 690-220.201, F.A.C., establishes a Code of Ethics for insurance adjusters, requiring disclosures of financial interests, unbiased reports, and equal treatment of claimants, among other obligations.

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

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

SPECIFIC AUTHORITY: 626.874 FS.

LAW IMPLEMENTED: 624.307(1) FS.

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

DATE AND TIME: June 26, 2008, 1:30 p.m.

PLACE: 142 Larson Building, 200 East Gaines Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Laura Parsons, Assistant General Counsel, Office of Insurance Regulation, E-mail: Laura.Parsons@fldfs.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Laura Parsons, Assistant General Counsel, Office of Insurance Regulation, E-mail: Laura.Parsons@fldfs.com

THE FULL TEXT OF THE PROPOSED RULES IS:

69O-220.001 Pre-Qualification and Licensure of Emergency Adjusters.

Specific Authority 624.308(1) FS. Law Implemented 624.307(1), 626.8732, 626.8734 FS. History–New 2-25-93, Amended 8-18-94, 1-7-97, 10-20-97, 1-9-03, Formerly 4-220.001, Repealed.

69O-220.051 Conduct of Public Adjusters.

Specific Authority 624.308(1), 626.9611 FS. Law Implemented 624.307(1), 626.112(1), 626.865(2), 626.874, 626.9541(1)(b), (i) FS. History–New 4-26-94, Amended 12-18-01, Formerly 4-220.051, Repealed.

69O-220.201 Ethical Requirements.

Specific Authority 624.308, 626.878, 626.9611 FS. Law Implemented 624.307(1), 626.611, 626.621, 626.865(2), 626.878, 626.9541(1)(i) FS. History–New 6-2-93, Amended 12-18-01, Formerly 4-220.201, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE: Laura Parsons, Assistant General Counsel, Office of Insurance Regulation, E-mail: Laura.Parsons@fldfs.com

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Steven H. Parton, General Counsel, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 7, 2008

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 9, 2003

FINANCIAL SERVICES COMMISSION

Residual Markets and Special Risk Pools

RULE NOS.:	RULE TITLES:
69P-2.001	Purpose
69P-2.002	Adoption of Property and Casualty Risk Apportionment Plan

PURPOSE AND EFFECT: In Special Session in January, 2007, the legislature, in House Bill 1A, § 22 deactivated the Property and Casualty Joint Underwriting Association (PCJUA).

SUMMARY: In accordance with the House Bill 1A, § 22, all policies in the PCJUA were assumed by Citizens Property Insurance Corporation (Citizens). Consequently, this rule, which is the Plan of Operation of the PCJUA, needs to be repealed.

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

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

SPECIFIC AUTHORITY: 627.351 FS.

LAW IMPLEMENTED: 627.351 FS.

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

DATE AND TIME: June 24, 2008, 9:30 a.m.

PLACE: 143 Larson Building, 200 East Gaines Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Belinda Miller, P&C Product Review, Office of Insurance Regulation, E-mail: belinda.miller@fldfs.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Belinda Miller, P&C Product Review, Office of Insurance Regulation, E-mail: belinda.miller@fldfs.com

THE FULL TEXT OF THE PROPOSED RULES IS:

69P-2.001 Purpose.

Specific Authority 627.351 FS. Law Implemented 627.351 FS. History–New 8-13-89, Formerly 4-87.001, 4J-2.001, Amended 11-21-06, Repealed.

69P-2.002 Adoption of Property and Casualty Risk Apportionment Plan.

Specific Authority 624.308(1), 627.351(5) FS. Law Implemented 624.307(1), 627.351(5) FS. History–New 8-13-89, Amended 8-18-91, Formerly 4-87.002, Amended 10-9-94, 5-26-96, Formerly 4J-2.002, Amended 11-21-06, Repealed.

NAME OF PERSON ORIGINATING PROPOSED RULE: Belinda Miller, P&C Product Review, Office of Insurance Regulation, E-mail: belinda.miller@fldfs.com

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Belinda Miller, P&C Product Review, Office of Insurance Regulation, E-mail: belinda.miller@fldfs.com

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 11, 2007

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 11, 2006