

(Section 456.072(1)(kk), F.S.)

	<u>MINIMUM</u>	<u>MAXIMUM</u>
<u>FIRST</u>	<u>\$150 fine and</u>	<u>Denial of certification or</u>
<u>OFFENSE</u>	<u>suspension</u>	<u>revocation</u>

(rr) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud.

(Section 456.072(1)(ll), F.S.)

	<u>MINIMUM</u>	<u>MAXIMUM</u>
<u>FIRST</u>	<u>\$150 fine and</u>	<u>Denial of certification or</u>
<u>OFFENSE</u>	<u>suspension</u>	<u>revocation</u>

(4) through (7) No change.

Rulemaking Specific Authority 464.204 FS. Law Implemented 456.072, 464.204 FS. History—New 10-28-02, Amended 8-12-07, 8-3-08,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Nursing

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Nursing

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 6, 2011

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 20, 2012

Section III Notices of Changes, Corrections and Withdrawals

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE NOS.:	RULE TITLES:
40D-4.021	Definitions
40D-4.091	Publications, Forms and Agreements Incorporated by Reference
40D-4.101	Content of Application
40D-4.351	Transfer of Permits

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 37, No. 41, October 14, 2011 issue of the Florida Administrative Weekly has been withdrawn.

AGENCY FOR HEALTH CARE ADMINISTRATION

Health Facility and Agency Licensing

RULE NO.: 59A-7.035
RULE TITLE: Staffing Requirements

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 38, No. 5, February 3, 2012 issue of the Florida Administrative Weekly.

Changes are limited to corrections to (4) where subsection 7 of Rule 59A-7.020, F.A.C., was incorrectly referenced and to (6) where subsection 8 of Rule 59A-7.034, F.A.C., was incorrectly referenced and are in response to written comments submitted by the staff of the Joint Administrative Procedures Committee (JAPC).

59A-7.035 Staffing Requirements.

(1) The laboratory must be staffed with a director(s) who meets the qualifications specified under Chapter 483, Part III, F.S., ~~for all specialties and subspecialties in which the laboratory is licensed.~~

(a) through (3) No change.

(4) Exclusive Use Laboratories shall be staffed in accordance with CLIA as defined under subsection 59A-7.020(8)(7), F.A.C.

~~(a) A director qualified under Chapter 483, Part III, F.S., and at least one director qualifying under paragraph 59A-7.035(1)(b), F.A.C.; and~~

~~(b) Clinical laboratory personnel licensed as a clinical laboratory director, supervisor, technologist, technician or exclusive use technician or registered as a trainee as provided under Chapter 483, Part III, F.S., and Chapter 64B3, F.A.C.~~

(5) Plasmapheresis centers performing ~~only waived tests,~~ total protein by refractometer or ABO and Rh typing shall be staffed with:

(a) through (b) No change.

(6) Sites performing testing authorized under Rule 59A-7.034, F.A.C., must be staffed with personnel qualified under subsection 59A-7.034(7)(8), ~~(5)~~, F.A.C., under the direct supervision of the clinical laboratory director, supervisor or technologist qualified under Chapter 483, Part III, F.S.

(7) Laboratories located outside Florida and licensed under Chapter 483, Part I, F.S., ~~and facilities issued a certificate of exemption under Chapter 483.106, F.S.,~~ must meet personnel qualification requirements established under the Clinical Laboratory Improvement Amendments of 1988 and federal rules adopted thereunder as described in subsection 59A-7.020(8)(6), F.A.C. Such personnel shall not be required to be licensed under Chapter 483, Part III, F.S.

Rulemaking Authority 483.051 FS. Law Implemented ~~483.034,~~ 483.035, 483.051, 483.111 FS. History—New 11-20-94, Amended 12-27-95, 7-27-09,_____.

AGENCY FOR HEALTH CARE ADMINISTRATION**Medicaid**

RULE NO.: RULE TITLE:
59G-4.130 Home Health Services

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 37, No. 25, June 24, 2011 issue of the Florida Administrative Weekly.

The following revisions have been made to the Florida Medicaid Home Health Services Coverage and Limitations Handbook, December 2011.

Page 2-11 Compliance Review

Paragraphs three and four are removed.

The section is changed to read: The Agency for Health Care Administration (AHCA) or its designee will periodically conduct on-site or desk reviews of home health services providers for the purpose of determining compliance with Medicaid requirements.

During such reviews, AHCA or its designee will request from the provider copies of certain records.

At the time of the request, all records must be provided to the AHCA or its designee regardless of the media format on which the original records are retained by the provider. All medical records must be reproduced onto paper copies, at the provider's expense.

Page 2-12 Covered, Limited and Excluded Services Exclusions.

Paragraph one is changed to read: Listed below are examples of services that are not reimbursable under the Medicaid home health services program:

Bullet eleven is changed to read:

- Transportation services (except when necessary to protect the health and safety of the recipient and no other transportation service is available).

Page 2-13

Bullet thirteen, behavior management has been removed.

Bullet fourteen, supervision has been removed.

Bullets thirteen through seventeen have been added to read:

- Care, grooming, or feeding of pets and animals;
- Yard work, gardening, or home maintenance work;
- Day care or after school care;
- Assistance with homework;

- Companion sitting or leisure activities;

Page 2-17 Skilled Nursing Services

Paragraph one is changed to read: The following are examples of nursing services reimbursable by Medicaid:

Page 2-18 Licensed Nurse and Home Health Aide Services, continued**Skilled Nursing Services, continued**

The fourth bullet has been restored to read: Nasopharyngeal, tracheotomy aspiration, ventilator care;

Home Health Aide Services

The last paragraph reads: Home health aides must not perform any services that require the direct care skills of a licensed nurse.

Page 2-22 Private Duty Nursing Services**Limitations**

Paragraph one is changed to read: Private duty nursing services are limited to a minimum of two continuous hours per day.

Page 2-23 Private Duty Nursing Services, continued

The section titled "Exceptions to the Limitations" is entirely deleted

Page 2-24 Private Duty Nursing Services, continued

The section titled "Exclusions" is entirely deleted

Page 2-26 Personal Care Services, continued**Parental Responsibility**

First paragraph is changed to read: Personal care services are authorized to supplement care provided by parents and caregivers. Parents and caregivers must participate in providing care to the fullest extent possible. Training must be offered by the home health service provider to parents and caregivers to enable them to provide care they can safely render without jeopardizing the health or safety of the recipient. The home health services provider must document the methods used to train a parent or caregiver in the medical record.

The second paragraph is changed to read: Medicaid can reimburse personal care services rendered to a recipient whose parent or caregiver is not able to care for him. Supporting documentation must accompany the prior authorization request in order to substantiate a parent or caregiver's inability to participate in the care of the recipient*.

The third paragraph is changed to read: Note: See Appendix F, G, H, and I for copies of the Parent or Legal guardian medical limitations, work, and school schedule forms, AHCA-Med Serv Forms 5000: 3501, October 2010; 3503, December 2011; 3504, December 2011; and 3505, December 2011. The forms are available by photocopying them from Appendix F, G, H, and I. They are incorporated by reference in Rule 59G-4.130, F.A.C.

The fourth paragraph is entirely deleted.

The fifth paragraph is entirely deleted.

The sixth paragraph is entirely deleted.

The seventh paragraph is entirely deleted.

Page 2-29 The section titled "Exclusions" is entirely deleted.**Page 2-36 Prior Authorization for Home Health Services, continued****Review Criteria**

The third paragraph is entirely deleted.

Appendix D: Guidelines for Evaluating Family Support and Care Supplements

Activity Affecting Parental Availability

Employment (Work Hours) is changed to read: Based upon the work schedule submitted from the parent, legal guardian, or caregiver’s employer. If self employed, the parent, legal guardian, or caregiver must document the work schedule in a statement.

Appendix H: Parent or Legal Guardian Statement of Work Schedule

(Note: this form must be notarized) has been removed.

Notary Signature, Notary Printed Name, Notary Address, Notary Telephone Number have all been removed.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: 59G-4.251
 RULE TITLE: Florida Medicaid Prescribed Drugs Reimbursement Methodology

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 38, No. 5, February 3, 2012 issue of the Florida Administrative Weekly.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency. A checklist was prepared by the Agency to determine the need for a SERC. Based on this information at the time of the analysis and pursuant to Section 120.541, F.S., the rule will not require legislative ratification.

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

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: 59G-6.045
 RULE TITLE: Payment Methodology for Services in Facilities Not Publicly Owned and Publicly Operated (Facilities Formerly Known as ICF/DD Facilities)

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 38, No. 3, January 20, 2012 issue of the Florida Administrative Weekly.

Based upon comments received at the public hearing held on February 14, 2012, the Title XIX Reimbursement Plan for Facilities Not Publically Owned and Publicly Operated (Facilities Formerly Known as ICF/DD Facilities) will be amended as follows:

Section V

1. Section V.B. is being inserted after section V.A.12 to read: B. “Medicaid Trend Adjustment (MTA)” which adds the following language:

A Medicaid Trend Adjustment is a percentage reduction that is uniformly applied to all Medicaid Intermediate Care Facility providers each rate semester which equals all recurring and nonrecurring budget reductions on an annualized basis. The MTA is applied to all components after targets and ceilings are applied. Below are all the recurring reductions that are included in the Medicaid Trend Adjustment. In addition, please reference Appendix C for each MTA percentage by rate semester.

2. Section V.A.13. has been renumbered as Section V.B.1. A fourth sentence has been added: The recurring methodology is designed to reduce individual Medicaid Intermediate Care Facility rates proportionally until the required reduction is achieved.

3. Section V.A.14 has been renumbered as Section V.B.2:

4. Section V.A.15 has been renumbered as Section V.B.3. A second sentence has been added: Subsequent to B.1, the recurring methodology is designed to reduce individual Medicaid Intermediate Care Facility rates proportionally until the required reduction is achieved.

5. Section V. A.16 has been renumbered as Section V.B.4.

6. Section V. A.17 has been stricken.

7. Section V.B.5. has been added: Effective October 1, 2011, budget authority up to \$6,297,463 is provided for implementing a recurring rate reduction for intermediate care facilities for the developmentally disabled. Subsequent to B.3, the recurring methodology is designed to reduce individual Medicaid Intermediate Care Facility rates proportionally until the required reduction is achieved.

8. Section V. A.18 has been renumbered as Section V.B.6. A second sentence has been added which states: The methodology is designed to increase individual Medicaid Intermediate Care Facility rates proportionally until the required buyback is achieved.

9. Section V.A. 19 has been stricken.

10. Section V.B.7. has been added: Pursuant to Section 409.908(23)(a), F.S., subsequent to all rate reductions and buy back of rate reductions, if the rate setting unit cost is equal to or less than the April 2011 unit cost, no additional reduction in rates is necessary. Subsequent to all rate reductions and buy back of rate reductions, if the rate setting unit cost is greater than the April 2011 unit cost, then rates shall be reduced by an amount until the rate setting unit cost is equal to the April 2011 unit cost, but shall not be reduced below the April 2011 unit

cost. The methodology is designed to reduce individual Medicaid Intermediate Care Facility rates proportionally until the required reduction is achieved.

Appendix C –

Effective Date	Percentages	Reduction Amount
1. October 1, 2008	.8200%	1,524,597 \$6,160,256
2. April 1, 2009	.8200%	\$6,160,256

DEPARTMENT OF HEALTH

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

RULE NO.: 64B4-5.001
 RULE TITLE: Disciplinary Guidelines
 NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 37, No. 41, October 14, 2011 issue of the Florida Administrative Weekly.

The change is in response to written comments submitted by the staff of the Joint Administrative Procedures Committee. The changes are as follows:

1. Subsection (1)(a) shall now read as follows:

(a) Attempting to obtain, obtaining, or renewing a license under Chapter 491, F.S., by bribery or fraudulent misrepresentation or through an error of the Board or the Department.

(Sections 456.072(1)(h) & 491.009(1)(a), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE:	\$500 fine and reprimand	denial or \$1,000 fine and permanent revocation;
SECOND OFFENSE:	\$1,000 fine and probation	permanent denial and \$1,000 fine and permanent revocation;
FRAUD First Offense	\$10,000 fine	\$10,000 fine and/or reprimand; probation; suspension then probation; permanent revocation;
FRAUD Second Offense	\$10,000 fine	\$10,000 fine and/or probation; suspension then probation; permanent revocation;
FRAUD Third Offense	\$10,000 fine	\$10,000 fine and/or 1 year suspension then probation; permanent revocation

2. Subsection (1)(l) shall now read as follows:

(l) Making misleading, deceptive, untrue, or fraudulent misrepresentations in the practice of any profession licensed under Chapter 491, F.S., or employing a trick or scheme in or related to the practice of a profession.

(Sections 456.072(1)(a), (m) & 491.009(1)(l), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE:	\$250 fine	\$1,000 fine and reprimand;
SECOND OFFENSE:	\$500 fine	\$1,000 fine and probation;
THIRD OFFENSE:	\$500 fine	\$1,000 fine and 1 year suspension followed by probation;
FRAUD First Offense	\$10,000 fine	\$10,000 fine and/or reprimand; probation; suspension then probation; permanent revocation;
FRAUD Second Offense	\$10,000 fine	\$10,000 fine and/or probation; suspension then probation; permanent revocation;
FRAUD Third Offense	\$10,000 fine	\$10,000 fine and/or 1 year suspension then probation; permanent revocation

3. Subsection (1)(m) shall now read as follows:

(m) Soliciting patients or clients personally, or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct.

(Section 491.009(1)(m), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE:	\$500 fine and reprimand	\$1,000 fine and/or 6 month suspension followed by probation; permanent revocation;
SECOND OFFENSE:	\$1,000 fine and reprimand	\$1,000 fine and/or 1 year suspension followed by probation; permanent revocation;
THIRD OFFENSE:	\$1,000 fine and 1 year suspension followed by probation	\$1,000 fine and/or permanent revocation;
FRAUD First Offense	\$10,000 fine and reprimand	\$10,000 fine and/or 6 month suspension then probation; permanent revocation;
FRAUD Second Offense	\$10,000 fine and reprimand	\$10,000 fine and/or 1 year suspension then probation; permanent revocation;
FRAUD Third Offense	\$10,000 fine and 1 year suspension followed by probation	\$10,000 fine and/or permanent revocation

4. Subsection (1)(ff) shall now read as follows:

(ff) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated

information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application.

(Section 456.072(1)(w), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE:	\$500 fine and reprimand	\$1,000 fine and/or reprimand; 1 year suspension then probation; permanent revocation;
SECOND OFFENSE:	\$1,000 fine and probation	\$1,000 fine and/or 3 month suspension followed by probation; permanent revocation;
THIRD OFFENSE:	\$1,000 fine and 1 year suspension followed by probation	denial or \$1,000 fine and permanent revocation;
FRAUD First Offense	\$10,000 fine and reprimand	\$10,000 fine and/or reprimand; 1 year suspension then probation; permanent revocation;
FRAUD Second Offense	\$10,000 fine and probation	\$10,000 fine and/or 3 month suspension then probation; permanent revocation;
FRAUD Third Offense	\$10,000 fine and 1 year suspension followed by probation	\$10,000 fine and/or permanent revocation

5. Subsection (1)(jj) shall now read as follows:

(jj) Failing to inform the department, within 30 days, of any change of address of either the place of practice or current mailing address of any applicant or licensee.

(Section 456.035, F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE:	\$250 fine	\$500 fine and reprimand;
SECOND OFFENSE:	\$1,000 fine and reprimand	\$1,000 fine and 6 month suspension followed by probation;
THIRD OFFENSE:	\$1,000 fine and 1 year suspension then probation	\$1,000 fine and permanent revocation

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sue 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

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: 64B8-8.001 RULE TITLE: Disciplinary Guidelines

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 38, No. 7, February 17, 2012 issue of the Florida Administrative Weekly.

The changes are in response to written comments submitted by the staff of the Joint Administrative Procedures Committee (JAPC). When published, the third offense as set forth in subsection (2)(ss) was inadvertently omitted from the rule notice. When changed, the third offense in subsection (2)(ss) shall read as follows:

(ss) From a \$10,000.00 fine, a reprimand, undergo a competency evaluation, and suspension to be followed by a term of probation to a \$10,000.00 fine and revocation.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joy A. Tootle, Executive Director, Board of Medicine, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: 64B8-51.007 RULE TITLE: Fees for Application, Examination, Examination Review and Initial Licensure

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 37, No. 50, December 16, 2011 issue of the Florida Administrative Weekly.

The corrections are being made pursuant to comments made by the Joint Administrative Procedures Committee in its correspondence, on January 13, 2012. The corrections are as follows:

The SUMMARY should read: The rule provides for the examination fee to be paid directly to the testing vendor and removes the examination review fee.

The rule development date should be: September 23, 2011.

Section 456.033(5), F.S. is deleted from the Law Implemented.

THE PERSON TO BE CONTACTED REGARDING THIS CHANGE IS: Allen Hall, Executive Director, Electrolysis Council, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3258

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Mental Health Program

RULE NO.: 65E-5.115 RULE TITLE: Mental Health Personnel

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 37, No. 50, December 16, 2011 issue of the Florida Administrative Weekly.

1. The Notice of Proposed Rule did not state what information was relied upon in determining that the proposed rule is not expected to require legislative ratification. The information expressly relied upon is: the preliminary analysis conducted to determine whether a SERC was required and the nature of the rule. The rule repeals provisions that are redundant to statute and therefore has no fiscal impact.

Section IV Emergency Rules

DEPARTMENT OF THE LOTTERY

RULE NO.: RULE TITLE:
53ER12-19 FLORIDA LOTTO™

SUMMARY: This emergency rule sets forth the provisions for the conduct of FLORIDA LOTTO™. This emergency rule replaces Emergency Rule 53ER9-69, F.A.C.

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

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER12-19 FLORIDA LOTTO™

(1) How to Play FLORIDA LOTTO™

(a) FLORIDA LOTTO is a lottery on-line game in which players select six (6) numbers from a field of one (1) to fifty-three (53).

(b) Players may make their FLORIDA LOTTO ticket selections by marking a play slip or by telling the retailer their desired selections. There are ten (10) panels on a play slip. Each panel played will cost \$1.00 per drawing. Players may mark their desired numbers on the play slip by selecting six (6) numbers from each panel played, or may mark the "QP" box located at the bottom of each panel for the terminal to randomly select one (1) or more of the six (6) numbers. A "Void" box is also located at the bottom of each panel and should be marked by the player if an error was made in his or her selections in a panel.

(c) Players may receive one (1) ticket with either five (5), ten (10) or twenty (20) sets of six (6) numbers randomly selected by the terminal for the next FLORIDA LOTTO drawing by marking the desired purchase amount under the number 5, 10 or 20, respectively, in the "Quick Picks" box. Players may mark Quick Picks in addition to panel plays. Players must use only blue or black ink or pencil for making selections. Play slips must be processed by a retailer in order to obtain a ticket. Retailers are authorized to manually enter numbers selected by a player.

(d) Players may play up to fifty-two (52) consecutive FLORIDA LOTTO drawings by using the "advance play" feature. To use the advance play feature, players may either mark the number of drawings desired in the Advance Play section of a play slip or tell the retailer their desired number of consecutive advance drawings. The number of consecutive advance drawings selected shall apply to each panel (A-J) played. Advance play is not available with Grouper® or with the Quick Picks box on the play slip. In the event that a planned change in the FLORIDA LOTTO game requires that the number of advance plays available for purchase be reduced to zero before implementation of the change, an advance play countdown schedule will be posted on the Lottery's website, flalottery.com.

(e) Players may elect to play "Grouper®" to receive six (6) quick pick tickets for \$5.00 consisting of one (1) ticket each of CASH 3™, PLAY 4™, FANTASY 5®, MEGA MONEY™, and FLORIDA LOTTO™ plus one (1) free ticket automatically generated by the terminal of either FANTASY 5, MEGA MONEY or FLORIDA LOTTO by telling the retailer Tickets in Grouper play cannot be player-selected and cannot be cancelled. Free tickets will be generated in the following percentages: FANTASY 5 – 47%; MEGA MONEY – 47%; FLORIDA LOTTO – 6%.

(2) FLORIDA LOTTO Drawings.

(a) FLORIDA LOTTO drawings shall be conducted twice per week, on Wednesday and Saturday.

(b) The equipment shall be configured so that six (6) balls are drawn from one (1) set of balls numbered one (1) through fifty-three (53).

(c) Six (6) balls will be selected in the drawing. The numbers shown on the six (6) balls, after certification by the Draw Manager and the Accountant, are the official winning numbers for the drawing.

(d) The Florida Lottery shall not be responsible for incorrect circulation, publication or broadcast of the official winning numbers.

(3) FLORIDA LOTTO Prize Divisions.

(a) FLORIDA LOTTO is a pari-mutuel game. For each draw, 50 percent (50%) of net sales (gross sales less cancels and free tickets) from the sale of FLORIDA LOTTO tickets in the corresponding FLORIDA LOTTO sales period shall be allocated as the winning pool for the payment of prizes as provided below. The value of the FLORIDA LOTTO portion of a FLORIDA LOTTO with XTRA ticket awarded as a prize or given for free in a promotion shall be deducted from FLORIDA LOTTO gross sales in all reports, and the value of the XTRA portion of a FLORIDA LOTTO with XTRA ticket awarded as a prize or given for free in a promotion shall be deducted from XTRA gross sales in all reports.

(b) The Jackpot prize pool shall consist of 63.5 percent (63.5%) of the Lotto pool for the drawing and any rounding differences that derive from the distribution of the winning